**An Investigation of Social Work Assessment
with Child Protection Cases in Non-Statutory Settings**

M. E. Palmer

An Investigation of Social Work Assessment with Child Protection Cases in Non-Statutory Settings

Mark Edward Palmer BSW

Master of Social Work

August 2003

I hereby certify that the work embodied in this thesis is the result of
original research and has not been submitted for a higher degree to
any other University or Institution.

(Signed)_____

Acknowledgments

There are a number of people I would like to sincerely thank for their contribution to the completion of this thesis.

Firstly, the study participants who generously gave their time, expertise and experiences.

My colleagues (past and present) at the Children's Hospital at Westmead Child Protection Unit, particularly David, Karen, Marie, Paul, Robyn, Sue, and Susan for their assistance, support and encouragement.

Dr Debbie Plath and Liane Flynn, for their wisdom and guidance in supervising this project.

And finally, my family, especially Jo, for her love, patience and support.

Contents

Abbreviations

AHS	Area Health Service (NSW Health)
CHW	The Children's Hospital at Westmead
CSAHS	Central Sydney Area Health Service
HAHS	Hunter Area Health Service
IAHS	Illawarra Area Health Service
SWSAHS	South Western Sydney Area Health Service
AVO	Apprehended Violence Order
BSW	Bachelor of Social Work (degree)
CIT	Critical Incident Technique (Flanagan 1954)
DoCS	Department of Community Services, NSW Government
DV	Domestic Violence
HREC	Human Research Ethics Committee
JIRT	Joint Investigation Response Team
MSW	Master of Social Work (degree)
NH&MRC	National Health and Medical Research Council
NSW	New South Wales
NSW Health	Department of Health, NSW Government
PANOC	Physical Abuse and Neglect Of Children Service (NSW Health)
PhD	Doctor of Philosophy (degree)
PPM	Protection Planning Meeting
SAS	Sexual Assault Service (NSW Health)
UK	United Kingdom (England, Scotland, Wales and Northern Ireland)
US	United States of America

Abstract

This thesis presents a qualitative study investigating the understandings of social workers from non-statutory settings (health, hospital and mental health) of their assessment practices with children and families where child protection concerns have been identified. The study aims were to describe the considerations social workers identified as significant when undertaking such an assessment, as well as gain insight about how these considerations interact and relate.

The study was developed under a constructivist paradigm influenced by post-modern and post-structuralist thinking. Data collection involved a semi-structured in-depth interview based on concepts drawn from reflective practice and the critical incident technique. The participants were asked about their agency, their role and a recent case in which they had undertaken an assessment. Data collection and analysis were consistent with constructivist grounded theory methods.

Review of the literature suggests that social workers in statutory child protection practice and other settings consider factors relating to the case, themselves and their context in their assessment practice. Similar conclusions have been reached through this study. This study is unique in being the only qualitative study of social work assessment practices with child protection cases in non-statutory settings in NSW, to date.

The study found that social workers identified a range of considerations as important in their assessment practice. These considerations have been grouped thematically as context, relationship, intervention, content and self, in the presentation of findings in this thesis. These themes interact and relate in ways that are unique to the individual assessment circumstances rather than in a regular or consistent manner.

The findings of the study are relevant to social work practitioners, educators and researchers. The study furthers the understanding of social work assessment practice, and develops a clearer understanding and articulation of what is recognised

and termed as 'tacit knowledge' or 'practice wisdom' in this particular area of social work practice.

1   Introduction

This thesis examines the question "how do non-statutory social workers understand their practice in the assessment of cases with identified child protection concerns?"

The social workers were from clinical settings (health, hospital or mental health). These social workers did not have a statutory responsibility for the investigation of allegations of abuse or neglect of children. The study examined what these social workers said about their assessments with children or families where child protection concerns had been identified.

The first aim of the study was to report the considerations that social workers identified and described when undertaking an assessment in cases with child protection concerns. The second aim was to examine how these considerations interact and relate. The data were analysed using an approach consistent with constructivist grounded theory methods (Charmaz 2000), to meet these two aims.

The study examines two long-standing preoccupations of social work. Firstly the broad issue of the practice of social work (what do social workers do and how do they do it) specifically in relation to their assessment roles and secondly the social work roles in the protection of children from abuse or neglect.

1.1   Theoretical and Value Stance of Thesis

The study paradigm was influenced by theoretical constructs (or abstractions) including social constructionism, post-structuralism and post-modernism. This group of ideas are derived from the writings of Foucault, Lyotard, De Sassure, Nietzsche and others. This is not a unified group of theories and a clear and universal definition for them would not be supported by either post-modern or post-structuralist authors, as it would be contrary to the main tenets of these theories.

Agger states that it is not possible to "cleanly separate poststructuralism from postmodernism" although he distinguishes them as "a theory of knowledge and

language" (post-structuralism) and "a theory of society, culture and history" (post-modernism) (Agger 1991, pp.111-112). There is disagreement on the classification of theorists, with Foucault for example, identified as both a post-modernist (Agger 1991) and a post-structuralist (Healy 2000).

It is beyond the scope of this thesis to clarify the debates on the similarities and differences in nomenclature of these theories. There are however a number of common themes within this group of theoretical approaches, which include:

- In contrast to the modernist pursuit of a single truth, there are multiple conflicting yet valid discourses, a discourse being a body of knowledge. These discourses are contextually located and are constructed within cultures.
- The importance of subjectivity, in contrast to the privileging of objectivity under modernist discourse. 'Reality' is locally and culturally constructed rather than existing as a universal constant.
- Attention to the operations of power, particularly how power is exercised and the relationship between power and knowledge.
- Language is important as the means by which meaning is constructed and negotiated.

(Fawcett & Featherstone 2000; Healy 2000; Pozatek 1994;)

This group of theoretical approaches have relatively recently exercised an influence on social work theory and practice (Flaskas 1994; Healy 2000; Howe 1994; Pease & Fook 1999; Pozatek 1994). The use of deconstruction, associated with these theories has been suggested as a means of understanding practice by examining and re-working ideas that are taken for granted (Riley 1996). The influence of these theoretical perspectives in social work is not universally accepted and uncontested. Wood critiques post-modern thinking as not offering anything towards social change (Wood, C. 1997, p.27).

For the purpose of this thesis, the theoretical stance adopted has been termed as 'constructivist', drawing on the writing of Parton and O'Byrne (2000). The theoretical stance had implications for interpretation of both the literature and the

data gathered for this thesis. These implications are addressed in the chapters that follow on the literature review and analysis.

In developing my research for a post-graduate degree the dominant influence of positivism in this context needed to be both respected and attended to, particularly in the context of formal research structures such as human research ethics committees.

1.2   Language and Meaning

The use of language is important under a constructivist approach. Reflecting this is the selection of the term 'child protection' as a deliberate and political choice from among a range of 'child abuse and neglect', 'child maltreatment' and 'child abuse prevention'. The term child protection has been selected as it refers to social work practices rather than the phenomena of abuse or neglect. It is also broadly inclusive of protection from all types of violence and or neglect that may be harmful to children.

The language of child protection practice is diverse. There are numerous examples of words with a range of different contextual meanings, as the following example, pertinent to the topic of this thesis, illustrates:

> *While the hospital social workers used the term 'assessment' in relation to sexual abuse cases as a way of describing their short-term intervention, the child protection workers used the term 'assessment' as interchangeable with 'investigation', and, to them 'intervention' did not mean therapy but statutory action.* (Scott 1998, p.83)

Unless otherwise stated, the language used in the *New South Wales Interagency Guidelines for the Protection of Children* (NSW Commission for Children and Young People 2000) has been used as the preferred terminology for this thesis. This choice was made to maintain contextual relevance to the time and place of the study. An example of this is the use of the term 'reporting' in place of 'notification' as the technical term for informing the statutory agency of concerns about a child. In

quoting the works of other authors, the spelling from the original source has been retained.

1.3 Child Protection and Child Abuse

The concepts of child abuse and neglect are complex with a range of social, psychological and legal definitions. It is widely accepted in the literature that the concepts of child abuse and neglect are socially constructed (Corby 1993;Gelles 1975; Hacking 1999), as is the concept of childhood (Jamrozik & Sweeney 1996). Responses to concerns about the abuse or neglect of children are now commonly termed child protection practice.

The modern history of child protection practice is often considered to have developed from the work of paediatricians and radiologists in the United States (US), in the middle of last century (for example Caffey 1946; Kempe, Silverman, Steele, Droegemueller & Silver 1962). Although, concerns about the welfare and safety of children held by a range of groups, both professionals and others, significantly predate this time (van Krieken 1991).

There is no clear dominant discourse in child protection practice. The concept of child abuse and neglect includes events, behaviours, values about parenting, the needs of children and the concept of risk. There have been significant and frequently conflicting influences from a wide range of areas including medical, psychological, legal, sociological, feminist and child welfare discourses. The utility of different discourses in child protection practice is supported by contextual factors. The constructions of medicine and law, both typical of modernist enterprises, tend to be dependent on fact and reality, and as such frequently struggle with the subjective understandings and acceptance of uncertainty required in child protection practice.

Statutory child protection systems, historically, are embedded within a broader system of child welfare provision, which includes children who have experienced or are at risk of abuse or neglect as well as children who, for other reasons, require assistance from outside their family to ensure that their basic needs are met.

1.4   *Social Workers in Health Care Settings*

A social work degree, in Australia, is considered to be a generalist qualification. Social workers are employed in a variety of settings, with or without the job title social worker, with roles involving direct client work (with individuals, families or groups), community development work, and work in policy and advocacy positions.

In Australia, and for the purposes of this study, a 'social worker' has as a minimum, a four-year bachelor degree in social work from a course accredited by the Australian Association of Social Workers (AASW), or equivalent accepted by the AASW. The AASW is the internationally recognised professional organisation for social workers in Australia. These qualifications give eligibility for membership of the AASW, a common specification for employment with the title social worker, particularly in the clinical agencies of the New South Wales Government Department of Health (NSW Health).

Social workers are distinguished, in this study, from 'child protection caseworkers'*,* (frontline workers in the statutory child protection agency). In NSW, the statutory agency is the Department of Community Services (DoCS). Child protection caseworkers, known until recently as 'district officers' are currently called 'caseworkers'. It is not a requirement in NSW that these workers are qualified as social workers, although social workers are one group of professionals employed in caseworker positions.

Throughout the body of this thesis the abbreviated names of the NSW Government Department of Health and Department of Community Services (NSW Health and DoCS) will be used.

1.5   NSW Interagency Child Protection Practice

Child protection practice in NSW involves a 'whole of government' approach as well as the involvement of non-government agencies, operating under the guidance of the *New South Wales Interagency Guidelines for Child Protection Intervention* (NSW Commission for Children and Young People 2000). Under these guidelines,

NSW Health does not hold the statutory responsibility for the investigation of child abuse concerns. This responsibility lies with DoCS as the lead child protection agency in the State. Investigations of concerns involving serious abuse are conducted jointly by DoCS and the police through Joint Investigation Response Teams, specialist co-located units.

The interagency process involves a number of stages: recognition; reporting; assessment and investigation; protective intervention; ongoing care and support and; case closure (NSW Commission for Children and Young People 2000, pp. 69-71). NSW Health has identified roles in all but the 'assessment and investigation' phase. In the context of the interagency process, these terms refer specifically to statutory intervention, not to health or mental health assessments.

The interagency model used is best conceptualised as a 'silo' approach with different agencies having clearly defined roles. The different agency roles in this type of interagency practice are complementary in theory, although in practice a range of difficulties have been identified (Humphreys 1995; Scott 1993). The child protection roles of social workers employed by NSW Health will be outlined and discussed shortly.

Unless otherwise specified use of the term 'statutory' in this thesis will relate to the legislatively defined investigative role in child protection practice. The term 'clinical social work' can be used to differentiate the roles held by study participants from statutory social work practice.

The legislative basis for child protection practice in NSW is the *Children and Young Persons (Care & Protection) Act 1998.* Most of this legislation was enacted in late 2000 and involved a number of significant changes for social workers in health related settings, including:
- Establishing clear links within the legislation between philosophy or principles and practice.
- Changing the reporting criteria from being based on incident or events of abuse to concerns about 'risk of harm' for children, and

- Increasing the range of mandated reporters to include all people working with children, parents or families.

The definition of 'risk of harm' from the legislation has been included as Appendix 1.

1.6   Child Protection and Social Workers in NSW Health Agencies

Broadly, all NSW Health staff who work with children, families, parents or those with parent-like responsibilities for children, have a role in identifying and reporting risk of harm concerns to the statutory agency (NSW Health 2000a, p.4). These responsibilities are mandated under NSW legislation, in the *Children and Young Persons (Care & Protection) Act 1998*.

The policy and procedure context for practitioners in NSW Health settings is provided by the *NSW Interagency Guidelines for Child Protection Practice* (NSW Commission for Children and Young People 2000) in conjunction with the *NSW Health Frontline Procedures for the Protection of Children and Young People* (NSW Health 2000a). These procedures are operationalised by NSW Health policy[1] (NSW Health 2001).

Further clarification of role and procedures is provided by the relevant policy and procedure manuals for Child Sexual Assault and Physical Abuse and Neglect of Children (PANOC) services (NSW Health Child Protection Health Services Policy Branch 1997a, 1997b). These agencies provide treatment for children and their families following abuse. Although assessment is not specifically mentioned, these services are directed to provide a range of treatment modalities (NSW Health 2000a, p.7).

 Social workers have identified roles in a range of hospital settings, including in emergency and maternity departments, conducting psychosocial assessments at the time 'risk of harm' concerns are identified and a report is made to DoCS (NSW Health 2000a, pp.48-50). The content or process of the psychosocial assessment has not been defined in the policy and procedure documents identified above.

In community based health settings, including Child and Family Teams and Mental Health Services where a variety of assessment and treatment services are provided, there is an expectation that the client group may include children who have experienced abuse, however this may not be the primary presenting issue.

In NSW Health settings, apart from hospitals, the social work role is often as a counsellor, in a position that may be held by social worker, psychologist, clinical psychologist or other suitably qualified professional depending on the agency.

NSW Health also provides direction around the provision of services to children, adolescents and adults who have sexually offended against children. Whilst these interventions conceptually are child protection practices, they have not been included in this study.

Area Health Services are directed by NSW Health to have policies, procedures and systems (NSW Health 2000a, pp.46-47) for the provision of services to children identified as being at risk and their families. Accessing individual agency and Area Health Service policy and procedure manuals as part of the literature review, which follows, was beyond the scope of this study.

In summary, social workers in NSW Health settings may be required to undertake assessments with cases involving child protection concerns in the following areas:

- Identifying risk of harm concerns and the need to report to DoCS.
- Psychosocial assessment of families where risk of harm issues have been identified.
- Assessment of intervention or treatment needs for children who have experienced abuse and their relevant family members.
- Assessment of child and family or mental health issues with children who are at risk of harm or have experienced abuse.

1.7   Casework and Clients

Child protection practice in social work has traditionally been conceptualised as casework with the 'cases' being children, their parents or families. Casework requires at least one client for social work to be practiced, with the relationship between client and social worker seen as particularly important (Stanley & Goddard 2002). Payne describes clienthood as 'created' (constructed) and contextually located, he argues that there is no fixed state of clienthood and that the practice of social work changes not only clients but also social workers and agencies (Payne 1997, pp.17-20).

There is an increasing body of literature about what clients or users of child protection services say they want. This literature tends to focus on parents (Turnell & Edwards 1999, p.21). There are now some studies that explore children's perspectives (Mason & Falloon 1999). In one study of relevance to this thesis, MacKinnon (1998) examined what clients seeking help from (or directed by the statutory agency to) therapists in NSW 'public sector' health centres said about their experiences. MacKinnon's study is discussed in the literature review.

Difficulties for social workers in undertaking casework with families have been identified particularly "when the wishes of some members, are in direct conflict with the wishes and interests of other members" (Doyle 1994, p.152). Doyle goes on to suggest that in cases involving abuse where conflicting interests are identified, separate social workers would be required, although where there is a shared overriding objective a client relationship may be built with each family member by one worker. Similarly, Bell identified in her study of UK statutory child protection workers that the dual tasks of undertaking risk assessments for the statutory proceedings and working in partnership with the families concerned produced conflicts of interest and rights (Bell 1999).

Trotter (1999) and MacKinnon (1998) have explored the concept of involuntary clients in social work and child protection practice. The concept of voluntariness has been questioned in relation to child protection practice, as children do not choose to

be abused nor do the vast majority of non-offending parents want this for their children (Burke 2001).

The literature identifies gender as a significant issue in child protection practice (O'Hagan 1997; Scourfield 2001a, 2001b). Gender is relevant to the identification and construction of clients, particularly the involvement and engagement of men, the issue of mother blaming and the responsibilities of absent or invisible male offenders (Burke 1999, pp.260-262). This is not to suggest that all fathers are perpetrators of abuse, nor that all mothers are unfairly held responsible for the abuse of their children.

The concept of a 'case career' (Fernandez 1996; Thorpe 1994) is useful and used through this thesis. It refers to the course of a case (involving a child and their family) through the child protection system and gives recognition to the likelihood that assessments will be made by different professionals from within agencies and across agencies.

1.8   Assessment

Assessment has been identified as an important entry-level competency for social work practice (Australian Association of Social Workers 1994). For the purposes of this study assessment was initially conceptualised as the process of gathering information, analysing it (judgement) and using the outcomes of analysis to guide further practice (decision making). The concept of assessment will be discussed in detail in the following chapter.

1.9   Context of the Research

This study was undertaken with social workers holding a range of clinical or casework positions within agencies of NSW Health. These settings include hospitals; sexual assault services, physical abuse and neglect of children (PANOC) treatment services and in other community based settings. All settings involve work

with children, parents or families. The data collection was between September 2001 and December 2002.

1.10 Self in Research

Throughout the course of this research and at the time of writing I have been employed as a social worker in a child protection unit at a tertiary level paediatric hospital. The service model and mode of practice in this unit were largely adopted in the nineteen eighties from services in the US operating under the medical model. The service model has developed over time since then to maintain consistency with NSW interagency practices.

The research stems from my interest in how assessments are undertaken by social workers without a statutory investigative role. This interest developed through the course of my employment in this setting. This course of study has been a developmental journey which has not only expanded my knowledge and understanding of social work assessment practices but also the theoretical and conceptual means for interpreting the understandings of others in similar contexts.

A conscious choice has been made with the use of first person reference to the author in this thesis. I have chosen to do this in keeping with the theoretical and value stance of the thesis, so as not to attempt to obfuscate the subjective nature of the research. Use of the third person reference can imply objectivity.

The choices I have made about the subject of the thesis and the methods to undertake this research are reflective of my approach to social work practice. My practice with clients is informed by critical and constructive social work theory (Healy 2000; Parton *et al.* 2000) and narrative approaches to therapy (Freedman & Combs 1996; Morgan 2000; White & Epston 1990). My approach also reflects subjective beliefs such as being committed to being accountable to clients for my practice or that the NSW child protection system does not function well due to systemic issues such as chronic underfunding.

Although the University of Newcastle Human Research Ethics Committee required the postgraduate supervisor to be designated as the chief investigator, references to 'the researcher' in this thesis will mean myself as the author, unless otherwise stated. As the researcher I developed the project and undertook all data collection and data analysis.

1.11 Rationale for Research

In spite of the massive growth in the volume of child protection research, most reports of studies still conclude by identifying the need for further research into a particular area or aspect of practice. This reflects calls for further research generally into social work practices. These include Proctor's recent suggestion that "social work needs studies that examine, describe, and characterise decisions confronting social workers, influences on workers' practice decisions, and the effects on outcomes" (Proctor 2002, p.4), and Fook's call for further research into social work practice to reconcile the gap between social work theorising and research (Fook 1996a, pp.xii-xiii).

There has been extensive research on social work practice involving statutory workers. Batten suggests that there are few differences between the practices of social workers in statutory and non-statutory settings. She argues that the assessment processes used by both are similar in having to "assess the level of risk to the child and hypothesise about factors contributing to the risk and possible consequences for the child" (Batten 1991, p.245). The basis for Batten's argument is not clear. It could be reasonably hypothesised that her claim is based on practice knowledge, although this is not explicitly stated.

I am cautious about privileging empirically derived knowledge above knowledge from other sources. There needs to be a clear means of identifying the construction of the knowledge to allow it to be appropriately weighted when considered. The practices of social workers involved with child protection cases in non-statutory settings have only had limited empirical examination to date. Arguably, these practices are not well understood.

Since the introduction of the *Children and Young Persons (Care and Protection) Act 1998,* there has been an increased expectation that social workers in a range of NSW Health settings will have greater involvement in both the identification of risk of harm issues, and the provision of assessment and treatment services to children identified as at risk. There is however a lack of detailed or specific direction in the available policy and procedures of NSW Health as to how these assessments should be undertaken or the psychosocial considerations which should be included within such an assessment.

To my knowledge, this research represents the only examination of the child protection assessment practices of social workers in health settings in NSW to date. As will be clarified in the literature review, there has been very little research into this topic, with only one other study with a similar focus within Australia (Scott 1998).

1.12 Thesis Outline

The remainder of the thesis will cover review of the relevant literature (Chapter 2), followed by a description of methods and analysis along with discussion of their application in this research (Chapter 3). The findings are presented across two chapters, with each focussing on an aim of the study (Chapters 4 and 5). The thesis finishes with a discussion of the findings, their implications and the conclusions drawn from them (Chapter 6).

2   Literature Review

The past three decades have seen a significant increase in knowledge for and about child protection practice. This increase has been informed by both research and theorising. However, there has been almost no research published on the assessment practices of social workers in non-statutory settings with cases involving child protection concerns. The literature review in this chapter provides an understanding of these practices. The reviewed literature includes; the general knowledge base of social work practice; child protection practice literature (predominantly statutory practice) and the literature pertaining to judgement and decision making in social work practice.

Limits have been put on this review to keep a clear focus on the stated research questions and the aims of the study. The review is wide-ranging, but not exhaustive. The parameters of the review include consideration of context, such as the source country or state, and the publication time or age of the work. The literature has been considered with particular reference to the child protection roles and tasks prescribed, by NSW Health policy and interagency guidelines, to the social workers that form the focus of this study.

The theoretical and value stance of this thesis has had implications for the interpretation of the literature. Historically much of the social work research literature has been written within the objectivist discourse, such that the research sought to discover the 'truth'. The approach taken here does not discard these findings, but seeks to understand them and the connection to the context that they were constructed within. In reviewing the empirical literature, consideration is given to the relationship between methodology and findings, as a means of understanding the construction of knowledge.

2.1   Literature Search

The topic is not well delineated in the social work or other bodies of literature. Hence, a broad ranging strategy was used to locate relevant literature. This strategy

included an electronic database search, hand search of recent relevant journals and review of key documents (including descriptive, empirical, analytical and theoretical research reports, inquiry reports, and policy and practice guidance documents). A detailed account of the search process is provided in Appendix 2.

Dickersin, Scherer and Lefebvre (1995) raise the issue of sensitivity versus precision in identifying relevant studies using electronic search strategies. The issue of range in both the relevant terminology for this study and variation in the meanings applied to those terms caused considerable difficulty in locating relevant literature. A choice was made to prioritise sensitivity above precision so that less relevant literature could be culled later during collection and review. The terms used for the different electronic databases are listed in Appendix 2.

Bias in the selection of reviewed literature is raised as an issue by MacDonald (1998, p.74). The material reviewed here is exclusively published in English. It is predominantly from Australia, the United States (US) and the United Kingdom (UK) although material from Israel, Canada, New Zealand and Finland was also located. Clearly, there are cultural and geo-political issues in social work practice; for example, issues in western industrial states differ significantly from those in less developed states. Limitations to the notion of a common professional project in social work have been identified through contrasting social work history, political context and practice in Australia, the US and the UK (McDonald, Harris & Wintersteen 2003). There appear to be broadly similar child protection practices within the literature located, although ultimately each jurisdiction is unique. It was beyond the scope of this study to compare all systems and the limited finances for this study did not run to translation of the non-English language literature.

2.2   Issues in the Literature Review

With few exceptions, for example White (1997), most of the social work practice literature referring to child protection practices is written about statutory practice or processes. Other professions, such as psychiatry and psychology (for example, Reder & Lucey 1995; Sattler 1992), dominate the clinical assessment and treatment

intervention and forensic assessment literature relating to children generally, as well as those who have experienced or are at risk of abuse or neglect. These two issues largely render the non-statutory, clinical health-care, social work role in child protection practice invisible within both the social work and child protection literatures.

The terms 'assessment', 'decision making', 'judgement', and 'evaluation' are used within the literature reviewed in a manner which suggests that they are synonyms and as such directly interchangeable. Other terms with similar connotations such as "problem formulation" (Nurius & Gibson 1990) are also used, but less frequently. For clarity, the four commonly used terms identified above are treated in this thesis as having different meanings. Definitions for these terms are provided in section 2.3 Assessment in Social Work Practice, to follow.

Aside from the difficulties created for electronic searching, as identified above, this variety in terminology reflects the range of 'similar but different' thinking within the field. A further aspect raised by Scott (1998) are the differences in meaning applied to assessment by social workers in different contexts, as cited in the introduction to this thesis (p. 3).

A number of differences both within Australia and internationally have been identified which present problems for comparing and contrasting the literature. There are differences in social work qualifications, particularly between non-degree, bachelors and masters degree qualifications, as well as the practice roles typically undertaken with these qualifications. The classification of social workers within groups such as 'mental health professionals', 'child protection workers', and 'social services workers' presents a second difficulty. These groups may include other professionals with qualifications in, for example, psychology, nursing or (non-degree) social welfare. These two issues are particularly relevant to the UK where frontline statutory workers are often termed social workers, without reference to their qualifications. The terms 'child care worker' and 'child protection worker' are also increasingly used in the UK literature. Statutory workers in the US tend to be termed 'child protection workers' or 'child protection officers' in the literature,

again usually without reference to qualifications. Thirdly, differences in legal jurisdictions (child welfare and criminal), interagency practice policy, and roles including statutory investigation, criminal investigation, family support, and clinical or health intervention present a range of different decisions through the course of a child protection case career. Decision making points are often not readily comparable between systems. Where decision making points are comparable across systems, the issue is open to further confusion where professionals of different role or qualification make the decision. Where relevant, information to provide context for research findings from the literature has been included to assist in overcoming these difficulties.

There is an extensive body of 'how to do' assessment literature, in the child protection field (Adcock 2002; American Professional Society on the Abuse of Children 1995, 1997; Budd 2001; Department of Health 2000; Faller 1988; Fowler 2003; Herbert 1997; Hewitt 1999; Howe, Brandon, Hinings & Schofield 1999; Iwaniec 1995; Olsen, Allen & Azzi-Lessing 1996; Precey 1998; Steinhauer 1983). Within the literature, critical examination of assessment in social work practices is limited. This critical examination usually takes the form of contrasting one theoretical model or framework with another (for example Fook 1993; Milner & O'Byrne 1998).

Finally, the issues related to evaluating knowledge need to be acknowledged. As raised in the introduction I am wary of privileging knowledge based in a particular paradigm. The current emphasis in social work on evidence based practice demonstrates this, where knowledge constructed through a particular scientific process is privileged above knowledge constructed by means declared to be less scientific. The hierarchy of evidence as suggested by the National Health and Medical Research Council (1999a) provides an example. Research methodologies are accorded a value from "systematic review of all relevant randomised control trials" as Level I through to "case series with post or pre and post testing" as Level IV. Other categories such as opinion of experts are not allocated a ranking. It is acknowledged that not all proponents of evidence based practice in social work would adhere to or endorse this type of hierarchy. This debate is particularly

significant in social work, given the well recognised place of 'practice wisdom' (Scott 1990; Sheppard 1995) which is also known as 'tacit knowledge' (Zeira & Rosen 2000). It is beyond the scope of this thesis to fully explore this debate.

In the next section, the literature pertaining to assessment in social work practice will be reviewed. Particular attention is paid to the issues of assessment as science, the role of values in assessment and the aims of assessment. Following this, the literature on social work assessment with child protection cases is examined, with specific reference to the roles of social workers in NSW Health settings. A number of themes relating to what social workers consider in their assessment practices are then drawn from the literature and discussed. The chapter concludes with a summary of the literature review.

2.3   Assessment in Social Work Practice

Assessment as an aspect of the construction of professional practice is associated with many endeavours, although Parton *et al.* (2000, p.134) suggest that assessment distinguishes social work from counselling and therapy. Assessment is considered to be a key element of social work practice, described as both "the cornerstone of the social work relationship with any client" (Rodwell 1987, p.231) and forming "the cornerstone of social work intervention" (McVeigh 2000, p.17).

The term 'assessment' is used within social work practice, as in other settings, to refer to the process of assessing as well as the outcome or conclusions of that process (Goddard & Carew, 1993 p.151 citing Coulshed 1988 and Davies 1985). Similarly "assessment is thus both an activity in itself and a process of understanding" (Reder, Duncan & Gray 1993, p.83). Assessment has also been described as:

> *a straight-forward, distinctive cognitive process that involves using relevant (as determined by the practice model being used) knowledge, and exercising informed judgments. It is also a product, a statement that is the consequence of exploration of the case data, use of inference, and definition of the problems to be treated* (Meyer 1993, p.2)

Sinclair, Garrett, and Berridge (1995) define "assessment as a preparation for decision making" (as cited by Milner *et al.* 1998, p.25). Dalgleish (2000 cited by Adcock 2001) differentiates between judgement and decisions. "Judgements are inferences drawn from data. A decision is a choice between alternative courses of action... It is important to ensure that judgements are made and considered before decisions are taken" (Adcock 2001, p.95). Evaluation can be used as an alternative term to assessment. For the purposes of this thesis the preferred meaning for evaluation is determining the effectiveness of an intervention or program, rather than in relation to people as cases or clients.

I have conceptualised assessment into three processes. In practice these are not necessarily discrete phases that operate in a linear progression.

- *Information gathering*: the collection or collation or both of information in a systematic manner in relation to a client or case. Information gathering can be considered as having two aspects: the information gathered and the processes of gathering. Fowler (2003, p.20) also highlights the importance of review of information which is already available to the assessor in this process.
- *Judgement*: the analysis and interpretation of this information, typically involving the comparison of case specific information to a (variable) knowledge or value base.
- *Decision making*: the use of this judgement to guide further action (by the assessor and or others).

These three processes can be seen in various forms in the numerous summaries of the main aspects of assessment (Adcock 2001, p.76; Fowler 2003; Jordan & Franklin 1995; Meyer 1993, p.29; Milner *et al.* 1998, pp.5-6). There is variation in how the divisions have been proposed within the literature. For example: "it seems that perhaps evaluations could be thought of and studied in at least two parts: the gathering of data and the interpretation/decision regarding that data" (Ford Peters 2001, p.166).

Milner *et al.* (1998, p.7-8), conclude that there is a greater focus on the information gathering phase with their comments that aside from "lists of information-yielding

sources" and the need for "counterchecking facts and hypotheses" assessment is not addressed in any depth in the literature. Some authors saw the development, attribution or understanding of meaning as an important aspect of assessment. "The assessment process is concerned with thinking through the meanings in cases" (Meyer 1993, p. x).

Judgement has tended to be understood in terms of psychological processes, with particular reference to the literature of social psychology. Nurius *et al.* (1990) identify a range of issues, including the use of stereotypes, heuristics (inferential shortcuts) and assumptions by social workers in the process of making clinical judgements. The issues they identify form part of the wider ongoing debate in social work about the 'correct' types of knowledge for practice. This debate operates across a dichotomy: scientific knowledge and processes versus intuitive processes.

Benbenishty (1992) raises the differences between declarative (or substantive) knowledge and procedural (or strategic) knowledge. Declarative knowledge relates to facts and theories in a particular area and procedural knowledge "is about how to reason with declarative knowledge" (Benbenishty 1992, p.599) or how to use that knowledge in practice. This is an important distinction in understanding assessment practice, with declarative knowledge a necessary part of information gathering and procedural knowledge necessary for judgement and decision making.

Assessment in social work is associated predominantly with casework including individual, dyadic and family work. Other forms of social work practice, such as community work, utilise different terminology for similar concepts such as "needs analysis" (Henderson & Thomas 1987; Ife 1995; Twelvetrees 1991).

2.3.1 Social Work Assessment as Science

The introduction of the concept of assessment to social work case practice is widely attributed to Richmond's 1917 text *Social Diagnosis* (Barber 1991, pp.15-6; Bisman 1999, p.240; Goldstein 1990, p.34; Rodwell 1987, p.233). Richmond's reference to the assessment of child neglect incorporating physical abuse, (cited by Stanley *et al.*

2002, pp.64-5), suggests a long-term interest in this area by social work practitioners.

The approach to assessment proposed by Richmond is essentially modelled on the medical practice of diagnosis, itself a reflection of positivist scientific inquiry. A process on which Foucault comments "this familiar method of the examination, implement, within a single mechanism, power relations that make it possible to extract and constitute knowledge" (Foucault 1991, p.185). Meyer argues that social work assessment is more than a process of classification, which distinguishes it from diagnosis, "the breadth of a bio-psycho-social social work case does not allow for narrow (medical type) diagnostic classification schemes" (Meyer 1993, p.94).

The development of social work assessment practices has occurred in conjunction with the construction of social work as a professional endeavour following the technical rational approach. The technical rational approach is also termed objectivism (Taylor & White 2000, p.190). Ryburn (1991) describes objectivity as a misleading and unhelpful construct in assessment. This concern is discussed in the following sub-section, The Role of Values in Assessment. The technical rational or scientific approach remains as a significant influence in texts on clinical social work assessment practice (for example Cooper & Lesser 2002; Jordan *et al.* 1995).

Social work assessment practice has been described as a scientific endeavour by Meyer: "assessment, a process that is necessary in all of science and in all of professional practice" (Meyer 1993, p.2) and

> *the generic principles in making a case assessment are familiar to those who have ever done an experiment in a test tube. That is: selecting raw materials (case data), ordering and analyzing their components (study), determining their meaning (inference), weighing assets and liabilities (evaluation), and planning interventions (action)* (Meyer 1993, pp.29-30)

Theoretical approach is generally seen as a critical aspect of social work assessment practice, "the assessment process is appropriately embedded in models of practice" (Meyer 1993, p.ix). Milner *et al.* (1998) articulate a similar understanding in their

account of assessment, drawing on a range of theories, presented as maps for guiding assessment practice. Similarly Howe (1987) and Payne (1997), in describing the range of theories used in social work practice, both discuss the implications for assessment as well as other aspects of practice based on differing choices of theoretical model.

The framing of social work assessment as scientific inquiry is remarkably resilient. The basic components as described by Meyer, above, are retained even when theories in stark contrast to science or positivism are used. Examples include radical approaches (Fook 1993), strengths based approaches (Cowger 1994; Graybeal 2001), narrative approaches (McVeigh 2000), constructivist approaches (Parton *et al.* 2000), naturalistic inquiry (Rodwell 1987) and qualitative assessment approaches (Franklin & Jordan 1995).

Assessment for social work is in many ways a legacy of endeavours to develop as a profession along the technical rational model, mirroring the concept of diagnosis from the medical model of practice. This construction extends Foucault's description of the examination such that social work assessment as the development of knowledge is most appropriately seen as an exercise of power.

2.3.2 *The Role of Values in Assessment*

A number of authors have identified that objectivist models of practice neglect values, which are considered subjective. They go on to suggest an approach to social work practice that locates value judgement and moral judgement as central (Parton, Thorpe & Wattam 1997; Taylor *et al.* 2000). This criticism is important when concepts such as parenting are seen as socially constructed and contextually located. There are no universal and objective definitions of good parenting (often conceptualised between the ideas of 'good-enough' and 'optimal'). As such, it is important to be clear in understanding how the considerations contained in the construct of parenting are selected and weighted by a practitioner in making judgements about the quality of parenting.

A number of authors have considered the ethics of decision making practice (Mattison 2000; Osmo & Landau 2001; Walden, Wolock & Demone 1990). Ethics are a particular construct of values.

> *Ethical dilemmas requiring ethical decision-making arise in issues around individual rights and welfare, public welfare and inequality and structural oppression, as well as by conflicts between rights, responsibilities and interests, both within and between these categories* (Osmo *et al.* 2001, p.483).

"Social workers are influenced by professional roles, practice experiences, individualized perspectives, personal preferences, motivations and attitudes" (Mattison 2000, p.201). The views of Osmo *et al.* and Mattison demonstrate the breadth of considerations that may apply to practitioners working with children and families where child protection concerns have been identified.

2.3.3 Aims of Assessment

In conjunction with the influence of theoretical framework, assessment practice can also be undertaken with a number of aims. Adcock (2001, p.76) states that assessment is a process undertaken in relation to an identified purpose. Others have been clear about their purpose: "the aim of assessment is to guide action" (Reder *et al.* 1993, p.83). Assessment practice needs to be contextually situated within practice, with clients, to serve a purpose.

Holland (in press) in her review of the literature considers 'diagnosis', 'prediction', 'broad social assessment' and 'bureaucracy' as elements of assessment (in press, pp.19-24). Holland (in press, p.24) and Milner *et al.* (1998, pp.29-31) cite the models of assessment proposed by Smale, Tuson, Beihal[2], and Marsh (1993): "questioning, procedural and exchange." These different approaches reflect the theoretical model used by the practitioner but also have implications for the relationship with the client as well as the forms of knowledge created through the assessment process.

The impact of these considerations on social work assessment practice can be located within the broader social context.

Within these dominant discourses, it is very difficult for social workers to make social rather than individual assessments, as the former would highlight what is currently well hidden, that is the moral issues involved in making judgements about what is and what is not desirable social behaviour (Milner *et al.*1998, p.17).

2.4   Social Work Assessment with Child Protection Cases

As identified earlier there is a wealth of literature on how to do assessment, which has been developed from a combination of research, theoretical models, and practice experience. There is also a significant body of research on the practices of statutory child protection workers, including social workers. There is however little published research on how social workers in non-statutory settings (health and mental health care) practice, or describe their assessment practices with child protection cases.

Given these circumstances, there are a number of reasons to consider studies of statutory practice. Social work assessment has been conceptualised as a generic process, suited to most practice settings (Meyer 1993). Secondly, the discourse on risk in child protection practice has been pervasive, through all aspects of child protection practice, operating at both practitioner and systemic level (Parton 1996; Spratt 2001). It should be acknowledged that aspects of statutory practice, particularly removal and placement decisions, have no clear parallel in non-statutory practice, although the considerations identified are similar to other assessment and decision situations in social work practice involving child protection concerns (Batten 1991, p.245).

In their file review of the treatment decisions made by US medical and psychiatric social workers, Rosen, Proctor, Morrow-Howell, and Staudt (1995) found differences in rationales provided to justify treatment decisions, by both decision task and service context. Given these findings it would seem reasonable to anticipate some differences in practice between statutory and non-statutory social workers.

There has been an interest in decision making in statutory practice, as explored within the literature, dating back at least to the mid-nineteen sixties (Wolock 1982 cites Streshinsky, Billingsley & Gurgin 1966). There is now a significant body of research on statutory practice, which has been undertaken across the range of assessment or decision making points in child protection casework, including:

- whether to report concerns of abuse or neglect, involving decisions about risk and often the interpretation of legislation. This area of practice is discussed in section 2.5.1, to follow.

- the type of statutory agency response (investigation, provide support or no response) (Spratt 2000; Waugh 2000)

- the assessment of an allegation and or a situation (whether to confirm abuse or risk of abuse) (Ford Peters 2001)

- the assessment of risk in a situation (determining likelihood of harm and need for intervention) (Gold, Benbenishty & Osmo 2001; McDonald & Marks 1991)

- whether to remove a child or an offender or take other action (Mandel, Lehman & Yuille 1994)

- placement decisions (Fernandez 1996; Katz, Hampton, Newberger, Bowles & Snyder 1986; Lindsey 1991)

- treatment[3] (counselling or therapy) decisions (Greenwalt, Sklare & Portes 1998; Martin, Peters & Glisson 1998)

These classifications are rarely considered in isolation in practice, and are not necessarily discrete and mutually exclusive in the assessment or decision making process. The concept of a case career (Fernandez 1996; Thorpe 1994) was identified in the introduction. Not all points are relevant for every case, as individual cases pursue their own particular careers. O'Sullivan (1999), writing in relation to social work practice generally, conceptualises these as "decision making chains."

There have been a couple of studies that consider decisions through a case career. Dalgleish and Drew found in their literature review of indicators of risk that "different indicators were used at different choice points in the process of child protection decision making" for example, "notification (intake), deciding to formally separate, and placement decisions" (Dalgleish & Drew 1989, p.492). A more recent

UK study of statutory workers at different decision making points found similarly that these factors interact with each other and take on differing levels of significance (weight) depending on the nature, context and timing of the decision or assessment (Jones 1996).

Some authors have chosen to specifically focus on a particular type of maltreatment or aspect of child protection practice, including: neglect (Alter 1985), domestic violence (Shepard & Raschick 1999; Waugh & Bonner 2002), emotional abuse (Waugh 2000), physical abuse (Britner & Mossler 2002), parenting (Kähkönen 1999; Woodcock 2003), and intra-familial sexual abuse (Gilgun 1988).

The research collection has also encompassed a broad range of data collection methods, including participant observation (Gilgun 1988), interviews (both structured and semi-structured) (Ayre 1998c; Woodcock 2003), file review (Budd, Poindexter, Felix & Naik-Polan 2001; Kähkönen 1999; Thorpe 1994), combinations of these (Buckley 2000; Holland 1999, 2000; Waugh 2000), review of fatality inquest findings (Hill 1990; Munro 1996, 1999; Reder *et al.*1993), questionnaires (Davidson Arad 2001), Q-sort methodology (Daniel 1999, 2000), and case tracking (Tomison 1994a, 1994b). Many studies incorporated vignettes as part of the method. Vignettes were used with both experimental studies (Rossi, Schuerman & Budde 1999; Schuerman, Rossi & Budde 1999; Shapira & Benbenishty 1993) and interview studies (including 'think aloud' protocols) (Drury-Hudson 1999; Sheppard, Newstead, Di Caccavo & Ryan 2000, 2001; Sheppard & Ryan 2003).

Data analysis in these studies has involved a range of quantitative, qualitative and mixed methods. There appear to be few limits on the range of possibilities for research in this field based on different research interests, theoretical perspectives and methodologies. Collectively this research challenges comparison by using different frameworks, classification systems and constructs to understand similar concepts.

Cuzzi, Holden, Grob, and Bazer (1993) classified social work research on assessment into two areas, firstly that which examines the relationship between

influencing factors and decisions (inputs and outputs) and that which examines the process of assessment. Benbenishty (1992) used a similar delineation in his review of the methods to elicit and model expert decision making. This delineation can be seen as reflecting the range of different reasons for undertaking research on decisions in child protection practice. Commonly this research stems from concerns about the function of the child protection system and suggestions of inconsistent decision making by professionals in the system.

There is little consensus on the considerations that are important for assessment in social work practice with child protection cases. The range of permutations and thus possibilities to conduct research is enormous. The list below presents a summary of the variables that affect research into assessment, judgement and decision making in child protection cases:

- Case career stage (identification and reporting, initial statutory intervention, placement decisions, treatment decisions).
- Phase of assessment process (information gathering, judgement or decision making).
- Type of abuse and seriousness (it was noted that many vignette studies use relatively serious cases to determine assessment and decision making behaviour).
- Contextual factors (time, geo-political location).
- Purpose of research (describe, predict, experiment).
- Methodology and value position or discourse of researcher.

After considering the issues and research identified above, a number of themes emerge from the literature. Social workers (and other professionals) consider factors from the following categories in undertaking assessments (or making judgements or decisions) with cases where child protection concerns have been identified:

- *Case considerations*: factors associated with the client(s) (child, parent(s), and family and interaction between them), interaction between the client(s) and the practitioner and issues relating to the abuse.
- *Practitioner considerations*: factors associated with the social worker (demographics, experience, values and beliefs).

- *Organisational considerations*: factors associated with the agency and/or child protection system including multi-disciplinary teams.

Similarly, Cuzzi *et al.* (1993, p.17) conclude from their review of the literature that decision making in social work is subject to client, practitioner and organizational factors. Similar conclusions were reached more than twenty years ago: "factors relating to the phenomena, context and characteristics of the person judging" (Wolock 1982, p.10) and "factors related to the person making the judgement (for example the socioeconomic characteristics) as well as situational factors present at the time of decision making (for example, conditions of the environment) influence the process of decision making" (Rosen 1981, p.28). A more detailed consideration of these factors follows in section 2.6.

Client, practitioner and organisational factors have been considered in the research both individually and collectively. The diversity of findings would suggest that connections are not readily identifiable as linear relationships. I have concluded that the most useful understanding of the relationships between these factors is that they are unique to the individual assessment interaction comprising distinct case, practitioner and organisational factors. The lack of clear relationships identifiable within the literature has led to exploration of increasingly sophisticated means of understanding or replicating decision making processes in statutory settings, including Classification And Regression Trees (CART) (Johnson, Brown & Wells 2002) and neural network models (Marshall & English 2000).

2.5   Non-Statutory Social Work Child Protection Practices

The following sections consider the literature in relation to the child protection assessment tasks performed by social workers in NSW Health settings, as identified in the introduction to this thesis (p.8). Through the literature review these roles are addressed in two groups. The first as a discrete role, identifying and reporting risk of harm issues. The remaining three have been grouped together as similar, psychosocial assessment and treatment needs assessments undertaken in different

settings. The study presented in this thesis focussed on the broader psychosocial assessment, rather than the decision to report.

2.5.1   Identifying and Reporting 'Risk of Harm'

Making a report with concerns about abuse or neglect to the statutory authority is one of the roles identified for social workers in NSW Health. Reporting to the statutory authority has been widely studied. This research has involved teachers and other school staff (Crenshaw, Crenshaw & Lichtenberg 1995; Gracia 1995; Tite 1993), nurses (Nayda 2002), medical practitioners (Warner & Hansen 1994), and non-professionals (Dukes & Kean 1989). Studies of reporting practice were predominantly from the US, with limited literature from other countries, aside from Nayda (2002), who reported a study involving community nurses in South Australia.

No studies on reporting specifically involving social workers in health care settings were identified. Social workers or social work students were identified in a number of studies. It was not possible to draw conclusions that could be directly related to social workers in NSW Health settings.

Ashton used a vignette based questionnaire with students undertaking masters level study in social work (New York State US) to examine the relationship between their judgement of seriousness of abuse and the decision to report. Quantitative analysis found that the worker's judgement of seriousness was the only indicator of the decision to make a report or not among worker characteristics. The cases seen as most serious involved physical violence, imminent harm and young children (Ashton 1999, p.545).

In a study of the lifetime reporting practices of mandated reporters including social workers (Connecticut US) it was found that case-related attitudes, professional concerns, institutional setting and amount of training were strongest predictors of lifetime reporting practice. Lifetime reporting practice was derived from the number of cases reported divided by the number of cases suspected across a participant's professional career (King, Reece, Bendel & Patel 1998, p.277).

Tilden, Schmidt, Limandri, Chiodo, Garland and Loveless (1993) considered the responses of US health professionals to family violence, including child abuse, spouse abuse and elder abuse. They found social workers to be more aware of these issues and more likely to respond in an active manner to address these issues compared to the other professionals studied. The report of this study did not address how these issues where identified or the processes by which decisions on action were made.

Zellman (1992) reported a vignette study on the impact of case characteristics on reporting decisions. Social workers were a significant part of the sample. The results were presented in aggregate and conclusions about individual professions were not reported. Together with Nayda (2002), Zellman's study suggested that the legal mandate to report is a factor in decision making and does not obviate the need for clinical judgement in the process of reporting.

2.5.2   *Psychosocial Assessment and Assessment for Treatment*
The other three roles identified for social workers in NSW Health settings (see p.8 of this thesis, excluding identifying risk of harm and the need to report to DoCS) involve psychosocial assessment where issues of risk of harm have been identified, abuse has occurred or other emotional or behavioural of family concerns exist alongside risk of harm issues. Because of these similarities, these three roles have been considered together here.

Only one other study was identified that considered a similar population to those participating in the research for this thesis. Scott (1998) reported a semi-longitudinal qualitative study utilising repeated in-depth interviews and participant observation and followed actual cases through the child protection system in Victoria Australia. Her paper addresses the questions:

> *what are the factors to which social work practitioners in two organisational settings (a child protection unit in a large paediatric hospital and a statutory child protection service) give salience in the assessment of alleged child abuse cases and what is the nature of their observed models of practice?*
> (Scott 1998, p.76)

Other aspects of her study are reported in papers on interagency practice (Scott 1996) and parental perceptions (Scott 1997).

Scott describes two groups of assessments by hospital-based social workers: physical abuse and sexual abuse cases. The time frame for the assessment and the factors attended to were different for each group of assessments. The nature of the presenting abuse appeared to direct the nature of assessment and overall intervention. Physical abuse cases involved shorter assessments with a focus on risk, to determine the need to report. The sexual abuse cases took a longer time and had a greater focus on factors relevant to the preferred treatment model.

Further to this, Scott found both hospital-based and statutory practitioners used a proceduralized model of practice, but that the two groups attended to different things within those models.

> *However, unlike the hospital social workers, whose assessment was driven by a particular model of intervention, the child protection workers used their perception of the threshold of evidence necessary for statutory intervention as a guide to their assessment and this was sometimes based on 'second guessing' the Children's Court Magistrate.* (Scott 1998, p.85)

A clear definition of proceduralized practice was not provided, although reference is made to Meyer (1993). Meyer expresses concern about routinized practice (rather than a proceduralized model of practice) "where case planning is done at the outset without the intervening use of assessment, the practice is not individualized but routinized" (Meyer 1993, p.69).

Scott considers the impact of structural context, including interagency role, statutory responsibility regarding notification (reporting) and resource issues, as well as the impact of these on the relationship between assessment and intervention, particularly when the systemic context supports a proceduralized model of practice. Scott concludes that it was "not surprising that some social workers may see little point in undertaking an elaborate assessment if it does not determine the intervention" (Scott 1998, p.86).

Scott appears to be judging the assessment practice of her participants against an ideal assessment practice, which, while not explicitly defined within her paper, is apparent when areas are deemed to be missing from the assessment practice of those being researched, for example, the use of multiple hypotheses and a non-judgemental stance.

> *For social workers in both the hospital and the child protective service, the family's history and current relationships with extended family and significant others were generally given little salience, although it appeared to the researcher (particularly through follow-up home visits to the families), that such factors were important in determining the well-being of the children* (Scott 1998, p.85).

This is conceptually similar to the hypotheses underlying a structured interview study comparing Canadian and US child abuse and neglect professionals (predominantly social workers) and Canadian students (undergraduates taking a course in social psychology) in response to a hypothetical and ambiguous vignette. They found that among the professionals "lower levels of agreement" with the premature decision to remove a child in the vignette "were associated with (a) fewer unwarranted assumptions, (b) a greater number of hypotheses generated, and (c) a greater number of requests for information concerning the case" (Mandel *et al.*1994, p.1060).

The factors identified in assessment also relate to the stage within a child protection case career. In Scott's study (1998) physical abuse cases are generally located at the 'identification and reporting' stage and sexual abuse cases at the 'ongoing care and support' stage, to use terminology from NSW interagency practice. This difference in stage also had implications for the case material attended to in each group of cases.

The study reported in this thesis did not involve social workers from a hospital based child protection unit; thus, the contextual differences between Scott's findings and those of this study should be taken into consideration. These include agency context,

State and thus legislative and policy differences as well as differences in methodology. These issues will be considered in the discussion chapter.

The study undertaken by MacKinnon (1998), as identified in the introduction to this thesis had some findings that are relevant to my research, particularly those relating to the relationship between the therapist and client. The following differences in context (data collection was in 1986-7, thus under different legislation and policies), participants (she reports predominantly client views and it is not clear that the therapists are social workers) and intervention (therapy rather than assessment) need to be noted. MacKinnon's study will be returned to in the discussion section of this thesis.

Two personal accounts of social work practice with cases involving child protection concerns in health settings were located. Both are from NSW, although they describe practice under earlier legislation *Children (Care and Protection) Act 1987* and the first edition of the NSW *Interagency Guidelines Child Protection* (NSW Child Protection Council 1991).

Riley (1996) in *Murder and Social Work* reflects on her role as the on-call social worker for the Emergency Department in a major hospital, responding to the presentation of a child with fatal injuries, which were later determined to be inflicted by his mother and step-father. Riley uses this case example to demonstrate the utility of post-modern thinking with complex social work cases.

In *They took my baby* Sim (2000) describes and reflects upon her role as social worker in a maternity hospital with a mother whose child is removed from her care by the Department of Community Services shortly after his birth. Sim writes about this case selected as a 'failure and a mess' (Sim 2000, p.16), as a demonstration of reflective practice. These two personal accounts of practice will be returned to in the discussion section of this thesis.

2.6   Assessment Considerations

The following subsections expand upon the earlier identification of considerations attended to by social workers in their assessment practices in child protection cases. These considerations are discussed thematically, through case considerations, practitioner considerations and organisational considerations. There was little discussion in the literature as to how these considerations interact or relate.

It should be noted, however, that much of the research in this area does not treat these groups of considerations discretely, with the consequence that there is some overlap between the themes in the discussion to follow. An example of this can be seen with Waugh (2000), who examined the NSW statutory agency intake process for emotional abuse cases and found the following factors to be important in determining practice: statutory agency policy and procedures; informant characteristics; frontline worker characteristics; workplace environment and context of child protection practice.

Before proceeding to the considerations, I will briefly discuss the relationship between research methodology and the construction of knowledge from research findings.

2.6.1   Research Methodology and the Construction of Knowledge

The aims of a study, particularly whether the study has predictive aims or aims that involve development of understanding, influence the approach to identification of assessment considerations, and hence have some bearing on the interpretation of the findings of the study. Studies with a predictive aim tend to focus on the variable that statistically provides the best pathway between the inputs and the outputs of the assessment or decision. For example Lindsey (1991) from his analysis of national data involving 350 000 children in foster care in the US determined that parents' income level was the best predictor across all age groups of removal from home.

Similarly, Konecni and Ebbesen (1984) suggest from their analysis of legal decision making that judges and other legal professionals make decisions using incredibly

simple strategies involving one or two factors. Based on these findings, Konecni and Ebbesen criticise the use of in-depth qualitative research methods to understand decision making processes. Konecni *et al.* do not appear to consider that the statistical analysis they utilise presents the simplest explanation of the input to outcome pathway, and may not represent the decision making (thought) process used by the professionals they studied.

It can be seen that research findings broadly reflect the methodology used and the paradigm of the research. For example, Zellman (1992) cited previously, reports an experimental study that considers a range of variable case characteristics (previous abuse, severity of abuse and recantation). As an experimental design, conclusions could only be drawn about those particular variables. The risk in this approach is that other factors that are important to the decision making (which could be practitioner related, organisation related or case related), are not considered in the results and are thus rendered invisible.

2.6.2   Case Considerations

Case considerations are the factors that directly relate to the client or the case. They have been identified in the research literature through a number of means. Some studies have sought only to identify factors or variables, others identify them in an exploratory phase and then experimentally test to determine their use and thirdly, others define factors by other means then test their use experimentally.

Case considerations form the area with the largest body of research. This understanding is supported by review of the child welfare decision making literature (Jones 1993). Jones presents her findings across the case career at four points (intake, substantiation, removal and reunification) with almost exclusively case related variables being identified (Jones 1993, pp. 248-9).

There are numerous ways of classifying and grouping the case considerations identified in research. Tittle, Poertner, and Harris (2000) sought to identify variables that predicted placement in decisions, and identified from the US literature five

categories: safety (abuse and neglect issues); child characteristics; parent characteristics; family characteristics and child welfare system characteristics.

McDonald *et al.* (1991) place case characteristics in six categories developed from their review of eight US risk assessment instruments. The number of factors per category is identified in brackets. The categories were Child (13), Caretaker (19), Environmental (16), Maltreatment (16), Perpetrator (3), Family (10) and Parent-Child Interactions (7).

Ayre (1998c), [4] in a study aimed at understanding the use of the term "significant harm" in the UK, undertook semi-structured interviews with 25 experienced health and welfare practitioners and managers (at least 14 of whom were social workers in a range of roles) about cases where they had made determinations about significant harm for children and the factors that they considered relevant to this. From this 401 factors grouped into four categories were identified:

- observations concerning the child;
- observations concerning the individual parents;
- observations concerning the family as a whole;
- observations concerning the child protection system and its function.

The first three categories constitute case characteristics. The sheer number of factors identified in this process starts to give an insight into the complexity of undertaking assessments with cases with identified child protection concerns. The fourth category is best categorised as organisational considerations.

Developing on the findings of these and other studies, case considerations can be further categorised in the following ways:

- Abuse factors: for example type of abuse, extent of injury or harm to child
- Child(ren) factors: for example age, gender, (dis)ability issues
- Parent(s) factors: for example attribution of intent or moral character, problems with mental health, substance abuse or violence.
- Family and interactions between them, including extended family
- Interactions between worker and family

Other categories could be developed depending on the context of the assessment; for example decisions at the point of intake can include characteristics of the reporter or referring agent. This highlights the importance of context in understanding the case considerations that workers attend to in the assessment process.

Alter (1985, p.104) introduces a differentiation between concrete variables (which may be objectively determined, for example age and gender of child) and abstract variables (which are subjectively defined, for example "parent's behaviour is socially deviant"). There is however a potential for debate on the issue of subjectivity in some of the concrete variables Alter suggests. For example "physical harm to child" and "frequency of neglect" are open to subjective interpretation by the worker, in the assessment as to whether harm has occurred or not. It may be more useful to consider a continuum from concrete to abstract rather than an absolute dichotomy.

While a variable may be suggested as concrete, for example "frequency of neglect" it may be difficult to obtain independently verifiable information. For instance family members may under report neglect frequency to obtain an assessment outcome favourable to them. Thus, determination of this factor may be a subjective part of the assessment rather than an objective outcome.

Alter's study involved cases of neglect. She identified the following from the qualitative exploratory phase of the study: *concrete variables* (physical harm to child, age of child, and frequency of neglect) and *abstract variables* in descending order of influence (willful behaviour of parent, parent-child relationship, parental social deviance, parental desire to change behaviour) (Alter 1985). Although Alter's study was constructed in a manner that only focussed on case related variables, in conclusion she considers the possibility that variation in decision making may relate to subjective differences in the participants. This idea is further explored under Practitioner Considerations.

Jones (1996) considers the appropriateness of worker decisions at four filter points (initial referral, decision to hold a case conference, decision at case conference,

decision at review conference) in the UK statutory process. Pairs of independent auditors rated the cases (low to high risk) on the following factors. These categories when identified as 'high risk,' distinguish child protection from child-care (child welfare) cases.

- injury (major determinant – decreasing as case progresses through system)
- neglect (increases as determinant as case progresses through system)
- emotional abuse (major determinant first two filter points only)
- sexual abuse (major determinant – decreasing as case progresses through system)
- child's physical problems (not important in distinguishing child protection cases)
- child's behavioural problems (not important in distinguishing child protection cases)
- environmental and family history (important at all filter points)

These findings further demonstrate the importance of context in the assessment practices of social workers, with priority given to different considerations as the intervention issues change through the case.

Jones' (1996) study appears as a rare positive finding in this body of literature. He concludes that "social workers were appropriately discriminating between child protection and child-care cases, but were also dynamically reviewing their assessments, and their understanding of the significance of risk factors, in each case at each stage of the child protection process" (Jones 1996, pp.521-2). Jones' administrative responsibility for the participants in his study should be noted in considering his positive conclusions.

Within the experimental studies there is a tendency to treat a complex case characteristic such as parental mental health problems at an ordinal level, seeking an indication of the presence or not of a mental health issue for the parent. This tendency has been identified in relation to parental substance abuse, suggesting that a single uni-dimensional item "fails to reflect the often devastating impact of parental substance abuse on family functioning and risk to the children" (Olsen *et al.*

1996, p.833). Olsen, *et al.* go on to present a more detailed risk inventory specific to the issues of parental substance abuse and risk to children.

Attentions to variables or factors such as injury or harm to the child, child age and aspects of parenting are common within the literature. This is to be expected given the focus of the available literature on statutory issues of assessing risk and decisions about intervention both initial and long term. There have not been any consistent findings about crucial factors that workers attend to. The variation in findings relates to both practitioner issues (particularly their beliefs, operating discourse and agency), and to structural and legislative considerations.

A couple of recent studies have begun to explore in more detail the relationship between the worker and the parents in child protection case as an influence on outcome. Holland (2000)[5] in an UK study of comprehensive assessments reports that verbally competent and compliant parents have a greater likelihood of having children returned to their care. Gold *et al.* (2001) in a vignette based study with workers in Canada and Israel, examined the effect of maternal cooperativeness on assessment and intervention recommendations, finding that maternal compliance only impacted on the assessment of the mother, and not on intervention recommendations.

The implication in considering the relationship between a social worker and client and the concept of parental compliance with the worker is worth noting. A relationship is a shared concept involving both the worker and the client, where as compliance is solely located with the client. This difference can obscure important understandings of how the worker is practicing that have implications for the parent complying with them.

Issues identified under the rubric of anti-oppressive practice, particularly those of race, sexuality and gender, tend not to be identified as influential in decision making practice by child protection workers. Similarly there appears to be an understanding by practitioners of the issues in the difference between socio-economic disadvantage and child protection concerns.

2.6.3 *Practitioner Considerations*

Historically, considerations relating to the social work practitioner have not been
explored in great depth when assessment or decision making practice has been
examined. Recent studies considering demographic and socio-economic variables
relating to the practitioner have not found that these are significant in assessment or
decision making (Ashton 1999; Gold *et al.* 2001). However, this has not been a
consistent finding, with Snyder and Newberger (1986) finding that gender and
parenthood experiences significantly predicted judgement about seriousness of
abuse.

Britner *et al.* (2002) in a (Virginia US) vignette study identified that professional
group membership rather than case membership accounts for differences in
information prioritisation in making decisions about child placement in child
protection cases. Elements related to the usual context of decision making for these
professional groups and the utility of the prioritised information in that context may
also be an issue although this is not discussed in this paper by the authors.

Similarly to case considerations, practitioner considerations can be seen to have
more concrete (gender, age, experience, training, culture) and more abstract
(discourse choice) aspects. Some research is structured to suggest that age, culture or
gender determine the thought processes of social workers, although there are no
findings which particularly support this view. It would seem more likely that social
workers (as with other people) are influenced by their experiences professionally
and personally. These experiences may in turn be due to age, gender or culture.

The operating discourse of social workers in their assessment practice is not a
recently identified consideration. Alter states as an unfulfilled aim of her study an
objective of determining "whether there is a commonly used heuristic and to identify
independent variables" (Alter 1985, p. 109). Her findings suggest that this is
possible given the high levels of worker agreement, a finding in marked contrast to
earlier studies (Alter 1985, pp.109-10). Until recently there has been little further
research in this particular area.

Daniel's study of Scottish social workers utilised Q-sort methodology to explore participants' views about good enough parenting, decision making and damaging environments. Daniel found eight different but internally consistent strands of opinion amongst her 128 participants about the parenting needs of children, and concluded "that there is a link between views about children's needs and decision making" (Daniel 2000, p.91).

The descriptions of the factors identified are complex, with reference to beliefs about children, parenting, abuse and the child protection system. The following excerpts serve to illustrate a couple of these differences, but do not convey the fuller picture of these factors.

- *Factor 1*: "The most salient feature of a child's situation … appears to be the atmosphere of the overall parenting environment and the emotional well-being of the child, rather than, for example, the physical environment."
- *Factor 2*: "differs from the other two in the belief that sexual acts between an adult and a child should always be viewed as abusive."
- *Factor 3*: "the most salient feature appears to be the quality of the child's attachments" (Daniel 2000, p.104).

It is noted that with this method "it is not possible to draw direct conclusions about the links between the ranking of statements and practice" (Daniel 2000, p.93).

Holland reports her finding that there are a number of discourses operating for social workers in child protection practice (Holland 1999). She identifies two main discourses in use: "scientific observation" and "reflective evaluation", with social workers tending to use both in practice. However, the "scientific observation" discourse tended to be prioritised in legal contexts, such as reports to court.

Woodcock identified the concept of the 'surface static notion of parenting' from her study of parenting assessment practices of UK child protection social workers (Woodcock 2003). This provides another example of discourse impacting on practice. Woodcock suggests that this particular concept invites social workers to focus on legal processes and limit their engagement with clients around change.

Buckley (2000) reports a study of practice within the Irish statutory agency involving in-depth interview and observation. Her qualitative analysis identified concerns about awareness of ideological, cultural and organisational influences that shape practitioner perspectives and determine case careers in child protection. The issues identified here are addressed in the practice guide developed by Batten (1991). Buckley also expressed concern about workers' lack of awareness of the dynamics that determine the way in which decisions and assessments are reached. Scott (1998, pp.85-6) also identifies this concern.

The study by Sheppard and his colleagues (Sheppard *et al.* 2000, 2001; Sheppard *et al.* 2003) in England, aimed to develop understandings of 'process knowledge'[6] in social work practice generally, although is relevant here as the vignettes they used related to child protection practice. They found considerable variation in the extent to which social workers develop hypotheses about cases or aspects of them and also in the depth of analysis and systematic approach to information gathering (Sheppard *et al.* 2001).

Some research can be seen to be strongly promoting an objectivist discourse for social work practice. Koren-Karie and Sagi's (1992) Israeli study of social workers from welfare settings (not health or hospital) used differing vignette material (positive, negative and neutral) and the same videos of the "strange situation"[7] to determine the use of professional and non-professional criteria in making decisions about mother-child interaction. The authors were critical of workers who appeared to be influenced by the vignette material in interpreting the videos. These conclusions stand in contrast with the common guidance to social workers that they should use multiple sources of information in making determinations.

The use of different discourses by social workers in their assessment practice may be reflective of the common finding of high levels of disagreement between workers and or experts (Rossi et al. 1999 and Schuerman et al. 1999). Spratt reports a "very low level of agreement amongst the eight senior social workers in relation to option choices" (Spratt 2000, p.608). Although in an earlier study Alter (1985) found

considerable agreement amongst her participants, in reporting this she noted that this was in contrast to earlier studies.

A number of studies have compared the practice or thinking of experts (or experienced practitioners) with novices (often students) or lay people. Drury-Hudson (1999) in a South Australian vignette study on neglect involving interviews and "think aloud" protocols considered knowledge use (theoretical, empirical and procedural knowledge) by experts and social work students. She found greater use of these types of knowledge by expert practitioners.

Mandel et al. (1994) reported similar findings with their structured interview study previously cited on p.32. They found that "a significantly greater percentage of professionals requested information and a significantly smaller percentage of professionals made unwarranted assumptions about the case" (Mandel *et al.* 1994, p.1060). They also noted that "length of professionals experience in dealing with child abuse and neglect cases was not significantly related with their level of agreement" with the decision in the vignette (Mandel *et al.* 1994, p.1060).

Even relatively early studies have reported similar findings. Bradford (1976 cited by Rosen 1981, p.28), in his unpublished doctoral thesis, reported that education related to worker judgement on parental potential for abuse. Masters degree workers made more accurate judgements than those with Bachelors degrees did.

These findings are not unexpected when the findings of Fook, Ryan, and Hawkins' (2000) longitudinal study of the development of social work expertise by novice practitioners are considered. The development of expertise is different from the accumulation of experience, with the two concepts not necessarily occurring simultaneously. The concept of expertise will be addressed further in the *Methodology and Analysis* chapter of this thesis.

In contrast, Starr's (1987) US study of clinical judgement by experts and students to determine abusive parent-child dyads from video-taped interactions found both groups to perform at less than chance levels. This would suggest that practitioners

use more information than just visual cues in undertaking assessments or making judgements. A view supported by the findings of the Koren-Karie *et al.* (1992) study described earlier.

One study, which involved training workers in assessment, was located. Martin *et al.* (1998) in their (US Tennessee) study of human service case managers for children entering state custody found that previously applied 'problem labels' and pathway into care were more important in determining case management recommendations for placement and mental health services than assessment findings of psychosocial functioning (using the Achenbach Child Behaviour Checklist[8]).

Martin *et al.* (1998) suggest agency cultural change as a remedy. They contrast worker factors (lack of training in psychosocial assessment and access to relevant tools) with agency factors (culture and climate of the agency which support the use by workers of 'rules of thumb' and 'implicit theories regarding children' over findings of standardised assessments). They suggest that changing the worker factors without changing the agency culture will have limited effect.

In considering the relevance of these findings to my research, these findings are treated with caution, for two reasons. Firstly the qualifications of the case managers are not clear, and secondly, the children involved were entering state care for a range of reasons which included being abused or neglected, committing criminal offences and status offences ('unruly behavior'), with approximately one third of the sample being from each category.

Walden *et al.* (1990 p.74) conclude that "practitioners appear to accept responsibility for taking action in the face of ethical conflicts and for seeking solutions that were compatible with both client and organisational interests." This would seem an important link between understandings relating to client considerations and understanding grounded in contextual considerations.

The findings reported by Martin *et al.* (1998) and Walden *et al.* (1990) highlight the interrelatedness of the different groups of factors pertaining to cases, practitioners and organisations.

2.6.4 Organisational Considerations

While this area is widely recognised as a factor in assessment and decision making practice, it has been the focus of a limited amount of research. Much of the research relates to the function and practice of inter-disciplinary teams. Gilgun (1988) describes a US case study of decision making in an interdisciplinary team. Her findings of improvement in the decision making process through group involvement provide a positive contrast to Kelly and Milner (1996) who in a theoretical paper, identify a number problems in this process in UK case conferences. Kelly and Milner suggest that these processes result in decisions involving greater rather than reduced risk being taken.

Wolock (1982) reports a (New Jersey US) study that found that child protective worker judgements of seriousness of cases were subjective and related to seriousness and volume of caseload and to social and economic disadvantage of the office catchment area.

Wenger (1998) presents the concept theory of 'community of practice' which has been developed from social learning. The practice context (or community) is seen as particularly influential in the development of practice in both formal and particularly informal ways. Sheppard (1995) raises this idea in relation to social work practice, however there has been limited exploration of this aspect of practice in the research literature, for example Pithouse's nineteen eighties UK study (Pithouse 1998)

Jacobson (2001) examined the multidisciplinary team approach in Montana (US) to child sexual abuse in a qualitative study that compared three agency and structural settings. Her findings and report of the experiences of practitioners in these three teams led her to consider the social construction of childhood and sexual abuse as well as the meanings for children who have been sexually abused of an individualising treatment approach by experts. Jacobson considers the implications

for meaning in alternative approaches which would require broad based social change at a discourse level. Jacobson's research is in stark contrast to other work in this area, particularly that which involves close scrutiny of cases or practitioners and the variables associated with the individual.

2.7   Summary of Literature Review

Assessment is a crucial aspect of social work practice. Assessment practice is complex involving three stages, information gathering, judgement and decision making. Assessment in social work practice has developed primarily from the technical rational model of professional practice and is consequently frequently underpinned by the concept of objectivity. Assessment as a process and as a means of constructing knowledge is an action of power.

There have been few examinations of assessment practice with cases involving child protection concerns in non-statutory social work settings. The literature examining practices in statutory settings shows that a range of case, practitioner and organisational considerations influence assessment and decision making practice. It was not possible to identify simple or linear relationships between these three groups of considerations. The considerations attended to and the weighting accorded to them change through the course of a case's child protection career.

These understandings have been developed from a range of research involving different purposes and aims, data collection strategies, analytical approaches and assessment and decision making points in the child protection case career. Research as a means of constructing knowledge and meaning is also an action of power.

While specifically referring to reporting rather than other aspects of assessment practice, Ashton is succinct in identifying the issues of concern to social work practitioners in child protection practice:

> The act of reporting a situation that is potentially a case of child
> maltreatment is an end point in a process of decision making that involves
> perception, judgement, and response. ... This process of decision making

takes place in a complex social and legal environment of definitions, norms, expectations, and values (Ashton 1999, pp.539-540).

3 Methodology and Analysis

I selected a qualitative approach to investigate the identified research question. Qualitative methods are appropriate where the subject area is both complex and without clearly identified variables (Marshall & Rossman 1989, p.46). The complexity and lack of clear variables is highlighted through the literature review in chapter 2. A qualitative approach is consistent with the theoretical and value stance of this thesis.

The use of qualitative research methods has been well established in research into child protection practices. Recently, qualitative approaches have been used to develop deeper understandings of practices in a range of child protection settings (Benbenishty, Osmo & Gold 2003; Holland 2000; Nayda 2002; Woodcock 2003).

The topic covered in this thesis is an emerging area of research with previous research in the area being very limited. This study documents and develops understandings of an area of social work practice previously neglected by researchers. Thus, I have conceptualised my research as an exploratory study

3.1 Research Question and Aims

The research question was developed from my clinical work with children and families where child protection concerns have been identified. Initially I had an interest in formulating a comprehensive model or approach to assessment in these types of cases. The journey to develop this question has involved significant shifts in understanding for me. These shifts have included questioning the possibility of a single comprehensive approach and developing an appreciation of the importance of context.

There is a lack of research into non-statutory social work assessment practices in contrast with the masses of theoretical literature on assessment practice. I undertook to find out what social workers in health and mental health settings said they considered in their assessment practice with children and families where child

protection concerns had been identified. The following question and aims were developed to form a containable study in a previously unresearched area:

"How do non-statutory social workers understand their practice in the assessment of cases with identified child protection concerns?"

This study involved social workers in health care and mental health care roles and examined their views on the assessments they undertook with children and or their families, where child protection concerns have been identified. The study aimed to:

- Describe the factors social workers identify as significant when undertaking such an assessment.
- Gain insight into how social workers understand the relationships between these factors.

The initial terminology of 'factors' and 'relationships' had positivist connotations of variables and causal relationships, which had the potential to confuse and undermine the presentation of the findings. In writing up this study, the term 'considerations' has been used rather than 'factors'. For the second aim, rather than looking for 'relationships,' the ways in which these considerations 'interact and relate' has been examined. These changes were seen as more appropriate to the qualitative approach of the study.

3.2   Epistemology

Before describing the methodology and analysis, I will attend to the issue of epistemology. As stated in the introduction to this thesis, I have adopted an approach informed by constructivist thought in undertaking this research and its subsequent presentation in this thesis.

Historically the development of western philosophy has been a process of debate. These debates are characterised by Haworth, reflecting on the contrasts between the more traditional positivist paradigm and what he terms as the emergent naturalistic paradigm which emphasises "the inseparability of the data from the consciousness

of the investigator" (Haworth 1991, p.37). It is however, beyond the scope of this thesis to fully explore the differences in the two paradigms. Howe (1994) provides a summary of the development of modernity, 'the age of reason' during which positivist thinking attained a dominant position and the more recent developments of post-modernity.

This debate is ongoing, as demonstrated by the recent (re)-introduction of Aristotle's concept of phronesis (the study of values and ethics) by Flyvbjerg. Flyvbjerg (2001) presents this as a challenge to the prevalent dichotomous debate about practice as art or science, in a bid to develop 'relevant' social science.

There has been significant debate within social work about the types and use of knowledge for practice (Carew 1979; Drury-Hudson 1997; England 1986; Goldstein 1990). This debate has predominantly focussed on what sort of knowledge social workers should use. The research presented in this thesis has the potential to expand on this debate, as an outcome has been to document what social workers say they consider in their practice.

A mixed method study of (US MSW) qualified social workers with different lengths of practice experience examined the source of knowledge used in practice, the importance given to this knowledge and the frequency of use. The authors found that "practice knowledge emerges out of the interaction of experiential and formal knowledge sources within the work context" (DeMartini & Whitbeck 1987, p.229). These findings were in contrast to the traditionally held view that "information put to use precedes the setting in which it is applied" (DeMartini *et al.* 1987, p.229). They suggest from their findings that greater attention is required to how knowledge is constructed.

Further to these ideas is Wenger's concept of the 'community of practice', as identified in the literature review (p.45). This concept emphasises the context of practice, particularly with others in the workplace, as the location of knowledge creation. Wenger presents a duality (participation-reification[9]) to demonstrate that

meaning is contextually constructed rather than intrinsic or universal (Wenger 1998, p.63).

Kvale identifies a "move away from obtaining knowledge primarily through external observation and experimental manipulation of human subjects, towards an understanding by means of conversations with the human beings to be understood" (Kvale 1996, p.11). Post-modernism challenges traditional research methods by inviting both the researcher and the researched to question the means of creating knowledge. "A postmodern approach will ... emphasize the constructive nature of the knowledge created through the interaction of the partners in the interview conversation" (Kvale 1996, p.11). These issues are addressed through this chapter.

As the researcher in this endeavour, the position of objective outsider was neither viable nor appealing. I have sought a balance using a reflexive approach to be able to be explicit in identifying and considering my own ideas and their impact on the analysis, without overwhelming or detracting from the primacy of the participants' views.

3.3 Reflective Practice

The methods I have selected have been substantially developed from the literature on reflective practice, particularly Fook's *The Reflective Researcher* (Fook 1996c). Fook describes a reflective stance as questioning "the ways in which theory, practice, research and the relationships between them have been formulated" (Fook 1996a, p.xiii). The concept of reflective practice has developed from Schön's seminal text *The Reflective Practitioner* (Schön 1991).

Atkins and Murphy (1993) identified a lack of "definition and clarity of the concept of reflection" in the literature and that "the differences between authors' accounts of the reflective processes are largely those of terminology, detail and the extent to which the processes are arranged in a hierarchy" (Atkins *et al.* 1993, p. 1189). This continues to be the case in the more recent literature (Crawford, Dickinson & Leitmann 2001; Fook *et al.* 2000, p.232). Atkins *et al.* (1993) have also identified

that many, but not all, authors consider self as a critical aspect in their accounts of reflective practice.

Reflective practice has been proposed as a counter to inadequacies identified in the technical rational approach to professional practice. Reflective practice is an idea that has been adopted by practitioners and theorists particularly in nursing (Atkins *et al.* 1993; Taylor 2000) and social work (Fisher & Somerton 2000; Fook 1996c; Papell & Skolnik 1992).

Fook provides a practical definition: "reflecting on actions, and the reasons, rationales and justifications (a priori, ad hoc and post hoc) for them, may assist the practitioner not only to identify specific practices and theoretical assumptions implicit in her or his work, but also to articulate the basis for intuitive actions" (Fook 1996b, p.5).

Reflective practice is a contested concept, with differences between the idea of reflection-in-action and reflection-on-action. Ixer (1999) argues against the idea that reflection can occur within a practice intervention, but accepts it as a process that can follow practice intervention. Taylor and White prefer the concept of 'reflexive *practice*', arguing that it includes both reflection-in-action and reflection-on-action but goes further by problematizing the issues reflection takes for granted (Taylor *et al.* 2000, p.198). They argue that the construction of theory and social practices should be included in the process of reflection.

The approach of reflective practice was seen as fitting well with the theoretical and value stance of this thesis. "*Critical theory, postmodernism, and poststructuralism attune working empiricists to the ways in which their own analytical and literary practices encode and conceal value positions that need to be brought to light*" (Agger 1991, p.121, original italics).

3.4   Grounded Theory Methods

Charmaz describes grounded theory methods as "a logically consistent set of data collection and analytic procedures aimed to develop theory" (1995, p.27) Gilgun (2000) identifies that grounded theory is both a process and an outcome. Grounded theory is conceptualised as an inductive research method, whereby hypotheses and theories are developed from the data, as opposed to a deductive process where the data is used to test hypotheses or theories (Gilgun 2000). Thus "the purpose of grounded theory methods is to generate theory, not verify it" (Charmaz 2000, p.513 citing Glaser).

Grounded theory has been developed from the work of Glaser and Strauss (1967). Subsequently both authors have gone on to develop differing accounts of grounded theory (Strauss & Corbin 1998; Melia 1996). Following this divergence and concurrent interpretation and development by other authors, grounded theory methods are better conceptualised as a category of methods rather than rigidly prescribed instructions. Charmaz (1995) identifies the distinguishing characteristics of grounded theory methods:

(1)   simultaneous involvement in data collection and analysis phases of research;

(2)   creation of analytic codes and categories developed from data, not from preconceived hypotheses;

(3)   the development of middle-range theories to explain behaviour and processes;

(4)   memo-taking, that is, writing analytic notes to explicate and fill out categories, the crucial intermediate step between coding data and writing first drafts of papers;

(5)   theoretical sampling, that is, sampling for theory construction, not for representativeness of a given population, to check and refine the analyst's emerging conceptual categories; and

(6)   delay of the literature review (Charmaz 1995, p.28).

Charmaz (2000) has reconceptualised grounded theory, exposing and exploring the objectivist underpinning of the original conceptualisation by Glaser and Strauss.

Charmaz sees grounded theory as "flexible heuristic strategies rather than formulaic procedures" (Charmaz 2000, p.510). Traditionally the use of grounded theory aimed to identify the universal truths of the data via an objective researcher. The significant distinction here is the reflective awareness on the part of the researcher of how they are drawing themes from the data. The most obvious difference is the acknowledgment of the researcher and author as an active participant in the production of data and the subjective aspects of the analysis.

I selected a constructivist grounded theory as the basis for my analysis as these methods were appropriate to the research question and consistent with the theoretical stance of the research. The use of grounded theory methods is also increasingly common in research involving child protection practices (for example Drury-Hudson 1999; MacKinnon 1998; Woodcock 2003).

Adopting an approach consistent with constructivist grounded theory methods had implications that can be identified through the sampling process, the interviews (as a means of generating data) as well as the process of analysis. Agger argues that "deconstruction refuses to view methodology simply as a set of technical procedures with which to manipulate data" (Agger 1991, p.112).

The concurrence of data collection and analysis as an aspect of grounded theory is a widely accepted practice in qualitative research (Alston & Bowles 1998). This concurrence leads to circularity in the research process that presents some difficulties to fully address in the linear form of a thesis. Through the remainder of this chapter, the important aspects of the methodology and analysis will be articulated.

3.5   Participants and Recruitment

A small non-probability sample was sought for the research. In response to a requirement of one of the Human Research Ethics Committee (HREC) applications it was initially nominated that ten participants would be recruited for the study. This

number was based on review of the literature of similar research, and consultation with the project supervisor (at that time) and experienced qualitative researchers.

Common practice in qualitative research is to continue to collect data until no new data is emerging (Alston *et al.*1998), that is, 'saturation' level is reached (Minichiello, Aroni, Timewell & Alexander 1995). The number of responses and the quality of data generated guides participant recruitment. Sandelowski (1995) suggests that the sample size in qualitative research should be neither too small (which could undermine the credibility of the research), nor too large to adequately analyse. Morse (1995, p.147) defines saturation as "data adequacy". This is commonly seen as the point to end data collection. Saturation is a matter of interpretation and not an absolute point. The decision to conclude the data collection is addressed later in this chapter in section 3.9.

The sample was purposive (Alston *et al.* 1998 p.92) in that there were clear criteria for the roles and experience required of participants. These criteria included:

- Currently employment in a NSW Health service, where the client or patient group includes children and/or families.
- Eligibility for membership of the Australian Association of Social Workers (AASW). (The professional requirement for most social work positions in NSW Health.)
- Having more than five years post-graduate practice experience, in a setting or settings working with children or families.
- Having direct casework involvement where a recent report of 'risk of harm' in relation to a child has been made to DoCS.
- Seeing him or herself as having undertaken an assessment, aside from the decision to report to DoCS. The assessment did not have to be directly related to, or in response to, the concerns about risk of harm for the child.

The use of a purposive sample supported the theoretical sampling requirements of the grounded theory approach. This group was selected as having enough practice experience to have developed a robust professional identity, enough expertise to provide data with depth and complexity, and practical experience and knowledge of the phenomena being examined. No inducement was offered to participants for participating in the research

Social workers employed by The Children's Hospital at Westmead, Western Sydney Area Health Service and Wentworth Area Health Service were excluded from participating in this study, due to the possibility of frequent contact with the researcher in a working relationship outside of this project.

Experience and expertise are different concepts. Definitions of expertise "vary according to situation, culture, values" (Fook *et al.* 2000, p.5). For clarity *The Macquarie Dictionary* defines an expert[10] as having "special skill or knowledge in some particular field" (Delbridge 1987, p.619), whereas experience can be understood as length of time in a position.

The use of eligibility for membership in the professional body, as a criterion for participating in the research, was noted to have implications. The advantage of an increase in the homogeneity of participants was judged to outweigh the issues of exclusion. This homogeneity was supported by the definition of social work as a professional enterprise by the professional body via a code of ethics (Australian Association of Social Workers 2000) and entry level practice competencies (Australian Association of Social Workers 1994).

I met all of the above criteria to be eligible to have participated in the study. There were advantages and disadvantages in this dual position for the data collection. This situation has been termed the 'insider-outsider controversy' (Minichiello *et al.* 1995 p.182). The advantages primarily related to the participants' expectations of a common professional language and appreciation or understanding of common practice difficulties. My membership of the group that participants were drawn from appeared to assist in developing rapport with participants. It did however, make clarification and exploration of meaning more difficult at times due to the participants' expectation of understanding, particularly with jargon and professional language.

While every effort has been made to be respectful of participants in this study and privilege the knowledge that they have provided, it would be incorrect to consider

this research as participatory research. Participants were not involved in the conceptualisation nor the design of the study. The study investigated questions that were mine rather than those of the participants. Although the participants' reasons for participating were not explored, they may have had an interest in the research question presented. I acknowledge that this may also not be the case, as for myself the experience of recruiting participants for this study will probably play as much a role in any future decision to participate in research as that of the question or topic being researched.

Recruitment of participants involved a process of initially contacting either the Area Health Service director of social work or the head social worker within a service, agency or hospital with the recruitment letter, relevant participant information sheet and participant criteria (see Appendices 3.1 Recruitment Letter, 3.2a and 3.2b Participant Information Sheets and 3.3 Participant Criteria). In many cases a phone call preceded the written information as part of the process of identifying the relevant person to contact. The director or head social worker then provided the information to potential participants in their area. Potential participants then contacted me by telephone. After any questions regarding the research were answered a suitable time and location for the interview were then negotiated with the participant.

In addition to the ten participants ultimately recruited, there were five other contacts from people interested in participation. Two of these decided on discussion with me that they were not interested in participating in the research. The other three were interested but unable to allocate the necessary time during the data collection period.

3.5.1   *Description of Participants*
To support participant confidentiality, within this thesis participants have been coded alphabetically by the letters A to K excluding I. The letter I was excluded as a participant code to avoid potential for confusion, including mistaken reference to the number one (1) or self reference to the researcher as 'I'. The letters allow for non-identifying reference to and differentiation between participants. The letters do not reflect the order of data collection. 'Q' has been used to denote the interviewer

through the transcripts, again to avoid confusion with the use of 'I', which could
have indicated self-reference or stood for 'Interviewer', but fell in the range of
participant codes.

Participants were recruited from the four area health services that granted approval,
through their Human Research Ethics Committee, for their staff to be involved in the
research. The ethical issues of the study are discussed in the next section of this
chapter. A broad sample across areas and practice settings was recruited, as shown
in the tables below.

Area Health Service	No. of Participants	Regional/Rural
CSAHS (Metropolitan)	1	
SWSAHS (Metropolitan)	2	
IAHS (Regional/Rural)	3	2 / 1
HAHS (Regional/Rural)	4	4 / 0

Table 3.1 Participant agency geographic location

Setting	No. of Participants
Hospital	2
Community	3
PANOC	3
SAS	2

Table 3.2 Participant agency type

Participants identified practice experience as social workers between 5 and 32 years,
and a similar range of working with cases that involved child protection concerns, as
shown in the table below.

Years of Practice in	5 to 7	8 to 10	11 to 15	16 to 20	> 20
Social Work	3	4	1	1	1
Child Protection	4	4	0	1	1

Table 3.3 Participant practice experience

Five participants said that they had not had any significant break in their practice, while the other five identified breaks ranging from 3 months to "one or two years." The participant with the longest break had also been practicing as a social worker for more than thirty years.

The majority of participants (9) were women, which was expected as a reflection of the social work profession generally. Gender was not recorded for individual participants to avoid potential identification. Thus, all participants are referred to as female throughout this thesis. This strategy was discussed with and agreed to by the male participant. This strategy also avoids the poor readability that can be associated with the use of non-gender specific pronouns.

The participants described themselves or their roles as social workers or counsellors. Many also identified administrative, supervisory, educative and consultative roles in addition to their clinical or casework roles.

All participants said that they undertook assessments as part of their practice. Many identified that they considered assessment practice to be an important part of their social work practice. All participants identified that they considered the protection of children to be an important aspect of their practice and tended to frame their work with reference to the needs of the child, even if their primary engagement and involvement was with a parent or adult. All participants identified or demonstrated the use of reflective practices, either as self-reflection or in the context of supervision. Interest in or priority given to these three considerations, assessment, child protection and reflection, by participants was considered to be related to the sampling strategy used. The research was clear about focussing on these

considerations. It was not anticipated that practitioners with no interest in these considerations would volunteer to participate.

3.6 Ethical Issues

The study was developed and conducted in accordance with ethical guidelines from the AASW, (Australian Association of Social Workers 2000) and NH&MRC (National Health and Medical Research Council 1999b) and the policies, codes of practice and ethical guidelines of the University of Newcastle. Informed consent, privacy and confidentiality, and the protection of participants from harm are considered as ethical issues in the sections to follow.

3.6.1 Human Research Ethics Committee Approvals

Five Human Research Ethics Committees have granted approval for this research, see Table 3.4 below. Individual committees vary in their titles; for the purpose of this thesis all will be referred to as Human Research Ethics Committees (HREC).

Approval was sought from The University of Newcastle HREC, as a requirement of the University. Approval was sought from The Children's Hospital at Westmead HREC as a requirement of my employer. The Area Health Service HRECs were approached as a requirement of the University of Newcastle HREC. Seven Area Health Services (AHS) were initially approached. Most required formal applications to their respective HREC. This was undertaken for three of the AHS (Central Sydney AHS, Illawarra AHS, and Hunter AHS). The Chair of the South Western Sydney AHS (SWSAHS) committee determined that further HREC approval was not required for staff of SWSAHS to be recruited for the study.

Of the seven area health services initially approached, applications for ethics approval were not made to two of the remaining AHS (both metropolitan). It was envisaged that the number of participants required for the study could be recruited from the four area health services for which the study had approval. The final AHS (rural) did not respond to initial contact. This AHS was not pursued further for similar reasons to those above.

Institution	Abbreviation	Reference Code
The Children's Hospital at Westmead	CHW	2001/063
University of Newcastle		H-122-06-01
Hunter Area Health Service[11]	HAHS	01/08/08/3.21
Central Sydney Area Health Service (RPA Zone)	CSAHS	X01-0174
Illawarra Area Health Service/ University of Wollongong	IAHS	HE01/137
South Western Sydney Area Health Service	SWSAHS	No reference code provided

Table 3.4 Human Research Ethics Committee Approvals

3.6.2 Informed Consent

All participants were provided with an information sheet (see Appendices 3.2a and 3.2b) explaining the: research aims and procedures, possible risks and discomfort, research benefits, researcher's employment, limits to confidentiality, data access and storage, consent and production/publication release forms, and complaints processes and details of relevant ethics committee contacts. Variations to the information sheet were requested by one HREC (see Appendix 3.2b).

Participation was based on written informed consent (see Appendix 3.4), with the option for participants to withdraw at any stage, including ending the interview, without prejudice. A publication release form was also used in accordance with University policies relating to the use of recordings made in research studies (see Appendix 3.5).

3.6.3 Privacy and Confidentiality

A number of strategies were used to protect participant privacy and confidentiality. Only I have had access to participant details. Names and contact details of

participants cannot be directly linked to interview data. Only the project supervisor and myself have had access to interview data. Third party access to information related to the thesis and identified research reports will be limited to non-identifying data.

Confidentiality was limited by two legal requirements on the researcher, which were explained in both the participant information sheet and verbally before the interview commenced. A report to DoCS was required if there were reasonable grounds to suspect that a child was at risk of harm. If it was discovered that an indictable offence, punishable by imprisonment for five years or more had been committed and there was information which might be of material assistance in securing the apprehension of the offender[12] then a report to the police was required. Action in either circumstance would have involved a belief that the information had not already been provided to DoCS or police.

Although not a legal requirement, participants were advised that if concerns about serious breaches of ethical or professional conduct arose, these would be discussed further with the participant and any agencies (the participant's employer, professional body (AASW), or other relevant authority) as necessary. Decisions of this nature were to be discussed with the project supervisor and advice sought from others (eg HREC, AASW) on required action without initially breaking confidentiality. No circumstances requiring breech of participant confidentiality arose during the data collection or analysis.

Participants have been offered the opportunity to review, edit or erase the recording and review the transcript. Five participants requested a transcript of their interview, with one requesting that some sections of the transcript be deleted and some sections replaced. The participant volunteered that she had concerns about client and her own confidentiality as her motivation for the request. It should be noted that the transcripts represent spoken speech and are not reflective of many of the norms of written text (West 1995). Where transcripts were requested, participants were warned of this difference and advised not be concerned about the appearance of

inarticulacy. No participants have requested the opportunity to review the recording of their interview yet.

Audio-tapes and transcripts have been stored securely in a locked filing cabinet, and computer files on a password protected computer, according to University policies. Data and materials related to the study will be stored for the period (five years) required by the University and then, where requested and possible, returned to the participant or otherwise destroyed.

Ethical choices about the presentation of client material in the research were left with the participant, aside from the direction not to provide identifying client details. The primary interest of the research was in the participant's practice rather than the specifics of the case presented, although the two were not readily separable.

3.6.4   *Protecting Participants From Harm*

Reflective analysis can be both a liberating and threatening experience (Griffith & Frieden 2000, p.82). As such the possibility of participants experiencing mild anxiety about revealing their practice was anticipated. Participants were informed of this before the interview and observed with a view to this during the interviews. Participants were also reassured that the research was framed in a manner to understand participants' accounts of practice rather than judge them against pre or post-determined criteria. No concerns were identified.

The concern of harm to professional reputation was also identified as a possibility. Daniel's finding that participants in her study (students undertaking post-graduate study in child protection) expressed concerns that information about "gender, job and number of years qualified" would make their data easily identifiable (Daniel 2000 p.95). Daniel speculates as to this being due to participants expressing opinions on the processes of their employers (Daniel 2000, p.97), although equally the concerns may have related to the researcher being an academic associated with the course of study they were undertaking. For the study presented here, it was thought that provisions relating to confidentiality should ensure against any harm to professional reputation.

Physical harm was not anticipated nor have I been advised of any arising from the study for participants.

3.7 Data Collection Tool

Data were collected through semi-structured in-depth interviews, of approximately 1 to 1.5 hours duration (actual times varied between approximately 50 minutes to approximately 95 minutes) with each of the 10 participants.

The interviews were audio-taped[13] and transcribed. Brief notes were made following the interviews to assist with transcription and analysis. I undertook all interviews and transcription. Analysis of the data was concurrent with the data collection.

3.7.1 Rationale for Method

Interviews are a common method used in understanding the practices of professionals working with cases with child protection concerns. Interviews are used either on their own (Nayda 2002; Woodcock 2003) or in combination with other methods (Ayre 1998c; Holland 2000; Jacobson 2001; Scott 1998).

> *Interviews are particularly suited for studying people's understanding of the meanings in their lived world, describing their experiences and self-understanding, and clarifying and elaborating their own perspective on their lived world* (Kvale 1996, p.105).

The data sought was not readily available through other methods such as observation or file review. Observations "are not appropriate for covert behaviour like decision-making" (Stitt-Gohdes, Lambrecht & Redman 2000). Case files present a static account of practice that is indirect "and filtered through how the worker(s) who construct files might perceive the rules and purposes of recording" (Thorpe 1994 p.42). Interviews allow the development of 'thick' or 'rich' descriptions of the participant's thoughts or experiences, as are required for qualitative analysis. The interactive nature of a semi-structured interview allows the exploration of the participant's ideas in a manner that is not possible in a survey or structured interview

(Smith 1995). Semi-structured interviewing allows scope to broadly investigate the ideas and experiences of participants whilst maintaining a focus on the specific research question.

In some circumstances in-depth interviewing is associated with repeated interviews with participants (Minichiello *et al.*1995, p.77). The choice to undertake a single interview with each participant in this research was motivated by concerns that repeated interviews would represent an unreasonable imposition on participants. A second motivation for this choice were concerns that it would be logistically impractical to undertake repeated interviews with participants, particularly those in regional and rural locations.

Whilst the opportunities for comparison and quantitative analysis are limited with in-depth interviewing, it "provides a more valid explication of the informant's reality" (Minichiello *et al.*1995). Participants may provide information that is more consistent with their 'espoused theory of action' rather than their theory in practice, (Argyris & Schön 1974), or respond with retrospective rationalisations. In terms of developing an answer to the research question stated above, the subjective definitions of the participant are paramount because this is the focus of the research, rather than the interpretations of others (Minichiello *et al.* 1995).

The question was structured in a manner anticipating this, such that what social workers say about their practice would be explored, rather than having an expectation that having an understanding of what they do in practice would be the result. A study based on observation, to determine what occurs in practice, is open to a range of methodological difficulties in ensuring that interpretation of observed behaviour is consistent with the meaning understood by the social worker observed.

3.7.2   *Description of Interview Format and Questions*

The interview was designed to elicit the participant's account of their assessment practice in a recent case. Howe's framework for the organisation of social work practice (Howe 1987, p. 7) was used to give the interview a basic structure by dividing the assessment task into sections:

- Referral (recognising and identifying the problem).

- Initial Response (assess, interpret, explain situation)

- Planning (goals, plans and intentions)

- Action (methods of meeting goals)

- Evaluation (evaluating outcome)

A reflective process was then utilised to elicit the participant's account of their practice through these sections. The reflective process was developed from the work of Fook (1996b), and covered:

- Description (of events, actions, thoughts and feelings)

- Reflection (on relationships, assumptions, interpretations and meanings for the above)

- Development (of understandings about the participant's practice)

The Critical Incident Technique (CIT) (Flanagan 1954) was used to further structure the data collection. Stitt-Gohdes *et al.* (2000) describe the CIT as a flexible five step process appropriate to the analysis of tasks that can be correctly undertaken in an indefinable number of ways. The steps are:

- Developing plans and specifications for collecting factual incidents (data sources and collection methods).

- Collecting episodes/ critical incidents from knowledgeable individuals.

- Identifying themes in the critical incidents.

- Sorting the incidents into proposed content categories.

- Interpreting and reporting results.

Other approaches to event analysis for clinical practice have been identified (Davis & Reid 1988). The CIT was selected because of its specificity to the area of inquiry. Fook, Ryan & Hawkins (1997) regard the CIT "as a useful method for the detailed study of a person's specific experience grounded in a particular situation, and for capturing what is unique or common about an event." Fook, Munford & Sanders (1999) identify that the CIT has been used in a variety of research "especially as a method of studying the specific experience of practitioners in context." The CIT has

been previously used in child protection practice research (Ayre 1998c; Banach 1998; Drew 1984 cited by Dalgleish & Drew 1989, p.492; Bradford 1976 cited by Rosen 1981, p.28).

The interview schedule is presented in Appendix 4. The interview schedule was conceptualised in eight sections: preamble, the participant, the referral, initial response, action, evaluation, reflection/conclusion, and closure. The schedule set out the structure of the interview. It was envisaged that flexibility on the part of the interviewer would be required to explore the participants' responses and elicit descriptions of their assessment considerations and how these considerations interact and relate.

The questions in the schedule were formulated as suggestions for the interview. It was envisaged that the use and order of the questions would vary for individual participants. Similarly it was envisioned that some of the questions would be asked several times to elicit further information about specific events, contexts or actions. It was planned that further questions would need to be formulated during the interview to elicit the participant reflections on their practice.

Non-identifying information relating to the participant's practice role and practice experience, agency description and role and general views of assessment and social work practice was sought. No identifying details in relation to the participant or the case were sought.

The interview schedule was initially checked for flow and understanding with colleagues and was then piloted through the first three interviews. No changes were identified as being necessary.

Aside from specifically excluding the decision as to whether concerns should be reported to the DoCS, participants were not provided with a definition of assessment. The aim was for this to be a generative process and allow a broad range of possible responses from participants. Providing a clear definition may have biased

the study. A second consideration was that providing a definition might have undermined the aim of gaining access to the meanings of participants.

3.7.3 Practical Considerations

The interviews were undertaken at a convenient location for the participant, in a private room without obvious distractions or interruptions. These arrangements were negotiated with the participant at the time they confirmed their interest in participating.

All but one interview was conducted at the participant's place of work (in their office, or in an interview, assessment or meeting room) during the participant's normal working hours. The other interview was predominantly conducted in the participant's hotel room after normal business hours. This arrangement was at the request of the participant, rather than rescheduling the interview. That interview was started in a venue related to the participant's work, however this was identified as being unavailable by staff at the venue, shortly after the interview commenced.

Three of the ten interviews had external interruptions and one was stopped for a few minutes for the participant to think of a case. Otherwise, the flow of the interview was only interrupted by the need to change the tape at approximately thirty minute intervals. This length of tape was longest available in the format used. The tape format was selected based on availability of recording and transcribing equipment. A flat omni-directional microphone was used on a level surface (eg coffee table, desk, or stool) between the interviewer and the participant. There were no suggestions that this was unduly intrusive.

There were two instances where sections of interview were not recorded. It was not clear whether this was due to a mechanical issue or failure on the part of the interviewer. In one instance, this data loss was discovered after I had left the participant. In the other instance it was discovered whilst with the participant who offered to redo the final part of the interview.

3.7.4   Interview Process

Charmaz, in the context of differentiating between constructivist and traditional grounded theory methods, states "that the interaction between the researcher and the researched *produces* the data, and therefore the meanings that the researcher observes and defines" (1995, p.35, italics in original). For this reason, careful consideration was given to conducting the interviews.

Kvale argues that "the interviewer is him- or herself the research instrument. A good interviewer is an expert in the topic of the interview as well as in human interaction" (1996, p. 147). My experience as a practicing social worker in a clinical setting associated with the topic of the research provided both knowledge of the topic and expertise in human interaction.

Similarities between qualitative research and social work practice have been considered in the literature (for example Allen-Meares & Lane 1990; Padgett 1998; Smith 1998). There are similarities in the processes of engaging with, building rapport with, and eliciting information from social work clients and research participants, although the aims of both interactions are significantly different. Clinical social work generally has an aim of understanding and helping the client, whereas helping the participant is not usually associated with the research process.

The interviews were characterised by warm and friendly interaction between the participants and myself. The approach of the research was clearly stated to participants as part of the engagement process:

> *the way this research is constructed is not actually to judge people's practice on predetermined criteria but really to elicit accounts of it to understand how social workers work* (Interviewer)

In the initial stages of the interview, participants were asked about their agency and social work roles. This was used as part of the process of engaging and building rapport. It was judged that participants would find this relatively easier in being an account of what they do rather than the more challenging area of how they practice.

It was noticed through the interviews, that positive feedback (eg verbal: 'uh-huh', 'mmm' and non-verbal: nodding, smiling) encouraged participants to continue speaking. This strategy was used much more consistently through all but the initial interviews.

A range of different question types and questioning strategies have been identified in the literature (for example Kvale 1996; Minichiello *et al.*1995). Several of these strategies were used in the interview process. I prioritised the use of open questioning (examples are provided below) to facilitate more detailed responses from participants:

speaking generally are there specific theories that are very influential to your practice (Interviewer)

so that the concern about child protection issues changes your thinking about contracting with the family (H: mmm) what sort of changes would you make (Interviewer)

a little while ago you said that social work theory was significant in your practice (K: uh huh) were there in this particular case were there specific theories specific social work practice theories that you felt were really relevant that you drew upon (Interviewer)

one of the things I'm particularly interested in this research is particularly in areas where social workers feelings and thinkings relate to their work (D: mmm) and when you were talking about one of the important things is how you feel that the work is going (D: yes) can you tell me a little bit more about how you (D: yeah) how you draw that out (Interviewer)

you spoke initially that your involvement in the assessment was about engaging (G: mmm) and empathy for you where does that come from in your practice (Interviewer)

*if you do have access to an account from the child of the abuse what influence
do you think that might have on your counselling work with the child*
(Interviewer)

Closed questioning can provide limited responses (for example 'yes' or 'no') rather
than encouraging participants to provide rich descriptions of their practice. These
were never the less useful as questions for clarification:

so explicit permission from families (D: yes) to seek further (Interviewer)

*sorry I just wanted to clarify was (F: mmm) the children's mother was she
ever actively involved in the assessment or (F: no)* (Interviewer)

*it sounds a lot like you make every effort to include your clients so that they
would be informed participants (A: yeah) in an assessment rather (A: sure)
than subjects of an assessment* (Interviewer)

*if I were to understand that the assessment's defined by the service requested
(A: yeah) the needs of the family (A: yes) the agency in so far as there is a
standard (A: y-) assessment format (A: yes) the experience and knowledge of
the practitioner as well as (A: yes) as perhaps additional things from docs (A:
that's right) ok* (Interviewer)

Questions, which reflected back what the participants had said, were also useful for
the purpose of clarification:

*the detective metaphor is interesting is that something that you've thought
about for yourself for a while or is that a relatively new thought* (Interviewer)

At other times participants were asked more directly about their meanings:

Q: *I'm wondering, you used the word enmeshed to describe the family, to me that
speaks of an influence of psychodynamic theory is that*

D: *oh god [laughs]*

Q: *is that something I'm just (D: yeah) I'm wondering what you are meaning in
enmeshed because-*

D: oh okay I guess no I wasn't thinking about psychodynamic theory at all...
they're just entwined I guess their life is the three of them together they don't
do anything if they're not all together yeah they travel in this little group if
you like yeah so no I wasn't thinking anything like that

you mentioned before the system and it's impact on the client can I ask you to
tell me a bit about what you mean by the system (Interviewer)

can you tell me a little bit more about what you mean by a systems
understanding (Interviewer)

These questions were an important part of ensuring that participants' meanings were understood, rather than misinterpreted through assumptions based on the technical language of clinical social work practice.

Participants were also asked directly about concepts as part of the process of developing the analysis:

Q: *actually there were a couple of things I wanted to check with you that have*
come up in other interviews that other people have tended to say that
attachment's a significant theory for them //is that

C: *//oh okay yeah thanks for mentioning that yeah I work a fair bit with...*

I managed the flow of the interview by referring to a copy of the interview schedule, and attending to time passing using my wrist watch. These tasks were managed with attention to discretion to maintain an interest in what the participant was saying. This task became easier with practice, after a couple of the interviews had been completed.

The order of questioning was varied at times to accommodate the flow of the interview:

I usually actually ask this question right at the end but seems like an
appropriate point to ask it with your thinking about an assessment do you

conceptualise it as a task a process or something completely different
(Interviewer)

Interviews were generally concluded with a broad question to check whether there
were further issues the participant wished to cover:

I don't know that I have any further questions is there anything else that you
think I should know about that we haven't talked about (Interviewer)

3.8   Transcription

'Verbatim' is frequently given in the literature as the standard for transcription. The
concept of verbatim is a construct that does not have a clear definition. It is often
misunderstood due to objectivist concepts that it is imbued with (Poland 1995;
Mishler 1991; West 1995).

"Do not conceive of the interviews as transcripts: The interviews are living
conversations – beware of transcripts" (Kvale 1996 p.182). The transcript is
recognised as a limited representation of the interview conversation, which generally
does not include visual aspects of the interview, particularly non-verbal
communication, hand gestures, participant and interviewer posture (Jones 1990).

The format of the transcripts was primarily determined by the requirements of the
software used to facilitate analysis. QSR Nud.Ist 4 (QSR International 1996), a
commercially available qualitative data analysis package was used to facilitate data
analysis. This particular package was selected for reasons including relative ease of
use and availability.

3.8.1   Process of Transcription

I undertook all interview transcriptions. This involved a two-stage process of
initially transcribing the interview from tape and then reviewing the tape, making
corrections to the transcript to ensure for optimal accuracy. Errors of transcription or
interpretation identified during the analysis were corrected and marked using the

document annotation features of Nud.Ist 4. The original transcription word processor files were not amended.

The transcription process primarily attended to what the participants said. I selected this approach because what participants said provided the most useful means of answering the research question. Other analytic approaches, such as discourse analysis, give equal or greater priority and close attention to how things are said, involving pauses timed in tenths of seconds and detailed representation of the dynamics of speech. Data on dynamics of speech and pauses would not have assisted greatly in answering the identified research question nor met the research aims.

The protocol used in the transcriptions for this research is predominantly based on the work of Hall (1997). "There is not a detailed transcription of data similar to the methods of conversation analysis. Rather, the words of speakers are presented without punctuation, but with repetition, pauses denoted by (-) and continuers by 'erm'" (Hall 1997, p.22).

The protocol was refined with reference to the ideas of (Healy 2000, p.149 (who drew on Jefferson's notation in Atkinson & Heritage 1984); O'Connell & Kowal 1995; Poland 1995; West 1995; Taylor *et al.* 2000, p 207).

- Words have been transcribed as heard. "Some priority is accorded to the replication of the actual sound of the speech. Thus, for example 'out of ' may be written as 'outta'." (Healy 2000, p.149)
- The only punctuation used were apostrophes and then only to assist in distinguish between words eg. *were/we're* or *id/ I'd* or *your/you're*
- Capitals were not used, although it was noted after analysis had commenced that a process of automation within the word processor (Microsoft Word 97) had capitalised the singular use of 'I' within the transcript files. This was maintained for consistency.
- Repetition has been retained
- Continuers (eg. um, uh-huh, ar, mmm) were transcribed as heard.
- Pauses are denoted as (.) brief pause or (...) longer. Pauses were not timed.

- Uncertainty of transcription indicated with: (unclear)
- Overlapping talk: is indicated with: //

for example

> *Q : ...assessment // your assessment*
>
> *A : // at the ppm or to my assessment...*

Where overlapping speech involves only a continuer, agreement or small fragment within a longer section by the other speaker it is indicated as follows eg. (Q: mmm) or where unclear //(unclear).

- Contextual information is denoted as: [laugh], [cough], [pager]
- Sudden end to utterance: – , eg tal-
- Transcription of homonyms based on context of conversation

for example

> A:...*what informs me in terms of a **four** year old... **for** a **four** year old...*
> *normal development ... **for** a **four** year old...* [14]

- Dynamics of speech have not been included in the transcriptions.

To ensure confidentiality, identifying details for participants, including agency or location or identifying details for other individuals or agencies provided inadvertently during the interviews were edited during transcription with details replaced with descriptive labels, eg: [participant], [agency], or [area health service]. It had been anticipated that these would be the only alterations made to the data.

As identified earlier, a number of sections were deleted from or replaced within the transcript of one interview at the request of that participant, following her review of the transcript. These alterations have been indicated in the transcript with '[section removed]' or '[section inserted]'.

For presentation in the thesis a number of further changes have been made. These involve only the sections of text presented in the thesis. Repetition and fillers have been removed as distractions from what participants were saying. This includes interjections by the interviewer such as 'uh-huh' and 'mmm'. As identified earlier, these occurred through-out the interviews. Some commas have also been added to assist in identifying phrasing used by the participants and me to avoid ambiguity.

3.9   Analysis

Grounded theory methods involve at least two stages of coding. Strauss and Corbin (1998) identify 'open coding', 'axial coding', and 'selective coding'. Charmaz (1995) identifies 'line-by-line coding' and 'focussed' coding. Open or line-by-line coding is regarded as the initial stage of the grounded theory approach. It involves developing a coding system through considering each line in the data in an individual manner.

The other aspects of the grounded theory approach are the writing of memos to develop categories and then theory from the data. This process is used also to develop the second stage of coding, which has a greater level of abstraction from the data than the initial coding. This process develops through a process of 'constant comparison'.

> *The constant comparative method of grounded theory means (a) comparing different people (such as their views, situations, actions, accounts, and experiences), (b) comparing data from the same individuals with themselves at different points in time, (c) comparing incident with incident, (d) comparing data with category, and (e) comparing a category with other categories* (Charmaz 2000, p.515).

The process of coding and constant comparison involved a reflexive process which incorporated questioning the participants to generate the data, questioning the data to generate codes and categories, but also questioning myself to be clear about the underlying assumptions that informed my developing understanding.

One of the difficulties with the analysis was that inference was required to draw conclusions about that which is absent from the data, particularly where the absence becomes noticeable on later analysis. Where possible this was addressed through further data collection, although it was inappropriate to address some identified gaps from particular interviews with other participants.

The theories developed from the data through grounded theory methods have been conceptualised as middle range theories (Charmaz 1995). Middle range theories "attempt to explain only a limited range of phenomena" in contrast to grand theories such as "psychodynamics, marxism and existentialism" (Thompson 1995, p.23). Thus, the findings of the study are not universally applicable. The study fits well with Agger's interpretation of Lyotard that "one cannot tell large stories about the world but only small stories from the heterogeneous "subject positions" of individuals and plural social groups" (Agger 1991, p.116).

The following subsections detail the important aspects of the analysis including coding the data, writing memos and theoretical sampling.

3.9.1   Coding the Data

Charmaz warns that "grounded theorists cannot shop their disciplinary stores for preconceived concepts and dress their data in them" (Charmaz 2000, p.511). Although she had previously noted that experienced researchers use their knowledge of "disciplinary concepts and perspectives to *sensitize* the researcher to look for certain processes and topics but not blind them to other issues" (Charmaz 1995, p.49, italics in original). This process stands in contrast to testing the data against preconceived ideas.

The complexity of social work assessment practice rapidly emerged during the early coding. At this stage pre-existing classification systems that explain social work as a professional enterprise, as described by McDonald and Jones (2000), were inviting. These included the triumvirate of knowledge, values and skills identified by Fook, *et al.* (2000) and Drury-Hudson's model of professional knowledge for social work practice (Drury-Hudson 1997). These ideas were used in the manner suggested by Charmaz, in sensitising me to the data.

Conjointly with the process of open coding, the interviews were also coded to distinguish between interviewer and participant text units. The interviews represented large amounts of data, between approximately 1100 and 1750 text units

each (including sub-headers and annotations). They were coded in a number of different ways to assist in navigating the data. This included identifying the main and secondary cases described, particular questions and responses, and sections of interview. A list of codes is presented in Appendix 5.

The words and meanings of the participants were given primacy in developing the analysis. However as the data collection involved an interactive conversational process of interview, the data from my own questions was also important and thus also coded. The interviewer data was coded to clarify where I was repeating or reflecting the words of the participant, where I was paraphrasing or clarifying meaning and where I was introducing concepts to the interview conversation.

Open coding presented a challenge in this case as most individual lines of interview text appeared so decontextualised that it was difficult to consider them with reference to the research question. Attempts to consider blocks of two or three lines were similarly challenging given the range of concepts covered and speed at which participants covered them.

The coding process led to the development of a large set of codes developed based on the content of the data. These codes, classified as 'concepts' in my analysis included what was spoken about, (for example trauma, power, grief, skills, offender, DoCS). The development of the broad concept category allowed for openness in data collection to be maintained. The text searching features of Nud.Ist 4 were used as at this stage to question the data about the frequency and contextual use of a range of words. This process was used to support the coding of concepts.

Methods of data analysis, which could be considered quantitative, were also considered in this process. These included attention to the frequency to which participants referred to a concept, or the relative importance the participant accorded a concept. These do not play a substantial role in the findings as presented in this thesis, as they were contrary to the paradigm of the research.

The case identified as the 'critical incident' was used as the primary unit of analysis (Gilgun 2000). The 'telling' of a case narrative is seen as a common social work practice (Pithouse & Atkinson 1988). In addition to the 'critical incident' case, participants also referred to other cases, this provided data on similarities and differences within their practice which were explored. This data proved useful in developing understandings about what was not in the data.

Limitations were noted with the Nud.Ist 4 software with this analysis. The software supports largely linear connections between concepts and it was difficult within the coding mechanism to represent the range of different and unclear connections presented in the data.

Data coded as concepts were observed to be used in a wide range of ways. A system of cross coding was developed to identify what was referred to including people (the participant, other workers, client-child, client-parent etc), relationships (with others, relationships between concepts), location within the intra- and interagency process, issues attended to in assessments (eg parent age, housing, impact of abuse), different aspects of the assessment (documentation, strategy-technique, limits) and other types of intervention (education-information, support, advocacy). I developed the findings presented in this thesis from this second stage of coding.

A process of thematic analysis or pattern searching (Kellehear 1993) was used to facilitate the development of the second stage of coding. Kellehear describes thematic analysis as grounded theory (1993, pp.33-38).

3.9.2   Writing Memos
The process of analysis continued through writing of memos based on the coding and data. The writing of memos is essentially the process of documenting the reflexive questioning process involved in data analysis. Charmaz describes memo writing as "the intermediate step between coding and the first draft of the completed analysis" (2000, p.517).

Themes from the data were developed from participants' explicit statements, as well as through deduction and clarification with later participants. Identification of a concept or idea within the interview (either by the participant or the researcher with clarification from the participant) allowed its inclusion in the coding and analysis. The process of qualitative analysis involves consideration of content rather than necessarily the frequency or strength of a concept or idea.

The process of questioning myself was important here. I asked myself similar type of questions to those I was asking of the data. These included the sorts of questions identified by Fook:

> *What assumptions are implied by my account, and how relevant are they to the situation?... What are the gaps and biases implied in my account? What perspectives are repressed, distorted, or simply missing or de-emphasised?... What alternative language or terminology (or categories thereof) can be developed to describe my experiences?* (Fook 1996b, pp.7-8)

It was noted that when analysing the content of the interviews, that increasing the focus on any particular aspect of assessment practice de-emphasised or made less available the potential to focus on any other available aspects of practice at that point. A further issue with describing complex practice is that in a linear medium, such as speech or writing, ideas can only be attended to one at a time, which may disguise the manner in which thought processes can attend to more than one thing at any given time.

3.9.3   *Theoretical Sampling*

Qualitative data analysis requires an attendance to the significance of what is not in the data. Ingamells identifies a concern with grounded theory reflecting "the preponderance of dominant perspectives in the way we talk about our work" and failing to "uncover the muted perspectives" (Ingamells 1996, p.154). She identifies a process of moving between her own experience, the literature and the accounts of participants as a means of addressing this concern, whilst checking the emerging picture with workers. A similar approach was taken here with emergent concepts checked with later participants in the study.

In deciding to conclude the data collection the methods of grounded theory were not strictly adhered to, as the scale and scope of the study for a Masters thesis and the HREC approvals obtained for this study were also considered. It would have been possible to continue this study and further examine the categories identified in the findings in greater detail, however this would have resulted in research that was unpresentable in the form intended. The findings as presented in this thesis had taken significant shape after the sixth or seventh interview. The remaining participants were recruited to allow myself a sense of confidence that there were no further themes that may emerge. The other reason for recruiting the full number as initially identified in the HREC applications can be seen on reflection to be both an aspect of theoretical sampling as well as a concession to positivist methods. I recruited the final participants to ensure adequate coverage of geographic location of practice and types of NSW Health agencies employing social workers who undertake assessments with cases with child protection concerns.

3.10 Credibility (Reliability, Validity and Trustworthiness of Findings)

Reliability and validity are identified as the two components of objectivity in research by Minichiello *et al.* (1995 p.175). These concepts are further defined "reliability is the extent to which a measurement procedure yields the same answer. Validity is the extent to which it gives the correct answer, or a finding is interpreted in correct ways" (Minichiello *et al.* 1995, p.175 citing Kirk & Miller 1986).

Alston *et al.* (1998, pp. 51-2 citing Pieper 1994) suggest that credibility is a more appropriate criterion than reliability for assessing qualitative research. Credibility of findings is established by the adequacy of the exploration of exceptions and difference in the analysis rather than pseudo-quantitative strategies of determining frequency or strength of identified themes within the data.

These ideas are considerations drawn from positivist discourse, with the concern of finding a measurable, knowable and unique truth as a process of research. This was not an aim of the research reported here. I did not regard the research process as an

exercise in discovery, the findings were not so much found as constructed through a clear process, as provided by the use of grounded theory methods.

For this study, establishing validity involved demonstrating that the presentation of findings adequately represented the meanings of the study participants. Kvale (1996) argues for validity to be attended to throughout the course of an interview study with attention to craftsmanship. He further suggests that demonstrating validity involves checking, questioning and theorising (Kvale 1996, pp.242-4). The methods selected for this study are based in these three areas, with semi-structured interviewing selected as providing the means of checking, questioning and theorising in an interactive manner with participants. The grounded theory approach provides a means of checking, questioning and developing theory from the data, as illustrated earlier in section 3.7.4 Interview Process.

The process of checking with participants to clarify meaning is addressed with in-depth interviews, within the process of the interview. It is noted that other studies using similar methods do not report further clarification of meaning with participants after the interview as part of the methodology, for example providing findings for comment (Nayda 2002; Woodcock 2003). Had the scale of this study been larger this would have been an option. Intrusion on participants' time was also a consideration, given that their interest in the study does not necessarily match my own as a researcher and post-graduate student.

Comments from participant C highlight the contextual (time and place) nature of the construction during the interview:

> *"it's funny being asked the questions because they're open questions and it's rather than thinking about the questions I'm just really grabbing a response and then going with that so some of the questions I may have taken up another path or but it's just whatever it triggered in my mind at the time"*
> (Participant C)

This view is accommodated and accepted within the paradigm of the research, as there was no expectation of the availability of an absolute truth from the data provided by participants.

The concern as to whether findings are generalisable to other contexts is a particular aspect of the positivist paradigm, driven by the desire to locate universal truths. The post-modern paradigm informing this research suggests that truths are contextually located.

Generalisability was not seen as the aim of the research, particularly considering the theoretical stance of the study. The study has been presented as being contextually located in time and place (considering legislation and policy). It is not proposed that the findings can be generalised beyond this, although the findings and conclusions developed from the data could be utilised by social workers, supervisors, students, educators and potentially others in other contexts and at other times as a framework of ideas for considering their own practice reflexively (Gilgun 2000).

4 Findings: Assessment Considerations

The findings of this study have been presented in two chapters, with each chapter attending to one of the aims of the study. In this chapter considerations that the participants identified as important to their assessment practice in cases with identified child protection concerns are described (the first study aim). In this chapter, some of the ways in which participants understood these considerations to relate and interact are also identified. The next chapter describes these relationships and interactions (the second study aim) in more detail and concludes with a summary of the findings.

The participants understand their assessments in cases with child protection concerns with reference to a wide range of considerations. The assessment considerations identified by participants have been grouped and presented thematically. The five themes identified were:

- *Context*: the considerations that provide a practice context for the assessment.
- *Relationship*: the considerations that relate to the relationships associated with the assessment.
- *Intervention*: the considerations that relate to the social work interventions associated with the assessment.
- *Content*: the considerations attended to within the assessment and
- *Self*: the considerations that relate to the social work practitioner.

The five themes are interconnected and the relative influence on assessment practice of the elements comprising each of them is changeable over time. As far as possible the findings have been presented using the words of participants. This has served to highlight the range and complexity of considerations attended to in practice. At times, this complexity has required the presentation of lengthy quotes from participants. When themes are referred to within the text of the thesis, italics and in some instances brackets have been used to identify this.

None of the themes were clearly dominant; therefore, I have accorded them an equivalence of status. Due to the linear presentation constraints associated with a

thesis, the themes have been assigned an arbitrary order. The assigned order and attention that has been paid to continuity may give the reader a sense of hierarchy within the themes.

Some of the considerations and connections have been presented in relation to descriptions of aspects of practice, which generally may not be regarded as assessment within the literature. Assessment was not described by participants as a discrete part of their practice and the presentation of findings reflects this.

Before presenting the findings by theme, I will attend to three issues to assist in contextualising and understanding the findings of the study. The first of these is a brief summary of the cases described by participants. The other two issues attended to are the 'dynamic nature of practice' and the 'purpose of assessment'.

4.1   Summary of Cases Described

In addition to the main case reflected on, ('the critical incident,') most participants spoke of other cases and the similarities and differences between the main case and their usual ways of practicing.

The main cases described involved social work intervention with either an individual or a number of individuals from a family. Most participants spoke of a child as their client, or their main concern, however only participants B, F and H described their main interventions with a child or children. Where an individual child from a family was identified as the client, their siblings were not described as primary child clients. In instances where a sibling was described as having committed sexual offences against the identified child client (Participants B and E), the offending child was excluded from the service based on current sexual assault services policy.

The social work practice or intervention undertaken by all participants involved at least one parent or caregiver. Only participant F did not have any contact with a natural parent for the children involved, although there was involvement with the

kinship carer. The cases described by participants G and J did not involve contact with children at all. Descriptions of their practice generally, suggested that they usually did not work in this way.

For most participants the main client relationship was with the mother of the children. Fathers played a limited role as clients. Fathers were involved in the assessment in the cases described by participants C, E and H. Fathers were described as perpetrators of violence or abuse or a threat in the cases described by participants G, J and H. The case described by participant K involved the mother's boyfriend, who was not father to the child. Participants A, B, D and F did not mention a father or father figure. None of the cases described involved a father as a sole parent.

Only participants C and K described involvement with members of the client's extended family, although participant D described an assessment that included the maternal grandparents (grandmother, step-grandfather) as an "enmeshed" part of the primary client group. All participants referred to contact with or the involvement of other agencies or professionals or both as part of the case. Friends or social contacts were not described as being actively involved in the assessment process.

The main cases described by participants involved issues of sexual abuse, emotional abuse, domestic violence and most often neglect, particularly the adequacy of parenting to meet a child's needs. None of the main cases involved physical abuse of a child or young person, although participants G and K spoke also about other cases involving physical harm (shaking and unexplained fractures). There were no references to cases involving medical child protection 'diagnoses' such as 'fabricated or induced illness' by proxy[15] (Department of Health 2002) or failure to thrive (Iwaniec, Herbert & McNeish 1985). Social work roles in the assessment of both these types of case have been identified (Marino, Weinman & Soudelier 2001; Precey 1998).

The reasons that participants selected cases to reflect on for the study were considered. A diverse range of reasons were presented, including current involvement with the case: "it's the one that I'm most involved with at the moment"

(Participant J), "I'll give you the most recent" (Participant G); the opportunity to reflect on the case: "I haven't had time to think about it lately and thought that this would be a good chance [laugh] and I saw the parents yesterday and they've got court coming and I'm still a bit flummoxed" (Participant C); their view that the case had gone well: "'cause I like this case ... I selected the case because I think things have gone worked well and I've just finished the progress summary and she's quite happy with it" (Participant A); or that it had not gone well: "I think the response from docs [sigh] I was a bit disheartened" (Participant K); or that it was generally representative of their work: "a fairly typical case that is not a very simple one and not sort one of the really difficult complex ones" (Participant H).

In addition to the reasons already identified, a couple of participants presented cases that they thought would be beneficial to the research.

> *I was thinking I just need to present my work went fantastically and you know it was all worked out brilliantly but I actually thought that's not beneficial for me and it's not being you know reflective on my practice I actually think it did work went well but I think I can learn from it ... so I actually chose that one because it was an interesting one it was one I was actively involved in but also going to the case conference was part of the assessment so that was actually a little bit different to our normal course I suppose* (Participant E)

> *one that wasn't too like too simple that just had no issues or no [laughs] you know garden variety... I just saw them yesterday and it is complex it had those emotional things that you asked about yeah I suppose it was interesting it's interesting you know despite the as I said it's also appalling it's also quite interesting ... I thought that probably a challenging case would have more content for your questions* (Participant F)

The issue of identifying the client in assessment practice is returned to later in this chapter, in section 4.5.1. Identifying the Client.

4.2 Dynamic Nature of Practice

The social work practices described by the participants were dynamic, involving change over time in the considerations attended to. These changes occurred particularly in the relationships with clients and other agencies. Interpersonal relationships are not static by nature and can involve change across even short time periods, such as a few minutes, although they can also remain stable over longer periods of weeks or years. Changes also occurred through the assessment or intervention. The quotes from Participant B (below) and Participant F (on p.108) illustrate some aspects of the dynamic nature of practice.

don't forget this one that I'm talking about is the second time around so we've already got information once but I don't think it's greatly different because I think each time you have to do your own assessment of things just because something was said once people tell you different things you're at different stages so you really have to do it all again anyway (Participant B referring to information gathering)

This aspect of the data was not surprising, given that change is seen as an important outcome of social work intervention. The change in the considerations attended to by social workers through the course of a case has been identified in statutory social work practice by Jones (1996) and Dalgleish & Drew (1989). Each of the five main themes described from the data has dynamic elements. These are discussed through this chapter in relation to specific themes, rather than as a separate theme of 'dynamics'.

4.3 Purpose of the Assessment

Participants described a range of different purposes for their assessments. Some of the purposes were best classified as 'understanding' the client(s) or their situation. A second group could be classified as providing 'direction' in planning and guiding their intervention. 'Ensuring safety' and assessment as an 'intervention' were also identified as purposes. The purposes of assessment were frequently co-existent. In

some cases, I could not clearly identify the purpose(s) of the assessment through the interview process. The purposes were not necessarily static through the course of the assessment. Examining the purposes provided for assessments starts to show the range and diversity of assessment practice with child protection cases in non-statutory settings.

> *the purpose of the assessment was really to find out the family strengths and what to do for them, an assumption was that 'cause the parents wanted the kids back that that would be the ideal solution for the kids to be returned to their parents* (Participant C - understanding & direction)

> *to try and help her get more of a sense of ownership and control over this situation … and for her not to feel blamed and savaged any further and I mean I know that the focus is on her but the idea is about keeping her and her child safe in the end so the plan is lets engage her lets see where she thinks things can be at for her what can she bring to this to protect herself and what does she want out of all of this and she well and truly was able to articulate that… but during the assessment that was certainly something that occurred and what she wanted for her child* (Participant G – intervention (empowering), ensuring safety & understanding)

> *during my conversation also I made it clear that I wanted to make it sure that she is safe when she goes home and if she needed any help then we can try to organise something so that she can provide better care for her baby so I had made that clear that that's why I was talking to her and I wanted to know a few things from her* (Participant K – ensuring safety, direction & understanding)

Participant K also refers to direction as an aspect of assessment in her second quote on p.96.

The identified purpose for an assessment had implications for the different considerations that participants attended to in their assessments. This issue will be returned to through this chapter and in the following chapter, as the interactions and relations between the identified considerations are discussed.

4.4   Context

In the following sections, the five themes of *context*, *relationship*, *intervention*, *content* and *self* are discussed in turn. The first broad theme from the data analysis was *context*. Four issues will be discussed in the following section as they relate to *context*, namely, 'agency and social work role', ' interagency issues', 'stage of case career' and 'practical considerations'.

4.4.1   Agency and Social Work Role

Participants' descriptions of practice were contextually situated, such that the identified agency, service provision criteria, client group and the social work role within the agency were identified as significant in determining the considerations participants' attended to within their assessments. These contextual considerations were often defined through policy or procedure. Participants referred to policy and procedure at a number of levels, including legislation and at different agency levels including government department, area health service and individual agency. This can be seen in quotes from participants B (pp. 96-7 and p.108, referring to "guidelines") and F (p.103 and p.146 referring to "policy and procedure").

The agency role broadly defines the type of cases seen. PANOC services required referral from DoCS or JIRT, with confirmation of abuse (other than or in addition to sexual abuse), sexual assault services required confirmation of sexual abuse and the community agencies had requirements that clients fit specified criteria. The hospital based participants were similar in having a limited client group, patients of the hospital and their families. The agency role also influenced how cases were perceived and responded to.

> *we work from a philosophy that is believing it is probably not at all investigative ... the philosophy of the service clearly says that that role belongs to an investigator and that our role is to accept what has been told to us* (Participant B – SAS discussing interviewing the child about the abuse before DoCS investigation).

in terms of my assessment I think the significant influences would be my experience, would be what I'm focussing on, what I'm assessing, am I assessing safety or am I assessing the goals of counselling ... I guess depending on where I am working I would be assessing what level of change if I am working in this service would this family have and in terms of the assessment here specifically I would be assessing yeah like I said level of risk to this child the parent's capacity I'd be assessing level of capacity for change what direction my work would take how I would try and provide that to the family how they would gauge that the level of functioning from the parents so with any disability or any difficulty in receiving that (Participant A – PANOC)

While these findings may appear obvious and self-evident, they are nevertheless important to understanding the development of the other themes and how the considerations comprising each theme interact and relate with each other.

Professional identity as an aspect of the social work role was also a consideration of some participants in their assessment practices.

it's also influenced by our profession I guess if you're a psychologist you might take a bit of different strand throughout the assessment, so your profession, your experience, how much experience you've had with these case would guide your assessment and of course the department would have some say (Participant A – 'the department' refers to DoCS)

social work's always taught me that our role isn't just about being with that person that's a very important part and about the therapeutic relationship's really important but it's about the advocacy it's about how you see the bigger picture the political picture as well (Participant E)

Professional identity as a social worker was not universally seen as important.

I think that whole assessment process is done by lots of different people with different skills and the only assessment we've got some power over is our

direct intervention when the client becomes ours along with supervision and peer support and agency policy and all that that fits it so I don't think it's it's really just a social work task that we're talking about (Participant B)

Professional identity was also relevant to the fifth theme, *self*, and is further discussed in section 4.8, later in this chapter.

4.4.2   Interagency Issues

Participants defined their interagency roles predominantly with reference to DoCS as the statutory agency. Other interagency roles, relating to the police (Participant G), school (Participant H), other health services (Participants E and B, see quotes p.108) and other agencies (Participant D) were mentioned. Participants B and F spoke of the involvement of aboriginal services in the main case they reflected on.

The impact of DoCS on assessment by non-statutory social workers will be considered here, as an example. There was a strong theme of dissatisfaction with DoCS, with many participants voicing concern about either a caseworker, or DoCS as an agency or both. This dissatisfaction was not universal, participants A and J also cited positive case experiences with DoCS. Some participants expressed concern about "undermining" (Participant F) or "bagging" (Participant B) DoCS.

The DoCS role was significant for some participants in shaping their assessment practice. Participant A identifies DoCS as having "some say" in her assessment practices (as quoted on the preceding page). As identified previously by participant B (on p.90), participants from sexual assault services (B and E) were very clear about not having a role in investigating allegations of sexual assault, investigation being the statutory role. This position was based in agency policy and philosophy.

Participants from PANOC services (C and F) identified that they felt that DOCS would attempt to hand-over the case management role or neglect other aspects of the statutory role if PANOC became involved. Participant F was clear on the impact of this:

the ongoing frustration in child protection work is how little assessment
docs does... essentially I often feel like I'm doing their job for them you
know that that they get a report ... send it to panoc but there's ... very little
assessment of the family's needs and part of me says well maybe that's as it
is and as it should be maybe they just need to focus on rescuing the kids who
are in grave danger and let us do the assessment work but I just really find
that it frustrating that there an a kind of an analysis of the work that they
could be doing and probably should be doing that's not done (Participant F)

quite often I find docs actually want to hand over the whole case to the panoc
worker and want us to be the case managers and so they can close the books
very quickly (Participant C)

Participants G, K (Hospital), and J (Community) all identified strong advocacy roles
on behalf of clients in relation to stances taken by DoCS workers. This is significant
when the interrelatedness of assessment and overall intervention are considered, and
will be discussed shortly in section 4.6 Intervention.

4.4.3 Stage of Case Career
Assessment was rarely described as a single process and was undertaken in different
ways at different times through the course of the social worker's involvement with a
case. Thus representing the dynamic nature of practice. The stage of a case career
had both interagency and intra-agency aspects.

Both hospital based participants (G and K) described cases which related to
'identifying and reporting' issues of risk of harm. Community based practitioners J
and H made reference to the issues of identification and reporting in the context of
their ongoing work that was initially addressing issues unrelated to child protection.

All other participants described cases that were theoretically located at the
interagency stage of ensuring on-going safety or treatment, after an investigation by
DoCS. In the case described by Participant B there was no intervention or
investigation by DoCS. Participant D identified a targeted early intervention role

(secondary intervention)[16] rather than post-abuse treatment (tertiary intervention). This group of participants also made references to the need to consider recurrent or ongoing risk issues and make reports to DoCS as necessary. This is in line with the suggestion within the literature that potential for recurrence of abuse is an important aspect of risk assessment (Department of Health 2000, p.8; Stanley *et. al.* 2002).

From the data, the intra-agency processes comprise of both initial contact and ongoing intervention. This point will be returned to in section 4.6 Intervention. The intra- and interagency stages of a case are not necessarily dependent on each other. Thus, a case can be at the 'ongoing care and support' stage of the interagency process when at the initial contact stage with a PANOC or SAS.

4.4.4   Practical Considerations

Participants identified a number of contextually related practical considerations in their assessment practices. These included economic or resource issues such as the physical location of the intervention.

> *a major issue was where to see the family because there's a community health centre near where they live but it's very small and all of the rooms are full by their permanent staff ... docs would allow us to interview the kids at the docs office but we thought therapeutically that might not be appropriate ... there was a counselling centre in the suburb but they wanted to charge us ... but we don't have a budget to pay for those kind of things ... the other option was to use the neighbourhood centre and or the family support service so we ended up opting to ask the family support service to allow us to use a room ... now that had implications because it meant the family had to walk three kilometres to get to counselling so it means that if there isn't financial resources for public transport's quite poor so that means you know I might have to think about picking them up taking to counselling and dropping them back afterwards and those kind of things you know they can be helpful interventions in themselves but it can also blur some of the boundaries between what you know we're trying to do* (Participant F)

In addition to the resource issues identified here, the therapeutic questions of what will assist the client most were also considered. This type of consideration is also related to the issues covered in the second theme, *relationship*, and the third theme, *intervention*. Other participants described an awareness of the physical location of their assessment, but less ability to use alternative venues, such as Participant G's assessment in an Emergency Department:

> *most of the nursing staff that were around knew about it so ... she was pretty*
> *exposed I think from that point of view and then also not only her doctor but*
> *probably three or four other doctors that were doing various things to her or*
> *were around on the periphery going oh my goodness what's happening now*
> *and so they were aware of that so that I mean that's you know in a hospital*
> *it's just so exposing* (Participant G)

Time was an important practical consideration, which was attended to in a number of ways. Participants described a range of time frames for their assessment, linking them to other considerations such as the assessment purpose or their relationships with other professionals as well as the client's needs.

> *when you work in a hospital you do a lot of assessments they may be mini*
> *assessments or on the run assessments and sometimes they might be quite*
> *thorough assessments depending on why you're doing them* (Participant E)

> *so an assessment can sometimes be a snapshot and other times be a long and*
> *agonising process where people are fighting and bickering about things that*
> *aren't about the child and I think our struggle is trying to keep focussed on*
> *the main game and being clear about what our concerns are while not*
> *alienating the people that we need to help change* (Participant G)

A couple of participants identified that they saw child protection assessments as different to other social work assessments either in requiring greater thoroughness:

> *probably I wouldn't go in that depth if it was an aged care assessment case*
> *or it was someone who had a breast cancer surgery and I was doing a*
> *counselling or if it was someone who had a miscarriage then my assessment*
> *would be a bit different and won't be that that thorough* (Participant K)

Length of time for an assessment was important when considered with the thoroughness or comprehensiveness that many participants identified as a necessary consideration of assessment practice with child protection cases:

> *I know that I need a lot more time so if … I don't have time … I will assign that case to the other social worker and say look it sounds like it's going to be a child protection matter … could you go and deal with this because I don't have enough time because I don't want to do the things in hurry … but with time you know enough time to investigate so I rather do my ground work properly* (Participant K).

> *I can't remember a case where I have changed my plans action plans because of the thorough assessment then I know what I am doing next* (Participant K).

> *I always do a fairly big assessment the first time I meet someone I want to know just who they are you know how they've come to be yeah and who they live with all of those what life is like for that person how they feel about their pregnancy their baby* (Participant D).

> *our assessments yeah usually are quite thorough and we try and cover as much as we can in the equivalent of two and a half hours I mean to assess anyone's life in two and a half hours requires a lot of skill and you need to be finding the pertinent questions I suppose and we rely on that people understand what we're saying and that they deliver the information but for me it shows that systematically sometimes assessments aren't as thorough as they can be* (Participant E)

Participant A described a lengthy and detailed process spanning twelve sessions and four and a half months. There were other aspects of *intervention* involved in this process. Some assessments were much shorter length such as the decision to make a report of 'risk of harm' to DoCS:

> *usually it's over minutes like a parent tells you something you're making some sort of a judgement the child protection guidelines say it's about your belief*

so if you believe that this child has is at risk of harm then the report must be
made (Participant B)

Participant G contrasted her usual practices to the five-hour assessment in the
Emergency Department that she primarily reflected on:

if I get asked to do a child protection assessment of an adolescent on a ward I
might only be with them for you know an hour an hour and a half and that's
just in sort of seeing whether you know their overdoses or their self-harming
is related to something an abuse sort of situation so that it wouldn't be as
long as that with an adolescent but when you're talking with because there
are other people there that have already seen this child and you can sort of
gather the facts sort of that's a little bit clearer (Participant G)

Consideration of the length of time to allow for an individual session starts to bring
out some of the range of issues influencing social work assessment practice. In this
case, the age of the child, information gathered from earlier sessions, the
practitioner's knowledge of child development, and her experience of the child's
abilities were important considerations.

with the child is usually an hour depending on the age sometimes with the
real little children it might be half an hour forty five minutes it will be
determined usually at the first assessment interview and then upon the child
meeting us whether the child will have their parents or caregivers or foster
carers sit in with them usually we'll try and see children separately if they're
a bit older certainly with the four the five and six that they are having the
parents in with them and we will try and engage with the child cause that's
part of what we're assessing (Participant E)

Issues relating to time have previously been identified in the literature. Holland (in
press) discusses the issues of assessment length (time) and timing in the context of
UK statutory practice. Scott (1998) also identifies different lengths of time taken for
assessments by hospital based social workers in cases involving physical and sexual
abuse.

Participants identified documentation of their assessment as an important practical consideration, this included note taking and formal report writing:

> *I usually do quite lengthy notes 'cause one it's a way of processing it but two for me it's like maybe something will be important later and that little piece that got here that doesn't seem to have any relevance will later on become relevant so I'll you know write lots of notes* (Participant E)

Participant A describes the difference between her formal documentation of the assessment and the process itself:

> *my assessment is not my report I guess my assessment is you know I've got some things that I think about when I'm doing my assessment the reports a different thing where I just kind of maybe outline some issues* (Participant A)

Participant D spoke of using the written report as an exercise in partnership, attending to developing a sense of involvement for the client through the process:

> *I always sort of say to them you know we're going to have to write this report at the end but you're going to get to read it as well we're going to get to talk about it before I give that report to the people* (Participant D)

Ideas relating to partnership and the social work-client relationship are further developed in then next section 4.5 Relationship.

There were different approaches to the use of structured, standardised or formal assessment tools and protocols, either at an agency or personal level:

> *none of the panoc services have an assessment per se ... all of the panoc services don't actually have each has a different assessment tool so this is more as an assessment tool rather than an assessment as like that every family receives so it's more of a tool that we use rather than yeah that something that's actually undergoing in- they're discussing that at the moment whether they should have one across the fourteen services* (Participant A)

> *we try to be fairly comprehensive and broad so we use the child behaviour checklist quite often the Achenbach and sometimes the youth self report if*

they're old enough sometimes parenting stress index so we're interested in anything that might be distressing the parents ... we do have a standard agency format the idea is that by the end of those four to six sessions you'll be able you'll have enough information to complete this proforma which asks certain questions about the family so it has the family genogram it has like what are the issues for the children what are the issues for the parents like if there are any family issues like financial things or the role of courts you know the attitude of the family to the abuse and neglect their interest in continuing counselling and also the goals of the family so I think it tries to end up with a series of goals (Participant F)

Some participants also spoke of the use of their own personal protocol for psychosocial assessment in the absence of an agency protocol:

history of whether there's been previous notifications to docs also cultural the cultural thing would be part of our assessment trying to work out how they see their culture you might also do a bit of an assessment about when they immigrated who decided to immigrate all that sort of stuff as well because so many of our families are migrants also like a bit of a trauma history as well would normally be part of it too we do I do developmental stuff I actually have a I don't know if I've got one available lying around without anything on it [H looks around office for form] I do have a bit of a proforma kind of assessment form that I fill in after the assessment and that looks at that sort of stuff (Participant H)

at the moment I'm do my own assessment we are bringing in a specific assessment tool that we're going to be using (Participant D)

4.5 Relationship

The second broad theme that developed from the data analysis was *relationship*. The issues of 'identifying the client', 'engagement', 'change', 'power' and 'intra-agency relationships' are addressed through this section.

Relationships are crucial to the practice of social work. Participants identified their relationships with clients and with other professionals in the same agency and professionals in other agencies as well as the relationships between clients, as considerations in their practice. The relationships between clients will be addressed later in section 4.7, particularly 4.7.5 Attachment. Relationships with professionals in other agencies have been raised previously, in section 4.4.2 Interagency Issues.

4.5.1   Identifying the Client

The issues identified below extend on the material already covered in section 4.1 Summary of Cases Described. Participants mostly identified a child (or children) as their main client or primary stakeholder in the assessment even where they described their main engagement and most of their interactions with an adult parent or caregiver.

> *defining myself quite clearly as her daughter's worker not as hers which is hard again because I came in as the family worker so that that's all a bit muddy I tried numerous times to refer her elsewhere I was not very successful with that* (Participant H – referring to her adolescent client's mother)

> *from the docs assessment and our assessment we realised that it was mum who had a gambling problem and actually the children were removed from mum's care including this girl and this girl provided care to her twin sister and younger siblings and she was raped gang raped in [city3 - metropolitan] sometime and she was still suffering from that trauma and we were really concerned about her and her mother saying that yes she is going to be there to provide her support and my feeling was she couldn't provide support to her own children how is she going to provide support to her grandchildren … my focus was the young baby really and I was trying to assess her as a young mum rather than getting involved in her issues and her problems* (Participant K - note: the reference to 'mum' changes from initially meaning the maternal grandmother to then meaning the mother of the baby.)

> *my alliance with the parent would be to try and help them to step into parent role out of maybe child role and then be able to look at the child as what are*

the child's needs and see things from the child perspective and help the

parent to grow up a bit (Participant C)

when the parent's view of the child changes it leaves them open to working

with the child and I think that's the major thing not that the child works with

me but that the child's relationship with the parent is increased and allowed

to grow (Participant J)

The quotes from participants C and J demonstrate the links between the themes of *relationship* and *intervention*, where the relationship is about working together for change.

4.5.2 Engagement

Engagement with the client was another of the *relationship* considerations. Participant C used the term "alliance" in the context of engaging and working with clients (as cited on the preceding page). Participant G highlights the importance of this aspect:

this is sort of cutting it short but I think that by just getting to know this

woman and connecting and engaging is I think absolutely essential with any

sort of child protection case ... I think the assessment was about engaging

was about doing a bit of work about who she was and where she wanted to be

(Participant G)

Again, the connection between *relationship* and *intervention* is demonstrated.

Participants identified the development of trust in them by the client as an important part of the assessment process. Participants spoke about this in a number of ways including as a positive and different experience for clients:

there's nothing worse for a lot of the clients that we work with than things

happening behind their back a lot of things have happened their whole life

like that it seems yeah and trust is such a big issue with them that yeah you

actually want to be someone they can trust and they know that what they see

is what they get (Participant D)

Trust was also important for information gathering:

> *if I don't build a relationship with people they're not going to trust me with*
> *information I have to have that relationship with them that that they can trust*
> *me and they feel they can tell me things* (Participant J)

Information gathering, facilitated by the development of a trusting relationship with the client(s), appeared to be based in an interest in assisting the client family. This is in contrast with the findings by Scott (1998, p.79), that information gathering was for potential use in court processes, that were not necessarily in the parent's interests. It is noted that the cases described by Scott (1998) and participant J are at different stages in the interagency process. Participant K spoke of gathering information to assist DoCS understanding of the case circumstances and facilitate supportive intervention, but this was not presented in the context of developing a relationship with the parent.

The use of a contract was described both as an aspect of the intervention as well as part of the engagement process. Participants differed in how explicit they were in their reference to contracts. Participant C was clear and overt in calling it a contract, participants E and F were clear in their description, but did not use the term contract, and participants B and D were less specific and did not use the term contract. There has been debate in the literature about the use of contracts. Rojek and Collins (1987, 1988) and Corden and Preston-Shoot (1987, 1988) expressed contrasting views on the benefit of contracts for empowering clients.

Engagement was not mentioned by participants D and K, although in the case of D this may be accounted for in the approximately 20 minutes of interview lost due to mechanical or human error. Participant D was clear about strategies to building a relationship with her clients, such as discussing the written report as cited earlier (p.98), and in the initial meeting with a client:

> *I always start out with you know can you tell me why what you understand as*
> *to why I'm here today for they might tell me whatever and then yep and then*
> *tell them why I'm actually there so I clarify with them if they you're here to*
> *work with us in terms of parenting this little baby then yep and I might give it*

back to them in a little bit more detail and how we might be able to do that
(Participant D)

The inter-relatedness of the five themes becomes clearer when considering examples such as that given by participant G, who mindful of legislated mandatory reporting requirements (*context*), her previous practice experiences with DoCS (*self* and *context*) and the safety of the child (*content*) considers the developing relationship with her client (*relationship*) in intervention planning (*intervention*):

when this goes to docs does this mean that this person's just going to be given one or two choices in her life about how she needs to behave and the focus is put on her rather than what this person's done and then how do we protect this child in the mean time so I went in to see her and before I did any reporting to docs we just got talking and it was about let's just connect let's just engage and find out where she's at and what's going on for her and you know just I think taking the time more to do that rather than feeling pressured to report or pressured to do anything but to make help get some sense from her (Participant G – assessment with a mother who had been severely injured by her partner)

4.5.3 Change

The relationship with the client is also linked to the idea of change through social work intervention:

I work with them I use a lot of different ways and skills of theories to gauge and to move in and I don't ever make that assumption that they can't change (Participant J)

in our policy and procedure there's a clear expectation that we will try to work in partnership with the family and that we will try to develop goals that are agreeable to the family that are agreeable to our service and are also then agreeable to docs and so I suppose we see part of our work is to identify goals with the family perhaps expressed in their terms or in their words that identify what they want to get out of the service and then we would take those goals to docs at some point have a meeting with docs and say well these are

the things that we've identified that we would like to work on between our
service and the family what do you think about that it there anything that you
think needs to be added or clarified and sometimes docs will want to add
something that from their point of view is important or essential so it's its a
negotiation but I guess I'm under no illusion that it's a level playing field for
the family because sometimes they've been compelled to come and see us so
the goals may be to some extent a compromise on their part to be involved in
a service that they might not fundamentally want to be here so there is still a
an imbalance of power but I think we're trying to work towards an ideal
where the goals are something that they find agreeable if not agreeable then
at least palatable [laughs] (Participant F)

Participant F's comments suggest that consideration is also given to the construction
of voluntary and non-voluntary clients, particularly when the alternative to
involvement with the service involves removal of a child or children from the
family. This was a greater issue for the PANOC service participants.

4.5.4   Power

The issue of power emerged as an important consideration for participants in their
assessment practices with clients. This was particularly visible in the relationship
between social worker and client:

I know the reports are very powerful and just you know the power imbalance
of our work with clients ... although we have a very powerful role within an
agency and society that is overlooking their parenting I also try and provide
them with opportunities to have input into my report or read my report and
make changes to that if you know not huge changes but to some degree giving
them some choice so I guess empowerment (Participant A, referring to her
written reports, rather than a report to DoCS)

I'll realise again how powerful we are ... one of my client just recently said to
me I came and saw you and you looked at me and I thought she knows
everything about me I'm going to have to tell her everything she knows it all
she knows she knows I'm telling her fibs [laugh through next line] she knows

and I thought I have no idea that she imbued me with this power to have all this knowledge and it actually worked well in that case because she did come and tell me about what was really happening and she's maintained but I had to build that relationship so I worked very hard to try and empower the client I know that's an old fashioned word now but to try and empower the client and give them confidence and build their strengths in that relationship (Participant J)

Considerations of power appear to be informed by social or class analysis by the participants, or consideration of social justice as part of their practice:

a lot of people I work with have very different values and ideas and it's not about families being poor or the house being untidy it's what's safe for this little baby I mean I know a lot of people that will say oh they're homeless therefore the child's at risk well hang on the child might be being moved but it's actually being moved safely it's being well cared for it's being fed (Participant D)

it really stands out to me that the people I see are poor the people who get referred to this service from docs are poor people and yeah we do have a high percentage of low income earners in this region but surely there would be some more middle class families represented and part of that is I guess an understanding of the political context or the social context that they're the people who are more vulnerable and who have the gaze fixed on them more visibly and are less are powerless more powerless so I'm glad I've got that perspective in doing this work otherwise it would be very easy to I think judge people I see (Participant C)

the clinical work is definitely part of it but I guess it's more the social justice aspects of it that really are important for me and that is in relation to feminism and it's in relation to poverty it's in relation to lack of political ability to change things it's very broad in that regard (Participant J - speaking about how she sees her role as relating to social work practice).

I'm from a non english speaking background family and I think to some degree I've seen that not within my family but minority groups and migrants and noting how professionals sometimes act with migrants and that lack of being able to give because they don't speak the language therefore they're ignorant rather than the other sides you know they might be doctors in their country or teachers but I guess seeing the injust of society to some degree and noting always been interested in children hence why I work in with children but yeah noting the injusts of some workers to groups or whatever ... and wanting to make a change in that so yeah I thinks it's come from culture (Participant A)

Participant F (as quoted on p.115) also illustrates this point. The importance of these views, as representations of the discourses used by participants, is discussed further in section 4.8.4 Discourse and Values.

4.5.5 Intra-agency Relationships

Relationships between team members within agencies were identified by a couple of participants as a particularly significant consideration in their practice.

I think team dynamics are well that's probably I think most social workers have a need to have functioning team dynamics so and to me that's an essential that's why I am an administrator if you want to say that that I have a need to make a team supportive groupy and functional [laughs] even though there can be differences within that and to recognise people's strengths so to me those dynamics help you adapt to the bigger picture (Participant B)

we do in our team we have a lot of discussions around the time of intake we have an intake meeting where each case is discussed we informally discuss a lot with each other we have I have formal supervision as well with some of my team mates and that has a lot of impact... probably the biggest sort of influence is the rest of the team (Participant H)

There are parallels here with Wenger's (1998) concept of 'community of practice' as raised in the Literature review, section 2.6.4. Agency and Structural Considerations.

4.6   Intervention

The third broad theme identified from the data analysis is *intervention*. Assessment practice, as described by the participants, was inextricable from other elements of their social work practice. Assessment was seen as part of a complex and multifaceted process of social work intervention. Intervention also included treatment (providing counselling or therapy), client education, providing support, advocacy and networking or liaison. The different types of intervention were described as being undertaken simultaneously, with different aspects being prioritised at different times within the assessment and some actions spanning more than one aspect. The change in priority could occur over a matter of a short period, such as minutes, in contact with clients. This was a further representation of the dynamic nature of practice.

Through this section 'Initial intervention decisions', 'Ongoing intervention decisions', 'Elements of Assessment,' 'Other Elements of Intervention' and 'Evaluation' are discussed in turn.

4.6.1   Initial Intervention Decisions
One of the considerations of assessment was to determine the suitability of the interventions that could be offered by a worker or agency. This was more evident in the non-Hospital settings. Decisions about service provision focussed on the agency and the worker: "to see if we can work with the family and if we can address the issues that have been identified by docs" (Participant F); the client family: "also about ability to use the service"; (Participant B) or a combination of these: "we assess whether they are suitable for treatment whether they're willing for treatment and whether we're able to provide the service they want" (Participant E) and "how workable the case is how appropriate it is to actually work with a case" (Participant H).

These considerations did not necessarily lead to service provision by the agency, nor did they necessarily involve direct contact with the client family.

sometimes we've made a decision that it's not our agency that should see that child because on the list of needs sexual assault counselling is here [indicated with hand low on list] it may be that they might actually need to go to say for example a mental health service or the parent needs to go to a mental health service or a drug and alcohol service or they actually need to go to a generalist child and family team so sometimes without getting families in based on our assessments over the telephone, written information, discussing it as a clinical team we actually might refer them out (Participant E)

Not all participants shared this understanding of intake practice being so structured, offering alternative understandings of the process.

I think it's a continuum everywhere until someone gets pushed into a particular corner oh they fit your guidelines best well or you might be willing to take 'em and someone else isn't whatever the assessment process takes who ever puts up their hand eventually (Participant B)

Participants E and F described the initial part of their intervention as an 'assessment phase' as a contrast to a later 'treatment phase.' The assessment phase was not however the only part of their practice that involved assessment.

you might call that assessment with a capital a (both: [laugh]) the assessment phase but then there's assessment with a small a which continues throughout the case because throughout the case you are reflecting on your previous hypotheses you're reflecting on your plans and interventions you're reflecting on changes cause cases change sometimes daily sometimes you know slowly throughout the life of the case but there's always change so you're having to reassess and review things so there it's both an ongoing process of reflection and evaluation but it's also I think you know can be a very discrete phase of the case and there can be like reviews throughout (Participant F)

The issues identified here by participant F are further attended to later in this section, under 'Evaluation'.

4.6.2 Ongoing Intervention Decisions

The other part of the intra-agency stage of a case career is on-going involvement, which some participants termed the 'treatment' phase. This can involve a number of different assessment tasks through the course of a case, as illustrated by participants B, C and H:

> I'd consider that as a different assessment… I thought what we were primarily talking about is the assessment about whether or not there's an element of risk or whether this is a matter that would be taken up by the service or would be referred to another service and then re-referred back whereas if we're looking at a first interview then within that first interview determining what the client wants whether that client be a child or an adult is another different form of assessment (Participant B)

> it's meant to be panoc counselling but I find counselling isn't always really what ends up happening and so I guess the role is assessment then continuing assessment as the family goes through changes and through court and through changes in docs workers and you know all those sorts of things that happen and I keep thinking of the job really is holding the family somehow just trying to get them through very difficult times and help them build some resources (Participant C)

> the initial assessment bang on the day would have been around her suicidal risk then there was a bit of an ongoing assessment around how that was holding how her behaviour was then there was a more sort of longer term assessment on what had actually led to the kind of dynamics that we were seeing in the family (Participant H)

As raised earlier by participants E and F (on the preceding page) even where there were references to assessment and treatment 'phases' in practice the integrated intervention was described. The concept of integrated intervention is also visible in relation to engagement as illustrated by Participant E, talking about an assessment involving the parents (father and step-mother) of a child seen following sexual abuse by a sibling:

it's trying to marry the two trying to engage them offer her emotional support elicit information make some clinical judgements and say yes come in next week as well but also setting up 'cause I think that family thought I could sort out that child and you know be telling her you're causing your parents no you know and so I clearly said that that's not my job I also clearly that's what I remember as well is that I clearly set up I'm an advocate for that child (Participant E)

I've chosen to talk about this is because it's not just about an assessment it's about sometimes when you go in to assess someone it's a bit of an opportunity to do a little bit of work and whether you call that assessment or whether you call that starting to do a bit of work is the thing that stands out for me about this case (Participant G)

In contrast the assessment was also seen as an ongoing aspect of intervention: "so it's sort of like the assessment goes through the work and the work starts right with the assessment" (Participant H)

I do prescribe you know or subscribe rather to you know the idea of having a discrete period of assessment followed by a discrete period of planning followed by a discrete period of intervention or treatment or counselling it's actually I actually acknowledge that from at times you know assessment can also be therapeutic [laugh] and there are times when you leave assessment and counselling and manage crisis and then go back to assessment go back to so I kind of acknowledge that they're often woven together in a in a spiral rather than discrete pathways (Participant F)

Some of the choices made by participants in relation to intervention reflected choice in discourse. These will also be addressed in section 4.8 Self, to follow. Some of these choices demonstrate holistic thinking about the child in their context rather than being limited to an agency-based intervention focus on counselling.

the information we had I mean they're adolescent or teenagers they had significant behaviour problems so they were I guess to use the jargon they

were quite oppositional they had been in trouble with the police they were quite verbally abusive also they were quite anxious about the care of the younger child so all of those things are quite difficult to manage with individual counselling and especially we thought because they'd been to counselling before [laugh] ad nauseam you know we would kind of like be starting again and so I guess we have a belief that you know I think you have to create perhaps an environment where those behaviours can be contained so their basic needs can be met first including shelter food medical care you know somewhere to sleep their clothing that once those things are perhaps in order and also a carer someone that can actually supervise them ... someone that can actually place some limits on their behaviour get them into a routine where they have regular meals they go to bed at a regular time that someone knows where they are so that I think we would place often a higher value on that kind of intervention initially and then the individual counselling I think can follow from that once the children feel perhaps a bit more settled and secure (Participant F)

4.6.3   Elements of Assessment

Throughout this chapter, examples of the elements of assessment have been presented. These include sources of information, strategies for gathering information (including the use of specific tools or assessment formats), planning issues, timing issues, documentation as well as the processes for making judgements and decisions.

The way in which these elements interrelate with the other themes can be seen through descriptions of practice, as illustrated by Participant G, highlighting the parallel processes of engagement and information gathering:

I've already got the call and I'm going into see her and sort of information I guess is secondary to firstly the connectedness there with her and so in that even though that's sort of gathering information it's more about well you know giving her levels of empathy and just getting to know her so the information I'm gathering in that first part is more about who she is and where she is and why she is and what she is that that sort of stuff and then going into more like well then the who what when where and how it happened

sort of came after that information to make sense of that and then once you get the landscape of the facts I think it's then sort of moving into well sense do you make of helping her making some sense of well now that you've been through that you know how do you see this for yourself and what's this like for you so then trying to the information then I guess is more about information for her as much as it is for me about this and helping her to extrapolate from the situation what meaning she makes for this (Participant G)

The complexity of the processes of judgement and decision making can be seen through the following examples, where elements of gathered information (addressed in the following section 4.7 Content) are weighted against knowledge (addressed in section 4.8 Self) to undertake action, in this case making a report to DoCS.

considering on the past history and the recent support and the child's detachment the mum's detachment towards the child I felt that yes the young baby can be at risk or is at risk if mum doesn't get enough support and that's how we define and that's when we decided that we are going to make a report about this child (Participant K)

Participant E demonstrates a similar process in reflecting on her developing understanding of her client's presentation:

so that's where I think sometimes your assessment will differ you will actually do different things based on what you're hearing and the cues you're picking up so that's where the you know the theories come in about indicators of sexual abuse so you know I was actually starting to think well she's been abused by someone else just based on what they'd saying that's a bit of a subjective judgement but it's also based on indicators of sexual abuse and about what children tell us and a lot of that's about my practice knowledge as well (Participant E)

This example also introduces the idea that each assessment is a unique and subjective process influenced by the specifics of a case, the worker involved and the relevant context.

4.6.4   Other Elements of Intervention

All participants described part of their role as a social worker, in their current position, as providing some form of treatment intervention. Their descriptions included general terms such as 'counselling' or 'therapy' whereas others made reference to specific therapeutic approaches (Participant H: cognitive behavioural therapy, Participants F and G: brief and or solution focussed therapy and Participant J: narrative therapy). However most participants who identified a therapy by name said that they did not limit their practice to one specific type of therapy.

the assessment around the child's counselling needs are looking at whether this child wants to be I mean the assessment is still made by the child it's made of the child by the counsellor but it's generally made by the child as to whether or not or the young person as to whether they want not they want the service if mum if it's a very young child we would be looking at working with mum giving mum the skills to provide the support that that child needs and the framework to help that child have a healthy lifestyle ... but trying to look at what it is about the assault that is impact upon them so sometimes there's no impact openly or the child doesn't disclose and impact and there may not be need for counselling at all (Participant B)

for us it's really important that engagement is about a therapeutic relationship but for me in the assessment it's also about the information you give and I'm learning more and more that it's really important to give some of the really hard stuff in terms of difficult information to give straight away and yes you have to balance that with engagement you have to balance that with rapport building and you have to balance that with trust but you have to be clear and you have to be honest and you have to be knowing you have to give certain information even when people are in crisis and they find it really hard to take it in so for me engagement is about therapeutic relationship building I don't think it happens in one session I think yeah it's ongoing (Participant E)

Educating or providing information occurred in a practical sense of communicating information necessary to the ongoing interaction between clients and practitioner as well as information provided as part of the therapeutic intervention.

> *I don't know that we've ever really got it clear about how we in fact on the one hand keep children safe and engage women in a way that helps them work through some of the hard decisions they may need to make about their relationships and then the other thing is well how do I talk this all this through and still have her trust and give her information* (Participant G)

> *we have an educative role too as I just said you know teaching people to play games with their kids and just saying as I said early you know I used to do this but I know better now and I wish I'd known back then you know just the education I'd do social skills for the kids sometimes* (Participant J)

Providing support was a further aspect of the integrated social work intervention:

> *I guess the outcomes were that I supported her um moving out of home that's probably the [laughs] main outcome actually* (Participant H)

> *it's checking where things are it's working on mum's self esteem mum has [section removed] no friends she has no supports she isn't she doesn't feel able to talk to her family but she's very protective of the children it's working on her self esteem it's also working on her parenting ability and coping within that situation so it's providing those supports it's also still educating her around the issues of domestic violence* (Participant J)

As was advocacy:

> *get them to report we'll make sure the report's happened and we are very good at advocating that this family or this that something happens so that families are always ringing us back going nothing's happened docs isn't picking it up no and we get on the bandwagon and we become advocates but at that point there's still no involvement with that child so that there's that that whole process is separate before we start seeing the child* (Participant B, referring to making a report to DoCS)

I have explained to them at times that they're quite vulnerable they're in a really vulnerable position and that and then talked with them about strategies and I've acted as their advocate with docs or other agencies and tried to I had to work hard at trying to build a relationship of alliance rather than them seeing me as yet another authoritative figure who's going to judge and condemn them you know so it's very much social work I think doing all that (Participant C)

I suppose what we recognise in child protection and I guess I feel perhaps more than many other health services we recognise that we're helping clients deal with that system and negotiate that system and a lot of our time is spent in helping clients advocate for their needs whether that be to docs or to court or to police to help their point of view get expressed amongst all of the interagency negotiation ... here it's an unstated role but I think other panoc services have actually put it in their brochure or in their policy and procedures that advocacy is definitely a role I think it's a classic social work role advocacy but I think here I think it's just seen to be an implicit part of the work because we recognised that our clients are often from almost exclusively from disadvantaged position in society and there's a they're relatively powerless and they often need assistance to advocate for their needs to government departments so I think it's really here it's just seen to be an essential but perhaps unstated part of the work we talk amongst ourselves about how we're doing it and that we are doing it and that we need to do it but its not really written in into the policy and procedure (Participant F)

There were fewer references to networking and liaison, with only participants A, E and H actively describing it as part of their practice. However, most other participants made references to interagency working and meetings, particularly with DoCS. This concept also links back to interagency under the theme *context*.

there was a bit of case management of organising you know bits of information that they school had say that docs didn't have and that

backwards and forwards and eventually organising accommodation for her as part of that linking her up with other youth services (Participant H)

I'm a great believer in networking and that's a real big thing for me I guess and liaising with other professional because and my main aim for that is I a) get people get families to get a service and b) I contact professionals my knowledge becomes better but I guess where it's related to is from social work being able to know that in order to build those relationships and get the service you ultimately assist the client (Participant A)

A couple of participants referred to empowerment, or increasing their client's sense of agency in their circumstances, as an intervention or intervention goal. Empowerment can be seen as an application of power identified under the theme *relationship.*

interview a bit for strengths so that you're getting you're reinforcing some of the things that they're doing well and that they're got some sort of agency in and working on those a little bit (Participant H)

it's very empowering for them to feel that they're important enough to be listened to that their views are really valued you know and were discussed rather than me telling her what to do (Participant J)

I needed her to sort of be acting and feeling that she was in charge of what was going here and it wasn't just happening to her and help her to identify some strengths and protective factors in her environment so through the course of our dialogue I guess that that she was the one that was saying ok I think we need to call the police and we talked about why that was (Participant G)

There were also references to referring a case on to another service and to non-intervention.

because we're not actually a child protection service so often if there's an identified child protection issue and it's a fairly serious long standing one we would be referring out (Participant H)

part of our assessment might be and part of our interventions that we don't offer any more because that's actually seen as some service is enough coming in for assessment (Participant E)

This extends participant E's comments about intake assessment previously cited on p.108.

The process of intake involved assessment, as has previously been identified. It also reflected the combination of different interventions that comprise social work intervention.

most of it that day usually is quite busy and it's about not doing any therapy certainly you might do telephone support to parents who have just had their child disclose to them ... but a lot of it's about advocacy about sexual assault and about the importance of therapy for children and families and about prevention of sexual assault ... certainly it feels like a lot less of my role is about therapy and lot more is about advocating within the system but advocating and educating people at the same time (Participant E)

4.6.5   Evaluation

Although evaluation formed part of the integrated social work intervention for many participants, it has been addressed here as a separate sub-section because of the connections to providing direction as an assessment purpose. In this sub-section, some of my questioning has also been included to give context to the participants' words.

Q: *and the process of asking was the session useful is that part of the a conscious decision to evaluate the sessions or*

B: *yep*

Q: *and what influences that for you*

B: *well it's usually because it's looking I mean there's some aim in outcome isn't there always your counsellor and client are always sort of saying well should be questioning I think is this useful where is this going and assessments have to made about that by the people that are receiving the intervention and the counsellor has to know whether that's what's being done is being useful or not useful so I guess because assessment's ongoing I mean you can't not have assessment ongoing* (Participant B)

Q: *so there are aspects of evaluating the treatment or ongoing intervention*
J: *yeah checking out where she's at what she's doing and I think that yeah listening to her* (Participant J)

I often question myself and when people leave even if I'm busy I think oh how did that help or what would they have got out of that or and sometimes it's quite clear sometimes I'll think well we didn't do any particular problem solving or deal with any concrete issues but I helped them to see that this week they're feeling a bit calmer and that they were able to calm themselves down in the last fight before it got out of hand and that's building something for them and they walked out thinking yeah I did that you know so sometimes it's a very minor thing and sometimes it's just virtually almost holding them to get through the day but yeah I do tend to think what have they got out of it when they leave (Participant C)

Q: *is that part of a conscious decision to evaluate your practice or is it part of something else*
C: *yeah it's a conscious decision cause I mean I don't like going to appointments if I feel like I'm not getting anything out of them so it's I don't want to waste people's time yeah and I feel more satisfaction in my work if I think that it's making a difference* (Participant C)

Q: *this has come up with other people that sort of evaluative aspect of their assessment in terms of evaluating the crisis support to mum evaluating the impact of that is that significant in other parts of your work*

H: *I think yeah it's a big thing actually because you know we there's this point with a lot of cases where you start to think well hang on this isn't a crisis this is a personality difficulty and maybe needs to be handled differently and you need to think more clearly about boundaries and you can get caught in people who are in desperate kind of pain and distress your response is to want to support them and want to help them and it can be a little further down the track you think now hang on well I'm actually stepping outside one of my normal boundaries for this person I need to cut that back and be more firm with them yeah* (Participant H)

4.7 Content

The fourth broad theme to emerge from the data was *content*. This theme comprises what can be broadly classified as the information attended to within the assessment. This was largely covered in section 2.6.2 Case Considerations within the literature review of this thesis. The considerations covered by the theme *content*, are applicable both as the information gathered in the assessment process as well as the knowledge base from which judgement are made about the gathered information. This is similar to the concepts of declarative and procedural knowledge identified by Benbenishty (1992) in the literature review. There is a link here to the theme of *self*, particularly through issues of knowledge, values and discourse that influence the interpretation of the gathered information.

There were a number of commonalities, or sub-themes, within this area across the participants. They included:

- Issues of violence, abuse and neglect, including risk and safety for children, mothers and workers

- Understandings of parenting practice, this included risk issues in terms of compromise to parenting ability: abuse of alcohol and other drugs or untreated mental health issues for parents

- The age of the child and the need for an understanding of child development

- The relationship between parents and child. Often these were conceptualised as issues of attachment or bonding.

- Loss, grief and or trauma
- Strengths

General psycho-social needs including housing, finances, transport were identified but these were usually related to the concepts of risk and safety or parenting. Other issues such as the child's behaviour, emotional state or mental health issues or needs or the family structure, dynamics or history were also identified, but again tended to be related to risk and safety, as on impacts of abuse or parenting. The sub-themes presented here were selected as having a better fit with the data. The participant material presented in the sub-sections to follow frequently contains references to the other sub-themes. The difficulties with classification systems for case related issues were identified in the literature review.

The considerations comprising these sub-themes were often presented in a list like fashion, (participant A below, is a good example), particularly when discussing them in an abstract manner unrelated to a specific case. When discussed in relation to a specific case these issues were attended to more directly:

what do I do in my assessment I usually I'm kind of quite visual so I begin from the outside and work myself in but always having the children as a focus so think of where the person's living in terms of socio-economic housing department I guess yeah the suburb she's in ... and just think about that for a little while then when I'm thinking of outside influences think of schools childcare does the person go to the bowling club to the library to churches to sporting facilities anything outside that might influence the family structure does the person have transport car like you know issues relating to issues accessing other services so you're kind of looking at from an outside point of view and going into the family home that's culture influence so once I'm inside the home then I look at surroundings of the home you know is there facilities for sleeping and is there a routine for the children and is there toys is you know is obviously always tv around but what environmental factors are the children accessing or is mother accessing she needs a lot so she has that availability to her and then I focus on the children and note observe how they're interacting with each other

interact with mum interact with me so their levels of limitations that mum might have or not have their motor skills their developmental skills their social skills with me with mum with each other their ability to play with each other take turns so forth depending on their age their relationships with themselves relationships with mum I've mentioned that and thinking of normal child development seeing where they're up to in terms of that development so having a base line and assessing them to that degree and their speech language so cognition in that sense the impact of the abuse perhaps just have some hypotheses of that and perhaps test that out a little bit with when talking to mum (Participant A)

if there was any criminal history and what that is about information emotional stability physical health history so if mum has a disability or any other issues to do with her health and how that might impact on her as a person as a parent docs past involvement and what involvement they've had which is important and then the parent you know then you think about the parent's health mental health feelings herself about herself in the world so how she sees that any previous diagnosis of mental illness or reactions impulsivity hostility use of a drug and alcohol methods of coping with stress so how she copes with stress physical health status intellectual functioning (Participant A)

Participant H also identifies some of these considerations as previously cited (p.99).

4.7.1 *Abuse Specific*
Given that the specific focus of this research was on assessments involving cases with child protection concerns, it is not surprising to find that all participants specifically considered abuse, neglect or violence in undertaking their assessments.

I will see if there is any history of child abuse in the past how the child or the mother are presenting how their attachment is are there any other children involved in the family what are the family support or the supports in the community for this mother or the child if they go back if there is a child abuse concern then how much you know access the perpetrator has with this child

are there any a v os or any legal family court you know orders about this particular child is there a docs involvement previous (Participant K)

I suppose though to go back a bit we're quite interested in the family's perception of the involvement of docs in the family so how they see the reason that docs has become involved and how is they see the alleged abuse or neglect their side of the story their version of things so we're quite interested to know and to what extent they accept or deny responsibility for those events ... there's a lot of things I guess we try to be fairly comprehensive but I think principally it's around the incidence of abuse or neglect and how that's affected the different family members (Participant F)

These types of reference can also be seen throughout the data presented thus far in this chapter.

4.7.2   Risk and Safety

Concerns about risk and safety were identified by participants as important in making decisions about intervention, particularly whether to provide a therapeutic service or not.

if the family comes to us and the violence is still ongoing and the children are not safeguarded then we won't engage with the family because it's not safe (Participant F)

we won't work if a child is unsafe so that's one of the factors in even a rereferral back to us if a child stays in an unsafe environment or a disbelieving parent we won't continue counselling with them or even undertake counselling so in this instance I guess the prime I mean safety is prime the child's reaction is a prime consideration as to whether or not they want counselling whether they want to enter the service (Participant B)

Safety was also considered as an outcome of intervention.

and to make sure that the child there are no more reports required and the
child is safe secure (Participant A - referring to risk of harm reports to
DoCS).

Participants' description of practice reflected the focus of the current legislation on
'risk of harm' rather than specific incidents of abuse. These findings are not
surprising given that child protection practice is currently dominated by discourses
involving "risk" and "blame" (Parton 1996).

Worker safety was another consideration relevant to risk and safety that was
attended to by a number of participants:

we're also concerned about worker safety so we want you know we'll make
sure we ask about violence and if there's domestic violence if there are
weapons involved (Participant F)

safety for the children and also safety for me I think you'd be silly not to
consider it particularly when you're working with very very violent anti
social people so I do consider both of those aspect and safety for mum as well
(Participant J)

am I feeling safe in all (unclear) aspect and supported or is there a reason
why I might be feeling threatened in terms of my world and then look at the
persons world and see what is it that I'm being threatened about and is it a
physical threat or is it a verbal threat or is it a what kind of threat is it and is
it realistic or is it not very real and yeah I guess is it a verbal attack or is it
more than that should I be a bit more anxious about this or not so I take I
take it quite seriously and really do a bit of a check up like on my world and
then think of their world and think well hold on what's going on here this is
not okay and then take it back to them and say this is not okay we're not
going to relate this way you have perhaps in the past but not if your going to
communicate with me and be very clear about that (Participant A)

4.7.3   *Parenting*

There are many areas related to the construct of parenting that social workers consider in their assessments. These findings again reflect the construction of child protection practice in relation to socially acceptable parenting practices as well as the needs that children have in their parenting.

there's lots here we go [reading from agency assessment tool] you know the expectations of the children knowledge of child development attitudes about parenting including discipline, discipline versus punishment so that's a huge one and daily parenting approach for instance like having a routine and knowing what the routine is and so forth depending on the children's ages comfort in parenting roles I mean a great deal of about how they've been parented and what they think being a parent is and how they feel they're going or if they think they're no doing a good job or what areas do they think they need assistance with and just use of outside like care whether it's extended family or friends or people that can care for the children parenting capacity yeah I guess its kind of there's lots involved in assessing that but I guess my main focus is knowing how the parent is going with their children or what the parents thinks the child is like in terms of development is if they think you know the five year old should it be doing x y z which is not the case so if they know about child development and haven't had that much involvement with the department depends what they've been referred to about as well so my assessment of the parenting capacity would involve what is that I'm being referred to look at specifically sometimes its quite focussed on a particular issue like behaviour management (Participant A)

how is that relationship going is there requirements for parents is the empathy level okay is are there limits being set so I look a great deal I focus on the child and look to the child as to where the child's up to in order to assess in someways the parent's capacity I mean I do look at the parent and the history and how they've been parented and where they've come from and how view this child as well (Participant A)

I'm realising some of the questions you ask about you know what's your relationship with your child is pretty basic we actually do do attachment issues and issues that come out about child protection issues we actually need to explore that a lot more like what's been your whole experience basically and how do you view that child and now that you know that child's saying blah blah sexually assaulted them you know what does that raise for you as a parent (unclear) as that person's partner and talking that's where their family of origin stuff comes in because they as a child may have never had a very healthy attachment to one of their or both of their caregivers so they've never actually been parented well themselves so that then leads to how are they parenting you know or do they actually have had a good experience to be able to parent so certainly that's something that we and you know I think about is that we need to explore more (Participant E)

Participant E then expands upon these issues in reference to a specific case, where she highlights the difficulties in practice where information considered to be important is unavailable. The connections between information gathering and decision making, in the form of case planning, are also illustrated:

we're checking back on you know what it was like when she was a baby the father couldn't answer a great deal of that so that was a huge missing gap and about developmental milestones all those things that we always find out about their experience of schooling and whether they had any learning issues at school etcetera their peer network so a lot of that was missing based on he could explain the current stuff ... so really we were doing an assessment that was based on the context of a child now and probably the last few years I think she'd been in the blended family for about I think four to five years but there was a big gap missing and I think you know a thorough assessment and the ideal assessment is lets get the whole kit and caboodle cause while we're finding what I've found is that that actually informs a lot of the now and it also gives us clinical indicators and also gives us information about type of treatment and the prognosis I think that's what we're seeing but you know not that I ever believe this but that sexual assault is just not one thing that happens to a child it's always in a context and it has many webs linked to it

and that if we don't understand that then we can't really fully understand or provide appropriate therapy to a child so I feel looking at that case that there was a bit missing systematically (Participant E)

4.7.4   Child Development

Participants considered child development, in two ways, the first was by direct reference:

I also do a developmental very basic developmental history like you know when did the child first walk when did they first talk what was the pregnancy like what was the birth like I mean that sort of attachment stuff too (Participant H)

I use a lot of adolescent development stuff as well in terms of where that person might be developmentally and what that's gonna mean for them in terms of parenting yeah so those sort of things are very important (Participant D)

The second way that participants referred to child development was by implication, in considering the capabilities of children of different ages:

it was a little bit clearer here we had an adult talking which is always a bit different then when you've got children or babies that can't say what's going on and some significant injuries so it was a bit more clear cut than some other cases where people are saying this what parents are doing and the child hasn't got a voice in all of that so they're very different sort of dynamics (Participant G)

This type of understanding was also demonstrated by Participant E, (as previously cited on p.97) talking about the length of assessment session relating to the age of the child.

The references to child development in this second way, can be understood to represent 'process knowledge' (Sheppard *et al.* 2000, 2001; Sheppard *et al.* 2003) or applied knowledge. Rather than specific references to development or developmental theory, (although participant A did refer directly to Piaget and

Erickson in this context), participants' used these concepts in an applied manner, referring to differing needs at differing ages.

4.7.5   Attachment

Attachment as a term was used as a concept to represent relationships between parents and children rather than as a specific reference to the ideas of Bowlby:

> *in this case that infant needs a attachment figure and even if it's a substitute one at this stage that child more than the older siblings needs stimulation needs regular feeding needs its health monitored it's much more dependant on a carer* (Participant F)

> *I was called on the basis of the girl is too young and not you know showing attachment to the baby* (Participant K)

Participant D, as cited later (pp. 148-9), also referred to attachment.

Although not usually considered an aspect of attachment, some participants also considered the parental relationship. It should be remembered that only a few of the described cases had involvement of two parents.

> *it's actually about assessing that more and the wicked step mother in this case wasn't a wicked step mother she was the mother (unclear) and burdened and her attachment had been disrupted with this child because of sexual assault because she was having to watch these kids twenty four hours a day she was getting no support from her partner who was actually the natural parent and she was feeling like that was impacting on their relationship so she was quite upset about that* (Participant E)

Participants, in relation to cases, also spoke about relationships between members of the client group including family and other professionals.

4.7.6   Loss, Trauma and Grief

Given the widely recognised impact of abuse on children, attention to issues of loss, trauma and grief in assessment was not surprising:

thinking about trauma and working with people who have been in traumatic
situation I think and thinking about the experience of children who witness
domestic violence (Participant G)

Participant G also cites the author of *Trauma and Recovery* (Herman 1992) as a
significant influence on her practice.

I have read a lot of material about trauma counselling and trauma and I was
thinking that I should use some of that in this and see whether this child a
result of that gang rape and it was and then of course my feeling was how is
her attachment going to be with the child is she going to see the child as a
punishment or is she going to accept the child thinking that no it's not child's
fault so what is it really going to be (Participant K)

I use theory of grief particularly in childhood disability particularly with
migrant families who've made the journey to Australia to actually give their
child an opportunity and then finding out the child really has severe
intellectual disabilities (Participant J)

4.7.7   Strengths

The final sub-theme participants described, as an aspect of *content*, was the area of
strength for clients or families.

one of the things that I'm conscious of doing in that is to interview a bit for
strengths so that you're getting you're reinforcing some of the things that
they're doing well and that they're got some sort of agency in and working on
those a little bit (Participant H)

I start always that way of assessing and looking for strengths that she may
have that would help her work with the children so it's building trust looking
for strengths and keeping an eye out all the time for supports (Participant J)

a chance for assessment that included a little bit of therapy with some
education and what we were able to do in the end is bring all that together so

that the things that she identified as her own strengths and protective factors

in her environment were then able to use to her advantage (Participant G)

Participant C (p.89) also refers to family strengths in defining the purpose for her assessment. These findings contrast with Ayre's (1998c) conclusions about statutory workers in the UK having too great a focus on deficits within their assessments.

4.8   Self

The final theme emerging from the data was *self*. Participants considered themselves both as a person and as a professional as they undertook assessments. Some elements of this theme have already been addressed as part of section 4.5 *Relationship,* however the role of the self for the practitioner played a broader role than this. The sub-categories of personal and professional 'experiences', 'knowledge', 'skills', 'discourse and values', and 'professional identity and education' were identified here.

4.8.1   Experiences

The two main areas of experience drawn upon were firstly personal experiences which includes both family of origin (as a child) and current family experiences (as a parent). The second area of experience was professional practice experience.

Although there were no specific questions in the interview schedule in this regard, half the study participants referred to their own experiences as parents in relation to their social work practice. Participants K, D, J, C and H referred to themselves as parents in relation to their descriptions of practice.

I would say personal family experience as well I think it's something that isn't

particularly recognised I mean family of origin stuff is recognised but I think

it's also had an impact on my practice but I have a fifteen year old daughter

and she obviously has fifteen year old friends so I have a bit of a sense of that

as well and I'm aware of that and I bring that into practice (Participant H)

and having an adolescent son you know how they are and for this girl to be so much under control was it's just very clear there was something wrong (Participant K)

why doesn't she want her baby to be in the room with her it's I think it's natural for a mum I remember my experience also when I had babies I'd rather have my baby in my room than you know only the time off when I went for shower or things like that I would keep the baby in the nursery section *(Participant K)*

as a parent myself is one thing but I'm very careful these families are all different that I work with they all have very different values and ideas and I'm aware that a lot of people I myself and a lot of people I work with have very different values and ideas ... the family that we've been talking about the mother doesn't do the care for the baby the grandmother does so the grandmother is obviously baby's primary attachment which is quite different to my own family (Participant D)

I do very much recognise the parent's needs as a parent myself the parent's desperation and when they're at the end of their tether and they just feel like they haven't got anything left to give or they are dealing all their hurts out on to their kids I mean I can understand all that it's not like I think oh you terrible horrible person (Participant C – she goes on to speak about assisting the parent see the child's needs as quoted earlier pp.100-1).

Zubrzycki (1999) has found that the experience of parenting not only strengthened practice, but also that practice strengthened parenting in a qualitative study of Australian social workers.

Participant A referred to experiences of culture (previously cited on p.106) and gender as significant experiences for her in her family of origin. Other participants also referred to their experience of growing up or to their current family.

I was bought up in a family ... that valued a non-individualistic kind of idea of the world so a family that was very family and community conscious I think that's had a really big influence on my thinking even though I rebelled against it (Participant C)

I guess my life is like that [laughs] did my husband just come in here before this started with my sandwiches everything I mean we have three children and everything is done together nothing is my responsibility or his responsibility it's all our responsibility so yeah I guess that's the way my life works ... I don't know maybe I was bought up like that as a child [laughs] (Participant D – responding to questions about her preference for working in partnership with clients)

One participant identified growing up with her mother's own mental health issues as significant in relation to her practice.

I guess there was a sort of a personal response in that I had a mother with a mental illness so it mirrored that a little bit and the effect that that actually has sometimes is that I tend to be very cautious about not labelling mothers too quickly so I think that has I don't know exactly what the effect of that is but it's something that I'm kind of aware of … I'm aware of thinking about in those cases and sometimes I think it actually whereas my natural sympathy is maybe more towards the children in those circumstances I'm so I try to be scrupulous about not doing that (Participant not identified to promote confidentiality).

Other participants introduced personal experiences or reflections of themselves particularly as part of the process of engaging with clients. Participant F referred to a number of personal interests as part of the engagement with the child:

I quickly realised he'd done a lot of the things I would normally do in assessment ... he mentioned that he'd gone fishing you know recently and I really love fishing so we just started talking about fishing and ... then he talked about computer games and I've got nintendo at home so we just started talking about the things that we have common interests in but ... I felt I can't

do more ... because this kid's been interviewed so many times ... I decided to
go away and just have a think about well what would be some other ways that
I could engage with him that he would find of interest to his world
(Participant F)

Participant J spoke of reciprocity in the process of engagement:

another mum told me how awful it is coming here to feel or it was coming
here because she felt like she was a failure because she had problems with
her child and she had to go and seek help I find it really does strengthen the
relationship I mean this particular mum had to give me a recipe to make
potato salad you know and I see this as well I'm good at this so I can tell you
this so almost an exchange of things and then they can sit back and listen and
talk about how they how they manage their children and are more open to
listening to ideas of how things might be different (Participant J)

The second main area of experience drawn upon was professional experience, which
also incorporated experiences in previous jobs as well as those in the current job. All
participants made reference to their past working experiences:

because I have a docs background my assessment are really in-depth ...
because I have worked on the intake team in department of community
services I worked for a year where I was doing telephone intake and that
training has helped me because being on the phone I used to get lot of
information from person who is ringing about and that's where I start
thinking what if this what if that you know I should get some information
about this and that I feel sometime I don't want the parents to go through the
whole docs procedure if it is not required if it is unnecessary but if I have the
slightest concern about this child then I better provide as much as
information as I can so that the docs workers can start working on the case
a s a p (Participant K)

Participants E and K contrasted their current assessment practices to how they had
previously worked as hospital social workers. A number of participants identified

that were currently (Participant K) or had previously (Participants D, E and J) worked as social workers in hospital obstetric or maternity settings

Other participants identified other benefits they drew upon in their current assessment practices.

fortunately I came from a background of that working with adolescents was in psychiatry so I can still talk the mood and worry and all that and be ok with that (Participant G)

my own interest in domestic violence has been I mean there's always been an issue around domestic violence here but my own particular expertise and interest is encouraged here and I've more or less taken on the role of the d v person on the team (Participant J)

Participant A (cited on pp. 91) also refers to experience as a significant influence on her assessment practice.

4.8.2 Knowledge

Knowledge for practice has been an area of considerable debate within the social work literature (Drury-Hudson 1997; Goldstein 1990). Participants made reference to a range of knowledges including formal theoretical knowledge, practice wisdom, research and legislation and policy to guide practice. The use of process or applied practice knowledge was seen as important here. The findings presented here are closely related to many of those presented in the previous section 4.7 Content.

so it should cover you know like family social schooling developmental trauma issues people's perceptions and beliefs supports are a big thing we check out but I thought about it I though you know a lot of it's informed about my knowledge about sexual assault here where as over there it was a lot about my knowledge about obstetrics and gynaecology about attachment between mums and babies and dads and babies about probably limited but drug and alcohol issues and a lot about child protection and that's the common theme (Participant E)

I think it's very much my social work training understanding that these families have they're very easily labelled and stigmatised and put in boxes and of course sometimes the boxes fit really well but it's not always helpful and if I'm gonna actually do some work that's helpful I've got to come at it from a different angle not just that kind of bureaucratic or categorising of clients I mean that would be so harmful and stupid and a waste of time [laugh] (Participant C)

they're significant but I'm you know the map is not the territory as they say [laughs] you know I don't necessarily believe that they describe what is real they're just tools to help us look at the child's situation from a particular perspective and that's what they are I guess they're maps and guides (Participant F - reflecting on the use of psychodynamic theory)

Participant K's response below, serves to demonstrate the dynamic nature of practice, whereby knowledge becomes relevant because of the specifics of a case, rather than being generally applicable.

Q: *speaking generally are there specific theories that are very influential to your practice*

K: *no I don't know I can't pinpoint one really because it depends on the different situations every time* (Participant K)

The following account from participant E serves to further illustrate the inter-relatedness of the themes identified from the data, with reference to role (*context*), treatment (*intervention* & *relationship*), knowledge (*self*), and information gathered (*content*):

cause we're set up that it's about them coming and seeking treatment so for me it is about child protection knowledge so understanding risk factors in issues of child protection for families it's about sexual assault and it's about a context for sexual assault so that's where we'll actually ask about the disclosures and about reactions and about frequency nature and that's our sexual assault knowledge coming through it's about counselling so it's about what we offer people and whether they you know believe that it's appropriate

developmental stuff informs my assessments like with I see with children as well I suppose there's a lot of the political stuff as well probably way way back in the recesses and it probably comes later about where does sexual assault fit in the world and that when you're sitting with a family that's quite ambivalent they're just like the masses you know and so that's the political it's part of our role it's about advocacy and education and in assessment we are clearly always sitting yes we believe your child's been sexually abused we may not be able to prove it a hundred percent cause that's not our job (Participant E)

4.8.3   Skills

There were also limited references to skills as considerations in assessment practice. Skills were often closely linked with intervention practices.

like listening to people you could have a phd or masters in whatever but if you're not listening to what they're saying and responding in a non-judgemental way and being able to assist them in something small then you're not reaching them (Participant A)

one of my skills that's recognised here is my ability to engage very difficult clients and to keep that relationship going and I really put it down a lot to that I'm conscious all the time of power I'm not trying to sit there and tell them what to do I'm working and I'm beside them or perhaps even a little bit behind them hopefully yeah and that's really important [section removed] {I remember a lecturer} [section inserted] talked to us about is it lukes three yeah areas of power and it was just such an eye opener for me and to be able to look at our own system that that is another power system in the in where we work and working within a very power based system and feeling the effects of that (Participant J)

you know listening empathy empowerment and its kind of yeah they're all there (Participant A)

Participant A provides an interesting contrast here in a three-part list of skills (listening), qualities (empathy), and theoretical understandings (empowerment). It can also been seen that each element has aspects of the others eg. skills can be part of a theoretical framework and are also supported by values. There is also a clear value base in considering empowerment as part of social work practice.

4.8.4   Discourse and Values

Participants identified a range of values and beliefs, which informed their assessment practices. These were identified as either personally important or attributed to social workers generally. Values and beliefs are not necessarily significantly different from other forms of knowledge, although appear to be seen as personally held. These findings could also be understood as reflecting the range of discourses

the other thing that is relevant social workers value the importance of ongoing professional development and learning (Participant F)

I think which ever parent whether they're the same gender or not the same gender I'm not I guess both parents having if its possible in the ideal system if it's possible for both parents to have a say in the parenting of a child rather than just one cause that assists the child in their development and so forth (Participant A)

in child protection I guess it's a strong philosophical belief that people need a permanent children need a permanent placement and that's the priority once they have that then the belief is that they're better able then to explore their world whether that means do their school work or talk to a counsellor about their feelings (Participant F)

sexual assault where we've got a clear knowledge and I'd say all workers that it's a crime and it's a crime of power power issues are really important in sexual assault safety and power issues and who has that role (Participant B)

my belief is that children tend to be happier when they fit within society and there's no second chances for them in society (Participant J)

the quality of our relationships is very important and affects us and society pays the cost when relationships don't go well (Participant C)

I feel that it's better to make a report in case there is any doubt in my mind rather than leaving the case without making report (Participant K)

Participants A F and G referred to a professional code of ethics as important in their practice. Others made less direct references to ethical practice.

I think you see it more and more and that's where you start to question about power and about practice needs to be extremely ethical cause we're dealing with vulnerable people (Participant E)

Talking about ethics may also fit with the concept or value of objectivity.

I think that that's probably the most important thing that we do is to try and maintain some kind of sense of what's right and what we're doing is right because I think without that you get pulled into all sorts of difficult areas and I have seen other workers who have reacted emotionally rather than pulling back and thinking about the ethics of the situation and what they're trying to actually achieve from it and it can be a real disaster for them and for the clients (Participant H)

I think social work traditionally has always had a strong emphasis on clinical supervision so because it has you know predominantly been about casework and it's always had the belief that the caseworker needs a supervisor to help them to reflect on what they're doing and to reflect on their own personal interaction with the work or their own personal issues and you know transferences and counter-transferences if you want to call it that so they've always had that emphasis and also I guess it's about reflecting on how the system affects clients and how the system affects the worker um so I guess I see social workers always emphasising the importance of supervision and I

guess it probably fits with my role that that we see that clinical supervision is pretty much essential for the counsellors and its also about accountability I guess accountability to the organisation and to our clients that we're doing the work appropriately (Participant F)

in terms of my social work profession my profession my ethics define how I work (Participant A)

Participant K provides an example of the mixing of values with professional experience in describing what her supervisor had said to her at a previous place of employment, an adoption agency:

the first day when I joined she said when we go to buy a dress or even the vegies we look at it we you know see if it is good we don't buy something which is stale and you know we take a lot of lot of caution or we bargain and you know spending lot of time here you are working for the children who can't talk can't tell you how they want their mummy and daddy to be and you are basically deciding for the whole life and future so you have to take extra care and precaution when you are selecting the right adoptive parents for the right adoptive child and I guess that that is in back of my mind somewhere thinking that yes you have a responsibility (Participant K)

one of the things I really really valued in social work [section removed] is the ability to put your own values to one side and try and see it from the side you know the empathy that you can develop with the client so that you can see it from their side rather than judging what they're doing and I think one of the most valuable things I ever did at uni was learning about my own values and being able to put them to one side that I think was the strongest thing that helps me in my practice (Participant J)

sexual assault services generally have maintained just a feminist perspective with certain guidelines and looked at power so you have to have that philosophy behind the way you work but then the actual approach your

techniques are very much guided by your beliefs and your supervision and whatever else (Participant B)

Discourse as the means of negotiating meaning pervades the data. All of the understandings, accounts of practice, views and theories are representations of discourse.

4.8.5   *Professional Identity and Education*
The issue of professional identity, initially identified as an aspect of the theme *context*, is returned to here as an aspect of the theme *self*. Professional identity and the corresponding references to social work education or training bring together the other sub-themes of *self*, experience, knowledge, skills and discourse and values:

this is why I went into social work to have that wish to be able to change things even to a minimum yeah but I don't know I mean you know that's non-judgemental that's your social work I mean I don't know if I was non-judgemental before I entered I probably was to some degree or rather uneducated and therefore non-judgemental because of lack of education I think social work opened my eyes to a great deal and you think oh yeah and also being able to critically assesses the society and see okay how does that work and how come and questions asking questions so I think education was able to give me I guess knowledge in being able to ask questions (Participant A)

certainly social work's seen and respected in the agency and I suppose we're seen for being advocates and very knowledgeable about extra services and community resources and good at networking which I think is what social work's set up as well is that we do that stuff well and that's part of our core business yeah so for me it matches... this is where I think it's valuable my social work training and that's my profession is that most of my training I'm quite flexible in terms of you know we're used to dealing with a range of things all at once usually and because I come from the hospital system (Participant E)

it fits really with social work more than if I'd studied psychology which would be the other profession I could belong to to do this job I'd find it very confusing I think to step into a job like this but it fits with the social work training that we've had and we went through when all that generic I don't know if you remem- no that was a long time ago generic social work was really cool then and it was all about performing these different roles at different *times or overlapping and you know focussing on individual or micro needs but then going out to the macro and having all those levels happening at the same time so it kind of fits and also it fits with our training in sociology and the critique of our society* (Participant C)

the other thing that is relevant social workers value the importance of ongoing professional development and learning so part of my role is to really focus on and facilitate the ongoing learning of the staff here so to make sure I guess that they have the skills and the knowledge and the attitudes that they need to do the work and that they get extra training if they need that (Participant F)

5   Findings: How the Considerations Interact and Relate

Through this chapter the second aim of the study, to gain insight into how the considerations, which non-statutory social workers identified as important to their child protection assessment practice, interact and relate is addressed. Some of the ways the considerations comprising the themes *context*, *relationship*, *intervention*, *content* and *self*, interact and relate have been identified through the preceding chapter.

In this chapter, the connections between the considerations covered in these five themes, are explored firstly in general and then with reference to three examples, 'own assessment', 'all families are different' and crisis. I have presented the findings relating to the second aim of the research in a more limited manner than the findings relating to the first aim. This was due to the unexpected complexity in the ways in which the identified considerations interact and relate. The presentation in this way remains consistent with initially stated aim of the study which was to "gain insight" into this aspect of practice. The chapter concludes with a summary of the research findings.

5.1   How the Considerations Interact and Relate

There were differences between what the participants described as significant within the considerations comprising each of the five themes. There were also some differences within what the individual participants said were significant considerations in relation to different cases and in their practice generally. The participants related these differences particularly to the considerations encompassed by the themes *context*, *content* (as case details) and *self* (particularly experience, knowledge and discourse and values). Similarly, there were differences between participants as well as within individual participant's accounts, in the relative importance that different considerations were accorded in each case.

It is clear that the considerations that comprise each of the five identified themes interact and relate through the process of social work assessment. However, the

ways in which these considerations interact and relate appears to be a unique result of the individual combination of organisational, practitioner and case characteristics that comprise the each assessment process. The meanings of these three groups of characteristics are developed through their interaction, thus the interaction between worker and client(s) can be seen as a generative site for developing understanding of the case issues.

This can be seen through the development of meaning in the case described by participant C. She described moving from understanding the case to involve domestic violence (which she felt able to assist with due to agency roles and her own practice experience and knowledge) to involving issues of substance abuse (which she felt less able to assist with for the same reasons). The changes in meaning occur over time, highlighting the dynamic nature of practice.

they kept saying I want my kids back I want my kids back so I was saying well what have you been told about how to get your kids back and bringing it back to the issue about the drug abuse which is what they'd been told is what they need to do to get the kids back trying to work with them on that but saying I'm not the drug and alcohol counsellor and I haven't got that experience or training specifically and so I've been trying to get them to go there so the assessment became well at times much more crisis oriented like at times the mother was sounding possibly suicidal was certainly self harming with drugs the father got very depressed and you know doing a suicide assessment with him then I began seeing the daughter but she was bought in by the aunt and so the assessment was looking at more of the effects of the removal rather than the effects of the long term abuse and then it became much more of a family assessment with including the grandparents and the aunt and uncle and everyone who became involved and trying to figure out the relationships between all the adults in this family (Participant C)

The element of uncertainty was also an important aspect of practice. Participant C described a number of occurrences which altered the focus of her work, particularly the sudden and unexpected placement of the children with foster carers rather than extended family, which then led to work with the children and extended family to

cope with the impact of this. Placement with extended family members would have required a different intervention or focus within the intervention.

The ways in which the considerations, which comprise the five themes, interact and relate can be described in broad terms, although it is only with reference to individual cases that a deeper understanding of how social workers understand their practice is developed.

It should be noted that this study aimed to report what social workers considered in their assessment practice, rather than how they use these considerations. For example, consideration of policy contributed to the theme *context,* whether the policy considered was followed or not in practice. Thus, the broad similarities at the macro or thematic level, can cover marked differences at the micro or individual consideration level. The broad similarities in the findings, which facilitated the construction of the themes, may be a consequence of the previously identified commonalities between participants, all of whom considered assessment, reflective practices and the protection of children as important aspects of their work.

Context considerations, especially the agency and social work roles set some of the parameters for the *intervention* considerations, particularly the non-statutory and thus non-investigative role. Through the *intervention* considerations, the *context* considerations had a role in determining the considerations covered by the theme *content*. That is to say, for example, social workers in sexual assault services (*context*) assessed children's needs for sexual assault counselling (*intervention*) to address the impact of sexual assault (*content*).

Similarly, there were connections to the considerations encompassed by the theme *relationship* which were determined by *context* considerations through the *intervention* considerations. That is to say, for example there were issues of engagement with clients (*relationship*) who presented to hospital (*context*) where risks such as domestic violence were identified, for which there are mandatory reporting requirements (*intervention* and *context*).

Presenting overly simplified accounts of practice, as above, can lead to misunderstanding or misinterpreting social work practice by those wanting to understand it. These simplified accounts do not reflect the detail, rich with complexity that social workers can provide in describing their assessment practices. It was also difficult at times for participants to describe the complexity underlying their practice, although this was anticipated based on the work of Schön (1991)

The following examples from both sexual assault service participants serve to illustrate the connection between knowledge and discourse (*self*) and agency philosophy (*context*) and the themes of *relationship* and *intervention*.

> *our own specialty which is sexual assault where we've got a clear knowledge and I'd say all workers that it's a crime and it's a crime of power, power issues are really important in sexual assault* (Participant B)

> *hopefully that child got some really good messages in my assessment and that was the important thing I think a little part of me thought oh I don't know how this gonna go so I think I really did deliver on the messages not your fault you're not to blame it's okay you know what he did wasn't right* (Participant E)

There were other connections between the themes of *context* and *self*, an example of which related to choices that the participants had made about their employment and social work practice:

> *I had got into this yeah I just want to get into this therapy role for a while and just you know explore that in terms of my career path* (Participant E – reflecting on her current employment)

As raised in the previous chapter, discourse underlies all of the themes. I acknowledge that this understanding is closely related to the theoretical stance of the thesis. Holland (1999) identified in the context of UK statutory practice that the discourse used by social workers varied according to context. This could also be seen with some of the participants in my research. Where the assessment purpose was related to change through intervention, objectivity did not appear to be so

important, with the participants taking clear and subjective stances about what they saw as positive outcomes for the client:

> *certainly in working with young people and doing what I would call as the task I'd still always do try to do a little bit of brief therapy in there as well just to make to help them make sense of what they're seeing* (Participant G – responding to the question as to whether assessment was a task or process)

Charmaz's identification of a lack of overarching theme has similarities to the finding presented here with no simple process that subsumes others (Charmaz 2000, p.528). Initially *context* was considered as an overarching theme, although on reflection this does not appear to be the case when other themes are considered. Similarly the aspects of discourse and values within *self* can appear to dominate, although this is only through interaction with aspects of the other themes. Hence the conclusion that the themes are interlinked and interact with each other, but with no particular dominant theme.

The following examples of 'own assessment', 'all families are different' and crisis, serve to illustrate the complexity of social work assessment practice and the uniquely situated ways in which assessment considerations interact and relate.

5.2   'Own Assessment'

The process of undertaking an assessment with a client served a number of purposes for participants, including developing an understanding of the case circumstances, developing direction through a case plan or goals and developing a relationship with the client. Undertaking their 'own assessment' was important for participants:

> *of course we read the previous documents but we need to make our own assessment I guess in assessing how things are going rather than just taking that report at face value as such rather than just kind of going with that I yeah we go into the family home and begin our own* (Participant A)

our policy and procedure here to always do an assessment ourselves so the
way we construct our work is that the first four to six sessions and its not
written in stone but the first four to six sessions is an assessment period and
in that assessment period we will interview the carers we will interview the
children if they're of an age and we'll also have a family interview and that
series and also a home visit if that's appropriate and the purpose of that is
for us to formulate in our own mind what the issues are what the goals might
be and again those goals are negotiated with the family and I guess what our
service can do for the family so that's really part of our procedure to do it in
that way before we then embark in a formal sense on counselling or treatment
(Participant F)

Undertaking an assessment of the current situation was important for participants
even when there had been previous contact with the agency, as illustrated by
participant B (previously quoted p. 88), or previous contact with the family when
working for another agency as raised by participant K:

so even if I have known this child from docs prior I will assess the child as a
new person … sometimes I have worked with that child for two years being in
docs but still I have to consider because in the past one and a half year things
might have changed so I have to be very objective and see what's difference
now and you know what are the things change and in those cases I guess I
can say to the to the patient that we have met before and you know has the
things changed what is the situation now so I have to be very objective
(Participant K)

Another consideration raised by some participants was concern about taking on the
incorrect or biased views of others:

it would come back to my social work training again the need to assess not to
believe everything that's gone before to make your own assessment of
understanding where the family's at and things do come up when families are
referred that are totally you must know that [laughs] that are totally wrong
that things are said that have absolutely no grounds so yeah I find it really

essential to assess and within that assessment process I find it a very useful engagement process as well (Participant J)

cause I'm thinking how much was I influenced by docs' agenda and how much it's very I find in the panoc cases it's impossible to keep docs out of the picture even when I try sometimes I find myself dancing to their tune in a way and having to pull myself back and think hang on hang on what's my role here especially if I've talked with them a lot and I found at one point with this family I did talk to the docs worker a fair bit and then I started to think oh hang on I'm losing my alliance with the family here and I'm becoming something else that's more aligned with docs than my own role so I had to kind of consciously go back to defining my role again and not taking on first of all their assessment or their ideas of what I should be able to do so the docs worker in this particular case had very strong perceptions about the family which at first I just had to accept as must have been true but then as I got to work with the family more I started to really question how much of that was an attitudinal thing that she had about them and assumptions she was making about them so got so this is an ongoing process I mean this is I'm talking about a month later probably starting to try and see them through my own eyes and come in fresh in a way and asking them more direct questions about what was going on so at first I was really influenced by docs's assessment which is all I had and I and we asked for docs to give us all the information because we can't work with families if we don't have it ... I always do want the information from docs but sometimes I'm finding and in this case the information's actually a but sketchy and when the kids are finally removed which happened while I was in the process of seeing the family I'm not even clear about exactly what happened for the kids to finally for that decision to be made and I've talked to the docs worker [laughs] (Participant C)

Participants' identified undertaking their own assessment was important for understanding the situation, particularly if others have things factually wrong or

there is disagreement with interpretation, and development of a relationship with the client(s).

5.3   'All Families are Different'

The concept that 'all families are different' is related to the concept of 'own assessment'. This concept had implications for considerations of the themes *relationship* and *intervention* as well as the particular aspects of the theme *context* that were attended to within the assessment.

> *the difficult thing is that families are all different* (Participant D)

> *it's not that it's all black and white so every family you just come in and you just give it to 'em the same way I mean I've never done an assessment the same way every time probably never do anything the same I do it once and then you know it always differs a little bit 'cause it's about matching with the people* (Participant E)

Again the connection between knowledge, discourse and assessment practice is highlighted through the understanding that cases are different:

Q: *speaking generally are there specific theories that are very influential to your practice*

K: *no I don't know I can't pinpoint one really because it depends on the different situations every time* (Participant K)

The integration of these different considerations is best understood through reference to the individual case. The following example demonstrates the assessment process of judgement in comparing professional knowledge, based in personal and professional experiences (including professional education), with the participant's observations from the particular case.

> *I guess you are looking at more than one issue anyway I mean you are not just looking at attachment even though that might be very very significant there's a whole range I mean like I said this particular mother was bouncing*

on the trampoline with the baby I mean to her that's not shaking [laughs] the baby it was playing with her baby so it's her own knowledge about child development and yeah so I think you actually draw on a whole range of different factors when you're making those assessments and even though I mean the child her knowledge of child development in that case was the sole factor that influenced the outcome of that particular visit yeah there's got to be different factors that come into play all the time (Participant D)

5.4 Crisis

The inextricably interwoven nature of social work intervention was made visible through the concept of crisis. A fluid movement between the elements of social work intervention including assessment, treatment, education, support and advocacy can be seen in the following accounts of practice.

their placement with the aunty was essentially a crisis placement then although I would you know started out doing an assessment with her I had to quickly move into intervention or crisis counselling with her and that was because on I think on the first or second occasion that she came to see me she'd had a verbal argument with the teenage girl and that girl had said right I'm leaving and stormed out and threatened to run away essentially so basically I had to move into a crisis mode and kind of debrief her about what had happened and but also talk with her about some strategies about managing those conflicts in the future (Participant F)

it's also about information giving ... and I certainly try to in my practice is see the assessment as make or break really it's about a family's first experience of an agency at a time when they're in crisis and just found out someone maybe that they loved and trusted has abused their child so for us it's about engagement that's first and foremost the second thing is about information giving and setting the guidelines clearly about what it would be like to come here what the rules you know that we're mandated reporters etcetera and then getting the information and really without the information

we can't you know we can't make clear clinical decisions so it is really important we get the information but if you don't do the other three then I don't think we're providing a really good service initially so that's sometimes why some of our assessments become crisis slash assessment appointments (Participant E)

Participant C's account, provided earlier (on p.142), illustrates similar issues.

5.5   Summary of Findings

Social workers in non-statutory settings understand their assessment practices with cases involving child protection concerns through reference to a diverse range of considerations. These considerations have been grouped into five themes, *context*, *relationship*, *intervention*, *content* and *self*. The themes interact and relate, not in a regular or consistent manner, but in a way that is unique to the individual assessment circumstances. The themes were not discrete, nor mutually exclusive, with data frequently fitting a number of elements from the different themes.

The first theme, *context*, was partly defined by the agency and social work role, interagency issues, stage of case career as well as a range of practical considerations.

The second theme, *relationship*, incorporated the social worker's relationship with the client(s) as well as those with other professionals (within and outside the participant's agency). These relationships were important considerations in the assessment practices described. Engagement with the client was presented as critical to a meaningful intervention, both in terms of establishing trust for gathering of information but also as a mechanism of change for the client. Power was also considered as an important aspect of the relationship between social worker and client.

Intervention was the third theme. The assessment undertaken was seen as a multifaceted intervention not only comprising of aspects normally associated with assessment (information gathering, judgement and decision making) but also

including treatment or therapy, education, support, advocacy and networking. These elements were inextricably bound into a social work intervention, with the whole intervention termed as assessment. Assessment was used as a concept to not only to describe initial intervention, but also as part of ongoing work. This included decision making (for example whether to make a report to DoCS or not), assessment of specific areas (for example treatment needs) and evaluating practice. Evaluation had a particular connection to defining the direction of intervention, as a purpose of assessment.

A broad range of considerations were identified under the fourth theme, *content*, in these assessments. While these considerations often appeared to be related to the context of the case, abuse specific considerations including consideration of risk and safety, parenting issues (particularly those that compromised good enough or optimal parenting), child development issues, attachment issues (encompassing a range of relationships between clients), loss trauma and grief as well as strengths were common to most assessments described and have been grouped as sub-themes to *content*. The considerations comprising these sub-themes of *content* related to both the information gathered and the knowledge and beliefs used to make judgements about this information.

The final theme was *self*, which included experiences, knowledge, skills, discourse and values, and professional identity and education. Experiences included both professional and personal (from the family of origin as well as experience as a parent). The five groups of considerations within this theme were neither mutually exclusive nor neatly definable.

Underlying all of the thematic groups was the idea of change, categorised as the dynamic nature of practice. The social work interventions were described as dynamic interactive processes with changes both over time and within the relationships between the agencies, the practitioner and clients.

6   Discussion and Conclusions

This final chapter covers the discussion, implications and conclusions arising from the study. The findings presented through the preceding chapters are the result of a qualitative study that was developed to explore a previously under-researched area of social work practice. The data were generated and analysed through a process consistent with constructivist discourse and constructivist grounded theory methods.

The study was developed to answer the research question: "How do non-statutory social workers understand their practice in the assessment of cases with identified child protection concerns?" In developing an answer to this question the study firstly aimed to report the considerations that these social workers identified when undertaking an assessment in cases with identified child protection concerns, and secondly to develop understanding about how these considerations interact and relate.

The study participants, social workers from health and mental health care settings, understood their assessment practices with reference to a broad range of considerations. These considerations have been grouped by theme as *context, relationship, intervention, content* and *self*. The considerations comprising the five themes interact and relate in a complex manner. These themes are interesting as they reflect the complexity of social work practice. The themes suggest that a gaze that extends beyond the client or the practitioner is necessary to understand the practice of social work assessment. The five themes are useful as a framework from which non-statutory social work child protection assessment or other social work practices can be considered reflectively.

The findings represent an account of accumulated, or perhaps more accurately aggregated wisdom, encompassing a variety of views, rather than a representation of a singular or individual account of practice. This reflects the tenets of constructivist discourse, drawn from post-modernism, that there are no universal truths, only subjective, locally and contextually based truths, within which there is scope for

difference. Thus, the findings that have been presented represent 'an' answer to the stated research question rather than 'the' answer.

6.1   Discussion

One of the major difficulties in developing an understanding of the assessment practices described by the participants was the complexity of child protection practice. I found the complexity revealed through the data to be both surprising in the detail and range of considerations, but also familiar when compared with my clinical experience.

The familiarity extends through the literature, with parallels to the findings from the literature review that organisational considerations (*context*), client or case considerations (*content*) and practitioner considerations (*self*) influence social workers' assessment practices with child protection cases.

In recent times, examples suggesting that *relationship* considerations, particularly the relationship between social worker and client, are significant in child protection practice have emerged, principally through qualitative studies, for example Holland (2000) and Woodcock (2003). MacKinnon's (1998) findings on the importance of this relationship are also significant, however she gives greater attention to the experience and account of the clients.

Considerations encompassed by the remaining theme, *intervention*, particularly the idea of assessment as an aspect of intervention do not feature with any prominence in the empirical literature. Meyer's conclusion that "our analysis of the assessment process has bordered upon analysis of the whole of social work practice" (Meyer 1993, p.128) suggest similarities from within the theoretical literature to the findings of this study. These similarities include that assessment is a concept used by social workers throughout the intervention process and secondly that social work intervention is a complex combination of a number of intervention types, which are not readily separated.

Similarly, the complex ways in which the considerations comprising the five themes interact and relate is acknowledged within the theoretical literature, but is not overtly present within the empirical literature:

> *It is my view that every statement made in an assessment report by a social worker is as least as much a statement about that particular social worker, in the wider context of her or his role and agency, as it is a statement about those who are being assessed* (Ryburn 1991, p.21).

Social work practice changes clients, social workers and agencies (Payne 1997, pp.17-20)

There are similarities in the findings from this study to those identified in DeMartini and Whitbeck's summary of Rein and White (1981):

> *practice is contextual and interpersonal, arises from solving problems of specific individuals or groups, and employs knowledge of oneself and one's own development along with knowledge of human development* (DeMartini *et al.* 1987, p.220)

Meyer (1993) has also identified similar ideas:

> *each field of practice and the organizational settings that comprise them, offer particular features to guide the content themes and pace of the assessment process. The assessment process remains at the center of professional activity, although its direction and the way problems are defined and interventions planned will vary in accordance with the service context* (Meyer 1993, p.69).

In identifying the similarities between the literature and the findings of this study, it is needs to be recognised that the literature drawn upon to inform social work practice reflects a range of discourses, of which there is no clear dominant discourse. Each of the themes through which the assessment considerations have been presented is addressed somewhere in the theoretical, practice guidance (including policy) or empirical literature. The presentation of each within the literature invariably reflects the range of discourse available to social work and child protection practice.

Similarities with the findings of this study can be identified when the two personal narrative accounts of social work practice with cases with child protection concerns identified in the literature review, (Riley 1996; Sim 2000) are examined. It should be noted that there are contextual differences in the practices described in that these accounts were under earlier NSW child protection legislation and interagency practice guidelines.

Sim (2000) presents a narrative account of a case history, within which she is explicit about her assessment practice, she reports that she was:

> *engaged in the act of assessing Sandra and her baby in their first days... I accepted the referral. I went to the hospital to meet Sandra, to assess the situation and to respond to some anxiety, albeit nebulous, on the part of the nursing staff... Something in my assessment of her at the first meeting – the vague story, the sense of chaos, the inconsistency – impelled me to acknowledge at once with Sandra the removal of her other children and to 'liaise' with DoCS* (Sim 2000, pp.26-7)

Within her account of the case, Sim identifies concerns about parental history with particular attention to significant losses, behavioural indicators of the mother's attachment to or relationship with the child (*content*), *intervention* (including advocacy, assessment and interagency liaison), interagency issues expressed as dissatisfaction with the DoCS intervention (*context*), concerns about power (*relationship*) and references to previous training, practice and personal experiences (*self*). Sim's account of her practice is remarkably similar to those of the study participants.

Although less specific about her assessment practice Riley's (1996) account of her intervention, providing support in a crisis situation, informed by systems theory, attachment theory, feminist theory, crisis theory, trauma and child at risk protocols, (Riley 1996, p.37) also has parallels to the findings of this study. These can be seen in relation to *context* (child at risk protocols) and the combination of *content* and *self* (knowledge and discourse) that the range of theories represents. Riley's struggle to

engage with and understand the child's mother suggests comparison with the themes of *relationship* and *intervention*.

There are some similarities with Scott's (1998) findings which identified that social workers in a child protection unit in a paediatric hospital considered safety (*content*), risk and the requirement to report (*content* and *context*) with physical abuse cases, and aspects of the child's development and the impact of the abuse (*content*) with sexual abuse cases. In addition to these she reports differences in *intervention* for physical and sexual abuses cases identified in the literature review. The differences in considerations for different types of abuse reflect the complex interactions between the elements of the themes *context*, *intervention* and *content*.

Differences in the practice contexts investigated as well as in the research paradigm and methodology can account for the contrasts identified with Scott's (1998) findings. The correlation between research findings and the methodology used to construct them was identified in the literature review. These issues also apply to my research.

The research presented within this thesis was conducted with an aim of eliciting and documenting social workers' accounts of their assessment practice in cases with child protection concerns. A specific stance of not judging the participants' practice against external criteria was taken. In respect of this, I have not engaged in a discussion of whether or not the practices of participants were appropriate or deficient here.

Although reference to statutory practices formed a significant part of the literature review, the similarities and differences between statutory and non-statutory social work practices in the assessment of cases with child protection concerns have not been discussed here as they were not a focus of the research.

Reflecting the lack of a dominant discourse in child protection practice generally, no dominant discourse was identified within the data. It was noted that within localised

contexts different discourses were dominant, as identified for sexual assault services in the preceding chapter.

6.2   Implications

There are a number of implications that can be drawn from this study. The study represents an articulation of practice wisdom in the form of a series of case practice accounts from experienced social work practitioners in non-statutory settings. The development of practice experience and practice wisdom involves a range of knowledge and the personal and professional experiences of relationships and intervention. It has been defined as:

> *knowledge gained from the conduct of social work practice which is formed through the process of working with a number of cases involving the same problem, or gained through work with different problems which possess dimensions of understanding which are transferable to the problem at hand* (Drury-Hudson 1997, pp.41-2).

The five themes identified represent a useful framework for the contemplation of social work practice. These understandings have been recognised within the theoretical social work literature. The work of Batten (1991) and Goddard *et al.* (1993) suggest similarities with the five themes identified by this study, although neither cover all five themes.

The findings would most usefully serve social work practitioners in non-statutory settings with their assessments in cases with child protection concerns as an aid to reflective or reflexive practice. Whereby social workers can use the considerations identified here thematically and the understandings of the ways they interact and relate as part of the process of reflection on their own practice.

Goddard *et al.* (1993) suggest a process by which practice wisdom can be tested in practice, which involves

1. *Develop a working hypothesis...*
2. *Test the hypothesis by questioning the client...*

3. Take action if the hypothesis holds...
(Goddard *et al.* 1993 p.98)

The five themes may be of sufficient abstraction that they can be used by social workers working with cases involving child protection concerns or other issues in a range of contexts. Thus, practitioners, supervisors, educators and students in other settings may find value in them as a representation of practice wisdom in a reflective process.

I am not suggesting that the findings presented here should not be questioned. Questioning these findings is invited as a seemingly sensible extension of the process through which they were developed. It is also noted that interpretation of the presented findings will continue as others read them.

It was identified in the introduction to this thesis that there was a lack of clear and specific direction within the available policies of NSW Health as to how assessments of cases involving child protection concerns should be undertaken. The findings presented here do not, nor should they, present clear direction for how assessments should be undertaken. They do however suggest that policy, as an aspect of *context*, is considered by social workers in their assessment practices. Thus it would seem that recent policy contributions from NSW Health, for example *Policy and Procedures for Identifying and Responding to Domestic Violence* (NSW Health 2003a) and *Neonatal Abstinence Syndrome Guidelines* (NSW Health 2002), which both refer to social work roles in cases with child protection concerns, are worthwhile strategy to guide social work practice.

The absence of clear guidance on assessment practice in policy should not be taken as an invitation to include rigid prescriptions of practice. The findings of this study, particularly with respect to the complexity of child protection practice and the need for workers to conduct their own assessments with different families, suggest that the inclusion of guidance advocating considered and reflective practice across the five identified themes would be of greater benefit to social workers in heath settings.

The research presented here engages principally with the question of 'what' do social workers in non-statutory settings consider when they undertake assessments with child protection cases, and how do these considerations interact and relate. The questions of 'how' the assessments are undertaken or 'why' these considerations are selected, from amongst a range of other possible questions have not been addressed. While the data generated to answer the 'what' question could be reanalysed to develop answers to other questions, it would be more appropriate for these questions to be addressed through other studies. As these questions were not identified with participants at the time of negotiating participation, it would be preferable from an ethical point of view to start developing answers to the 'how' and 'why' questions in new studies rather than reanalysing the data developed for this study. In addition, the data from my study would also lack the necessary level of detail to answer these other questions, as they were not the focus of my data collection.

There is an enormous potential for further research on this topic. The richness and complexity of the data generated in this study suggests significant promise for further exploration of particular aspects of the identified themes and the ways in which they interact and relate. Other avenues for exploring the practice understandings of social workers that were noted from the interviews could include 'child protection assessment as working with women' or 'social workers understandings of the therapeutic relationship'. I have not explored the issues of gender in the findings of this study.

The findings also suggest that future research that examines the psycho-social or *content* issues of assessment practice, without reference to the considerations covered by the other themes will be of limited value to social work practitioners and others who wish to understand social work practice.

In articulating these implications, I am mindful that the neither methods of the study nor the theoretical stance of the thesis would support broad generalisations being drawn from the findings.

6.3 Conclusions

The study reported in this thesis constitutes a response to the calls for further research into social work practice from Proctor (2002) and Fook (1996a), which were identified in the introduction. The study examined social work practice, using grounded theory methods which bridge the gap between theory and research.

In the introduction to this thesis I argued that non-statutory social work assessment practices with cases involving child protection concerns were not well understood. The research presented in this thesis develops these understandings. This study forms an initial contribution to the previously unresearched area of non-statutory social work child protection assessment practice in NSW Health settings. The study was successful in attaining substantial findings in relation to both of the identified aims. These aims were to develop understandings of the considerations that social workers in non-statutory settings identify as important in their assessment practice with children and or families with identified child protection concerns and secondly to gain insight into how these considerations interact and relate.

The study found that social workers in non-statutory settings understand their assessments in cases with child protection concerns with reference to a broad range of considerations. These considerations were grouped thematically as *context*, *relationship*, *intervention*, *content* and *self*. These considerations interact and relate in a way that is unique to the combination of factors in each individual assessment.

Further to this, the study found that assessments occur in the context of relationships with clients as well as relationships with other professionals, service providers and agencies. The tasks and focus of an assessment vary with the context in which is the assessment is undertaken and the identified purpose of that assessment. Assessments in cases with child protection concerns are unique and contextually located combining organisational, practitioner and case factors.

Social workers in non-statutory settings understand their assessment practice in cases with child protection concerns as part of an integrated intervention, as having a

number of purposes and as collaborative work with clients rather than work done on or to clients. The assessment practices described were inseparable from other aspects of social work intervention in cases with child protection concerns.

This study has added to a previously under researched area and developed a number of significant understandings about the assessment practices of social workers in non-statutory settings (health and mental health) settings with cases involving child protection concerns.

Endnotes

Chapter 1

1. NSW Health Circular 2001/123, *Protecting Children and Young People: Recognising and Reporting Suspected Risk of Harm and Responding to Requests from the Department of Community Services,* came into effect from 20-Dec-01, this circular covered most of the data collection period. It was preceded by Circular 2000/100 (NSW Health 2000b) and superseded from 12-Mar-03 (after the data collection was complete) by Circular 2003/16 (NSW Health 2003b). All three circulars have the same title.

Chapter 2

2. Authors as cited by Holland (in press). Milner *et al.* (1998) have the third author as Brehal, rather than Beihal.

3. As identified in the introduction citing Scott (1998, p.83) there are differences in language use by social workers in clinical health care settings and statutory child protection settings. Workers in statutory settings use the term treatment (as well as the term intervention) to refer to statutory action, whereas social workers in health settings use treatment to mean counselling or therapy. In this instance, treatment is used to mean counselling, therapy or other similar intervention.

4. The same study was also reported in Ayre (1998a, 1998b).

5. This study is described in more detail in Holland (in press).

6. Process knowledge is knowledge about how understanding is created. Process knowledge is defined as a complement to 'product knowledge'. Product knowledge is defined as formal knowledge which can be written down and applied to practice (Sheppard *et al.* 2000).

7. A technique developed by Ainsworth for determining mother-child attachment style.(Ainsworth, Blehar, Waters, & Wall 1978 cited by Koren-Karie *et al.* 1992).

8. Early, Gregoire, & McDonald (2001) evaluated the utility of the Achenbach Child Behavior Checklist for social work practice by testing three models of use. They concluded that using only the original internalising and externalising scores was not recommended, but the three models tested were most useful for diagnosis, screening and treatment planning and outcome assessment.

Chapter 3

9. Wenger refers to his study of insurance claims processing in the US:

    "I would say that the processor as a member of a community of practice embodies a long and diverse process of what I will call *participation*. Similarly, the claim as an artifact of certain practices embodies a long and diverse process of what I will call *reification*. It is in the convergence of these two processes in the act of processing a claim that the negotiation of meaning takes place.

    As a pair participation and reification refer to a duality fundamental to the negotiation of meaning" (Wenger 1998, p.55, italics in original).

10. Expertise is defined as expert skill or knowledge.

11. The University of Newcastle and Hunter Area Health Service usually have a combined ethics application process. Approval of individual Area Health Services was required as a condition of approval by the University HREC, which then required a separate application to the Hunter Area Health Service HREC.

12. *NSW Crimes Act* (1900) – sections 4 and 316.

13. Interviews were audio-taped, using a *Sanyo* dictaphone (TRC-3690) fitted with an *Optimus* omni-directional boundary microphone (30-3020), recorded on 60

minute Philips mini-cassettes (0007) and transcribed using a footswitch operated *Sanyo* transcriber (TRC-7600).

14. This example has been truncated from a longer passage.
    sure um I guess I have in mind what you know motor skills the language the ar um child development um what informs me in terms of a four year old you know Erikson and Piaget um and um (.) I usually have sa- I've got good books about the normal development (Q: uh-huh) for a four year old so I just go back to the normal development for a four year old (Participant A)

Chapter 4

15. Also known as Factitious Illness or Munchausen Syndrome By Proxy or by variation on these terms.

16. Calvert (1993), and others, has developed these ideas from Public Health concepts. The categories include primary (universal) prevention strategies, secondary prevention strategies targeted to identified risk groups and tertiary prevention strategies targeted where abuse has already occurred.

References

ADCOCK, M. (2001) 'The Core Assessment Process: How to Synthesise Information and Make Judgements' in Horwath, J., *The Child's World: Assessing Children in Need*, Jessica Kingsley Publishers, London, pp. 75-97.

ADCOCK, M. (2002) 'Assessment' in Wilson, K. & James, A., *The Child Protection Handbook*, Second edition, Bailliere Tindall, Edinburgh, pp. 253-271.

AGGER, B. (1991) 'Critical theory, poststructuralism, postmodernism: their sociological relevance', *Annual Review of Sociology*, vol. 17, pp. 105-131.

ALLEN-MEARES, P. & LANE, B. A. (1990) 'Social work practice: integrating qualitative and quantitative data collection techniques', *Social Work*, vol. 35, no. 5, pp. 452-458.

ALSTON, M. & BOWLES, W. (1998) *Research for Social Workers: An Introduction to Methods*, Allen & Unwin, St. Leonards, NSW.

ALTER, C. F. (1985) 'Decision-making factors in cases of child neglect', *Child Welfare*, vol. 64, no. 1, pp. 99-111.

AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN (1995) *Practice Guidelines: Psychosocial Evaluation of Suspected Psychological Maltreatment in Children and Adolescents*, APSAC.

AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN (1997) *Practice Guidelines: Psychosocial Evaluation of Suspected Sexual Abuse in Children,* Second edition, APSAC.

ARGYRIS, C. & SCHÖN, D. A. (1974) *Theory in Practice: Increasing Professional Effectiveness*, Jossey-Bass, San Francisco.

ASHTON, V. (1999) 'Worker judgements of seriousness about and reporting of suspected child maltreatment', *Child Abuse and Neglect*, vol. 23, no. 6, pp. 539-548.

ATKINS, S. & MURPHY, K. (1993) 'Reflection: a review of the literature', *Journal of Advanced Nursing*, vol. 18, no. 8, pp. 1188-1192.

AUSTRALIAN ASSOCIATION OF SOCIAL WORKERS (1994) *Australian Social Work Competency Standards for Entry Level Social Workers*, Australian Association of Social Workers Ltd, Hawker, ACT.

AUSTRALIAN ASSOCIATION OF SOCIAL WORKERS (2000) *AASW Code of Ethics* Australian Association of Social Workers, Canberra.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (1999) *Comparability of Child Protection Data* AIHW, Canberra.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2000) *Child Protection Australia 1998-99*, AIHW, Canberra.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2001) *Child Protection Australia 1999-00*, AIHW, Canberra.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2002) *Child Protection Australia 2000-01*, AIHW, Canberra.

AYRE, P. (1998a) 'Assessment of Significant Harm: Improving Professional Practice', *British Journal of Nursing*, vol. 7, no. 1, pp. 31-36.

AYRE, P. (1998b) 'Significant Harm: Making Professional Judgements', *Child Abuse Review*, vol. 7, pp. 330-342.

AYRE, P. (1998c) 'The Division of Child Protection from Child Welfare', *International Journal of Child & Family Welfare*, vol. 3, no. 2, pp. 149-168.

BANACH, M. (1998) 'The Best Interests of the Child: Decision-Making Factors', *Families in Society*, vol. 79, no. 3, pp. 331-340.

BARBER, J. G. (1991) *Beyond Casework*, Macmillian, Houndsmills.

BATTEN, R. (1991) 'Family Assessment Practice in Child Maltreatment,' in Batten, R., Weeks, W., & Wilson, J., *Issues Facing Australian Families: Human Services Respond*, Longman Cheshire, Melbourne, pp. 245-256

BELL, M. (1999) 'Working in Partnership in Child Protection: The Conflicts', *British Journal of Social Work*, vol. 29, pp. 437-455.

BENBENISHTY, R. (1992) 'An Overview of Methods to Elicit and Model Expert Clinical Judgement and Decision Making', *Social Service Review*, vol. 66, no. 4, pp. 598-616.

BENBENISHTY, R., OSMO, R., & GOLD, N. (2003) 'Rationales Provided for Risk Assessments and for Recommended Interventions in Child Protection: A Comparison between Canadian and Israeli Professionals', *British Journal of Social Work*, vol. 33, no. 2, pp. 137-155.

BISMAN, C. (1999) 'Social Work Assessment: Case Theory Construction', *Families in Society*, vol. 80, no. 3, pp. 240-246.

BRITNER, P. A. & MOSSLER, D. G. (2002) 'Professionals' Decision-Making About Out-of-home Placements Following Instances of Child Abuse', *Child Abuse and Neglect*, vol. 26, no. 4, pp. 317-332.

BRONFENBRENNER, U. (1989) 'Ecological Systems Theory', *Annals of Child Development*, vol. 6, pp. 187-249.

BUCKLEY, H. (2000) 'Child Protection: An Unreflective Practice', *Social Work Education*, vol. 19, no. 3, pp. 253-263.

BUDD, K. S. (2001) 'Assessing Parenting Competence in Child Protection Cases: A Clinical Practice Model', *Clinical Child and Family Psychology Review*, vol. 4, no. 1, pp. 1-18.

BUDD, K. S., POINDEXTER, L. M., FELIX, E. D., & NAIK-POLAN, A. T. (2001) 'Clinical Assessment of Parents in Child Protection Cases: An Empirical Analysis', *Law and Human Behavior*, vol. 25, no. 1, pp. 93-108.

BURKE, C. (1999) 'Redressing the Balance: Child Protection Intervention in the Context of Domestic Violence' in Breckenridge, J., & Laing, L., *Challenging Silence: Innovative Responses to Sexual and Domestic Violence*, Allen & Unwin, St Leonards, NSW, pp. 256-267.

BURKE, C. (2001) *Who Says I've Got a Problem* (Seminar 23-Mar-2001).

CAFFEY, J. (1946) 'Multiple Fractures in the Long Bones of Infants Suffering from Chronic Subdural Hematoma', *American Journal of Roentgenology*, vol. 56, pp. 163-173.

CALVERT, G. E. (1993) *Preventing Child Abuse: A National Strategy,* National Child Protection Council, Canberra.

CAREW, R. (1979) 'The Place of Knowledge in Social Work Activity', *British Journal of Social Work*, vol. 9, no. 3, pp. 349-364.

CASHMORE, J., DOLBY, R., & BRENNAN, D. (1994) *Systems Abuse: Problems and Solutions; A Report of the NSW Child Protection Council*, NSW Child Protection Council, Sydney.

CHARMAZ, K. (1995) 'Grounded Theory' in Smith, J.A., Harré, R. & Van Langenhove, L. *Rethinking Methods in Psychology*, Sage, London, pp. 27-49.

CHARMAZ, K. (2000) 'Grounded Theory: Objectivist and Constructivist Methods' in Denzin, N.K., & Lincoln, Y.S., *Handbook of Qualitative Research*, Second edition, Sage, Thousand Oaks, Ca., pp. 509-535.

COOPER, M. G. & LESSER, J. G. (2002) *Clinical Social Work Practice: An Integrated Approach*, Allyn and Bacon, Boston.

CORBY, B. (1993) *Child Abuse: Towards a Knowledge Base*, Open University Press, Buckingham.

CORDEN, J. & PRESTON-SHOOT, M. (1987) 'Contract or Con Trick?: A Reply to Rojek and Collins', *British Journal of Social Work* , vol. 17, no. 5, pp. 535-543.

CORDEN, J. & PRESTON-SHOOT, M. (1988) 'Contract or Con Trick?: A Postscript', *British Journal of Social Work*, vol. 18, no. 6, pp. 623-634.

COWGER, C. D. (1994) 'Assessing Client Strengths: Clinical Assessment for Client Empowerment', *Social Work*, vol. 39, no. 3, pp. 262-268.

CRAWFORD, F., DICKINSON, J., & LEITMANN, S. (2001) 'Narrative As an Educational Tool: Student's Thick Descriptions of Practicum Learning', Conference Paper AASW Conference 2001 Melbourne.

CRENSHAW, W. B., CRENSHAW, L. M., & LICHTENBERG, J. W. (1995) 'When Educators Confront Child Abuse: An Analysis of the Decision to Report', *Child Abuse and Neglect*, vol. 19, no. 9, pp. 1095-1113.

CUZZI, L. F., HOLDEN, G., GROB, G. G., & BAZER, C. (1993) 'Decision Making in Social Work: A Review', *Social Work in Health Care*, vol. 18, no. 2, pp. 1-22.

DALGLEISH, L. I. & DREW, E. C. (1989) 'The Relationship of Child Abuse Indicators to the Assessment of Perceived Risk and to the Court's Decision to Separate', *Child Abuse and Neglect*, vol. 13, pp. 491-506.

DANIEL, B. (1999) 'Beliefs in Child Care: Social Work Consensus and Lack of Consensus on Issues of Parenting and Decision-Making', *Children & Society*, vol. 13, pp. 179-191.

DANIEL, B. (2000) 'Judgements about Parenting: What do social workers think they are doing?', *Child Abuse Review*, vol. 9, no. 2, pp. 91-107.

DARTINGTON SOCIAL RESEARCH UNIT (1995) *Child Protection: Messages From Research*, HMSO, London.

DAVIDSON ARAD, B. (2001) 'Parental Features and Quality of Life in the Decision to Remove Children at Risk from Home', *Child Abuse and Neglect*, vol. 25, no. 1, pp. 47-64.

DAVIS, I. P. & REID, W. J. (1988) 'Event Analysis in Clinical Practice and Process Research', *Social Casework*, vol. 69, pp. 298-306.

DELBRIDGE, A. E. (1987) *The Macquarie Dictionary*, Second revised edition, The Macquarie Library Pty Ltd, Macquarie University NSW.

DEMARTINI, J. R. & WHITBECK, L. B. (1987) 'Sources of Knowledge for Practice', *The Journal of Applied Behavioral Science*, vol. 23, no. 2, pp. 219-231.

DEPARTMENT OF HEALTH (1988) *Protecting Children: A Guide for Social Workers Undertaking a Comprehensive Assessment*, HMSO, London.

DEPARTMENT OF HEALTH (2000) *Framework for the Assessment of Children in Need and Their Families*, The Stationary Office, London.

DEPARTMENT OF HEALTH (2002) *Safeguarding Children in Whom Illness Is Fabricated or Induced*, Department of Health Publications, London.

DICKERSIN, K., SCHERER, R., & LEFEBVRE.C. (1995) 'Identifying Relevant Studies for Systematic Reviews' in Chalmers, I. & Altman, D.G., *Systematic Reviews*, BMJ Publishing Group, London, pp. 17-36.

DOYLE, C. (1994) 'Casework' in Hanvey, C. & Philpot, T. *Practicing Social Work*, Routledge, London, pp. 146-158

DRURY-HUDSON, J. (1997) 'A Model of Professional Knowledge for Social Work Practice', *Australian Social Work*, vol. 50, no. 3, pp. 35-44.

DRURY-HUDSON, J. (1999) 'Decision Making in Child Protection: The Use of Theoretical, Empirical and Procedural Knowledge by Novices and Experts and Implications for Fieldwork Placement', *British Journal of Social Work*, vol. 29, pp. 147-169.

DUKES, R. L. & KEAN, R. B. (1989) 'An Experimental Study of Gender and Situation in the Perception and Reportage of Child Abuse', *Child Abuse and Neglect*, vol. 13, pp. 351-360

EARLY, T. J., GREGOIRE, T. K., & MCDONALD, T. P. (2001) 'An Assessment of the Utility of the Child Behavior Checklist/4-18 for Social Work Practice', *Research on Social Work Practice*, vol. 11, no. 5, pp. 597-612.

ENGLAND, H. (1986) *Social Work as Art: Making Sense for Good Practice*, Allen & Unwin, London.

FALLER, K. C. (1988) 'Decision-Making in Cases of Intrafamilial Child Sexual Abuse', *American Journal of Orthopsychiatry*, vol. 58, no. 1, pp. 121-128.

FAWCETT, B. & FEATHERSTONE, B. (2000) 'Setting the Scene: An Appraisal of Notions of Postmodernism, Postmodernity and Postmodern Feminism' in Fawcett, B., Featherstone, B., Fook, J., & Rossiter, A., *Practice and Research in Social Work: Postmodern Feminist Perspectives*, Routledge, London, pp. 5-23.

FERNANDEZ, E. (1996) *Significant Harm: Unravelling Child Protection Decisions and Substitute Care Careers of Children*, Ashgate, Aldershot.

FISHER, T. & SOMERTON, J. (2000) 'Reflection on Action: The Process of Helping Social Work Students to Develop Their Use of Theory in Practice', *Social Work Education*, vol. 19, no. 4, pp. 387-401.

FLANAGAN, J. C. (1954) 'The Critical Incident Technique', *Psychological Bulletin*, vol. 51, no. 4, pp. 327-358.

FLASKAS, C. (1994) 'Postmodernism, Constructionism and the Idea of Reality: A Contribution to the 'Ism' Discussions', *Australia and New Zealand Journal of Family Therapy*, vol. 16, no. 3, pp. 143-146

FLYVBJERG, B. (2001) *Making Social Science Matter: Why Social Inquiry Fails and How It Can Succeed Again*, Cambridge University Press, Cambridge.

FOOK, J. (1993) *Radical Casework: A Theory of Practice*, Allen & Unwin, St Leonards, NSW.

FOOK, J. (1996a) 'Preface' in Fook, J. *The Reflective Practitioner: Social Workers' Theories of Practice Research*, Allen & Unwin, St Leonards, NSW, pp. xii-xv.

FOOK, J. (1996b) 'The Reflective Researcher: Developing a Reflective Approach to Practice' in Fook, J. *The Reflective Practitioner: Social Workers' Theories of Practice Research*, Allen & Unwin, St Leonards, NSW, pp. 1-8.

FOOK, J. (1996c) *The Reflective Researcher: Social Workers' Theories of Practice Research*, Allen & Unwin, St Leonards, NSW

FOOK, J., MUNFORD, R., & SANDERS, J. (1999) 'Interviewing and Evaluating' in Shaw, I. & Lishman, J., *Evaluation and Social Work Practice*, Sage, London, pp. 164-181.

FOOK, J., RYAN, M., & HAWKINS, L. (1997) 'Towards a Theory of Social Work Expertise', *British Journal of Social Work*, vol. 27, pp. 399-417.

FOOK, J., RYAN, M., & HAWKINS, L. (2000) *Professional Expertise: Practice, Theory and Education for Working in Uncertainty*, Whiting & Birch Ltd, London.

FORD PETERS, D. (2001) 'Examining Child Sexual Abuse Evaluations: The Types of Information Affecting Expert Judgement', *Child Abuse and Neglect*, vol. 25, no. 1, pp. 149-178.

FOUCAULT, M. (1991) *Discipline and Punish: The Birth of the Prison*, Penguin, Ringwood, Victoria.

FOWLER, J. (2003) *A Practitioners' Tool for Child Protection and the Assessment of Parents*, Jessica Kingsley Publishers, London.

FRANKLIN, C. & JORDAN, C. (1995) 'Qualitative Assessment: A Methodological Review', *Families in Society*, vol. 76, no. 5, pp. 281-305

FREEDMAN, J. & COMBS, G. (1996) *Narrative Therapy: The Social Construction of Preferred Realities,* W.W. Norton & Co., New York.

GAIN, L. & YOUNG, E. (1998) *Outcome Measurement in Child Protection: International Literature Review and Critical Analysis of Child Protection and Alternative Placement Outcome Measures*, Final report for the Steering Committee for the Review of Commonwealth/State Service Provision, Productivity Commission, Canberra.

GELLES, R. J. (1975) 'The Social Construction of Child Abuse', *American Journal of Orthopsychiatry*, vol. 45, no. 3, pp. 363-371.

GILGUN, J. F. (1988) 'Decision-Making in Interdisciplinary Treatment Teams', *Child Abuse and Neglect*, vol. 12, no. 2, pp. 231-239.

GILGUN, J. F. (2000) 'Grounded Theory and Other Inductive Methods' in Thyer, B. *The Handbook of Social Work Research Methods*, Sage.

GLASER, B. & STRAUSS, A. (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research,* Aldine, Chicago.

GODDARD, C. & CAREW, R. (1993) *Responding to Children: Child Welfare Practice*, Longman Cheshire, Melbourne.

GOLD, N., BENBENISHTY, R., & OSMO, R. (2001) 'A Comparative Study of Risk Assessments and Recommended Interventions in Canada and Israel', *Child Abuse and Neglect*, vol. 25, no. 5, pp. 607-622.

GOLDSTEIN, H. (1990) 'The Knowledge Base of Social Work Practice: Theory, Wisdom, Analogue, or Art?', *Families in Society*, vol. 71, no. 1, pp. 32-43.

GOUGH, D. (1993) *Child Abuse Interventions: a Review of the Research Literature*, HMSO, London.

GRACIA, E. (1995) 'Visible but Unreported: A Case for the "Not Serious Enough" Cases of Child Maltreatment', *Child Abuse and Neglect*, vol. 19, no. 9, pp. 1083-1093.

GRAYBEAL, C. (2001) 'Strengths-Based Social Work Assessment: Transforming the Dominant Paradigm', *Families in Society*, vol. 82, no. 3, pp. 233-242.

GREENWALT, B. C., SKLARE, G., & PORTES, P. (1998) 'The Therapeutic Treatment Provided in Cases Involving Physical Child Abuse: A Description of Current Practices', *Child Abuse and Neglect*, vol. 22, no. 1, pp. 71-78.

GRIFFITH, B. A. & FRIEDEN, G. (2000) 'Facilitating Reflective Thinking in Counselor Education', *Counselor Education and Supervision*, vol. 40, no. 2, pp. 82-93.

HACKING, I. (1999) 'Kind-Making: The Case of Child Abuse' in Hacking, I., *The Social Construction of What?*, Harvard University Press, Cambridge, MA., pp. 125-162.

HALL, C. (1997) *Social Work as Narrative: Storytelling and Persuasion in Professional Texts*, Ashgate, Aldershot.

HALLETT, C. & BIRCHALL, E. (1992) *Coordination and Child Protection: a Review of the Literature*, HMSO, Edinburgh.

HAWORTH, G. O. (1991) 'My Paradigm Can Beat Your Paradigm: Some Reflections on Knowledge Conflicts', *Journal of Sociology & Social Welfare*, vol. 18, no. 4, pp. 35-50.

HEALY, K. (2000) *Social Work Practices: Contemporary Perspectives on Change*, Sage, London.

HENDERSON, P. & THOMAS, D. N. (1987) *Skills in Neighbourhood Work*, Second edition, Unwin Hyman, London.

HERBERT, M. (1997) *Assessing Children in Need and Their Parents*, ACER 1997 edition, The Australian Council for Educational Research Ltd, Camberwell.

HERMAN, J. L. (1992) *Trauma and Recovery: From Domestic Abuse to Political Terror*, Pandora, London.

HEWITT, S. K. (1999) *Assessing Allegations of Sexual Abuse in Preschool Children: Understanding Small Voices*, Sage, Thousand Oaks, CA.

HILL, M. (1990) 'The Manifest and Latent Lessons of Child Abuse Inquiries', *British Journal of Social Work*, vol. 20, pp. 197-213.

HOLLAND, S. (1999) 'Discourses of Decision Making in Child Protection: Conducting Comprehensive Assessments in Britain', *International Journal of Social Welfare*, vol. 8, pp. 277-287.

HOLLAND, S. (2000) 'The Assessment Relationship: Interactions Between Social Workers and Parents in Child Protection Assessments', *British Journal of Social Work*, vol. 30, no. 2, pp. 149-163.

HOLLAND, S. (in press) *Child and Family Assessment in Social Work Practice*, Sage, London.

HOWE, D. (1987) *An Introduction to Social Work Theory*, Wildwood House, Aldershot, Hants.

HOWE, D. (1994) 'Modernity, Postmodernity and Social Work', *British Journal of Social Work*, vol. 24, pp. 513-532.

HOWE, D., BRANDON, M., HININGS, D., & SCHOFIELD, G. (1999) *Attachment Theory, Child Maltreatment and Family Support: a Practice and Assessment Model*, Macmillian, Houndmills, Basingstoke.

HUMPHREYS, C. (1995) 'Whatever Happened on the Way to Counselling? Hurdles in the Interagency Environment', *Child Abuse and Neglect*, vol. 19, no. 7, pp. 801-809.

IFE, J. (1995) *Community Development: Creating Community Alternatives - Vision, Analysis and Practice*, Longman, Melbourne.

INGAMELLS, A. (1996) 'Constructing Frameworks From Practice: Towards a Participatory Approach' in Fook, J., *The Reflective Researcher: Social Workers' Theories of Practice Research*, Allen & Unwin, St Leonards, NSW, pp. 151-166

IWANIEC, D. (1995) *The Emotionally Abused and Neglected Child: Identification, Assessment and Intervention,* Wiley, Chichester.

IWANIEC, D., HERBERT, M., & MCNEISH, A. S. (1985) 'Social Work With Failure-to-thrive Children and Their Families: Part 1 Psychosocial Factors', *British Journal of Social Work*, vol. 15, no. 3, pp. 243-259.

IXER, G. (1999) 'There's No Such Thing as Reflection', *British Journal of Social Work*, vol. 29, pp. 513-527.

JACOBSON, M. (2001) 'Child Sexual Abuse and the Multidisciplinary Team Approach', *Childhood*, vol. 8, no. 2, pp. 231-250.

JAMROZIK, A. & SWEENEY, T. (1996) *Children and Society: The Family, the State and Social Parenthood*, Macmillian, Melbourne.

JOHNSON, M. A., BROWN, C. H., & WELLS, S. J. (2002) 'Using Classification and Regression Trees (CART) to Support Worker Decision Making', *Social Work Research*, vol. 26, no. 1, pp. 19-29.

JONES, L. (1993) 'Decision Making in Child Welfare: A Critical Review of the Literature', *Child and Adolescent Social Work Journal*, vol. 10, no. 3, pp. 241-262.

JONES, M. (1990) 'Understanding Social Work: A Matter of Interpretation?', *British Journal of Social Work*, vol. 20, pp. 181-196.

JONES, R. (1996) 'Decision Making in Child Protection', *British Journal of Social Work*, vol. 26, pp. 509-522.

JORDAN, C. & FRANKLIN, C. (1995) *Clinical Assessment for Social Workers: Quantitative and Qualitative Methods*, Lyceum, Chicago.

KATZ, M. H., HAMPTON, R. L., NEWBERGER, E. H., BOWLES, R. T., & SNYDER, J. C. (1986) 'Returning Children Home: Clinical Decision Making in Cases of Child Abuse and Neglect', *American Journal of Orthopsychiatry*, vol. 56, no. 2, pp. 253-262.

KÄHKÖNEN, P. (1999) 'The Assessment of Parenting in the Child Welfare Practice', *Children and Youth Services Review*, vol. 21, no. 7, pp. 581-603.

KELLEHEAR, A. (1993) *The Unobtrusive Researcher: A Guide to Methods*, Allen & Unwin, St Leonards, NSW.

KELLY, N. & MILNER, J. S. (1996) 'Child Protection Decision-Making', *Child Abuse Review*, vol. 5, pp. 91-102.

KEMPE, C. H., SILVERMAN, F. N., STEELE, B. F., DROEGEMUELLER, W., & SILVER, H. K. (1962) 'The Battered-child Syndrome', *Journal of the American Medical Association*, vol. 181, no. 1, pp. 17-24.

KING, G., REECE, R., BENDEL, R., & PATEL, V. (1998) 'The Effects of Sociodemographic Variables, Training, and Attitudes on the Lifetime Reporting Practices of Mandated Reporters', *Child Maltreatment*, vol. 3, no. 3, pp. 276-283.

KONECNI, V. J. & EBBESEN, E. B. (1984) 'The Mythology of Legal Decision Making', *International Journal of Law and Psychiatry* , vol. 7, no. 1, pp. 5-18.

KOREN-KARIE, N. & SAGI, A. (1992) 'Professional Decisions Made by Social Workers Regarding Infant-Mother Attachment', *Children and Youth Services Review*, vol. 14, pp. 439-459.

KVALE, S. (1996) *InterViews: An Introduction to Qualitative Research Interviewing*, Sage, Thousand Oaks.

LINDSEY, D. (1991) 'Factors Affecting The Foster Care Placement Decision: An Analysis of National Survey Data', *American Journal of Orthopsychiatry*, vol. 61, no. 2, pp. 272-281.

MACDONALD, G. (1998) 'Promoting Evidence-based Practice in Child Protection', *Clinical Child Psychology and Psychiatry*, vol. 3, no. 1, pp. 71-95.

MACKINNON, L. (1998) *Trust and Betrayal in the Treatment of Child Abuse*, The Guilford Press, New York.

MANDEL, D. R., LEHMAN, D. R., & YUILLE, J. C. (1994) 'Should This Child be Removed from Home? Hypothesis Generation and Information Seeking as Predictors of Case Directions', *Child Abuse and Neglect*, vol. 18, no. 12, pp. 1051-1062.

MARINO, R., WEINMAN, M. L., & SOUDELIER, K. (2001) 'Social Work Intervention and Failure to Thrive in Infants and Children', *Health and Social Work*, vol. 26, no. 2, pp. 90-97.

MARSHALL, D. B. & ENGLISH, D. J. (2000) 'Neural Network Modeling of Risk Assessment in Child Protective Services', *Psychological Methods*, vol. 5, no. 1, pp. 102-124.

MARSHALL, C. & ROSSMAN, G. B. (1989) *Designing Qualitative Research*, Sage, Newbury Park.

MARTIN, L. M., PETERS, C. L., & GLISSON, C. (1998) 'Factors Affecting Case Management Recommendations for Children Entering State Custody', *Social Service Review*, vol. 72, pp. 521-544.

MASON, J. & FALLOON, J. (1999) 'A Children's Perspective on Child Abuse', *Children Australia*, vol. 24, no. 3, pp. 9-13.

MATTISON, M. (2000) 'Ethical Decision Making: The Person in the Process', *Social Work*, vol. 45, no. 3, pp. 201-212.

MCDONALD, C., HARRIS, J., & WINTERSTEEN, R. (2003) 'Contingent on Context? Social Work and the State in Australia, Britain and the USA', *British Journal of Social Work*, vol. 33, no. 2, pp. 191-208.

MCDONALD, C. & JONES, A. (2000) 'Reconstructing and Re-conceptualising Social Work in the Emerging Milieu', *Australian Social Work*, vol. 53, no. 3, pp. 3-12.

MCDONALD, T. & MARKS, J. (1991) 'A Review of Risk Factors Assessed in Child Protective Services', *Social Service Review*, vol. 65, no. March, pp. 112-132.

MCVEIGH, M. J. (2000) *More Than Mechanics: Placing Family Assessments in Context*, (www.maryjomcveigh.com.au/research/more.pdf).

MELIA, K. M. (1996) 'Rediscovering Glaser', *Qualitative Health Research*, vol. 6, no. 3, pp. 368-378.

MEYER, C. H. (1993) *Assessment in Social Work Practice*, Columbia University Press, New York.

MILNER, J. S. & O'BYRNE, P. (1998) *Assessment in Social Work*, Macmillian, Houndsmills, Basingstoke.

MINICHIELLO, V., ARONI, R., TIMEWELL, E., & ALEXANDER, L. (1995) *In-Depth Interviewing*, Second edition, Longman, South Melbourne, Victoria.

MISHLER, E. G. (1991) 'Representing Discourse: The Rhetoric of Transcription', *Journal of Narrative and Life History*, vol. 1, no. 4, pp. 255-280.

MORGAN, A. (2000) 'What Is Narrative Therapy? An Easy-to-Read Introduction', *Gecko*, No. 1, 2000.

MORSE, J. M. (1995) 'The Significance of Saturation', *Qualitative Health Research*, vol. 5, no. 2, pp. 147-149.

MUNRO, E. (1996) 'Avoidable and Unavoidable Mistakes in Child Protection Work', *British Journal of Social Work*, vol. 26, pp. 793-808.

MUNRO, E. (1999) 'Common Errors of Reasoning in Child Protection Work', *Child Abuse and Neglect*, vol. 23, no. 8, pp. 745-758.

NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL (1999a) *A Guide to the Development, Implementation and Evaluation of Clinical Practice Guidelines*, Commonwealth of Australia, Canberra.

NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL (1999b) *National Statement on Ethical Conduct in Research Involving Humans,* Commonwealth of Australia, Canberra.

NATIONAL RESEARCH COUNCIL (1993) *Understanding Child Abuse and Neglect*, National Academy Press, Washington D.C.

NAYDA, R. (2002) 'Influences on Registered Nurses' Decision-Making in Cases of Suspected Child Abuse', *Child Abuse Review*, vol. 11, pp. 168-178.

NSW CHILD DEATH REVIEW TEAM (1996) *Annual Report 1995-1996*, NSW Child Death Review Team, Sydney.

NSW CHILD DEATH REVIEW TEAM (1997) *Annual Report 1996-1997*, NSW Child Death Review Team, Sydney.

NSW CHILD DEATH REVIEW TEAM (1999) *NSW Child Death Review Team 1997-1998 Report*, NSW Child Death Review Team, Sydney.

NSW CHILD DEATH REVIEW TEAM (2000a) *NSW Child Death Review Team 1999-2000 Report*, NSW Commission for Children and Young People, Sydney.

NSW CHILD DEATH REVIEW TEAM (2000b) *NSW Child Death Review Team 1998-99 Report*, NSW Child Death Review Team, Sydney.

NSW CHILD DEATH REVIEW TEAM (2001) *NSW Child Death Review Team 2000-2001 Report*, NSW Commission for Children and Young People, Sydney.

NSW CHILD PROTECTION COUNCIL (1991) *Interagency Guidelines Child Protection*, NSW Child Protection Council, Sydney, NSW.

NSW CHILD PROTECTION COUNCIL (1995) *A Review of the Literature on the Effectiveness of Child Abuse Prevention Programs*, NSW Child Protection Council, Sydney, NSW.

NSW COMMISSION FOR CHILDREN AND YOUNG PEOPLE (2000) *New South Wales Interagency Guidelines for Child Protection Intervention*, Third edition, NSW Government, Sydney.

NSW HEALTH (2000a) *NSW Health Frontline Procedures for the Protection of Children and Young People*, December 2000 edition, NSW Government, Sydney, NSW.

NSW HEALTH (2000b) *Protecting Children and Young People: Recognising and Reporting Suspected Risk of Harm and Responding to Requests From the Department of Community Services*, NSW Health Circular 2000/100.

NSW HEALTH (2001) *Protecting Children and Young People: Recognising and Reporting Suspected Risk of Harm and Responding to Requests From the Department of Community Services*, NSW Health Circular 2001/123.

NSW HEALTH (2002) *Neonatal Abstinence Syndrome Guidelines*, NSW Health Circular 2002/101

NSW HEALTH (2003a) *Policy and Procedures for Identifying and Responding to Domestic Violence,* NSW Health, Sydney.

NSW HEALTH (2003b) *Protecting Children and Young People: Recognising and Reporting Suspected Risk of Harm and Responding to Requests From the Department of Community Services,* NSW Health Circular 2003/16.

NSW HEALTH CHILD PROTECTION HEALTH SERVICES POLICY BRANCH (1997a) *Child Sexual Assault Procedure Manual,* NSW Health, Sydney.

NSW HEALTH CHILD PROTECTION HEALTH SERVICES POLICY BRANCH (1997b) *Physical Abuse, Emotional Abuse and Neglect of Children: Procedure Manual for Health Workers Providing a Secondary Response,* NSW Health, Sydney

NURIUS, P. S. & GIBSON, J. W. (1990) 'Clinical Observation, Inference, Reasoning, and Judgement in Social Work: An Update', *Social Work Research & Abstracts*, vol. 26, no. 2, pp. 18-25.

O'CONNELL, D. C. & KOWAL, S. (1995) 'Basic Principles of Transcription' in Smith, J.A., Harré, R., & Van Langenhove, L., *Rethinking Methods in Psychology*, Sage, London, pp. 93-105.

O'HAGAN, K. (1997) 'The Problem of Engaging Men in Child Protection Work', *British Journal of Social Work*, vol. 27, pp. 25-42.

O'SULLIVAN, T. (1999) *Decision Making in Social Work*, MacMillan, Houndsmills, Basingstoke, Hampshire.

OLSEN, L., ALLEN, D., & AZZI-LESSING, L. (1996) 'Assessing Risk in Families Affected by Substance Abuse', *Child Abuse and Neglect*, vol. 20, no. 9, pp. 833-842.

OSMO, R. & LANDAU, R. (2001) 'The Need for Explicit Argumentation in Ethical Decision-making in Social Work', *Social Work Education*, vol. 20, no. 4, pp. 483-492.

PADGETT, D. K. (1998) 'Does the Glove Really Fit? Qualitative Research and Clinical Social Work Practice', *Social Work*, vol. 43, no. 4, pp. 373-381.

PAPELL, C. P. & SKOLNIK, L. (1992) 'The Reflective Practitioner: A Contemporary Paradigm's Relevance for Social Work Education', *Journal of Social Work Education*, vol. 28, no. 1, pp. 18-26.

PARTON, N. (1996) 'Social Work, Risk and 'The Blaming System'' in Parton, N., *Social Theory, Social Change and Social Work*, Routledge, London, pp. 98-114.

PARTON, N. & O'BYRNE, P. (2000) *Constructive Social Work: Towards a New Practice*, Palgrave, Houndsmills, Basingstoke.

PARTON, N., THORPE, D., & WATTAM, C. (1997) *Child Protection: Risk and the Moral Order*, Macmillian Press Ltd, Houndsmills, Basingstoke, Hampshire.

PAYNE, M. (1997) *Modern Social Work Theory*, Second edition, Macmillian Press Ltd, Houndmills, Basingstoke, Hampshire.

PEASE, B. E. & FOOK, J. E. (1999) *Transforming Social Work Practice: Postmodern Critical Perspectives*, Allen & Unwin, St Leonards, NSW.

PITHOUSE, A. (1998) *Social Work: The Social Organisation of an Invisible Trade*, Second edition, Ashgate, Aldershot.

PITHOUSE, A. & ATKINSON, P. (1988) 'Telling the Case: Occupational Narrative in a Social Work Office' in Coupland, N., *Styles of Discourse*, Croom Helm, London, pp. 183-200.

POLAND, B. D. (1995) 'Transcription Quality as an Aspect of Rigor in Qualitative Research', *Qualitative Inquiry*, vol. 1, no. 3, pp. 290-310

POZATEK, E. (1994) 'The Problem of Certainty: Clinical Social Work in the Postmodern Era', *Social Work*, vol. 39, no. 4, pp. 396-403.

PRECEY, G. (1998) 'Assessment Issues in Working with Mothers Who Induce Illness in Their Children', *Child and Family Social Work*, vol. 3, no. 4, pp. 227-237.

PROCTOR, E. K. (2002) 'Decision Making in Social Work Practice', *Social Work Research*, vol. 26, no. 1, pp. 3-6.

QSR INTERNATIONAL (1996) Nud.Ist 4, QSR International, Australia.

REDER, P., DUNCAN, S., & GRAY, M. (1993) *Beyond Blame: Child Abuse Tragedies Revisited*, Routledge, London.

REDER, P. & LUCEY, C. (1995) *Assessment of Parenting: Psychiatric and Psychological Contributions*, Routledge, London.

RILEY, A. (1996) 'Murder and Social Work', *Australian Social Work*, vol. 49, no. 2, pp. 37-43.

RODWELL, M. K. (1987) 'Naturalistic Inquiry: An Alternative Model for Social Work Assessment', *Social Service Review,* June 1987, pp. 231-246.

ROJEK, C. & COLLINS, S. (1987) 'Contract or con trick?', *British Journal of Social Work*, vol. 17, no. 2, pp. 199-211.

ROJEK, C. & COLLINS, S. (1988) 'Contract or Con Trick Revisited: Comments on the Reply by Corden and Preston-Shoot', *British Journal of Social Work*, vol. 18, no. 6, pp. 611-622.

ROSEN, A., PROCTOR, E. K., MORROW-HOWELL, N., & STAUDT, M. M. (1995) 'Rationales for Practice Decisions: Variations in Knowledge Use by Decision Task and Social Work Service', *Research on Social Work Practice*, vol. 5, no. 4, pp. 501-523.

ROSEN, H. (1981) 'How Workers use Cues to Determine Child Abuse', *Social Work Research & Abstracts*, vol. 17, no. 4, pp. 27-33.

ROSSI, P. H., SCHUERMAN, J., & BUDDE, S. (1999) 'Understanding Decisions about Child Maltreatment', *Evaluation Review*, vol. 23, no. 6, pp. 579-598.

RYBURN, M. (1991) 'The Myth of Assessment', *Adoption & Fostering*, vol. 15, no. 1, pp. 20-27.

SANDELOWSKI, M. (1995) 'Sample Size in Qualitative Research', *Research in Nursing & Health*, vol. 18, pp. 179-183.

SATTLER, J. M. (1992) *Assessment of Children*, Third revised and updated edition, Jerome M. Sattler Publisher, San Diego.

SCHÖN, D. A. (1991) *The Reflective Practitioner: How Professional Think in Action*, Ashgate Arena, Aldershot.

SCHUERMAN, J., ROSSI, P. H., & BUDDE, S. (1999) 'Decisions on Placement and Family Preservation', *Evaluation Review*, vol. 23, no. 6, pp. 599-618.

SCOTT, D. A. (1990) 'Practice Wisdom: The Neglected Source of Practice Research', *Social Work*, vol. 35, no. 6, pp. 564-568.

SCOTT, D. A. (1993) 'Inter-agency Collaboration: Why is it so Difficult? Can we do it Better?', *Children Australia*, vol. 18, no. 4, pp. 4-9.

SCOTT, D. A. (1996) 'Parental Experiences in Cases of Child Sexual Abuse: A Qualitative Study', *Child and Family Social Work*, vol. 1, pp. 107-114.

SCOTT, D. A. (1997) 'Inter-agency Conflict: An Ethnographic Study', *Child and Family Social Work*, vol. 2, pp. 73-80.

SCOTT, D. A. (1998) 'A Qualitative Study of Social Work Assessment in Cases of Alleged Child Abuse', *British Journal of Social Work*, vol. 28, pp. 73-88.

SCOURFIELD, J. B. (2001a) 'Constructing Men in Child Protection Work', *Men and Masculinities*, vol. 4, no. 1, pp. 70-89.

SCOURFIELD, J. B. (2001b) 'Constructing Women in Child Protection Work', *Child and Family Social Work*, vol. 6, no. 1, pp. 77-87.

SHAPIRA, M. & BENBENISHTY, R. (1993) 'Modeling Judgements and Decisions in Cases of Alleged Child Abuse and Neglect', *Social Work Research & Abstracts*, vol. 29, no. 2, pp. 14-19.

SHEPARD, M. & RASCHICK, M. (1999) 'How Child Welfare Workers Assess and Intervene Around Issues of Domestic Violence', *Child Maltreatment*, vol. 4, no. 2, pp. 148-156.

SHEPPARD, M. (1995) 'Social Work, Social Science and Practice Wisdom', *British Journal of Social Work*, vol. 25, pp. 265-293.

SHEPPARD, M., NEWSTEAD, S., DI CACCAVO, A., & RYAN, K. (2000) 'Reflexivity and the Development of Process Knowledge in Social Work: A Classification and Empirical Study', *British Journal of Social Work*, vol. 30, no. 4, pp. 465-488.

SHEPPARD, M., NEWSTEAD, S., DI CACCAVO, A., & RYAN, K. (2001) 'Comparative Hypothesis Assessment and Quasi Triangulation as Process Knowledge Assessment Strategies in Social Work Practice', *British Journal of Social Work*, vol. 31, no. 6, pp. 863-885.

SHEPPARD, M. & RYAN, K. (2003) 'Practitioners as Rule Using Analysts: A Further Development of Process Knowledge in Social Work', *British Journal of Social Work*, vol. 33, no. 2, pp. 157-176.

SIM, S. (2000) 'They Took My Baby' in Napier, L., & Fook, J., *Breakthroughs in Practice: Theorising Critical Moments in Social Work*, Whiting & Birch, London, pp. 16-37.

SMITH, J. A. (1995) 'Semi-Structured Interviewing and Qualitative Analysis' in Smith, J.A., Harré, R., & Van Langenhove, L., *Rethinking Methods in Psychology*, Sage, London, pp. 9-26.

SMITH, P. R. (1998) 'How Do We Understand Practice? A Qualitative Approach', *Families in Society*, vol. 79, no. 5, pp. 543-550.

SNYDER, J. C. & NEWBERGER, E. H. (1986) 'Consensus and Difference Among Hospital Professionals in Evaluating Child Maltreatment', *Violence and Victims*, vol. 1, no. 2, pp. 125-139.

SPRATT, T. (2000) 'Decision Making by Senior Social Workers at Point of First Referral', *British Journal of Social Work*, vol. 30, pp. 597-618.

SPRATT, T. (2001) 'The Influence of Child Protection Orientation on Child Welfare Practice', *British Journal of Social Work*, vol. 31, no. 6, pp. 933-954.

STANLEY, J. & GODDARD, C. (2002) *In the Firing Line: Violence and Power in Child Protection Work*, Wiley, Chichester.

STARR, R. H. J. (1987) 'Clinical Judgment of Abuse-Proneness Based on Parent-Child Interactions', *Child Abuse and Neglect*, vol. 11, pp. 87-92.

STEINHAUER, P. (1983) 'Assessing for Parenting Capacity', *American Journal of Orthopsychiatry*, vol. 53, no. 3, pp. 468-481.

STITT-GOHDES, W. L., LAMBRECHT, J. J., & REDMAN, D. H. (2000) 'The Critical-incident Technique in Job Behaviour Research', *The Journal of Vocational Education Research*, vol. 25, no. 1, pp. 63-89.

STRAUSS, A. & CORBIN, J. (1998) *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*, Second edition, Sage, Thousand Oaks, CA.

TAYLOR, B. J. (2000) *Reflective Practice: A Guide for Nurses and Midwives*, Allen & Unwin, St Leonards, NSW.

TAYLOR, C. & WHITE, S. (2000) *Practicing Reflexivity in Health and Welfare: Making Knowledge*, Open University Press, Buckingham.

THOMPSON, N. (1995) *Theory and Practice in Health and Social Welfare*, Open University Press, Buckingham

THORPE, D. (1994) *Evaluating Child Protection*, Open University Press, Buckingham.

TILDEN, V. P., SCHMIDT, T. A., LIMANDRI, B. J., CHIODO, G. T., GARLAND, M. J., & LOVELESS, P. A. (1993) 'Factors That Influence Clinician's Assessment and Management of Family Violence', *American Journal of Public Health*, vol. 84, no. 4, pp. 628-633.

TITE, R. (1993) 'How Teachers Define and Respond to Child Abuse: The Distinction Between Theoretical and Reportable Cases', *Child Abuse and Neglect*, vol. 17, no. 591, p. 603.

TITTLE, G., POERTNER, J., & HARRIS, G. (2000) *Factors That Predict the Decision to Place a Child*, Children and Family Research Center, School of Social Work, University of Illinois at Urbana Champaign, Urbana-Champaign, Illinois.

TOMISON, A. M. (1994a) *An Evaluation of Child Abuse Decision Making in the Barwon Region: a Report for the Victorian Health Promotion Foundation*, Volume 1, Dept. of Social Work and Human Services, Monash University, Clayton, Victoria.

TOMISON, A. M. (1994b) *An Evaluation of Child Abuse Decision Making in the Barwon Region: a Report for the Victorian Health Promotion Foundation*, Volume 2, Dept. of Social Work and Human Services, Monash University, Clayton, Victoria.

TROTTER, C. (1999) *Working With Involuntary Clients*, Allen & Unwin, St. Leonards, NSW.

TURNELL, A. & EDWARDS, S. (1999) *Signs of Safety*, W.W. Norton & Company, New York.

TWELVETREES, A. (1991) *Community Work*, Second edition, MacMillian, Houndsmills, Basingstoke.

VAN KRIEKEN, R. (1991) *Children and the State: Social Control and the Formation of the Australian Welfare State*, Allen & Unwin, North Sydney.

WALDEN, T., WOLOCK, I., & DEMONE, H. W. JR. (1990) 'Ethical Decision Making in Human Services: A Comparative Study', *Families in Society*, vol. 71, no. 2, pp. 67-75.

WARNER, J. E. & HANSEN, D. J. (1994) 'The Identification and Reporting of Physical Abuse by Physicians: A Review and Implications for Research', *Child Abuse and Neglect*, vol. 18, no. 1, pp. 11-25.

WAUGH, F. (2000) 'Initial Assessment: A Key Stage in Social Work Intervention', *Australian Social Work*, vol. 53, no. 1, pp. 57-63.

WAUGH, F. & BONNER, M. (2002) 'Domestic Violence and Child Protection: Issues in Safety Planning', *Child Abuse Review*, vol. 11, pp. 282-295.

WENGER, E. (1998) *Communities of Practice: Learning, Meaning and Identity*, Cambridge University Press, Cambridge.

WEST, C. (1995) 'Ethnography and Orthography: A (Modest) Methodological Proposal', *Journal of Contemporary Ethnography*, vol. 25, no. 3, pp. 327-352.

WHITE, M. & EPSTON, D. (1990) *Narrative Means to Therapeutic Ends,* Norton, New York.

WHITE, S. (1997) 'Too Good to be Forgotten? Hospital Social Work with Children and Families: A Coda to McLeod', *Social Work and Social Sciences Review*, vol. 6, no. 3, pp. 198-205.

WOLOCK, I. (1982) 'Community Characteristics and Staff Judgments in Child Abuse and Neglect Cases', *Social Work Research & Abstracts*, vol. 18, no. 2, pp. 9-15.

WOOD, C. (1997) 'To Know or Not to Know: A Critique of Postmodernism in Social Work Practice', *Australian Social Work*, vol. 50, no. 3, pp. 21-27.

WOOD, J. R. T. (1997) *Royal Commission into The New South Wales Police Service*, The Government of the State of New South Wales, Sydney.

WOODCOCK, J. (2003) 'The Social Work Assessment of Parenting: An Exploration', *British Journal of Social Work*, vol. 33, no. 1, pp. 87-106.

ZEIRA, A. & ROSEN, A. (2000) 'Unravelling "Tacit Knowledge": What Social Workers do and Why They do It', *Social Service Review*, vol. 74, no. March, pp. 103-123.

ZELLMAN, G. L. (1992) 'The Impact of Case Characteristics on Child Abuse Reporting Decisions', *Child Abuse and Neglect*, vol. 16, no. 1, pp. 57-74.

ZUBRZYCKI, J. (1999) 'The influence of the personal on the professional: A preliminary investigation of work and family issues for social workers', *Australian Social Work*, vol. 52, no. 4, pp. 11-16.

Legislation

Children and Young Persons (Care and Protection) Act 1998 (NSW)

Children (Care and Protection) Act 1987 (NSW)

Crimes Act 1901 (NSW)

Appendix 1: *Defining 'Risk of Harm'*

Children and Young Persons (Care and Protection) Act 1998 (NSW)

Part 3

Section 23 Child or young person at risk of harm

For the purposes of this Part and Part 3, a child or young person is "at risk of harm" if current concerns exist for the safety, welfare or well-being of the child or young person because of the presence of any one or more of the following circumstances:

   (a) the child's or young person's basic physical or psychological needs are not being met or are at risk of not being met,

   (b) the parents or other caregivers have not arranged and are unable or unwilling to arrange for the child or young person to receive necessary medical care,

   (c) the child or young person has been, or is at risk of being, physically or sexually abused or ill-treated,

   (d) the child or young person is living in a household where there have been incidents of domestic violence and, as a consequence, the child or young person is at risk of serious physical or psychological harm,

   (e) a parent or other caregiver has behaved in such a way towards the child or young person that the child or young person has suffered or is at risk of suffering serious psychological harm.

   Note: Physical or sexual abuse may include an assault and can exist despite the fact that consent has been given.

Appendix 2: *Literature Search Strategy*

The literature search comprised three components:

- Review of Key Documents
- Electronic Database Search
- Manual Journal Search

These are described below. This strategy was used to initially identify relevant literature, which then cited other references.

Key Documents

The following documents were reviewed. These documents were selected as being significant internationally or locally to child protection research or practice.

- *Research summaries:* (Dartington Social Research Unit 1995; National Research Council 1993)

- *Research reports:* (Cashmore, Dolby, & Brennan 1994; Gain & Young 1998) Australian Institute of Health and Welfare Child Protection Reports (Australian Institute of Health and Welfare 1999, 2000, 2001, 2002)

- *Literature reviews:* (Gough 1993; Hallett & Birchall 1992; and NSW Child Protection Council 1995) and those from the National Child Protection Clearing House publication *Child Abuse Prevention*.

- *Inquiry reports:* NSW Child Death Review Team Reports (NSW Child Death Review Team 1996, 1997, 1999, 2000a, 2000b, 2001)and the NSW Police Royal Commission (Wood, J.R.T. 1997) and

- *Practice manuals and guidance:* (NSW Commission for Children and Young People 2000), NSW Health Publications (NSW Health 2000a, 2001, 2002, 2003a, 2003b; NSW Health Child Protection Health Services Policy Branch 1997a, 1997b), and UK Policy documents (Department of Health 1988, 2000)

Electronic Database Search

The following databases were searched covering a period of 10 calender years (Jan-1993-Dec-2002). Where this was not possible, it is indicated below. The databases were selected for relevance to social work or child protection practice.

- Austrom (Australian Social Science Database) databases searched AIFS Family (1993 to Aug 2002), Health and Society (1993 to May 2002), and APAIS (1993 to Aug-2002)
- Cinahl (Allied Health/Nursing)
- Medline (Medical)
- NISC Biblioline Child Abuse, Child Welfare and Adoption (Jan 1993 to Aug 2002)
- Social Work Abstracts
- Sociofile (Sociology)

A search strategy was constructed for each database, using wildcard settings (* or database equivalent) to give a broad range of permutations to the following terms:

{Child*} AND

{Abuse OR Neglect OR Maltreat* OR Violen* OR Protect*} AND

{Asses* OR Judg* OR Evalu* OR Deci*} AND

{Social AND Work*} AND

Where further limits were required in the specialist social work and child protection databases the following additional terms were used.

{Health OR Hospital} OR {Inter AND Agenc*} OR {Practice}

agenc* - agency, agencies

asses* - assessing, assessment

deci* - decision-making, deciding, decision

evalu* - evaluation, evaluating

judg* - judgment/judgement, judging

maltreat* - maltreatment, maltreated

protect* - protection, protective, protect, protected

violen* - violence, violent (incorporates domestic and family violence)

work* - work, worker

Searches were run as textwords and/or mapped to keywords where applicable, as best accommodated by the database keyword structure.

Manual Journal Search

A hand search involving review of title and abstract was undertaken of the following journals covering the last five calender years (Jan-1998 to Dec-2002). The journals were selected as significant Australian or international social work or child protection journals.

Australian Social Work

British Journal of Social Work

Families in Society

Child Abuse and Neglect

Child Abuse Prevention

Child Abuse Review

Child and Family Social Work

Child Maltreatment

Child Welfare

Children and Youth Services Review

Children Australia (only Jan-2000 to Dec-2002 available)

Family Matters

Health and Social Work

Social Service Review

Social Work

Social Work in Health Care

Social Work Research

Appendix 3.1: *Recruitment Letter*

Department of Social Work
Faculty of Arts and Social Sciences
University of Newcastle
University Drive
Callaghan NSW 2308
Australia

Tel: 02 4921 5492
Fax: 02 4921 6995

(date)

Dear (Director of Social Work Services/ Head Social Worker/ AASW Committee Chair)

Participants Sought for a Research Study
Social workers' reflections on their assessments in child protection cases

Investigators*:*
M.S.W Candidate -   Mr. Mark Palmer (02 9845 2479 during normal business hours)
Project Supervisor -   Dr. Deborah Plath (University of Newcastle, 02 4921 5765 Tue & Thur b.h.)

I am currently undertaking research as part of a Master of Social Work degree at the University of Newcastle. Debbie Plath, Lecturer in the Department of Social Work, is the supervisor for my thesis and this project. I am also currently employed by the Child Protection Unit at The Children's Hospital at Westmead.

Recent research into assessment and/ or decision-making by social workers in child protection practice has focussed on workers in statutory roles. This study proposes to involve social workers in non-statutory health care roles and examine their views on the assessments they undertake with children and/or their families, where child protection concerns have been identified. The study aims to:
• Describe the factors social workers identify as significant when undertaking such an assessment.
• Gain insight into how social workers understand the relationships between these factors.

Social Workers meeting the following criteria are sought to participate in this study.
• Currently working in a NSW Health Department service, where the client or patient group includes children and/or families.
• Eligible for membership of the Australian Association of Social Workers (AASW).
• Has more than 5 years post-graduate practice experience, in a setting or settings working with children or families.
• Has direct case work involvement where a recent report of "risk of harm" has been made to the Department of Community Services (DoCS) in relation to a child.
• See themselves as having undertaken an assessment aside from the decision to report to DoCS. The assessment does not have to be directly related to, or in response to, the concerns about risk of harm for the child.

The research process utilises a semi-structured in-depth interview of approximately 1 to 1.5 hours duration, which will be audio-taped and transcribed. The participant will have the right to review, edit or erase the tape recording of their interview. Interviews will take place at a location convenient to the participant.

We hope that this study will be of benefit to both social workers and social work educators in furthering the understanding of social work assessment practice, particularly allowing for clearer understanding and articulation of what is recognised and termed as 'tacit knowledge' or 'practice wisdom.'

This research will be written up as a Masters thesis. A mid-point progress report and a final summary report will also be produced. All three documents will be available for review by participants and other interested parties.

Participation in this study is totally voluntary and confidential. Participants are free to withdraw from the study at any time without prejudice.

If you or members of your staff would like further information about this study or about being involved in this study please contact Mark Palmer on (02) 9845 2479 during normal business hours or Debbie Plath on (02) 4921 5765 on Tuesdays or Thursdays during business hours.

Please forward copies of this letter to staff or colleagues you think who may be interested.

Your assistance is greatly appreciated.

Yours faithfully,

Mark Palmer   Debbie Plath
Researcher   Project Supervisor
(M.S.W. Candidate)

Complaints:
The University requires that all participants are informed that if they have any concern or complaint about the manner in which this research project is conducted please do not hesitate to discuss with the researchers, Mark Palmer or Debbie Plath, or if an independent person is preferred to either:
- The University's Human Research Ethics Officer, Research Branch, The Chancellery, University of Newcastle, Callaghan NSW 2308, telephone: 02 4921 6333 or,
- Anne O'Neill, (telephone (02) 9845 1316), Secretary of the Royal Alexandra Hospital for Children's Ethics Committee, which has approved this project.

Appendix 3.2a: *Participant Information Sheet*

Department of Social Work
Faculty of Arts and Social Sciences
University of Newcastle
University Drive
Callaghan NSW 2308
Australia

Tel: 02 4921 5492
Fax: 02 4921 6995

Participant Information Sheet
Social workers' reflections on their assessments in child protection cases

Investigators:
M.S.W Candidate -   *Mr. Mark Palmer (02 9845 2479 during normal business hours)*
Project Supervisor -   *Dr. Deborah Plath (University of Newcastle, 02 4921 5765 Tue & Thur b.h.)*

Thank you for interest and consideration towards participation in this research.

Mark Palmer is undertaking this research as part of his studies towards a Master of Social Work degree through the University of Newcastle (NSW). Debbie Plath, Lecturer in the Department of Social Work is the project supervisor for this research. Mark Palmer is employed as a social worker with the Child Protection Unit, at The Children's Hospital at Westmead.

The research examines the views of social workers about the assessments they undertake with children or families where child protection concerns have been identified. The research aims to:
• Describe the factors social workers identify as significant when undertaking such an assessment.
• Gain insight into how social workers understand the relationships between these factors.
It is hoped that increased understanding of these things may improve social workers practice in such assessments and this may lead to improved outcomes for children and families.

If you decide to participate, it would involve a 1 to 1.5 hour in-depth interview. Mark Palmer will conduct the interviews, which will be audio-taped. Mark will also transcribe the tapes. Interviews will take place at a location convenient to you. The interview will elicit the participant's reflections on their assessment practice in a recent case. Non-identifying information relating to the participant's practice role and practice experience; agency description and role; and their general views of assessment and social work practice will also be sought. No identifying details in relation to the participant or the case will be sought. Participants will be able to review, edit or erase the recording of their interview. Participants will also be able to review the transcript of their interview. This research does not focus on judging participant's practice from an external perspective or pre-selected criteria, but rather focuses on engaging with participants in reflection, to understand their practice from their experience and perspective.

Reflective analysis can be both a liberating and threatening experience. There is a slight possibility of some temporary emotional or psychological discomfort for participants during the interview. Participant comfort will be monitored during and at the conclusion of the interview, both through observation and verbal means. It is envisaged however that participants may experience the interview as a positive experience, with professional development benefits. Physical harm is not anticipated for participants.

Information relating to participants will be treated confidentially. Participants will be reminded not to provide information that may identify themselves or others in the interview. There are some limits to confidentiality in this research, they relate to legal and/or professional requirements on the researcher(s) if they have:
• reasonable grounds to suspect that a child is at risk of harm being at risk of harm

- information which might assist police in apprehension an offender who has committed an indictable offence that is punishable by imprisonment for 5 years or more, or
- concerns relating to serious ethical or professional misconduct

then participant confidentiality may be broken.

Participants will be reminded of these limits to confidentiality before the start of the interview. Participants meeting the recruitment criteria for this research, as social workers in a NSW Health service, would also be bound by these requirements in their normal practice.

Data or materials obtained from the research (computer files, audio-tapes, consent forms, and transcripts) will be stored appropriately in either a locked filing cabinet or password protected personal computer. Only members of the research team will have access to these materials. They will be destroyed (shredded or erased) at the end of five years. The audio-tape can be provided to you at the end of this period if so desired.
Details of participants will be numerically coded and not be directly linked to interview data.

The results of this research will be written up in a Masters thesis. Progress and final summary reports will also be written. Participants and other interested parties will be able to view these documents. This research may also be published at a later date.

Participation in this research is voluntary and on the basis of written informed consent. Participants will be asked to sign a consent form and publication release prior to the commencement of the interview. Consenting to participate in the research does not oblige you to sign the publication release. Participants have the option to withdraw from the research at any stage, including terminating the interview whilst in progress, without providing reasons and without prejudice.

Participants, potential participants or interested parties can contact the research team with questions at any stage. Contact details for the research team are on the front page of this information sheet.

Mark Palmer   Debbie Plath
Researcher   Project Supervisor
(M.S.W. Candidate)

Complaints:
The University requires that all participants are informed that if they have any concern or complaint about the manner in which this research project is conducted please do not hesitate to discuss with the researchers, Mark Palmer or Debbie Plath, or if an independent person is preferred to either:
- The University's Human Research Ethics Officer, Research Branch, The Chancellery, University of Newcastle, Callaghan NSW 2308, telephone: 02 4921 6333 or,
- Anne O'Neill, (telephone (02) 9845 1316), Secretary of the Royal Alexandra Hospital for Children's Ethics Committee, which has approved this project.

Appendix 3.2b: *Participant Information Sheet (HAHS)*

Department of Social Work
Faculty of Arts and Social Sciences
University of Newcastle
University Drive
Callaghan NSW 2308
Australia

Tel: 02 4921 5492
Fax: 02 4921 6995

Participant Information Sheet
Social workers' reflections on their assessments in child protection cases

Investigators:
M.S.W Candidate -   *Mr. Mark Palmer (02 9845 2479 during normal business hours)*
Project Supervisor -   *Dr. Deborah Plath (University of Newcastle, 02 4921 5765 Tue & Thur b.h.)*

Thank you for interest in and consideration of participating in this research.

Mark Palmer is undertaking this research as part of his studies towards a Master of Social Work degree through the University of Newcastle (NSW). Dr. Debbie Plath, Lecturer in the Department of Social Work, is the project supervisor for this research. Mark Palmer is employed as a social worker with the Child Protection Unit, at The Children's Hospital at Westmead.

Research Aims
The research examines the views of social workers about their assessments with children or families where child protection concerns have been identified. The research aims to:
- Describe the factors social workers identify as significant when undertaking such an assessment.
- Gain insight into how social workers understand the relationships between these factors.

It is hoped that increased understanding of these things may improve social work practice in such assessments and that this may lead to improved outcomes for children and families.

Research Methods
If you decide to participate, it would involve an audio-taped interview with researcher, Mark Palmer of between 1 and 1½ hours. Mark will also transcribe the tapes. The interview will take place at a location convenient to you.

The interview will elicit your reflections on your assessment with a recent case. Non-identifying information relating to your practice role and practice experience; agency description and role; and general views of assessment and social work practice will also be sought. No identifying details in relation to you or the case will be sought.

You will be able to review, edit or erase the recording of your interview. You will also be able to review the transcript of your interview. This research does not focus on judging your practice from an external perspective or pre-selected criteria, but rather focuses on engaging with you in reflection, to understand your practice from your experience and perspective.

Reflective analysis can be both a liberating and threatening experience. There is a slight possibility that you may experience some temporary emotional or psychological discomfort during the interview. Your comfort will be monitored during and at the conclusion of the interview, both verbally and through observation. It is also envisaged that you may experience the interview as a positive experience, with professional development benefits. We do not anticipate that you will come to any physical harm as a consequence of participation.

Confidentiality

Information relating to you will be treated confidentially. You will be reminded not to provide information that may identify yourself or others during the interview. There are some limits to confidentiality in this research. These relate to legal and/or professional requirements on the researcher(s). They include if the researcher has:

- reasonable grounds to suspect that a child is at risk of harm being at risk of harm
- information which might assist police in apprehension an offender who has committed an indictable offence that is punishable by imprisonment for 5 years or more, or
- concerns relating to serious ethical or professional misconduct

If one of these situations arises then confidentiality may be broken.

You will be reminded of these limits to confidentiality before the start of the interview. If you meet the recruitment criteria for this research, as a social worker in a NSW Health service, you would also be bound by these requirements in your normal practice.

Data Storage, Reporting and Publication

Data or materials obtained from the research (computer files, audio-tapes, consent forms, and transcripts) will be stored appropriately in either a locked filing cabinet or password protected personal computer. Only members of the research team will have access to these materials. They will be destroyed (shredded or erased) at the end of five years. The audio-tape can be provided to you at the end of this period if so desired. Participant details will be numerically coded and not be directly linked to interview data.

The results of this research will be written up in a Masters thesis. Progress and final summary reports will also be written. Participants and other interested parties will be able to view these documents. This research may also be published at a later date.

Voluntary Participation

Your participation in this research is voluntary and on the basis of informed written consent. You will be asked to sign a consent form and publication release prior to the commencement of the interview. Consenting to participate in the research does not oblige you to sign the publication release. You have the option to withdraw from the research at any stage, including terminating the interview whilst in progress, without providing reasons and without prejudice.

Participants, potential participants or interested parties can contact the research team with questions at any stage. Contact details for the research team are on the front page of this information sheet.

Mark Palmer   Debbie Plath
Researcher   Project Supervisor
(M.S.W. Candidate)

Complaints:

The University requires that all participants are informed that if they have any concern or complaint about the manner in which this research project is conducted please do not hesitate to discuss with the researchers, Mark Palmer or Debbie Plath, or if an independent person is preferred to either:

- The University's Human Research Ethics Officer, Research Branch, The Chancellery, University of Newcastle, Callaghan NSW 2308, telephone: 02 4921 6333 or,
- Anne O'Neill, (telephone (02) 9845 1316), Secretary of the Royal Alexandra Hospital for Children's Ethics Committee, which has approved this project.

Appendix 3.3: *Participant Criteria*

Department of Social Work
Faculty of Arts and Social Sciences
University of Newcastle
University Drive
Callaghan NSW 2308
Australia

Tel: 02 4921 5492
Fax: 02 4921 6995

Participant Criteria

Social workers' reflections on their assessments in child protection cases

Investigators*:*
M.S.W Candidate -   *Mr. Mark Palmer (02 9845 2479 during normal business hours)*
Project Supervisor -   *Dr. Deborah Plath (University of Newcastle, 02 4921 5765 Tue & Thur b.h.)*

Experienced social workers meeting the following criteria will be recruited to participate in this study. Participants will:
° Be currently working in a NSW Health Department service, where the client or patient group includes children and/or families.
° Be eligible for membership of the Australian Association of Social Workers (AASW). (This is the professional requirement for most social work positions.)
° Have more than 5 years post-graduate practice experience, in a setting(s) working with children or families.
° Have direct case work involvement where a recent report of "risk of harm" in relation to a child has been made to the Department of Community Services (DoCS).
° See themselves as having undertaken an assessment aside from the decision to report to DoCS. The assessment does not have to be directly related to, or in response to, the concerns about risk of harm for the child.

This group has been selected as having enough practice experience to have developed a robust professional identity and as having enough expertise to provide data with depth and complexity.

Mark Palmer, who will conduct and transcribe participant interviews for this research is currently employed as a social worker in the Child Protection Unit at The Children's Hospital at Westmead. Due to the possibility of frequent contact with the interviewer in a working relationship outside of this study, social workers employed by the following Area Health Services (or equivalents) **will be excluded** from participating in this study:
° The Children's Hospital at Westmead
° Western Sydney Area Health Service
° Wentworth Area Health Service

Complaints:
The University requires that all participants are informed that if they have any concern or complaint about the manner in which this research project is conducted please do not hesitate to discuss with the researchers, Mark Palmer or Debbie Plath, or if an independent person is preferred to either:
• The University's Human Research Ethics Officer, Research Branch, The Chancellery, University of Newcastle, Callaghan NSW 2308, telephone: 02 4921 6333 or,
• Anne O'Neill, (telephone (02) 9845 1316), Secretary of the Royal Alexandra Hospital for Children's Ethics Committee, which has approved this project.

Appendix 3.4: *Participant Consent Form*

Department of Social Work
Faculty of Arts and Social Sciences
University of Newcastle
University Drive
Callaghan NSW 2308
Australia

Tel: 02 4921 5492
Fax: 02 4921 6995

Participant Consent Form

Social workers' reflections on their assessments in child protection cases

Investigators:
M.S.W Candidate -   *Mr. Mark Palmer (02 9845 2479 during normal business hours)*
Project Supervisor -   *Dr. Deborah Plath (University of Newcastle, 02 4921 5765 Tue & Thur b.h.)*

I, _____(print name)

Have been provided with, read, understood and retained the *Participant Information Sheet*, for the research study named above.

I understand that this research project will be carried out in accordance with the processes described in the *Participant Information Sheet*.

I have had the opportunity to ask questions about the study and have been provided with satisfactory answers.

I understand that I can withdraw from participation at any stage, without providing reasons and without prejudice.

I freely consent to participate in the above named research study.

_____(signature)_____(date)

Complaints:
The University requires that all participants are informed that if they have any concern or complaint about the manner in which this research project is conducted please do not hesitate to discuss with the researchers, Mark Palmer or Debbie Plath, or if an independent person is preferred to either:
- The University's Human Research Ethics Officer, Research Branch, The Chancellery, University of Newcastle, Callaghan NSW 2308, telephone: 02 4921 6333 or,
- Anne O'Neill, (telephone (02) 9845 1316), Secretary of the Royal Alexandra Hospital for Children's Ethics Committee, which has approved this project.

Appendix 3.5: *Publication Release Form*

Department of Social Work
Faculty of Arts and Social Sciences
University of Newcastle
University Drive
Callaghan NSW 2308
Australia

Tel: 02 4921 5492
Fax: 02 4921 6995

Publication or Production Release Form
Social workers' reflections on their assessments in child protection cases

Investigators*:*
M.S.W Candidate -   *Mr. Mark Palmer (02 9845 2479 during normal business hours)*
Project Supervisor -   *Dr. Deborah Plath (University of Newcastle, 02 4921 5765 Tue & Thur b.h.)*

I, _____(print name)

Have provided written consent to participate in the above named research study, which involves an audio-taped and transcribed interview.

(please tick as appropriate)

☐ I consent to the use of directly quoted, non-identifying material from the audio-tape and/or transcript to be used in the production of the three identified research documents: *Masters Thesis; Mid-Point Progress Report and Final Summary Report.* I understand that these three documents will be able to be viewed by myself and others.

☐ I consent to the use of directly quoted, non-identifying material from the audio-tape and/or transcript to be used in the production of papers, articles or other materials (in addition to the three documents identified above) related to this study, for academic or professional purposes. I understand that these materials may be published and publicly available.

I understand that:
• I may withdraw these consents at anytime without prejudice.
• Withdrawal from participation in the study will automatically invalidate this consent, unless advised by the participant in writing.

☐ I **do not** consent to the use of directly quoted, non-identifying material from the audio-tape and/or transcript for any purpose.

_____(signature)_____(date)

Complaints:
The University requires that all participants are informed that if they have any concern or complaint about the manner in which this research project is conducted please do not hesitate to discuss with the researchers, Mark Palmer or Debbie Plath, or if an independent person is preferred to either:
• The University's Human Research Ethics Officer, Research Branch, The Chancellery, University of Newcastle, Callaghan NSW 2308, telephone: 02 4921 6333 or,
• Anne O'Neill, (telephone (02) 9845 1316), Secretary of the Royal Alexandra Hospital for Children's Ethics Committee, which has approved this project.

Appendix 4: *Interview Schedule*

Interview Schedule
Social worker's reflections on their assessments in child protection cases

This schedule sets out the structure of the in-depth interview. The interviewer needs to be flexible in exploring the participant's responses and eliciting possible relationships between phenomena described by participants.

The questions below are suggested for the interview, their use and order will need to be considered for individual participants. Some questions may be asked several times to elicit further information about specific events, contexts or actions. Further questions will need to formulated during the interview to elicit participant reflection and development of understandings about the participant's practice on responses to the provided questions.

Directions for the interview to give to the participant are in a different font.

Section 1: Preamble

- Thank the participant for interest and willingness to be involved in this research.

- Use *Participant Information Sheet* and *Participant Criteria* Sheet as guide to ensure or verify the following:
1. The participant fits requirements to participate in the research and is not excluded
2. The participant's understanding of research aims, and interview process (including length and content)

Participants will have the opportunity to review, edit or erase the recording of their interview. Additionally participants will have the opportunity to review the transcript of their interview.

Exposing the details of their practice may lead to concerns for participants about their professional abilities being questioned or their professional reputation being damaged. This research does not focus on judging participant's practice from an external perspective or pre-selected criteria, but rather focuses on engaging with participants in reflection to understand their practice from their experience and perspective.

3. The participant's understanding of Confidentiality, anonymity and Limits to Confidentiality

The confidentiality of participants will be protected.
Participants reminded not to give identifying details of themselves or the case.
Limits to confidentiality: *Confidentiality will be broken if:*
- *The researcher(s) have has reasonable grounds to suspect that a child is at risk of harm. (DoCS will be contacted)*
- *The researcher(s) discover that an indictable offence that is punishable by imprisonment for 5 years or more has been committed and they have information which might be of material assistance in securing the apprehension of the offender. (Police will be contacted).*
Confidentiality may be broken, if the researcher becomes aware of serious breaches of ethical or professional conduct. These will be raised with the participant and other relevant may be contacted. Decisions of this nature will be discussed by the research team and advice as to required action sought from qualified sources, without initially breaching participant confidentiality.

- Participants are able to ask questions before during and after the interview.

- Participation does not oblige the participant to answer all or any of the questions in the interview. - Check for questions

- Consent
° Confirm consent to audio-taped interview (including signed consent form) and ability to withdraw from the study at any stage without prejudice.
° Confirm understanding of Publication Production Release (including signed release form) and ability to withdraw this consent at any stage without prejudice.

Section 2: The participant

To enhance participant confidentiality, age, gender and locale or area health service of employment will not be recorded.

How long have you practiced as a social worker?

Have there been any significant interruptions to this?

How long have you held roles that involve assessment in cases with child protection concerns?

What type of service do you currently work in?
(a) PANOC
(b) Sexual Assault Service
(c) Community Health Setting
(d) Hospital (clarify if specialist child protection position or not)

Would you define the setting of your service as metropolitan, rural or regional?.

Can you describe the main role(s) of your service/ agency?

How have these roles been defined?

Can you describe the main aspects of your role as a social worker in this agency? (job tasks, what does your job description say)?

How have these role aspects been defined?

How do these role aspects relate to your understandings of social work practice?

Section 3: The referral

In the following questions I will be asking you to reflect on a recent (within the past month or so) case with which you undertook an assessment with a child or family, where there were current child protection concerns that had been reported to DoCS. This assessment is separate and in addition to any assessment which related to the decision to report the case to DoCS.

Remind participant not to give identifying details of themselves or the case.

I am assuming that cases come to your service by some means of referral – is this a correct assumption?

 If not, How do cases come to your service?

Can you tell me about why this case had been identified by the referring agent?

What was the case referred for?

Why do you think the referral was made to yourself or your agency?

Were you involved in taking the initial referral details?

Was a need for assessment explicitly identified by the referring agent?

Were there implicit aspects that indicated to you a need for assessment?

Who identified or initially articulated a specific need for assessment?

What sort of information was given at the point of initial referral?

Was this information provided with or without prompting from yourself/ your agency?

Who would you see as the stake-holders in relation to this assessment?

What was the main purpose of the assessment?

Who or what defined this purpose?

How was this purpose for undertaking the assessment defined?

What factors informed the definition of this purpose?

Who- else or what-else was significant in defining this purpose?

What is the relationship between these things?

Did this purpose change over time?

Who was explicitly aware of the purpose of the referral?

Were there other purposes that you were aware of ?

Who defined these? Purposes

Was there a relationship between the purposes?, if so what?

Are you aware of any assumptions you made in defining (or interpreting) this purpose?

Section 4: Initial Response

What is in the forefront of your thinking when you receive referral for an assessment in a case with identified child protection concerns?

How does this fit with your thinking in this particular case?

Can you describe what you did after receiving the referral?

Was additional information sought?

Were the opinions of others sought?

What was your motivation in doing this?

What other considerations did you have at this time?

To what extent did (select from below) factors influenced your (thoughts or actions) as you have previously described ? (give specific example – to clarify information sought)
° Policy/ procedure/ other legal considerations?
° Other structural factors including agency role, practitioner role?
° Personal values/ experiences?
° Skills/ expertise?
° Theoretical understandings?
° Research findings or other "evidence based" practice considerations?

How did these factors influence your overall assessment?

Section 5: Action

Can you describe what you did during the assessment?

Over what period of time was this assessment?

Were there aspects of the assessment that you had considered and that were not undertaken?

Were there times during or after the assessment that you thought you could have done something differently or missed something out?

If so what influenced those thoughts?

Section 6: Evaluation

Was there an outcome of the assessment?

How was this outcome identified and defined?

Was this what you had envisaged as an outcome for this case?

What was the outcome of the intervention? (adapt as appropriate)

Recalling the purpose of the assessment - Were there any distractions from this purpose (during the course of the assessment)? Practical (resources, administrative, structural)? Emotional?

Section 7: Reflection / conclusion

In doing this assessment were there any emotional responses that were evoked for you?

Were these emotions more significant than those previously experienced?

How did these feelings impact on what you did or did not do?

What was the significance?

How were these emotional responses responded to or managed?

Were there any significant difference in this case to how you may usually undertake an assessment?

Any similarities?

In general what are the significant influences on your work?

In what ways are these influences able to be noticed in your practice?

In an assessment in a child protection case what would you say you are doing?

What do you consider the purpose of assessment to be in a child protection case?

Would you see assessment, particularly in relation to child protection cases, as a task or a process or something else?

Section 8: Closure

Clarify whether they have any questions – respond to these

Clarify arrangements for review of tape and transcript.

Thank the participant for their time and knowledge and experience

Appendix 5: *Analysis Codes*

Text in **bold** represents holding title for a group of codes
Normal text represents codes
/ represents sub-branch to last code
// represents lower order sub-branch to last code and sub-branch
The code names presented below may have been expanded from the truncated form
used in Nud.Ist 4. No alterations have been made to the definitions as presented.

1. Codes for classifying and navigating data

CODE	DEFINITION
interviews	
participant	data coded by participant (also sub-branches for each interview)
Q	data coded to interviewer (also sub-branches for each interview)
Q-reflect-clarify	statement by Q which reflects statement by participant - use for delineating inclusion with other coding categories
Q-probe	new line of questioning by Q
Q-other	statement or question by Q that does not involve reflecting or clarifying statements by participants
Q-interview directions	directions from Q relevant to conducting the interview
Q-comment on interview-study	text unit contains comment on interview or study/research- rather than data relevant to research question
I-other	text unit(s) by participant unrelated to content of interview - eg. comments following interruptions
transcript comment	comment on interview made at transcription – comment on context or non-verbal information
/document annotation	Document annotation which refers only to transcript changes rather than development of analysis
X	text units from persons other than Q or participants
sub-header only	text unit is sub-header - originally text search (Search for '*', No restriction)

agency-context	code for whole of data from each participant
setting-Hosp	data from participant in hospital setting – G, K
setting-SAS	data from participant in sexual assault service setting – B, E
setting-PANOC	data from participant in PANOC setting – A, C, F
setting-ComHlth	data from participant in a community health setting – D, H
setting-Other	data from a participant in other/non-specified setting – J

case-descriptions	description of case provided by participant – predominantly main reflection case, includes description, reflection and commentary.
/secondary case	non-specific or secondary case example - as contrast to specific or primary case reflected on
/interpretation by worker	description by participant of how they understand a situation - interpreted from "the facts"

general assessment-practice description	description of general assessment practice - should not overlap with case description categories (apart from possibility of contrast to two categories)
reflect on assessment	text units where participant reflects on their assessment practices
reflect on intervention	text units where participant reflects on their intervention
reflect on practice generally	text units involve participant reflection on their social work practice in general
context dependent	text units suggesting that assessment practice is dependant on context
context independent	text units suggesting that assessment practice is independent of context

CODE	DEFINITION
participant description	holding branch of questions/responses which relate to details about participant and their agency setting
time as social worker	text units involving question and response for length of time practicing as a social worker, breaks and length of time involved in assessments with child protection cases
agency type	text units involving question and response about service type
agency location	text units involving question and response about service setting/location
previous work experience	reference to previous work experiences by participant
interests	interests nominated by participant in relation to practice
influences	reference to influences on participant
education-training-professional development	reference to training, education or professional development in relation to participant – undertaken or provided by participant
personal experiences	includes reference to personal (non-professional) life experiences
/family of origin	reference to family of origin or own family experiences as aspect of personal experience

CODE	DEFINITION
role-agency description	text units relating to participant role in agency and agency role - both questions and responses/answers
role social work description	reference/description to the social work(er) role
role agency description	reference/description to the role of the agency
role definition	references to role definition
agency referral sources	text units referring to referring agents to service in non-specific context
agency philosophy	reference to agency philosophy
agency process	reference to processes/ procedures of agency – how things are done

CODE	DEFINITION
specific questions	holding branch used for specific questions within interview - holds both question and answers
assessment stakeholders?	Q:~ Who would you see as the stake-holders in relation to this assessment?
forefront of thinking at referral?	Q: ~ What is in the forefront of your thinking when you received referral (sic) for an assessment in a case with identified child protection concern
why this case selected?	Q: ~why was this case selected to reflect on?
role relates to social work practice?	Q: asks about how role relates to understandings of social work practice
assessment task or process?	Q: do you see assessment (in relation to cases with child protection concerns) as a task or a process
why case referred?	Q: question as to why the case was referred to the agency or practitioner
involved in taking intake details?	Q: specific question and answers to participant's involvement in taking the referral or intake details for the main case discussed
assessment need identified at referral?	Q: question and answer around the identification of the need for assessment at referral

2. Codes related to analysis

CODE	DEFINITION
concepts	main holding branch for concepts that can be used across a range of other categories - to aid in cross coding
trauma	reference to trauma - any context
development	reference to development or child development in any context
grief	reference to grief or loss in any context - may need to separate these at a later date
feminism	reference to feminism or experience of being a woman/ female in any context

CODE	DEFINITION
attachment	reference to attachment in any context - consider also inclusion of bonding
violence-abuse	holding branch for subcategories of abuse/ violence - may be also used for non-specific reference to violence in any context
/sexual assault	reference to sexual assault, abuse or rape in any context
/domestic violence	reference to domestic violence or abuse in client relationships - in any context but NOT physical abuse of children
/emotional abuse	reference to emotional abuse or maltreatment in any context
/physical abuse	reference to physical abuse of child in any context
/verbal	reference to verbal abuse, fighting etc
/cycle of abuse	reference to cycle of abuse or intergenerational transmission of abuse in any context- may need to distinguish from 'd.v. cycle of violence'
neglect	reference to neglect in any context - ? consider sub-cat lack of supervision - contrast between omission/commission - may also be recategorised under violence/abuse
social justice	reference to concepts of social justice, justice, injustice, fairness - in any context
disability	reference to disability - any context
poverty	reference to poverty, being poor, low socio-economic status in any context - cf social justice
community of practice	reference to how things are done in participant's particular agency - term from Wenger (1998) – any context
reflection	reference suggests reflective practice/ reflection on practice or reflection in practice – explicitly or implicitly – any context
integration	not seeing things in isolation, incorporating a range of ideas into practice over time
flexibility	contrasts to rigidity in approach to assessment
risk	relates specifically to risk of harm for child
/other	risk used in context unrelated to child protection
safety	reference to keeping child safe or protecting child
/not safe	reference to situation being not safe or unsafe
time	reference to time as aspect of assessment
/urgency	reference to urgency as aspect of time in assessment
/change over time	reference to change occurring over time
empathy	reference to empathy any context
uncertainty	reference to uncertainty – any context – may have relationship with potential (potential not coded)
confidentiality	reference to confidentiality in any context
DoCS	reference to NSW Dept Community Service or statutory body/ authority in any context
/Helpline	reference to DoCS Helpline (central intake service) - any context
NSW Health	reference to NSW Health – any context
school	reference to or about school in any context
police	reference to police - any context
/JIRT	reference to JIRT or JIT any context – also code to DOCS
/metaphor	reference to police as a metaphor for participant or social work practice
//other	extension of police as a metaphor – other concepts
inter-agency	reference to inter-agency in any context
client	classifications of client
/work with women	work with women as clients - on behalf of child or otherwise (may need sub-cat)
/involuntary	identifies client as involuntary or mandated
/the child	child as client
/client variation in case	text units which identify differing clients with differing issues in child and family work
/client personality	references to client personality

CODE	DEFINITION
dependency	reference to dependant relationship, dependence or dependency - any context (although may be limited to relationship between client and worker)
trust-social worker-client-relationship	reference to trust specifically in the social worker client relationship
/not-social worker-client-relationship	reference to trust which is not related to the social worker client relationship
objectivity	reference to being objective/ objectivity – contrast to being subjective/ subjectivity - any context
values	Concept linked to value idea rather than theoretical or empirical concept
/ethics	sub-set of values - can be linked to professional values which are explicitly identified by particular code (of ethics)
/judgement	judgement made by worker – could be moral or value based
power	reference to power, empowerment - in any context - requires further development of sub categories
/worker self determination	reference to worker's power to determine their own work and practices within agency
/use by worker	text units illustrative of use of power by participant
helping	reference to helping in any context
/ unclear	reference to help(ing) meaning unclear
/help worker	reference to something that helps/ed the worker
//client-help-worker	reference to the client helping the worker
/nothelped worker	reference to something that did not help worker
/help-client	reference to something that the worker said helped the client
/helped other(s)	reference to something that the worker said helped someone other than self or client
communication	reference to communication, networking, liaison - any context
/listening	aspect of communication - consider link to relationship
/liaison	could go under interagency - or as an interface between categories of (inter-)agency and communication cf networking
/informing client	reference to giving information to client
/inter-agency	reference to interagency communication
casework	reference to casework - work with client – individual, dyad, family
crisis	reference to crisis any context
clinical	reference to clinical casework – assessment, therapy, education, support, diagnosis, treatment etc
support	reference to support in any context
vulnerable	reference to vulnerability - any context
consent	reference to consent in any context
normal	reference to normal/ normative information
/not normal	reference to things being not normal, abnormal or unusual
goal	1. coding for use of objective where used with meaning "goal" rather than as contrast to "subjective" - may need further delineation if additional
transience	reference to (client) transience or mobility - any context
/homeless	reference to homelessness - any context – may need to clarify relatedness to category transience
systems abuse	reference to systems abuse - any context
systems approach	reference to systems approach or similar
supervision	reference to supervision in any context
change	reference to change in any context
problem solving	reference to problem solving in any context
social work practice	reference to definition of social work practice
structural approach	reference to structural approach or seemingly reflective of structural approach
judgement	reference to judging or judgment in any context
/non-judgemental	reference to non-judgemental practice

CODE	DEFINITION
parenting	reference to parenting in any context
discipline	reference to discipline in any context
constructed reality	reference to construction of reality
theory	reference to theory any context
/theorist	reference to individual theorist or author in any context
practice wisdom	reference to practice wisdom or tacit knowledge any context
research	reference to research any context
policy procedure legislation	reference to policy procedure or legislation in any context
strength	reference to strength in any context
family-ies	reference to family or families
/extended family	reference to extended family in any context
medical practitioner	reference to medical practitioner, including specialists and general practitioners
/psychiatrist	reference to psychiatrist
/paediatrician	reference to paediatricians or paediatric medical practitioners
mental health	reference to mental health - although not specifically as issue for assessment of case.
boundaries-containment	reference to boundaries or containment in any context - may belong as subcat to relationships
contract with client	reference to contract or contracting with client by social worker/participant
standardised tests	reference to standardised tests or testing – any context
social work(ers)	reference to social work in any context
/worker qualities	reference to qualities in social worker - as opposed to knowledge, skills - has links to values
/professional identity	reference to professional identity in any context
//contrast to psychology	reference to social work (or participant) professional identity with reference or contrast to psychology
/social work practice	reference to social work practice as a concept in any context
court-legal	reference to court or legal processes in any context
/avo	reference to AVO, interim order or DV related legal process - consider cross reference to DV
chaos-chaotic	reference to chaos or chaotic in any context
gender	reference to gender as a concept -cf also concept feminism
goals	reference to goals in any context
environment	reference to environment in any context
empowering	reference to empowering or empowerment - particularly client(s)
interagency	reference to inter-agency or child protection system
skills	reference to the concept of skill in any context
child protection	reference to child protection in any context
confront-challenge	reference to concepts of confronting or challenging in any context
offender	reference to offender, offending, abuser, perpetrator etc.
/sibling	reference to sibling abuse or offending
conflict	reference to conflict in any context – this node could also be under relationship
experience - specialising	reference to experience or specialising
case language	needs further exploration - depersonalisation between individuals – families involving people -him/her/them and cases it
ecological approach	reference to or suggestive of ecological approach to work (not environmentalist or green approach but developed from Bronfenbrenner (1989) or other
thought	Concepts expressed as thoughts
feeling	Concepts expressed as feelings
/anxiety	expression of anxiety as a feeling
//worker	expressed by worker – covers anxiety worry concern

CODE	DEFINITION
//client	expressed by worker about client or on behalf of client
/other	reference to feelings in unrelated context
/frustration	expression of frustration as a feeling
/anger	reference to feeling of anger - need to compare/contrast with frustration - although would seem different

issues	reference to issue in assessment – cross coding branch for assessment/content
parent	reference to parent as an issue or issue related to parent – any context
/parent-age	reference to age of parent as assessment issue
/parent-history	reference to parent's history as assessment issue
/parenting of parent	reference to experience of being parented for parent - any context
/need	reference to parents needs as an issue
/relationship	reference to parental or marital relationship as an issue in assessment
/parenting capacity	reference to parenting capacity as an issue in assessment
child	reference to child as an issue or any issue related to a child - any context
/child-age	reference to age of child as an issue - cross check/reference with development
/child protection	reference to child protection issues or as an issue
/child needs	reference to needs of the child at an issue
/parentified	reference to an issue for the child of being parentified
/network	network of child as an issue in assessment
/history	child's history as an issue in assessment
housing	reference to housing or accommodation for client(s) - any context
AOD	reference to alcohol and or other drugs - any context
culture	reference to cultural issues as part of scope of assessment
/migrant	reference to migration as a cultural issue within assessment/intervention - need to check also to reference from NESB/ religion or other cultural issue
/aboriginality	reference to aboriginality as a cultural issue within assessment/ intervention
strengths	reference to strengths - particularly for client
protective factor	reference to protective factor - or even resilience
family	reference to family as assessment issue
/structure	reference to family structure or composition as an issue
/dynamics	reference to family dynamics as an issue
/history	reference to family history as an issue in assessment
/transience	reference to location stability of client
/extended	reference to extended family in relation to assessment issues
/function	reference to family function as aspect of assessment
/needs	family needs as an issue in assessment
/family-difficulties	reference to family difficulties as an assessment issue - non-specific
previous intervention	reference to previous interventions
mental health-psychiatric	reference to mental health or psychiatric issues in assessment
/eating disorder	reference to eating disorder as a mental heath or psychiatric issue
/depression	reference to depression as issue in assessment
gambling	reference to gambling as an issue - any context
criminal	reference to criminality or criminal behaviour - any context
physical health	reference to physical health or medical condition - may overlap with disability – assessment issue
emotional	reference to emotional state – assessment issue
intelligence	reference to intelligence as an assessment issue – intellectual functioning
suicide	reference to suicide – assessment issue
behaviour	issue expressed in terms of or with reference to behaviour – assessment issue
/sexual behaviour	reference to sexual or sexualised behaviour as an issue

CODE	DEFINITION
supports	reference to support for family as an issue for assessment
finance	reference to financial situation as assessment issue – may have correlates to iss-gambling and concept – poverty
education	reference to education as an issue in assessment
impact of abuse/neglect	the impact of the abuse and or neglect as an issue in assessment
/other	reference to assessing impact on child of things other than abuse and neglect
violence	violence as an issue in assessment
concerns	issue of non-specific concern related to assessment
delay	reference to intellectual or developmental delay as issue in assessment – contrast with iss-intelligence
problem history	reference to problem(s) in relation to history or historical context

assessment	assessment as intervention
concept-rationale	references to concept of assessment - or rationale for assessment practice
purpose	reference to purpose of assessment
/give me some direction	in vivo code – purpose of assessment
/main purpose	main purpose of assessment
content	reference to content of assessment or information gathered in the course of assessment
information source	reference to source of information for assessment
/client	reference to seeking information from the identified client (family)
/client family	reference to seeking/obtaining information from other members of the client'(s) family
/own agency	reference to obtaining information from other staff/ sources within participant's agency
/other agencies	reference to seeking information from other agencies
documentation	reference to documentation relating to assessment
strategy-technique	reference to strategies or techniques etc used in assessment - also includes practices
/thorough-comprehensive	reference to thoroughness or comprehensiveness as assessment strategy or technique
//not thorough	reference to being less thorough
/assessment phase	reference to a 'discrete' assessment phase in work
judgement-decision making	references to judgement or decision-making as part of assessment – may require further delineation given Dalgleish's differentiation
thought process	reference to or description of the thinking process behind/in the assessment
influences	references to the influences on assessment
conclusions	reference to conclusions reached in the assessment
client history	indication of reference to past events with client
planning	reference to planning in relation to assessment – may have relationship also with time
description	description of assessment or assessment process
standard – usual practice	reference to usual or standard ways of assessing
outcomes	consideration of impact or outcomes of the assessment
range of hypotheses	indication of consideration of alternative hypotheses in assessment
consideration	reference to something as a consideration of assessment (or intervention in general)
assessment title	reference to a specific title or terming for assessment
involve-client	reference to involving client in the assessment
info-gathered	reference to information provided or gathered for assessment - cf (7 3) asmt-content

CODE	DEFINITION
explore	reference to exploration of an idea as part of assessment or intervention with client
tool	reference to assessment tool
label-categorise	reference to labelling or categorising clients in relation to assessment or practice
limits	reference to or suggestion of limits to the assessment
language use = intervention	"assessment" used in a manner suggesting reference to intervention

CODE	DEFINITION
role-intervention-action	reference to role, intervention or action
assessing	reference to assessing/assessment as role, intervention or action
counselling-treating-therapy	reference to counselling, treatment or therapy as role intervention or action
educate-inform	reference to education or information as role, intervention or action with client(s) not others
support	reference to support as role, intervention or action with client(s) - not others
advocacy	reference to advocacy for client(s) as part of role, intervention or action
engagement	reference to engagement as role, intervention or action with client(s)
report to DoCS	reference to making report to DoCS (statutory body) as part of role, intervention or action
refer on	reference to referring client(s) to another agency, service or practitioner as part of role, intervention or action - NOT reporting to DoCS
case manage	reference to case management as part of role, intervention or action
liaison-networking	reference to liaison networking as intervention role
other-nonclinical	Other non-clinical aspects of role
/consultant	reference to providing consultation to other workers - not line supervision
/training-education	reference to providing education or training to others
/support-supervision	reference to providing support or supervision to others as part of line-management
/administration	reference to administration as part of role - any context (non-clinical) cf assessment/documentation
meetings	reference to casework involving meetings with/without client - PPM, workers meeting
empower	reference to or description of empowering or helping the client develop skills
skill development	reference to skill development as an intervention – not empower
not child protection practice	reference to assessment or social work practice in other context - not child protection
intervention goal	reference to goals of intervention in any context

CODE	DEFINITION
stage	contextualising information giving location in "case career"
intra-agency	stages of case career within agency
/referral	reference to referral of case/client(s) to agency
/intake assessment	reference to assessment at intake stage - includes decisions about appropriateness of referral for agency
/initial primary assessment	reference to initial primary assessment following intake assessment
/ongoing	references to assessment in the context of ongoing intervention
/evaluation	reference to assessment with the purpose of evaluating intervention
inter-agency	location or action in inter-agency Child Protection system
/recognition-reporting	identifying and clarifying concerns of risk of harm
/assess-investigate-protect	interventions related to investigation or protective interventions
/care-and-support	providing care or treatment services

CODE	DEFINITION
text unit ref to	text unit refs to ...
social worker-participant	text unit refers to the social work practitioner (usually the participant)
/as agency	refers to participant as agency rather than individual
/as docs	participant refers to them selves in docs role (previous job)
client	text unit refers to client - needs further subcategorisation
/parent	text unit refers to client in parent, parent's partner (as step-parent) or caregiver role - may need further sub-categorisation
/carer	reference to non-parental carer for child
/child	text unit refers to child client
/family	text unit refers to client as family
/extended family	text unit refers to client as extended family member
/other	reference to client - generally not related to child protection practice
other	text unit refers to other - not social worker/participant, client or Q - will require further subcategorisation
/docs worker	text unit refers to worker from docs
/other worker in agency	text unit refers to other worker in participant's agency
/other agency-worker	text unit refers to other worker or other agency
/person not role	refers to specific person rather than person in identified role
/other family not client	reference to family member who is not a client
/docs as agency	text unit refers to DoCS as an agency rather than individual worker
ref to-Q	text unit refers to Q/ interviewer

relationship	references to relationships
between concepts	use when exploring relationships between concepts/ ideas
between agencies	interagency relationships - use with relationships between social worker (and their agency) and other agencies -
and change	connection between relationship (social worker and client) and change
between clients	comments on relationships between client(s) within case/family unit
/parent-child	relationship between parent and child
/parent-parent	relationship between parents or parent-figures
/child-child	relationship between two or more children
/family-child	reference to relationship between family and child - less specific than above parent-child
between others	use for relationships not classified in above coding

in-vivo concepts	holding branch for categories developed as or from in-vivo comments or concepts
all families different	all families are different
a bit of work	reference to the idea of doing a bit of work
own assessment	reference to undertaking own assessment - even if other assessments previously done
ability to use service	concept - client ability to use service - may relate to concept - how workable is case
multiple assessments	reference to the range or number of assessments in intervention with a case
integral to intervention	suggest that assessment is inextricably a part of overall intervention
understand family-client	in-vivo - reference to understanding family or client
help make sense for client	in-vivo concept- reference to helping the client make sense of or understand their situation
understand situation	in-vivo reference to understanding the situation - that being assessed - contrast with understanding family or client
help parent see child needs	reference to intervention aimed at helping the parent/caregiver see the child's needs or perspective - may need to be a more general category

CODE	DEFINITION
see what service can offer	in vivo concept - related to assessment purpose - see what agency can offer client family
fits agency criteria	case fits agency criteria
'the problem' (as it's presented)	references to the problem
find way of working with family	in-vivo idea - finding a way of working with the family
all that's kind of assumed	in-vivo concept - where knowledge about something is assumed in practice
focus on the child	reference to focus on child or child focussed work
how workable is case	reference to determining 'how workable is case'
what client wants	reference to what client(s) want any context – may need to cross reference to identified client
theory practice link	examples of descriptions of practice being related to theoretical concepts
approach to practice	text units describe participants approach to their social work practice