



WRITING

ANALYTICAL ASSESSMENTS

IN SOCIAL WORK

Chris Dyke

Second Edition

**CRITICAL
SKILLS FOR
SOCIAL WORK**

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1

Why assess?

WHAT THIS CHAPTER COVERS

- Who's it for?
- The act of assessment and its ethical implications.
- Power dynamics within the assessment process.
- The purpose of social work assessments.

1.1 WHO'S IT FOR?

I wrote this book for an audience of professionals writing assessments, but this isn't how I write my assessments. Unfortunately, professional reports too often miss their mark, losing sight of their intended audience while 'feeding a system' – in other words, completing a task as a matter of compliance, rather than to achieve a purpose in someone's life. These reports are about form, not substance. Your managers will read your assessments, and so will other professionals working with a service user. But the service user needs to be central – while there are times when another reader is more pressing (when you need a judge to grant an order, for example), even then the purpose of the report is to achieve a positive outcome for the service user. Some will only be able to read it when they're much older. Some may never be able to read it – something I consider in more depth in [Chapter 6](#) when discussing how to share your finished report. But you need to have them in mind nonetheless, not simply as the *object* of your report but the *reader* as well.

Think of your assessment on three levels.

Level One: helping a person understand themselves, and potentially create positive change in their own life (or in the lives of family members).

Level Two: helping an 'involved professional' (including you, and any colleagues working with the service user) help that person, whether through direct recommendations or through creating a better understanding of the person's needs, situation and family dynamics.

Level Three: helping a ‘removed professional’ (your manager, a judge, an inspector etc) ensure that the ‘involved professionals’ are helping that person properly.

All three levels have a part to play, but we mustn’t write our reports for the third level at the expense of the first. This happens too often: Beresford (2007) found service users were disillusioned by the bureaucratic dimension of social work and resented the ‘form-filling’ approach – reminding us that ‘social work is social’, and of the importance of *listening* as the primary activity of assessment.

Listening goes beyond ‘sitting quietly in a living room’. It means active listening – letting the service user speak (or communicate in whatever way they find easiest), and becoming an active part of their account, reflecting their thoughts and helping them use their own perspective to improve their own self-knowledge and self-efficacy. Les Back (2007) explores this process from a sociological perspective. Challenging the common dictum that ‘everyone is the expert on their own life’, Back prefers to think of us as ‘observers in our own lives’, holding a vast store of knowledge, but not necessarily an ‘expert’: it takes reflection and a listener to understand a story, not just a storyteller. Our interviews also require more than just an ear for words: hearing gaps, hearing what someone’s not saying, and picking up what goes unspoken in a facial expression, or even (if someone’s face is covered, or paralysed by a stroke, for example) in body language alone. Where it’s practical to do so, I thoroughly recommend undertaking a visit in a pair – while one social worker conducts the interview as they normally would, the other simply observes and reflects on the interaction. When you come to share notes afterwards, you might be surprised at how much more you’ve absorbed together than as individuals.

Listening takes different forms. You’ll need to read a *lot* when writing an assessment, and reading is its own form of listening: there’s a difference between ‘plodding through’ reams of old documents and absorbing them with a listening mindset – looking out for themes, seeing the humanity behind the jargon, and trying to put yourself in the shoes of the people involved. Professor David Thorpe convinced Norfolk County Council (2018) to do away with written referrals altogether, due to the value of a personal conversation with the person providing information, and because of how much is often lost between what’s in someone’s mind and what they write on paper. Written communication still matters, and sometimes predominates, but personal communication can be far more valuable.

Listening is vital if you want to build an understanding of someone for an assessment, but it’s so much more than that: like many skills that are useful for analysis, active listening is what builds someone’s confidence in you as an empathic, alert practitioner who might be able and willing to help them. I won’t be so blasé as to claim that an assessment ‘writes itself’ when you really know a service user, but it helps.

Even where someone gives you a flawed or distorted account of their situation, this is still a perspective that you need to dignify, even if your role will be to challenge and constructively shift their perspective, or to challenge an outright falsehood. Your chances of achieving meaningful change in someone’s life are better if you take on board everything they say, and work through with them why they say it, than if you just ignore anything that

seems illogical or untrue at first glance. See [Chapter 5](#) on the challenges of confronting deliberate lies by service users or professionals.

1.2 POWER AND ETHICS IN ASSESSMENT

Writing for the service user requires:

- 1) writing in a way they will understand and find useful. See [Chapter 4](#) on Writing for more details;
- 2) recognising the inherent and potential power structures involved in assessment;
- 3) locating yourself in the process – recognising that even if an individual is not necessarily the expert on their own life, they are an important authority on it, and your assessment does not constitute an objective, definitive story of ‘who they are’.

Neustadt (1960, p 33) famously distinguished executive ‘power’ and ‘authority’: the former could be laid out in statute or guidance; the latter was a subtle quality which varied person-to-person – he concluded that someone who ‘commands’ others is betraying a lack of authority, not an abundance of it.

Similarly, Jerry Tew (2006) provides a valuable model of power relationships in social work. In Tew’s model (which I thoroughly recommend reading in full) he considers two axes:

- 1) ‘power over’ versus ‘power together’; and
- 2) ‘limiting’ versus ‘productive’ relationships.

	Power over	Power together
Limiting	Oppressive	Collusive
Productive	Protective	Co-operative

This model improves upon the standard anti-oppressive models, which Tew regards as ‘zero-sum’ – in other words, an increase in power for one person means a decrease in power for someone else. The best social work practice involves co-operative power, where the social worker and service user work together to solve a problem, and all concerned are empowered.

He warns that power relationships can change over time, and one kind of relationship can shift subtly into another, in the absence of proper reflective practice.

I have seen this in practice: when social workers adopt a ‘power over’ working style, they can act protectively when the situation requires it, but can easily slip into an oppressive mode of practice if, for example, they become exasperated with a service user and lose empathy with them. Likewise, a social worker practising ‘power together’ needs to be vigilant that their co-operative work with a service user does not become collusive, especially where the person they are working with has abused other people.

Social workers also have a role and a responsibility in the construction of a person's identity and their relationship with society – a role that goes beyond a professional doing a job, and into the realms of sociology (or even philosophy). Every known human society has a notion of the 'normal' versus the 'abnormal', both in terms of states of mind and in terms of behaviour (Brown, 1991), and social work assessments often represent (consciously or not) the 'policing' of the line between the two. A social worker assesses whether the way a parent cares for a child meets a legal and societal notion of 'good enough' (or whether their actions amount to normal variation or the notion of 'significant harm'), which varies over time and geography. A social worker distinguishes between an adult who can make their own decisions and one who cannot.

As Michel Foucault (1977, p 304) put it:

The judges of normality are present everywhere. We are in the society of the teacher-judge, the doctor-judge, the educator-judge, the social worker-judge; it is on them that the universal reign of the normative is based; and each individual, wherever he may find himself, subjects to it his body, his gestures, his behaviour, his aptitudes, his achievements.

The social worker's distinction between normal and abnormal overlaps with a tacit assessment of social status and personal value. Tew (2006, p 37) found:

People may take on the attributions of inferiority imposed onto them by dominant groups, lacking sufficient support or social resources with which to contest these. They may learn to lower their aspirations in line with their position within the structuring of society.

Social workers owe it to their service users, and their profession, not to entrench and exacerbate social disadvantage in this way. Tew also found that negative definitions can feed into one another: a service user who uses their 'most realistic strategy for having any influence' finds themselves further stigmatised by a social worker who describes them as 'difficult or manipulative', or 'non-engaging'. They are then trapped in an almost Kafka-esque situation where any attempt to challenge a negative portrayal reflects badly on them. We must be vigilant against the risk of valuing conformity, compliance and homogeneity over rights, autonomy and welfare.

This danger has recently come under scrutiny in Norway, a country known for its high quality of life, social democratic values and low inequality. However, the flip-side of such a cohesive society (relative to British or American societies, at least) might be a strong emphasis on normativity in social work – Hennem (2017, p 330) discusses how the Norwegian child protection system 'seeks to provide children with childhoods in keeping with the Norwegian consensus on how children should be and how childhood should be lived', while Pösö et al (2014) recognise the normativity inherent in concepts of Scandinavian child protection practice. Likewise, in the UK, social workers need to be aware that they are not performing an objective, technical task, but exercising judgement over the distinction between tolerable variation and intolerable abuse.

1.3 WHAT'S IT FOR?

In this context, and especially in an environment of increasing privatisation, austerity and decreasing tolerance for the most vulnerable people in society, social workers need to be more vigilant than ever to ensure their assessment – and their practice – remains focused on the welfare and rights of the service users involved.

Assessment can (consciously or not) promote other agendas.

1.3.1 Information-gathering as social control

Assessment, and the gathering and analysis of information more widely, has oppressive potential. The utilitarian philosopher Jeremy Bentham (1843) once envisaged a prison called a 'Panopticon', consisting of one giant central tower containing the observers (guards in a prison, teachers in a schoolyard, police in a market square, etc), while every inch of the yard under observation was visible to the observers. The Panopticon would not only allow guards in a prison to observe every inmate, it would create in every inmate the awareness that they might be watched, even though (in a prison of a thousand inmates and a dozen guards, for instance) they could never be under direct observation all the time. The feeling of surveillance was as powerful as the actions of the guards themselves. Foucault (1977, p 202) developed the Panopticon idea regarding wider society:

He who is subjected to a field of visibility, and who knows it, assumes responsibility for the constraints of power; he makes them play spontaneously upon himself; he inscribes in himself the power relation in which he simultaneously plays both roles; he becomes the principal of his own subjection.

In other words, social control becomes automatic. Pfaff (1996) noted the way in which the East German authorities controlled their population not primarily through force or brutality (at least not by the standards of other authoritarian regimes), but by a then-unprecedented collection of information on every citizen. In the twenty-first century, some governments on the left and right have shared the aim of 'total information awareness' (Cohen, 2010), usually to tackle crime and terrorism, but often seemingly to help improve provision of public services (healthcare, benefit payments, school places etc). There are practical benefits to holding information on people, especially in a safeguarding context, but also implications for civil liberties and civil rights, and for the potential abuse of power. Also, the accumulation of data can become its own aim, leading to a near-compulsive tendency for public servants to seek information on everyone they meet – again, professionals can come to view people with suspicion when they are unwilling (or unable) to share information, even though those same professionals guard their information carefully in their personal lives. Social services now hold ever-increasing information on children: Bilson and Martin (2016, p 793) found that nearly a quarter of all children born in 2009–10 had been referred to social care, and one in nine had been subject to statutory intervention – they commented that *'this high level of involvement is only justifiable if it is demonstrably reducing harm and promoting well-being of children—an outcome which*

is contested'. I have found it instructive that every senior executive or senior academic I've worked with has urged me never to provide my own personal information to statutory agencies (including the agencies they manage) beyond the legally required minimum.

1.3.2 Imposing a medical framework

Assessors can sometimes be unaware of the underlying assumptions in their work: in mental health, social workers again help to police a line, this time between societal constructions of what is an 'illness' and what is simply variation. Notable psychiatrists have challenged the objective basis of psychiatric diagnoses: the reliability of diagnosis (Rosenhan, 1973), the arbitrary tendency to medicalise behaviour (Szasz, 1974; Lane, 2008), and the presentation of subjective, fallible personal judgements as objective diagnoses (Frances, 2013). Szasz (1974, p 119) famously criticised the meaningless distinction between a 'religious experience' and a 'mental illness': *'if you talk to God, you are praying; if God talks to you, you are schizophrenic'*.

The British Psychological Society (2011, p 2) is also cautious about framing certain behaviours or mental states (even those which are undoubtedly problematic) as illnesses, commenting on the latest Diagnostic and Statistical Manual (DSM) that:

The Society is concerned that clients and the general public are negatively affected by the continued and continuous medicalisation of their natural and normal responses to their experiences; responses which undoubtedly have distressing consequences which demand helping responses, but which do not reflect illnesses so much as normal individual variation.

A more sinister risk is that the language of mental illness becomes political. Szasz used the example of psychiatrists historically diagnosing women with 'hysteria' if they did not respect their husband's authority over them. Pathologising a subversive or minority worldview is dangerous.

There is a distinction between not helping someone, and not framing them as 'ill' before helping them. Until 1987, the DSM (APA, 1987) contained homosexuality as a mental disorder. At the time of writing in autumn 2018, it still contains gender dysphoria (ie the feeling of belonging to a different gender than the gender of your birth!) despite a growing movement to challenge this (Lev, 2006). We would not balk at describing someone as gay if they are attracted to the same sex, but wouldn't suggest that they obtain a medical diagnosis of homosexuality – to do so would suggest something inherently disordered about their sexuality. If someone's mind works differently to our own, in many cases it makes more sense to describe them in terms of ordinary variation, rather than being disordered in relation to our 'normalness'. If someone's behaviour or thought process causes problems for them or other people, then it makes sense to help them, but this does not *inherently* mean that they are unwell or 'abnormal'.

1.3.3 Individualising social problems

We write assessments about specific, named individuals. While good assessments involve the family and environmental context, they are nonetheless focused on the individual and household, not wider society. This makes sense when we have concerns about an individual's behaviour or stability (although context is still important). However, focusing on (and potentially stigmatising) the individual is less justifiable where the problems represent wider cultural and societal issues.

For example, I have challenged local authorities who described a family's diet in terms of parental failings, citing the prevalence of junk food and ready meals, and the absence of fresh fruit and vegetables – I had walked around the family's local area and found 'food deserts' (Wrigley, 2002) where I couldn't find ingredients for a healthy meal within reasonable walking distance. Obviously, many similar families find ways around this, but the issue was still social as much as it was individual. Likewise, Szasz also criticised the constructed notion of obesity, not because it didn't pose health risks, but because the medicalisation of obesity turned a social problem (food of poor nutritional value) into an individual one.

Bilson and Martin (2016) identified a tendency for social workers to 'individualise' social problems such as poverty, deprivation and crime. Beresford (2007) found this a key complaint of service users – being personally blamed for a problem which had its roots (and even its manifestation) in the wider community, rather than in themselves and their household.

I've frequently encountered practice scenarios where parents are told to work with a service (more on this in Chapter 6), otherwise social workers will deem their child to be at risk of harm – the service is then closed due to funding cuts, and social workers no longer regard the child as 'at risk' without the service. In other words, a professional omission represents business-as-usual; a personal omission represents child neglect. After austerity-driven cuts to housing benefit led to increases in homelessness where I worked, our managers directed us to assess families seeking assistance as they could not pay their rent – I was an agent of the state, being asked to describe in individual terms how a person came to be homeless, when the relevant variable was at the societal level.

Charlene Firmin and David Hancock (2018) have comprehensively explored the importance of social work assessments that not only consider, but locate problems within, the wider environment, looking particularly at the problem of men grooming and sexually abusing children (also known as 'child sexual exploitation' or CSE). As discussed in Chapter 4, I have been dismayed by the tendency for social workers to assess CSE in terms of the actions of the child and their parents, rather than the actions of the perpetrators.

A student recently asked me: 'but what can we do, apart from look at the child and the family?' Since the social worker has little remit outside of the family, this might be why so many social workers end up taking an individual, rather than social, focus. As discussed

previously with regard to 'compliance', social workers feel under pressure to 'do their job' rather than create change. My response is that there are numerous problems that pose a danger to service users – climate change; knife crime; terrorism; air pollution; widening inequality; social unrest, etc – which carry undoubted risks of harm, but are impossible for a social worker (or any individual) to solve. The answers to any of these problems are well beyond the scope of this book, or of my expertise. The point is not that a social worker can necessarily remove any risk (certainly not on their own), but that 'writing an assessment' and investigating members of the household is often not the solution. Social workers are not sociologists, economists or political scientists, but good social work can't happen without some awareness of social, economic and political issues. Individual lives are often framed by changes to eligibility for benefits, immigration law, sentencing guidelines, cuts to services and definitions of illness. Individual social workers are influenced (directly or indirectly) by a wider agenda that sometimes only becomes apparent when you 'take a step back' and consider the wider context.

Some issues are best understood in terms of the individuals involved. Some issues are best understood in terms of wider social issues. Some issues are more complex: one individual might be more sensitive than another to a change at a social level, due to different personal factors which only become apparent when a higher-level change occurs (for example, a person who depended on a service more than someone else could suffer more of an impact when the service is cut; or different levels of personal resilience will affect the way two people react to sudden unemployment). In any case, it is important to recognise the different levels at which changes occur and the different dynamics underpinning a service user's problems.

1.3.4 Managerialism and responsabilisation

Eileen Munro (2004) draws a neat distinction between an 'outcome' and an 'output': we achieve a positive outcome when a service user experiences improvements to their quality of life, stays safe or is empowered to solve a problem; while we achieve a positive output when we write a report, hold a meeting, make a referral, or otherwise carry out professional tasks in line with guidance. The latter are useful, but only as a means to an end – the outcome is the end. Even the best assessments and meetings only serve to focus people's attention on key issues, make plans and work out how a positive outcome might come about – they are *not* outcomes in themselves. This is blindingly obvious, but frequently overlooked in practice. I can sympathise with the reasons for this: measuring outcomes requires detailed, expensive and nuanced research; measuring outputs can be as easy as pulling up a spreadsheet. But the purpose of your assessment is for it to be read and be useful – not for you to 'tick a box'.

In a managerial, risk-averse culture, the tendency to focus on outputs rather than outcomes can be stifling. I frequently see professionals, with huge anxieties about a service user's welfare or safety, attend a meeting and come out with far less anxiety, despite no change in the service user's situation. This used to baffle me, but it represents Michael Power's (2007) concept of 'responsibilisation': where our actions reduce the risk of harm

to the *organisation*, rather than (or as well as) reducing the risk of harm to the service user. In many cases, the two concepts overlap – a social worker who acts promptly in response to information, to do some good work which makes life safer for a vulnerable service user, has achieved both a positive outcome and (assuming they've done their paperwork) a positive output; just as a social worker who has done no work at all with a service user (who suffers harm) has failed to produce valuable outcomes or outputs. But this is not necessarily so. I focus in [Chapter 6](#) on the implications for referrals to services of questionable value.

In practice, this means never losing your natural curiosity: if you're worried by something, explore it – don't feel constrained by the terms of the initial referral or by the task you've been asked to do. It means identifying when the source of a problem is outside of the family and looking outside of the family for solutions. It means doing things within a timescale that matters to the service user, not within a deadline imposed by management (this may mean presenting a case to a manager or judge as to why a case should not be resolved within – for example – the 26-week deadline for care proceedings). It means professionals (not just social workers) need to stop the bad habit of confusing 'reports written' with 'work done': I've heard far too many experienced professionals argue that they've done lots of work with a service user, citing long lists of forms they've filled in – no doubt they worked hard on those forms, but the effort they put in doesn't necessarily translate into the effect on a service user's life.

This book is about writing assessments, but not because assessments are the centre of social work practice. They should be useful tools to help social work practice – while a vital skill for social workers, they are *not* social work practice in themselves.

1.4 CHAPTER SUMMARY

This chapter encourages social workers to take a more reflective approach to the act of assessment itself – we shouldn't see it as a technical skill, but remember the personal, social and societal impacts our assessments have, and the power dynamics involved.

Your assessment:

- should be written for service users first, 'involved professionals' second, and 'removed professionals' third, although you should consider all three audiences;
- involves listening with a mind that is open, empathic and analytical. It should represent the conclusion of a respectful, active discussion between you and a service user, not the imposition of your narrative over theirs, nor the uncritical acceptance of their own words;
- represents an exercise in 'co-operative power' (Tew, [2006](#) – an invaluable model) which requires the exercise of 'power together' rather than 'power over', and 'productive' rather than 'limiting' working relationships;

- implicitly and explicitly places service users either side of necessary but constructed 'lines': the line between acceptable and unacceptable behaviour; the line between having and not having the ability to make a decision; the line between good enough and inadequate parenting. This involves personal, cultural and societal judgements, which we need to recognise;
- could become an oppressive exercise if it confuses the relevant questions of welfare, rights and capacity with more loaded questions about conformity and homogeneity;
- should be guided by the underlying agenda of social work. The IFSW's global definition of social work (Hare, 2004, p 418) is a good place to start: '*The social work profession promotes social change, problem-solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilizing theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work*';
- requires you to be vigilant against other, pervasive agendas: the use of 'panoptic' information-gathering as a means of social control; the medicalisation of difference; the individualisation of social issues; and the managerial agenda to protect the agency rather than the service user. Good practice with the service user should in any case discharge the organisation's duties – good outcomes almost always mean good outputs, but good outputs often don't include good outcomes.

NOTE

- ¹ To be precise, this disorder represents the *distress arising* from a non-cisgender identity, not the non-cisgender identity itself, but at the time of writing a doctor's diagnosis of gender dysphoria is still required in order for someone to legally change gender.

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