

## Chapter 2: Getting the Balance Right: Assessing Risk and Supporting Families

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### Introduction

Negotiating the balance between protecting children from abuse and supporting the family to care for their children remains a key challenge for systems of child welfare. In recent years there has been considerable debate regarding notions of risk and how professionals may assess risk in family situations. Many Western countries have retrenched to residual child protection service models within which increasingly forensic practice orientations have dominated the work with children and families (Connolly, 2004). However, a heavy reliance on forensic risk-based responses in child protection services may have distinct limitations in meeting child and family need, including a child's need for safety. In a shift away from purely risk-orientated child protection services many countries have begun to develop family support alternatives that better respond to the needs of children at risk. In New Zealand too there is concern that a preoccupation with risk to the exclusion of other family-supportive responses to children at risk may be frustrating the intentions of New Zealand law, the principles of which accent family preservation and strengthening as primary means of ensuring the children's ongoing safety and wellbeing (Children, Young Persons and Their Families Act, 1989).

Responding differently to children at risk provides an opportunity for greater cross-agency partnerships to ensure that both risk and need receive due attention when the state responds to reports of concerns about children. Inevitably this creates the need for good cross-agency understanding in terms of balancing child protection and family support responses and the need to develop common frameworks for assessing risk. The development of these common understandings and frameworks depends on workers across agencies, and indeed agencies across professional systems, having similar notions of what constitutes risk for children and how they might go about supporting the family to protect the child. Such homogeneous notions are, however, relatively rare across professional systems. Reaching agreement about the balance between protecting the child and supporting

the family can reveal both philosophical and practical tensions as workers and agencies give effect to their values through their practice responses. Similarly, worker and agency values about the nature of the families they work with will influence the degree to which they seek wider family involvement in the risk identification and response process. How families themselves are included as active partners in the risk assessment process is a key challenge for the professional network.

The chapter will look at how orientations to child welfare influence the way in which service responses to children at risk have been developed internationally. Different countries have evolved differently in their responses to children and families at risk. Some countries have developed highly specialised child protection responses while others have adopted a greater family support response based on need. New Zealand's approach reflects elements of both orientations (Connolly, 2004). Nevertheless the balance between child protection and family support is complex and it has been argued that an emphasis on more forensic child protection responses has dominated New Zealand practice in recent years (Connolly, 2004). The chapter explores the components and limitations of either child protection or family support approaches to service delivery and examines some of the reasoning behind proposed changes to New Zealand law that will support alternative responses to children and families at risk. The implications of these changes for risk assessment ideas and practices will also be considered.

### Child Welfare Orientations

Although most Western countries face common issues about child welfare and child protection, Spratt (2001) notes that there has developed a basic "schism" between what have become known as child protection and family support approaches. The former is characterised by professional investigation and risk assessment in a context of marked professional ambivalence about, and resistance to, the protective capacities of chaotic, multi-problem households. This formula is largely associated with English-speaking countries, for example, the UK, USA, Canada and Australia. The latter, associated more with the countries of continental Europe and Scandinavia, sees households existing within broader family systems that have strengths and supports that enable the construction of protective conditions for children that maintain them in their familiar social and cultural context. Connolly (2004, p. 35) portrays this schism as follows:

<b><i>The Child Protection Orientation</i></b>	<b><i>The Family Support Orientation</i></b>
<ul style="list-style-type: none"> <li>• a tendency towards residual and selective provision of welfare</li> <li>• child protection services being separated from family support services</li> <li>• a more legalistic, bureaucratic, investigative, adversarial response to child protection</li> <li>• emphasis on children's rights and child protection</li> <li>• emphasis on assessing risk</li> <li>• concentrating state resources on families identified as immediate and high risk</li> </ul>	<ul style="list-style-type: none"> <li>• a tendency towards universal welfare provision</li> <li>• child protection services embedded within broader family support orientation</li> <li>• a voluntary, flexible, solution-focused, collaborative approach to child protection</li> <li>• emphasis on family unity and a systems approach to family</li> <li>• emphasis on support and therapeutic assistance</li> <li>• resources available on the basis of early intervention</li> </ul>

In addition to differences between systems, oscillation between what are described as child rescue and family preservation approaches have been noted within systems. Child rescue approaches gain ground in periods of social isolation or moral panic. Family preservation approaches tend to gain ground when care costs soar, the dangers of over-intervention are disclosed, or when previously marginalized groups achieve effective political, bureaucratic and academic power (Preston, 1999). Using the New Zealand system of child welfare as an example, Connolly (2004) argues that hybrid systems can develop containing elements of both child protection and family support orientations. While the objects and principles of the New Zealand Children, Young Persons and their Families Act 1989 clearly reinforce the primacy of the family in respect of the care and protection of children, the procedural elements of the law focus heavily on child protection and substitute care proceedings with no procedural requirements that address poverty, deprivation or social exclusion. A closer examination of the child protection and family support practice paradigms helps us to understand this bifurcation more fully.

## **Child Protection**

Child protection services in post-industrial Western Countries of the English tradition developed through a number of phases. Initially, child welfare was

conceived in terms of responding to the care needs of orphans and destitute children, but a more protective element became apparent in response to baby farming instances in England, Canada, Australia and New Zealand and concerns about the care of children in Poor Houses and Industrial Schools. However, it was not until the latter half of the 20th century that the site for child protection investigation moved from such concentration to the caregiving family itself. This coincided with the 'discovery' of child 'abuse' and its associated moral panic, first about physical abuse and later, sexual abuse (Thorpe, 1994). By the end of the 20th century, child welfare services in these countries had become more and more risk-oriented and forensic in their approach.

While definitions of risk may vary slightly, essentially writers agree that risk is associated with some situation or event of danger to a child that has resulted or may result in harm (Parsloe, 1999; Burke 1999). Vulnerable children are conceived as being at risk from others (such as an abusive parent), as being a risk to themselves (from suicidal ideation or self-harming, risk taking behaviour), and as themselves being a risk to others, for example in the case of a sexually abusing child (Parsloe, 1999). Included in the definition of being at risk from others is the risk presented by professional intervention resulting from negligent or untutored practitioners or from organisational and system breakdowns impacting negatively on practice (Burke, 1999). Risk is not a value-free concept – what is regarded as dangerous will be socially, and sometimes politically, constructed (Parsloe, 1999). Perhaps the best example of this is societal preoccupation with and panic about non-accidental injury to children compared with what is arguably a much more pervasive threat to their safety – accidental injury or death (Macdonald and Macdonald, 1999). The emotional valence associated with events of child abuse, it is argued, draws our attention at the expense of those more dangerous but less contentious situations of likely or actual harm (Roberts, Fanurik & Layfield, 1987; and Roberts, Smith & Bryce 1995; cited in Macdonald & Macdonald, 1999).

Consistent with the focus on danger and harm, the term "investigation" is closely associated with child protection practice. As the decisions social workers make following investigations of reported concerns about children have important consequences for the children and their families, assessments must be as consistent and accurate as possible (Baird, Wagner, Healy & Johnson, 1999). As many such investigations will result in involvement with civil legal processes and courts, there is a focus on the proper gathering and management of the evidence of child abuse – the forensic aspects of child protection practice. There is a burgeoning literature on risk assessment in child protection practice and many risk identification instruments have been developed to counter the dangers of "untutored" responses by workers (Parsloe, 1999; Macdonald & Macdonald, 1999).

Two main approaches have emerged – actuarial and clinical (or consensus-based) systems – and the relative merits of each approach has been much debated (Parsloe, 1999). Actuarial approaches comprise empirically validated instruments that identify the risks of future behaviours (of caregivers and others) that are likely to result in harm to a child. While reasonably developed and efficient in fields such as insurance and equity markets, actuarial instruments are relatively new to child protection, but the desire for simple, empirically validated methods that can improve the identification of future maltreatment risk is driving their experimentation and development. Clinical models incorporate checklists and “expert” assessments of child and family circumstances and reach consensus about risk through the sharing of information and judgements in professional case conferences or inter-disciplinary meetings (Baird et al, 1999). While the longitudinal nature of the studies required to validate actuarial instruments means that any certainty about their predictive capabilities is some years off, early studies indicate that actuarial instruments can estimate future behaviour more accurately than clinical approaches (Baird et al, 1999; Johnson, 1996, cited in Sargent, 1999). Basically, both approaches at the very least allow for the systematic collection and ordering of information and may be stronger used in complementary ways than in competition with one another in much the same way as scientists have learned to use quantitative and qualitative research methods co-jointly in order to gain richer knowledge returns (Parsloe, 1999).

The risk and forensic focus of child protection work can result in an over-use of statutory powers of removal from home. As such, court-centred decision-making may have distinct limitations in relation to child wellbeing overall if that concept is interpreted as incorporating longer term as well as immediate and shorter term protective and developmental outcomes. A recent study has concluded that risk assessment scores might be routinely inflated as workers attempt to ensure service access for children and families (Lyle & Graham, 2000). Research has also shown that the greatest risk children face in terms of their future wellbeing is poverty (Gulbenkian Foundation, 1995; Oppenheim & Harper, 1996). Nevertheless this factor can be masked in approaches that look for evidence of individual or family pathology.

Risk assessment instruments are criticised for their predominantly narrow focus on the dangers presented by caregivers and their failure to assess the host of other factors that may constitute a threat to child safety and wellbeing – for example the policies, practices and procedures of governments and agencies. They may also, paradoxically, constitute a risk of their own to children when workers make faulty decisions as a result of misuse or misunderstanding of the

measures, or in instances where cognitive bias (such as over-riding what the instrument is finding because of the vividness of an injury) affects decision-making (Gambrill & Shlonsky, 2001).

## **Family Support**

The family support practice paradigm stems from a long social work tradition of helping services but has matured as a methodology through the importation of concepts from family systems theory and from therapeutic disciplines promoting client self-determination and self-agency. The purpose of family support is to identify and build on the strengths invariably present in any family system and to engage members of the family system in change-directed planning and activity (Munford & Sanders, 1999). Families provide the most enduring relationships for children, and the importance of the maintenance and promotion of the links children have with their families is well documented (Rowe, Hundleby & Garnett, 1989; Millham, Bullock, Hoise & Hack, 1986; DH 1991; Bullock, Little & Millham, 1993). The family support approach to child protection and welfare is predicated on research supporting the belief that children are generally best cared for by their families and that protection is more likely to be achieved by building on the strengths of a child's natural living environment rather than through incident related, short-term interventions that may result in their removal from home and placement with strangers (DH, 1995).

The family support approach builds on family strengths and capabilities and recognises the central importance of context (such as culture, socio-economic condition and past experiences) in understanding the problems and challenges families face. It also focuses on relationships and features processes and goals negotiated by workers and families in partnership (Munford & Sanders, 1999). Family support methodology focuses on the building of relationships with family and providing personal helping services to caregivers and children. It focuses on the need to explore sources of help and support in the family's wider kin and non-kin networks, and ensures the delivery of home based helping services that reduce caregiver tension and stress (such as budgeting services, child management programmes and leisure time organisation).

Families will access family support services by way of more general "risk screening" processes undertaken by agencies, but there is evidence that this process itself will rarely be sufficient as a basis for good services planning and intervention. A recent meta-analysis of research into what works in supporting families determined that the formation of supportive relationships between

workers and families, and focusing work on strengthening familial and social support networks, were the key components of effective programmes (McKeown, 2000). A comprehensive child and family specific assessment process is required to ensure that the right services are provided, using validated and reliable assessment forms, the use of which will be enhanced by interactive decision-making. The combined use of risk assessment measures and evidence-based service selection are core components of reducing risk for children and their families, as well as workers and agencies (Gambrill & Shlonsky, 2001). Further, there is evidence that assessment of support and services requirements for kin care arrangements improved when families were centrally involved in problem identification and solution planning (Doolan, Nixon & Lawrence, 2004).

There is evidence, also, that multi-disciplinary, community-based models of service delivery are effective in child abuse prevention. Local services promoted immediacy of response and availability of support at times of stress. The collaborative nature of the service provision made services easier to access. Families finding informal support from workers who were non-threatening, accepting and non-judgemental, had the most useful and beneficial impact on family functioning and the protection of children (Onyskiw & Harrison, 1999). Family therapy developments in recent years have lent weight to family support processes through the legitimisation of approaches that are not based on positivist research:

Solution-focussed and strengths-based work have often been associated with narrative approaches which attempt to view the clients' perspective by exploring the 'stories' of clients in order to understand how ideas and events are constructed and given meaning (Munford & Sanders, 1999, p.89).

However, just as there are criticisms of risk management approaches to child welfare, family support approaches are criticised for lack of rigour and measurable results (Gelles & Schorr, cited in Whittaker & Maluccio, 2002).

## **Broadening the Response to Reports of Concerns About Children**

Writers have described the inexorable transition of children's services from family support to child protection methodology in recent years (Connolly, 2004; Doolan et al, 2004; O'Brien, 2001; Munford & Sanders, 1999), with international research suggesting that child abuse and neglect investigations largely ignore the majority of welfare needs (Thorpe & Bilson, 1998). State agency resources have become loaded towards the front-end services of investigation and assessment of risk and the consequent risk management

strategies that have seen care numbers climb. There has been little resource left for earlier intervention and capacity building with families in order to strengthen them and keep them intact. Indeed, it could be argued that there is a lack of any clear organisational mandate to do so. Social workers, it is argued, are forced to deliver their services through complex bureaucratic structures and adhere to agency procedures which have left them little space or flexibility to develop helping and enduring relationships with families as partners in a change process (Freeman & Hunt, 1999; Smale, Tuson & Stratham, 2000; Adams, 2003). A combination of limited resources, managerial impact and defensive reaction to media scrutiny have seen state agencies establish risk thresholds that have become, in effect, the criteria for need relief. Social workers are forced to ration service responses through procedural models of assessment. Little of this has occurred as a result of shared activity with families and communities, with the result that they are subject to organisational interpretations of their needs (Doolan et al, 2004).

Social workers and social care agencies are expected to straddle two core values – the need to ensure children are free from abuse and neglect and have chances of productive lives, and families’ rights to privacy and freedom from undue professional intrusion (Ansley & Perkins, 2001). Poor management of these values can result in separate service streams, or ad hoc movement of resources across service delivery modes, both of which can contribute to the harm that families experience from poorly planned services. However, it may be that the dichotomous thinking between the two positions of child protection and family preservation rests at the heart of the problem. Solutions are unlikely to be found by continually debating the supremacy of one paradigm over the other. The future may lie in striking a balance between the legitimate societal interests of protecting children and preserving families and doing this in ways that complement the service streams, rather than pitting them against each other (Connolly, Doolan, van Heughton, Anglem, Crichton-Hill & Woollons, 2002). This suggests the development of intensive family centred services featuring knowledgeable and clinically competent workers working in partnership with whole family systems to enable families to harness strengths and embark upon self-directed change. According to Connolly (2004, p.37) this sort of practice paradigm is “likely to offer more practice depth and increase the potential for workers to both protect the child and support the family.”

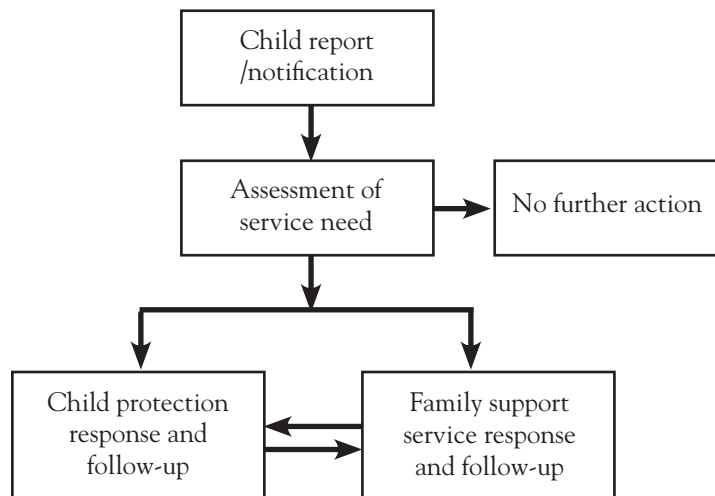
## Child Protection and Family Support in New Zealand

Like many other countries New Zealand statutory services have experienced burgeoning levels of reports of concern about children and an increasing



emphasis on forensically-driven child protection practice. Inevitably questions have been raised about the ability of the state agency to manage this upsurge, and the need for the state to work with other agencies to respond to the diversity of family need. Notwithstanding the provisions of the Children Young Persons and Their Families Act that support the development of Iwi, Cultural Social Services, or other non-government service providers, current law is perceived as limiting opportunities for cross-agency collaboration to manage statutory notifications of children at risk. Amendments proposed to the principal Act during 2005 represent a concerted effort to find a balance between child protection and family support, and to do this in the context of more developed collaborative service responses.

Practice under the principal Act has been unable to distinguish satisfactorily between those reports of concerns about a child that should trigger a child protection investigation and those that indicate welfare need that might best be responded to by way of an assessment of family support need. The amendment provides for a differential practice response to reported concerns about children, and the engagement of a range of community agencies in the processes of identifying and responding to welfare need. With the new alternative (or differential) response system families needing a child protection response will get one, while families needing more general support will be offered services appropriate to their need. Connolly (2004, p. 39) portrays the key elements of a differential response model as follows:



A menu of options for responding to reports of suspected child abuse or neglect will be enabled by the legislation, including:

- a child protection or child care investigation
- a child or family assessment
- referral to other organisations or departments, including non-government organisations, for provision of services
- arranging to take any other action or steps to give effect to the objects of the principal Act
- a decision that no further action is required.

(Memorandum from the Chief Executive, Child, Youth and Family Services, 15 Sept. 2004).

The statutory intent is that statutory workers will work in partnership with other providers to ensure needy and vulnerable children achieve an appropriate service response. Hence, approved agencies (Iwi Social Services, Cultural Services or Child and Family Support Services approved pursuant to s.396 of the principal Act) will play a more important and central role in responding to child abuse, neglect and welfare need.

### Implications for Practice

Differential response provisions within the New Zealand legislation will provide a “third-way” amalgam of the best practice principles of child protection and family support orientations. Adding to the innovative and well established family-led principles and provisions of the legislation, the legal amendment will foster family support principles and practices through all phases of the work. This will allow a greater number of children and families to access helping services at an earlier stage. While child protection investigation remains solely the responsibility of the state agency, it will be possible to respond to reports of concerns about a child with a simultaneous child protection investigation and family support assessment. While work has yet to be done to finalise the way in which the New Zealand differential response system will operate, it clearly presents exciting opportunities for collaboration between statutory and non-statutory agencies. For example, where Maori families are involved, a worker from an Iwi Social Service or a Maori Child and Family Support Service could work alongside the statutory worker, responding to any family need or care issues that are evident, and identifying whanau strengths and supports that might be harnessed within a solution-focused response. There are further opportunities for the state to engage approved organisations in responding directly to notifications of lesser seriousness. It is likely that such collaborative practice will bring new life to a central process of the principal Act – the Family Group Conference – and

reverse current tendencies towards adversarial and contested proceedings. One would expect also, a greater interest and focus on kinship care as a response to interim and longer term care needs, and less need for court orders securing custodial arrangements for children. Under these circumstances it would seem prudent to develop a policy, services and practice framework (Doolan et al, 2004) to support informal and formal kinship care arrangements as an adjunct to this new service paradigm.

While there is no legislative injunction against statutory workers engaging in family assessment and support responses, the chief danger the amendment presents is that it will not do so in practice. The risk here is that rather than featuring agency collaboration, the service map of the future may see statutory and non-statutory agencies moving further apart – statutory services responding only to child protection need, while non-statutory agencies provide family support services. As the statutory agency will conduct the preliminary assessment of service need there is a further risk that it will continue to direct incoming reports towards child protection investigation as it has done in the past. In this regard the child protection orientation of the past may continue to unduly influence practice. In addition the amendment raises potential for confusion with respect to ownership and monitoring of responses. The amendment seems to make possible the delegation of work to approved organisations but nevertheless leaves the statutory agency with case ownership and monitoring responsibilities. Apart from the accountability questions this raises, it has the potential to become onerous and cumbersome over time. It also appears to be inconsistent with the statutory roles and authorities that s.396 approved organisations derive from the law (Doolan, 2005).

New approaches will call for cross-agency understanding about what constitutes abuse, neglect or welfare need, and how we assess them. The success of these new approaches will depend on common systems of assessment, intervention planning, and information and case management. Much effort will need to be devoted to the building of a collaborative culture between statutory and non-statutory agencies to ensure that appropriate systems of assessment are developed, children are protected and families supported. The changes in law will test the professional systems capacity to negotiate the competing demands of child protection, family support, professional authority and family participation.