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Using outcome measures in child protection work

Abstract

While many evidence-based tools and measures exist to support child protection practice, in the UK there is little evidence of their routine use in casework. This paper reports on a qualitative study exploring the use of such tools with children and families receiving statutory social care services. Fifteen social workers working in child safeguarding teams in two local authorities in Southeast England agreed to incorporate the use of outcome measures into their casework over a six-month period. Qualitative data were collected through monthly action learning workshops held separately in each local authority. The results showed how the impact of using the measures was shaped by a combination of institutional factors, practice context, and the dynamics of casework. Outcome measures were found to have benefits as well as limitations with respect to partnership working, assessment and decision-making, and overall social work practice. Implications are discussed for the prospects of enhancing the use of evidence-based tools in statutory social work with children and families.

Keywords: child protection, outcome measures, evidence-based practice, assessment, decision-making

Introduction

Child welfare policy in England has long emphasised the need for children's services to be more outcomes focused (Department of Health, 1998; Department for Education and Skills, 2004; Department of Health and NHS England, 2015). Concern with outcomes has been driven partly by the New Public Management (NPM) paradigm (Levy, 2010), which has encouraged the use of service-level measures of effectiveness, and partly by the 'evidence-based' movement in social care, which has sought to orient professional practice around the best available research on clinical efficacy (McNeece and Thyer, 2004). Under NPM, outcomes are linked to the administrative data collected by organisations, whereas from an evidence-based perspective they reflect the variables used by researchers to study the health and wellbeing of sample populations, particularly in epidemiological studies (e.g. risk factors for abuse) and clinical-type trials (Own Author et al., 2019). Whether they reflect organisational effectiveness or clinical expertise, outcomes can be viewed as proxy measures, which stand in for the experiences, wishes and best interests of the people receiving a service. From a regulatory risk-based perspective, a narrower concept of outcomes might be the accurate substantiation of abuse and neglect that is conducive to effective prevention and intervention (Parton, 2013).

Over the past decade, local authorities (LAs), the municipal governments responsible for children's social care (CSC), have been dealing with rising demand for child welfare services at the same time as large cuts to their budgets under austerity (Webb and Bywaters, 2018). This has led to pressure to improve the effectiveness of provision. One response has been to develop and share new interventions and practice models, assisted by an 'Innovation Programme' launched by the Department for Education in 2014 (innovationscsc.org.uk). Perhaps the best known is Signs of Safety, an approach to child protection (CP) based on solution-focused therapy whose implementation in ten English LAs has been closely monitored over the past five years (Munro and Turnell, 2020). Others include restorative practice and systemic practice, as well as 'own brand' practice models combining an eclectic range of methods (Own Author et al., 2020). Alongside these holistic approaches, some LAs have also adopted consensus-based assessment tools to help assess specific areas of risk, such as the graded care profile in relation to child neglect (Johnson and Cotmore, 2015). On the other hand, compared to other jurisdictions with a similar child protection system, such as Australia and the United States, the UK has seen relatively little adoption of actuarial tools such as 'structured decision-making' (SDM) (Johnson, 2004). s. Most social work assessments

still consist largely of a written report based on informational categories derived from the Framework for the Assessment of Children in Need and their Families (Department of Health, 2000). In fact, given the emphasis on outcomes in the twenty years since the Framework was introduced, it is something of a puzzle that child protection social workers do not make greater use of outcome measures in their work. Following a brief explanation of what is meant by outcome measures in this context, this paper will report on an action research project exploring their use in a local authority setting.

What are outcome measures?

Outcome measures are professional tools that quantify aspects of an individual's health, safety and wellbeing. They usually take the form of questionnaires that are completed by a child or young person, or by a parent, peer, clinician, teacher or professional. Questionnaires that focus on people's emotional and psychological functioning may also be called 'psychometric' measures. Although there is some overlap with assessment and decision-making tools, this type of measure is not generally intended to provide an overall level of risk to children or indicate an appropriate course of action. Rather, outcome measures are used to inform such decisions and indeed may contribute to the ratings given in assessment tools such as the Graded Care Profile or Signs of Safety. A measure is considered evidence-based if it has been through a research process to test its *validity*, i.e. whether it measures what it claims to measure, and *reliability*, i.e. whether it produces similar scores under similar conditions when used more than once. A report of how validity and reliability were tested should have been published, preferably in a peer-reviewed academic journal. The specific wording, order and scoring of measures falls under copyright law; while some are made publicly available by their developers, others are licensed and incur a charge for their use. Outcome measures are generally used by professionals to assess needs and track clinical change, and by researchers to evaluate the effectiveness of interventions, while some organisations may also use them to map demand and monitor practice (Law and Wolpert, 2014). They are employed particularly by clinical psychologists and much of the literature supporting their use tends to be from the field of mental health (Gondek *et al.*, 2016), including services for children and adolescents (Stasiak *et al.*, 2013).

In CP, outcome measures are mainly used during care proceedings (Laulik *et al.*, 2015) and to assess parenting (Hurley *et al.*, 2014), although they may be administered by a psychologist rather than a social worker. Many social workers will be familiar with the Strengths and Difficulties Questionnaire, a brief behavioural screening tool that is widely used by professionals (Goodman and Goodman,

2012) and is an administrative requirement for local authorities collecting government data on children in care (Department for Education, 2020). Social workers in specialist CP and court teams may use measures that help to assess risk to children, such as the Child Abuse Potential Inventory (Laulik *et al.*, 2015), risk checklists for domestic abuse (Turner *et al.*, 2019) and the 'Family Pack' of questionnaires and scales released with the Assessment Framework (Cox and Bentovim, 2000). However, there is little evidence that social workers routinely use these or other outcomes measures in their assessments and reports, nor that training on measures is provided by LAs or as part of qualifying/post-qualifying education.

Methods

The overall aim of the research was to explore the potential for social workers to make more use of evidence-based outcome measures in child protection work. The study was not commissioned or funded and there was no specific implementation context, e.g. piloting a new assessment framework, so the work was pitched to agencies as a practice development opportunity. Specific objectives were to:

- Identify which measures social workers chose to use and why
- Explore social workers' perception of the challenges and benefits to their use
- Examine the contribution of measures to social work assessment and decision-making

The most appropriate methodology for answering these questions was considered to be action research, understood as applied research that removes the boundary between knowledge creation and social action, involves participants in the research process and seeks to contribute to social and political change (Greenwood and Levin, 1998). The main alternative was ethnographic research along the lines of Gillingham (2017) but this would not have captured the dialogue between social workers, nor the sense of a journey of active exploration and discovery, as they attempted to incorporate measures into their practice. In this case, participants were social workers in statutory CSC services, who were willing to incorporate outcome measures into their work with children and families over the period of the study. A service manager (CP and court team) was part of the research team and involved at every stage of data collection, analysis and writing up, and is a co-author on this paper. The project sought to contribute to the use of evidence-based tools in CP while also ensuring that such use was aligned with an ethical and value-based approach to social work

practice. For this reason, the research focused on the discretionary use of measures, so that practitioners were free to decide which measures were most appropriate to use in which situations.

Ethical approval for the study was obtained from the principal investigator’s institution and research governance approval from CSC services in two LAs, one a large county in Southeast England (LA1) and the other a London metropolitan borough (LA2). In LA1, six participants were recruited from a CP and court service (which had about 15 frontline social workers in total), and in LA2, nine participants from a safeguarding and care planning service (out of a total of about 30). This was a purposive sample based on participants’ service area, professional qualification as social workers, and willingness to take part in the study. Sample characteristics are summarised in Table 1 below. In general, participants in LA1 had more post-qualifying experience and were dealing with more court work (i.e. care proceedings) than participants in LA2. The study was carried out in two six-month phases, with work undertaken in LA1 from January to July 2018 and in LA2 from February to July 2019.

Table 1. Summary of focus groups and participants

Local authority (LA)	Workshops and participants	Service areas	Roles	Gender	Post-qualifying experience	Codes
LA1	5 workshops 6 participants	Child protection and court team	4 social workers 2 senior social workers	5 Females 1 Male	4 – 11+ years 2 – 6-10 years 1 – 2-5 years	LA1, Workshops 1-5
LA2	6 workshops 9 participants	Safeguarding and Care Planning Referral and Assessment	1 Team Manager 2 Senior Social Workers 3 Social Workers 3 ASYE social workers	8 Females 1 Male	1 – 11+ years 2 – 6-10 years 3 – 2-5 years 3 – ASYE	LA2, Workshops 1-6

The same action research methodology was used in both research sites. After obtaining the necessary permissions, a booklet was prepared for all participants in relation to the measures listed in Table 2. These measures were selected by the research team based on a review of the literature and in consultation with the participating agencies. Information included the questionnaire, scoring instructions, and evidence of psychometric testing. In each LA, the project started with a briefing session to explain the research, discuss the principles of good practice in using measures, and rehearse the process of taking responses, scoring, and giving feedback. Data collection took place in monthly workshops based on action learning sets (Burgess, 1999), which were facilitated by a member of the research team. Each workshop had a structured format, in which participants took turns to present an issue in relation to their experience of using the measures, respond to clarifying questions, listen to a discussion in the rest of the group, reflect on their learning, and take forward some action points to report back in the next meeting. Over the course of the project, participants endeavoured to incorporate the measures into their casework, using the workshops as a space for reflection and learning to develop their practice. All the workshops were digitally recorded and transcribed for analysis.

Table 2. Summary of measures used

Outcome measure ¹	Licenced needed	Used by participants	
		LA1	LA2
Parenting Alliance Measure	✓	✓	☒
Beck Depression Inventory	✓	✓	☒
Strengths and Difficulties Questionnaire	☒	✓	✓
Inventory of Father Involvement	☒	✓	☒
Domestic Abuse, Stalking and Honour Based Violence (DASH) risk checklist	☒	☒	☒
Parenting Scale	☒	✓	✓
Family Pack of Questionnaires and Scales	☒	✓	✓
'Spidergram'	☒	✓	✓
Me and My Feelings / Me and My School	☒	☒	✓
Moods and Feelings Questionnaire	☒	☒	✓
Drug abuse screening test (DAST)	☒	✓	☒
Readiness to change questionnaire	☒	✓	✓

Note

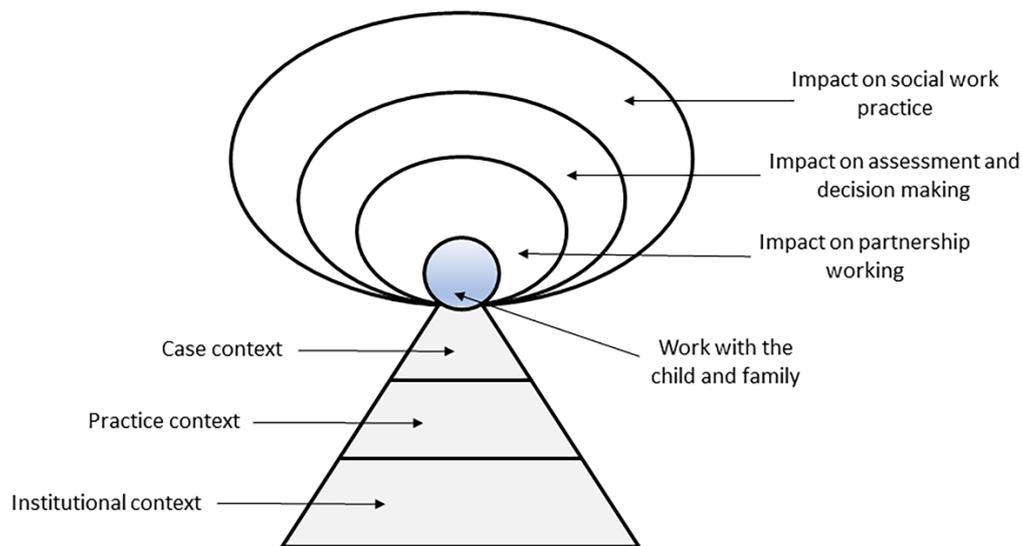
¹See online supplementary table for more details including the evidence base for each measure

Transcripts from action learning workshops were imported into qualitative data analysis software (NVivo11) along with presentations and researcher notes. Analysis followed the procedure of thematic analysis outlined by Braun *et al.* (2019). Following transcription and familiarisation with the data, initial coding of the transcripts was carried out by two members of the research team, focusing on thematic content linked to the research questions. For example, most participants referred to the challenge of fitting the measures into their statutory work, and these comments were coded as 'time pressures'. The codes were reviewed by a third member of the team in relation to their applicability and consistency across the transcripts. In the second stage of analysis, the research team held a series of meetings to agree on definitions and to categorise the detailed codes into broader thematic categories. For example, the theme of 'time pressures', alongside others such as 'confidence' and 'importance of the relationship', were all grouped under a broader category of 'practice context'. The final stage was to write a summary comparing the treatment of themes within each category across the two agencies, which was the basis for the findings section below.

Findings

Findings from the thematic analysis indicated how contextual factors underlying participants' work with children and families shaped what they perceived to be the impact of using the outcome measures. Themes about the context of CP work fell into three categories: institutional context, practice context, and case context. Themes about the impact of using the measures also fell into three categories: impact of partnership working, impact on assessment and decision-making, and impact on social work practice. A final category of themes concerned the experience of direct work with a child and family. These seven thematic categories are illustrated below in Figure 1 and discussed in more detail below. Quotes are attributed to the focus group discussion in which they took place, using the codes in Table 1.

Figure 1. Summary of themes



Institutional context

Participants discussed some aspects of the institutional context in the two LAs that influenced their use of measures. There was little sense that social workers were encouraged, either in training or supervision, to use any measures routinely as part of their casework or to include the scores in reports and assessments. With one exception, none of the measures were embedded in mainstream processes for children in need and child protection. The exception was the Strengths and Difficulties Questionnaire (SDQ), which social workers in LA2 were required to undertake once a year with all Looked After Children. Social workers received annual email reminders to report SDQ scores to the LA's business support function, so that they could be included in the agency's statutory data returns to government. Some participants reported familiarity with the SDQ and some of the parenting scales from previous roles, e.g. in family centres, where measures were routinely completed as part of parenting assessments. Interestingly, this expectation had not transferred to the social work assessments and court reports carried out by the CP and court team. Indeed, social workers involved in care proceedings reported being advised to avoid referring to evidence-based measures in court evidence, as this might lead to challenge under cross-examination:

'In my training, which obviously for me wasn't that long ago, we were told over and over again, "Do not use research in evidence, do not use research in Court evidence".' (LA1, Workshop 2)

It's easier for a barrister to discredit the tool itself and that makes your parenting assessment weaker. So I was advised to take that out, and just put a general, a professional opinion.' (LA1, Workshop 3)

Given this institutional context, most participants thought that CP agencies should provide more practice support for outcome measures. Beyond training, it was suggested that agencies could embed certain measures into the existing procedures, resources and practice tools, as well as in professional supervision. At the same time, participants were wary of adding to the 'paperwork' needing to be completed with families.

Practice context

Time pressure was the most frequently mentioned practice constraint, particularly by SWs in LA1, whose workload made it hard to plan and prepare an unfamiliar practice tool. Time constraints also applied to statutory visits, when it was not always possible to find time and space to complete a measure with a parent. One participant asked a family support worker to support them with this task, others made an extra visit when the children were at school, or completed the measure over a couple of visits. In LA2, participants tended to circumvent this issue by choosing measures that could be made the focus of a direct piece of work with the child or young person.

Given competing demands on their time, social workers prioritised mandatory tasks at the expense of more discretionary aspects of their work. In some cases, this meant abandoning or postponing the plan to use the measure, or it meant adapting the measure so that it better fitted the practice context. The final scoring of responses was sometimes left out in order to cut down on preparation and completion time, and avoid the need for subsequent analysis and feedback to service users. Such considerations also affected scoring of the SDQ in LA2, despite this being an administrative requirement. Participants also expressed a lack of confidence when it came to using measures to formally assess risk or clinical change, partly due to concern about being challenged about the evidence-base, e.g. by educated service users or by barristers. The decision to use a measure was also contingent on the quality of the working relationship and how social workers thought parents would respond to them. In most cases, practitioners thought that the measures were a useful way of engaging families in the work and maintaining some objectivity in the relationship. Overall, social workers seemed more ready to use the measures with a parent or child with whom they had already established a rapport.

Case context

For social workers in LA1, whose work was predominantly CP and court work, the selection of measures was oriented towards to the primary purpose of assessing and monitoring risk. In LA2, particularly for less experienced social workers, measures were selected more with a view to understanding the child's world and engaging parents and children in the work. Social workers in LA2 were reluctant to disrupt their preferred method of building relationships with families, and therefore tended to select measures that they thought would facilitate this process. Especially popular was the 'spidergram', an open-ended version of an 'outcome star', in which the individual identifies their main goals and scales how close they are to achieving them. Social workers in LA1 also wished to maintain a good working relationship but acknowledged that parents were often unhappy about their involvement with CSC. The remit of a CP and court team made it easier for social workers to explain the rationale for measures aimed at risk assessment, such as parenting scales and questionnaires about substance misuse:

'So the parenting scale, I used with a mum who was quite tricky actually, but I was doing a parenting assessment, so again I had a valid reason to say I'm going to use this, as part of my assessment.' (LA2, Workshop 1)

As well as giving thought to the appropriate measure and its purpose within the overall context of the work, participants also had to consider how to introduce and explain the measure, how to allocate time within a planned visit or when to fit in an extra meeting, how to deal with sensitive or difficult questions, whether to stick to exact wording, whether to score, and how to give feedback on the results. Since they all worked in the same team, participants were also able to provide peer support to each other outside of the workshops, helping to build practice knowledge outside of the workshops. In practice, workload pressures meant that preparation was often limited to selecting the measure and considering how and when to administer it, leaving insufficient time to plan for the scoring of responses and feedback to respondents. Overall, participants felt that they needed more time to adapt their practice to use the measures confidently.

Work with the child and family

Social workers tended to complete the measures with children and parents/carers in the family home, sometimes with the social worker marking off responses as directed by the respondent. In LA2, the SDQ for Looked After Child could sometimes be posted or emailed for independent

completion, e.g. to prospective adopters. Doing questionnaires in the home did not always go to plan, due to unexpected events and crises, or simply the everyday reality of family life in difficult and stressful circumstances:

'OK, I went there to do it and when I saw three children going to mum, there was no time and they were saying, "No, it's too late now, we need to prepare dinner," and things like that so I had to leave. Then I went the second day, there was really a major problem at school and the child had been suspended so I had to address that and do a bit of [the questionnaire], which I'm going today to finish with the parent. I'm not sure now how to score it, you know.' (LA1, Workshop 1)

The home setting also conferred some advantages. Familiar surroundings and an existing relationship (in most cases) meant that participants could put service users at their ease, help them understand what the questions meant, and facilitate their response. This was particularly important if service users had low level of literacy or some form of learning disability, or if English was their second language. Some participants, particularly in LA1, were worried that they were undermining the measure's validity, for example by explaining or rephrasing questions to make them comprehensible, and that by interacting with service users when completing the measures they might unwittingly be influencing the responses. One participant commented that the process was much more straightforward when a parent could simply be given the measure to complete independently, but this was rarely possible.

A common tendency among participants in both LAs, but particularly in LA2, was to use the measures to explore a topic of interest rather than to obtain and analyse a set of scored responses. In this sense, the measures provided a set of structured questions and an objective format for broaching sensitive or controversial subjects; the precise wording of questions or the 'clinical' meaning of the scores mattered less than their role in facilitating the assessment, or understanding the person in context. Another reason for adopting an informal approach to the measures was to avoid jeopardising the working relationship, particularly when the service user was perceived to be defensive or antagonistic in their attitude to child welfare services. This applied to the home conditions scale, for example, as well as questionnaires about drug and alcohol use, where the wording of certain questions, or feeding back a 'negative' score, was likely to provoke an angry reaction. More generally, participants perceived the importance of managing respondents' emotional response to questions about sensitive issues, particularly when the measure was being used as the basis for a structured conversation. Debriefing and reflecting on the issues raised by the

measure was viewed as a valuable part of the feedback process, although it could add to time pressure during home visits.

Impact on partnership working

Using the measures was felt to contribute in various ways to partnership working. Participants seemed surprised by how positively most service users, including people they regarded as challenging or difficult to engage, responded to a structured questionnaire. This was partly due to practitioners being careful about timing and selection, but other factors also played a part. Several social workers thought that the measures offered parents a degree of control over the information they provided, and more transparency about how that information would be used in an assessment. Some measures, such as the spidergram or the 'Me and My Feelings' questionnaire, also gave service users an opportunity to talk about what was important for them as opposed to following the professional's agenda. Having a practice tool was generally seen as helpful for exploring personal issues with adolescents, who might not be as forthcoming in a conversation. The measures were sometimes felt to reduce the power differential between practitioner and service user, for example by encouraging parents to use a scale to examine their own attitudes and behaviour rather than having to listen to the 'concerns' of professionals. Overall, the precise wording and structured format of the measures were felt to facilitate reflection and discussion with family members. This included parents with quite entrenched views, who were nonetheless open to thinking about what their own responses revealed:

'I think what came out of it more was the discrepancy between her and her husband and how they parented. I think she knew they were different but I don't think she realised the impact on the children quite so much.' (LA1, Workshop 3)

'[One of the questions was] "When my child misbehaves I raise my voice or yell or I speak calmly to my child". So she said: "I speak calmly to my child" and then I said, "Where would you scale it and could you give me an example?" And she thought back and she ended changing to "I raise my voice and yell". So she hadn't realised that she had, and funnily enough in the [family] meeting, the children both said about shouting and swearing.' (LA1, Workshop 4)

There were also cases when measures had a negative impact on partnership working. This often happened when participants were concerned about the truthfulness of the responses. In one case involving a child on a CP plan, a parent reported no drug use in a screening tool but was still directed

to undertake hair strand tests, which duly came back negative. Discrepancies between self-reports and the social worker's judgement also occurred with measures of parenting, daily hassles, and children's strengths and difficulties. One participant reported that prospective adopters completed the SDQ for children in their care twice in the space of a month, first reporting significant difficulties and a few weeks later reporting no problems at all. The social worker attributed this change to the adopters seeking to allay social workers' concerns about their ability to manage the children's behaviour. When there were doubts about the veracity of responses, use of the measure could expose or aggravate problems in the working relationship.

Impact on assessment and decision making

All the participants thought that the measures were useful for assessment work, providing an objective way of checking or evidencing the social worker's judgement, e.g. in relation to the home environment or parental behaviour. Using the same measures to examine similar issues across different assessments could also improve consistency. They were also helpful for involving parents and children in the assessment process. For example, one participant adapted the 'spidergram' format to include the objectives in a CP plan, which in turn supported the work of core group meetings and the CP review conference. Depending on the strength of the working relationship, participants also felt that the measures could help them 'get to the point' when discussing problematic or sensitive issues.

'I think the tool really informed [us] very much about mum's parenting, you know, where she's struggling, the weaknesses that she has.' (LA1, Workshop 1).

'We need to have an understanding of a parent as well, you know, because when you're writing the Court statement or the parenting assessment, that helps you, those tools do help you understand that parent as a person.' (LA1, Workshop 2).

'Right now we're trying to get her to start an educational healthcare plan, so I think going forward, if she felt ready to go back in education, it's just important to highlight some of the things that she addressed in this scaling.' (LA2, Workshop 5).

Despite valuing the knowledge they gained from the measures, participants were less consistent about scoring them and using these scores to underpin decisions and recommendations. Their

hesitancy was partly to do with confidence and time pressure but was also due to concerns about the validity of responses. For example, supporting someone to complete a measure, either through selecting or paraphrasing questions, could interfere with the validated format of the questionnaire by introducing a degree of personal interpretation of questions. Similarly, some people might not be able to reflect on their own behaviour or might seek to present themselves in a more favourable light. The unpredictable environment of a family home could also disrupt the way measures were administered. All this made practitioners question how much they should rely on the scores as 'clinical' evidence on which to base decisions about risk. For participants in LA1, there was the additional concern about potentially having to justify their use of measures in court proceedings. Social workers commented that while 'expert assessments' carried out by psychologists often relied on similar measures, their expertise was unlikely to be questioned in court.

Impact on social work practice

Overall, participants thought that the measures had helped them to practice in a more evidence-based way, adding an extra 'quantitative' or 'clinical' dimension to the conversations and informal interviews that tend to characterise much social work:

'I like the idea of having something that's more quantitative. I think lots of our conversations are really beneficial but particularly when you're completing assessments or something, I think something that's kind of more numbers based, slightly more clinical, seems to be more evidence based, rather than just my professional opinion. It's like, you know, here is a tried and tested measure and that for me actually feels slightly more secure I think than my current practice.'
(LA2, Workshop 6)

Some participants commented that the measures facilitated more consistent assessments. This applied to their own work with different children and families but also to the work carried out by different practitioners, e.g. when cases transferred from initial response teams to social workers carrying out longer term interventions. Several participants thought that the measures helped to promote relationship-based practice, as parents and children appreciated the transparency of gathering information directly via questionnaires. Particularly for less experienced social workers, the measures provided a way of structuring the work with families, bringing an in-depth focus to an assessment by allowing social workers to open up a discussion about key issues:

'For me, I think that some measures can actually cut down on time because they can take you right to the heart of what it is that you're needing to find out in a structured way, and they become part of your work in a way that gives it some focus.' (LA1, Workshop 1)

In a broader sense, using the measures also encouraged participants to challenge and reflect on their own views of practice. This was partly because of their unfamiliarity, not just as a tool but also as a way of working, with the structured, quantitative questionnaire needing to be integrated into the more fluid, unpredictable task environment of CP social work. For some participants, particularly in LA2, the experience affirmed their commitment to an intuitive and dialogic mode of practice; for others, particularly in LA1, the measures helped to consolidate a professional identity based on expertise and confidence in one's professional judgement.

Discussion

A central tenet of evidence-based practice is that professionals should use the best available research evidence to inform their work. This study explored the use of empirically validated questionnaires as a way for practitioners to augment their professional judgement and engage children and families in social work assessment and care planning. Overall, participants found that the measures did contribute to various aspects of CP work, helping them to work in partnership with families as well as gathering evidence for their assessments. Broadly, this concurs with other research into the use of assessment and decision-making tools (e.g. Gillingham *et al.*, 2017) At the same time, there was a tendency for practitioners to incorporate measures into their practice in ways that reduced their salience as an evidence-based tool, for example by explaining and paraphrasing questions, or omitting to compare scores with clinical thresholds. The tension between a broadly supportive posture towards measures and the constraints imposed on their use in practice is a fruitful area for discussion. Nonetheless, limitations of the study design must be considered when interpreting these findings. The research was only carried out in two sites in southeast England, which restricts its transferability to other jurisdictions. Focusing on the discretionary use of measures by volunteers could be viewed as a 'piloting' context, with participants more likely to be motivated and flexible enough to adapt their practice so as to make the most of the tools. It could

furthermore be argued that providing more extensive training and professional supervision might have augmented their confidence in using these tools in a more rigorous way.

The concept of professional expertise offers one lens for examining social workers' approach to 'new' forms of knowledge and practice. Research suggests that expert practitioners tend to integrate formal/propositional knowledge with tacit/informal knowledge, developing a capacity for 'dual processing' in order to solve complex problems (Bradley *et al.*, 2006; Kinchin and Cabot, 2010). Novice practitioners tend to be more reliant on propositional knowledge (i.e. what they learn during professional education and training) and are more likely to apply it in a procedural – rather than context dependent – way. From this it might be expected that less experienced social workers would seek to use the measures in their prescribed format rather than informally adapting them into their practice. This did not seem to be borne out in this study, although a systematic comparison was not possible. Rather than experience or confidence, what came through most clearly in participants' responses were operational constraints resulting from the precarious balancing act of CP work, particularly the need to maintain some form of working relationship with families while assessing and addressing risks to children's welfare. For some social workers, particularly in LA2, the rigid format of questionnaires seemed to jar with their commitment to a dialogic, relationship-based approach to practice, particularly when the measure was viewed as an administrative imposition. These factors correspond to what Wilson (1989) called 'situational imperatives', which emerge from the difficult face-to-face interactions at the heart of frontline practice:

'What these difficult, face-to-face interactions produce might be more accurately described as an overriding concern with which the operator must somehow cope. The situation defines the outer limits of his or her freedom of action, and thus the outer limits of what will be determined by organisational goals or individual personality.' (Wilson, 1989: 38)

Situational imperatives might explain why social workers felt compelled to adapt the measures for informal use in some contexts and deploy them as evidence-based tools in others. In the CP and court team (LA1), the measures were perceived first and foremost as a tool for assessing risk. In the safeguarding and care planning team (LA2), participants often opted to use the measures informally so as not to jeopardise engagement and partnership working. Another situational imperative, mentioned by participants in LA1, was that of minimising professional and institutional risk. For social workers involved in care proceedings, the transparency of the measures could be a pitfall when it came defending professional decisions in court. Such concerns may point to broader ethical issues intrinsic to CP work. For example, the perception that measures offered more transparency

about assessment had its counterpart in the wariness of some participants about being challenged on their validity. Again, it is possible to interpret these observations in terms of a lack of confidence or expertise, to be resolved through better training and managerial support. A more troubling implication is that the intuitive 'black box' of professional judgement is better able to deflect challenge in the adversarial world of CP, mitigating the potential for evidence-based tools to be deciphered and undermined. Such concerns may have been a contributing factor to the proliferation of expert assessments in care proceedings (McKeigue and Beckett, 2004), which are usually carried out by clinical psychologists and other health professionals (Wittkowski *et al.*, 2007). The tendency to reserve evidence-based tools for clinicians, who are more familiar with them and have a higher professional status, suggests that significant institutional support would be needed to back up their use by social workers.

Confidence and expertise notwithstanding, there were reasonable concerns on the part of social workers about the validity and reliability of these measures in the practice context of CP. These questionnaires were being administered in pressurised circumstances, often in people's homes and amidst everyday family life. The ability of family members to concentrate and understand the questions varied not only according to circumstances but also on factors such as literacy, cognitive functioning, fluency in English, or even the quality of a translation. Such conditions are not comparable to the controlled environment of a clinic and could interfere with the scientifically validated version of the measure. Comparisons to population norms might also be problematic, particularly for groups that were under-represented in or excluded from the original psychometric testing (Choate, 2018). Given the disproportionate involvement of black and minority ethnic families in the child welfare system, this would constitute another reason for social workers to be cautious in their application of these tools.

Conclusion

This paper has reported on action research into the use of outcome measures by child protection social workers. The study found that participants used these tools principally to help them structure their assessments, to involve service users in the process of gathering and interpreting information, and to 'get to the heart' of problems and concerns. Social workers were less inclined to use them as stand-alone clinical instruments to inform decisions about risk. This seemed partly due to a lack of

confidence and expertise, which could be enhanced via training and by incorporating some measures into organisational procedures or professional supervision. However, the findings also highlighted a range of contextual factors that might affect the transferability of measures from clinical settings to frontline CP work. Overall, what practitioners seemed to value was a more transparent and evidence-based approach to assessment, which could support professional judgement with tailored tools and measures without disrupting other elements of relationship-based practice. The findings suggest that practitioner-led approaches may have greater success than mandatory adoption if the benefits of such tools are to be fully realised.

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