EVIDENCE BASED DECISIONS IN CHILD NEGLECT

AN EVALUATION OF AN EXPLORATORY APPROACH TO ASSESSMENT USING THE NORTH CAROLINA FAMILY ASSESSMENT SCALE

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NSPCC

EVERY CHILDHOOD IS WORTH FIGHTING FOR

Impact and Evidence series

This report is part of the NSPCC's Impact and Evidence series, which presents the findings of the Society's research into its services and interventions. Many of the reports are produced by the NSPCC's Evaluation department, but some are written by other organisations commissioned by the Society to carry out research on its behalf. The aim of the series is to contribute to the evidence base of what works in preventing cruelty to children and in reducing the harm it causes when abuse does happen.

Contents

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YOUNG PERSON'S KEY FINDINGS

Some parents do not give enough love and care to their children. The NSPCC is trying out a new way of helping social workers to make things better for those children. This new way of working means that the social worker has another person helping them. It also means that they use carefully chosen questions so that they can understand the problems that parents and children are experiencing.

We learned that social workers found it useful having someone to work with them. Sometimes, having someone to work with can make the social worker feel more confident. Social workers also thought that the carefully chosen questions were helpful as they could help them find out new things about families, including what was most important to the families.

We found that this new way of working could help parents think about how to improve life for their children. Sometimes, parents felt better because the social worker spent more time with them and said good things about their family. When these things happened, parents felt confident about helping their children.

This new way of working is good, but it does not always help. Sometimes, social workers are very busy and do not really want someone helping them.

KEY FINDINGS

The evidence-based decision-making (EBD) review service seeks to improve evidence, understanding and decision making in complex cases of neglect known to local authorities. The key findings are:

- The review can play a role in improving evidence, understanding and decision making. Helpful features include: the requirement to be evidence based; the challenge provided by an NSPCC social worker; increased time given to the family; the use of numerical scores and traffic light coded charts; and the focus on strengths as well as weaknesses.
- The review was not always used to improve evidence, understanding and decision making. The social worker's focus, capacity for critical reflection, writing skills, communication skills and workload influenced his or her ability to get the most out of the review. The impact of the EBD review could be limited when social workers already had good evidence and understanding prior to the review.
- The findings suggest a range of activities that the NSPCC could engage in to develop practice in assessment and decision making on neglect. These are: promoting use of the review; providing an assessment service; promoting a culture of challenge and a focus on long-term safety within social work practice; and campaigning for sufficient time to be spent on the assessment of neglect.
- This report describes the different ways in which the review was used and explains the reasons for this variation. It does not aim to quantify the ways in which the review's scale tool was used. Nor does it aim to establish the impact of the review or the validity or reliability of the scale tool used in the review. The validity and reliability of the tool has been demonstrated elsewhere (Kirk, 2008; Kirk, 2012; Kirk and Martens, 2006; Pennel, 2008).
- The learning from this research project will be developed further in *Thriving Families* the NSPCC's new service for families where child neglect is a concern. *Thriving Families* will be delivered from 5 sites across England and Wales and include an assessment service (NSPCC, 2015).

EXECUTIVE SUMMARY

The evidence-based decision-making (EBD) review service seeks to improve evidence, understanding and decision making in complex cases of neglect known to local authorities.

The key evaluation finding is that the EBD review can play a role in improving evidence, understanding and decision making. Helpful features of the review included: the requirement to be evidence based; challenge provided by an NSPCC social worker; increased time given to the family; the use of numerical scores and traffic light coded charts; and the focus on strengths as well as weaknesses.

However, the review was not always used to improve evidence, understanding and decision making. The local authority social worker's focus, capacity for critical reflection, writing skills, communication skills and general workload influenced his or her ability to get the most out of the review. Influence could also be low when social workers already had good evidence and understanding prior to the review.

Context

- The evidence-based decision-making review service is part of a programme of interventions that the NSPCC has developed to meet its commitment to create and deliver innovative child protection services.
- The service has been developed to improve evidence, understanding and decision making in complex cases of neglect. The service started in October 2011 and ran for three years, to the end of 2014.
- The EBD practice model requires a review of a family's functioning, using the North Carolina Family Assessment Scale for General Services [NCFAS-G]. The scale requires an assessment of family functioning across 8 areas: environment, parental capabilities, family interactions, family safety, child well-being, social/community life, self-sufficiency and family health. Each area is rated form -2 to +3. Minus scores indicate a need for statutory intervention.
- NCFAS-G is completed using information drawn from case file records, data from home visits and information from other sources. The EBD practice model requires two reviews to be conducted jointly by an NSPCC social worker (referred to in this report as an NSPCC practitioner) and the local authority social worker responsible for the case. The first review, known as the 'Time 1' review, takes place as soon as the case is referred to the NSPCC.

The second review, known as the 'Time 2' review, takes place a minimum of three months after the 'Time 1' review is completed. Each review finishes with a report, written by the NSPCC practitioner, being provided to the social worker.

- Local authorities refer cases for review to the NSPCC. Once a referral is made, an NSPCC practitioner inducts the child's social worker in the EBD approach and works with him or her to conduct a review. The review should lead to better evidence, understanding and decisions.

Methods

- This report is largely based on interviews with local authority social workers and NSPCC practitioners. It describes the ways in which the review was used in informing evidence, understanding and decision making. It also describes how this differs from everyday practice and explores the reasons for this variation. It covers the EBD review process as a whole, use of the NCFAS-G scale, use of chronologies and the role played by joint working. It also looks at how contextual factors, common to social work practice, influenced the use of the review.
- A weakness with the interviews is that some of the information fed back by interviewees will be inaccurate. We did not talk to parents and children.
- The report also draws on the results of a practitioner survey, which was completed by a social worker and practitioner each time an EBD review was completed. It also draws on the results of a comparison of NCFAS-G scores between Time 1 and Time 2.
- The survey and the NCFAS data were not collected for all EBD cases so we cannot be sure it represents all cases.
- This report does not quantify the variety of views and ways in which the scale tool was used. This report does not test the impact of the review, or seek to establish the validity or reliability of the scale tool used in the review. The validity and reliability of the tool has been demonstrated elsewhere (Kirk, 2008; Kirk, 2012; Kirk and Martens, 2006; Pennel, 2008).

Findings

- Doing the EBD review often helped improve the evidence that social workers had access to. Considering the review findings or participating in the review could improve the understanding that social workers had about the families they were working with, and could improve the understanding parents had about what needed to change.

- Aspects of the review that helped and that were not found in usual assessment practice included: a focus on family functioning that cannot be readily observed (e.g. whether a parent administers medication regularly); a requirement to score the family on each area of family functioning; and a requirement to demonstrate how the evidence available meets the criteria provided for each score.
- Joint working helped improve the quality of evidence and understanding. Social workers who focused on listening to parents, whilst the NSPCC practitioner talked to them, had more time to identify inaccuracies in information fed back by family members. NSPCC practitioners challenged social workers, during joint scoring meetings, to ensure a good fit between the evidence and the tool's scoring criteria.
- One factor in explaining the quality of evidence and understanding was the time spent with the family, which during the review was more than the social worker usually spent.
- Participation in the review and consideration of the findings sometimes prompted decision making among families and professionals.
- There were several ways in which the review process prompted decision making. The very act of considering whether a case should be selected for EBD review focused the mind of the professional on what should be done.
- Some professionals felt sufficient confidence to argue for a decision, having gained the support of the NSPCC on a way forward.
- The use of scores to denote the need for action and the presentation of scores in traffic light colour-coded charts helped parents and professionals identify key issues quickly.
- Parental understanding and decision making was said to have sometimes improved because parents felt more supported by the NSPCC than by local authority social workers, and were more willing to accept criticism and change as a result.
- The usefulness of the review varied – it was not always felt to have improved evidence, understanding and decision making.
- In some cases, the evidence produced was not presented clearly, which made it difficult for decision-makers to identify the key issues. Some review reports were felt to be too long.
- Reports were not always made accessible to local authority decision-makers, like child protection conference chairs, and some local authority staff did not read review findings made accessible to them.

- Where a social worker left his or her post halfway through the review, the social worker taking on the case was not always enthusiastic about completing the process or interested in the findings.
- Reviews were said to have had no influence on decision making when social work staff wanted the findings to support a particular course of action but where the findings suggested a different course of action.
- Reviews were also felt to be ineffective where parents were unable to comprehend the changes that needed to be made, or could understand but were not willing or able to make the changes needed.

Conclusion

Social workers and family members can use the review to improve the quality of evidence, understanding and decision making to the benefit of children. The findings suggest a range of activities that the NSPCC could engage in to develop practice in assessment and decision making. These include: promoting use of the review; providing an assessment service; promoting a culture of challenge and a focus on long-term safety; campaigning for sufficient time to be spent on the assessment of neglect, and create a support network for social workers who want to fight the case for neglected children. The learning from this research project will be further developed in *Thriving Families,* the NSPCC's new service for neglected families, which will be delivered from 5 sites across England and Wales. The service aims to develop a consistent approach to child neglect, assessing families' needs and helping families find the right service (NSPCC, 2015).

MAIN REPORT

Chapter 1: Introduction

In 2009 the NSPCC's strategy (NSPCC, 2009) committed the society to delivering services for children that are innovative, distinctive and that demonstrate how to enhance child protection. As part of this strategy, a range of new services was developed and implemented. Some of these services were focused on neglect. Neglect was chosen as a theme because, with the exception of the Department for Education research programme (Davies and Ward, 2012) little attention has been paid to it. This is despite the fact that neglect is the primary reason for 46 per cent of child protection registrations (now called child protection plans in England) (Gardner and Telford, 2010) and that neglect was present in 60 per cent of cases of serious injury or death between 2009 and 2011 in England (Brandon et al, 2013).

The evidence-based decision-making (EBD) intervention was one of the new services created within the neglect theme. The service was designed in response to research, which suggests that neglect could be responded to sooner (Gardner and Telford, 2010). Research suggests that professionals sometimes wait until a serious incident or a repeat referral has been made before identifying and/or acting on the neglect (ibid, 2010;). It has been suggested that using assessment tools could help social workers identify neglect and make decisions (ibid, 2010; Barlow et al, 2012). The aim of EBD, consistent with the recommendation made by Eileen Munro to the Government in 2011 (Department for Education and Munro, 2011), is to find a way to assist social workers' professional judgement, with a particular focus on improving evidence, understanding and decision making. The EBD review aimed to give social workers an opportunity to reflect on their neglect cases. The EBD service started in October 2011 and ran for just over three years, finishing at the end of 2014. It was delivered from five NSPCC Centres located across England and Wales.

In 2015 the EBD service was integrated into a new NSPCC service for neglected families, which will be delivered from 5 sites across England and Wales. The service, called Thriving Families, aims to develop a consistent approach to child neglect, assessing families' needs and helping families find the right service (NSPCC, 2015).

This report presents the findings of the evaluation of the EBD service. It is based on two sets of interviews – the first set conducted six months into the delivery of the service and the second set conducted 18 months into the delivery of the service. It also draws on the results of a practitioner survey. The survey was intended to be completed by

a social worker or NSPCC practitioner each time an EBD review was completed. The report also draws on the results of a comparison of NCFAS-G scores between Time 1 and Time 2.

The report starts with a small section on the methodology, after which separate chapters explain the role played by EBD in producing evidence, aiding understanding and influencing decision-making. The general perceptions of local authority social workers and NSPCC practitioners are then presented, after which a conclusion chapter summarises the lessons learned and makes recommendations on how work on neglect can be progressed.

1.1 Background

Effective and proactive decision making and case management in complex cases of neglect is clearly associated with improved outcomes for children (Farmer and Lutman, 2012). Sadly, research evidence (Davies and Ward, 2012) shows that the majority of cases are not consistently well-managed, and that this results in children suffering repeated neglect despite ongoing child protection work. Government-funded research on neglected children in England (Farmer and Lutman, 2012) reported that long-term outcomes for neglected children were poor or very poor in over a third of cases; case management was poor or inconsistent in three quarters of cases; neglect was often marginalised; decisive action was not taken on the cumulative evidence of harmful neglect (which was often not recognised); key parental difficulties were not addressed, and two thirds of children who returned home from care were neglected or suffered other forms of maltreatment. The government recognises that timely and decisive action is critical to ensuring children are not left in neglectful homes (DFE, 2015, p26).

To improve the outcomes for children who have suffered or are suffering harm as a result of neglect, the following elements of proactive case management have been identified (Farmer and Lutman, 2012):

- clear focus on identifying the key issues;
- giving equivalent weight to evidence of neglect as to other forms of harm;
- taking evidence based decisions;
- follow-through of decisions in plans;
- responding to opportunities to prevent harm;
- resolving key issues before case closure.

The EBD service was intended to address these issues through improving local authority understanding of neglect cases, and enhancing decision making and proactive case management. It did this by providing a review of the family functioning in complex cases of child neglect, where an NSPCC social worker (referred to in this report as an NSPCC practitioner) completes the review in partnership with the child's local authority social worker. A review could be conducted when one or more of the following factors applied:

- the child had suffered or may suffer significant harm due to neglect;
- a child protection plan or a renewed child protection plan for neglect was under consideration;
- out-of-home care was under consideration for the child (or children) but proceedings were not underway;
- there were adult risk or need factors (e.g. mental illness, disability, substance misuse);
- there were other complex factors (e.g. cultural issues, poor engagement by or with services); and/or
- the case was 'stuck' in the sense that sustained progress for the child (or children) was not evident.

Five NSPCC service centres and several local authorities in the vicinity of each service centre area had been involved in the project at the time the interviews for the evaluation were conducted. Central to the project is the *NSPCC EBD Practice Model*, which requires an NSPCC practitioner and a local authority social worker to conduct a joint review of family functioning; the findings of which the local authority social worker can integrate into his or her existing work with the family to inform plans and decisions. The EBD review was conducted using the North Carolina Family Assessment Scale for General Services [NCFAS-G]. Initially practitioners received training in use of the NCFAS-G by the National Family Preservation Network [NFPN]. Subsequent training was provided by an NSPCC manager with NFPN approval. The review also draws on case file records, data from home visits, and information from other agencies and professionals.

1.2 Evidence Based Decision Making model

The practice model requires two reviews to be conducted with a family and provides guidance on the time scales by which the different review activities should be completed. The first review, known as the 'Time 1' review, takes place as soon as the case is referred to the NSPCC. The second review, known as the 'Time 2' review, takes place a minimum of three months after the 'Time 1' review is completed. A comparison of the findings from the two reviews

should help clarify whether there has been any change in a family's functioning and the difference made by interventions provided during the time between the two reviews. This should enable timely and appropriate decisions to be taken about whether further interventions are needed to safeguard the child and support their welfare and development. In particular, it should allow a decision to be reached on whether safety can be achieved for the child in the home.

The EBD review alone is not intended as a risk assessment, although the review findings can be incorporated into one. For this reason, the NSPCC has preferred the term *review* rather than *assessment*, although local authority social workers commonly referred to the EBD review as an *assessment* during the interviews with them.

Once a referral for an EBD review from social services is accepted by the NSPCC, the society allocates it to an NSPCC practitioner who, together with the local authority social worker, follows a set of steps, trying to keep within a set of timescales outlined in practice guidance. The NSPCC practitioner and local authority social worker should first hold a joint meeting, within 14 days of having received the referral, to confirm roles and responsibilities and plan the review. Within 21 days of having received the referral, the NSPCC practitioner should request copies of the last child protection review and the initial and core assessment, and should review the child's files. For the first review, the NSPCC practitioner and local authority social worker conduct one introductory visit and up to three further visits to collect the information needed to complete the review tool (see below). A set of question prompts has been made available to NSPCC practitioners and social workers to help them collect the data they need to complete the tool. The first home visit should be completed within 28 days of the referral having been received.

Following the home visits, the NSPCC practitioner produces a report detailing the findings of the review, a draft of which should be shared with the family within 56 days of the referral having been accepted by the NSPCC. The report covers the background to the referral, a genogram[1] of the family, a summary of the NCFAS-G scores, priority for actions, family members' views and child protection concerns.

1 Genograms are a graphic representation of relationships in a family. Chronologies tend to be a compilation or summary of all the information collated by social services during their involvement with the family, and should include an analysis that draws a conclusion on what the impact of the child's experiences have been on his or her development.

Once the discussion with the family has been considered and amendments made to the report, the report should be provided to the child protection conference, review group or to a core group as an addendum to the lead social worker's report. The NSPCC practitioner may attend the conference or review group meeting to discuss the report where there are particular reasons for their doing so.

1.3 North Carolina Family Assessment Scale-General

The tool used to help conduct the EBD review is the North Carolina Family Assessment Scale for General Services [NCFAS-G]. NCFAS-G was developed in the United States by a group of social care providers, evaluators and policy-makers in response to a review of assessment instruments. This review revealed that instruments were needed that:

- were more closely related to practice concerns;
- were capable of detecting or assessing changes as a result of intervention;
- focused on families rather than individuals;
- took account of strengths as well as difficulties.

(Kirk and Martens, 2006)

NCFAS-G aimed to meet these requirements for use in preventative work with families whose children are judged to be experiencing a mild level of risk of child maltreatment and neglect (Kirk and Martens, 2006). It covers the following eight areas, known as domains, on which a family's behaviour or situation is scored:

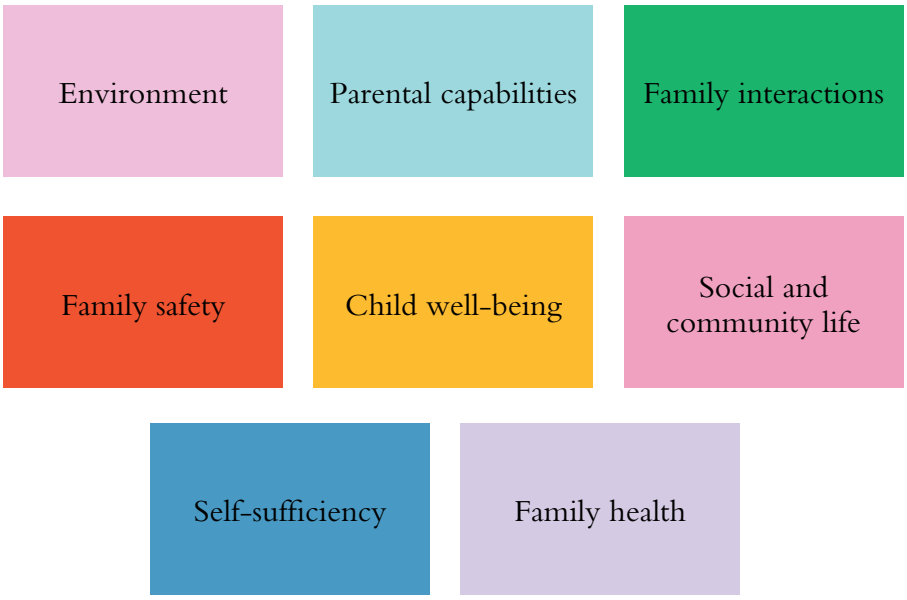
- Environment
- Parental capabilities
- Family interactions
- Family safety
- Child wellbeing
- Social and community life
- Self-sufficiency
- Family health

Each domain has a set of sub-domains, and each domain and sub-domain is scored using a six-point scale, which ranges from -3 to +2. The scores +2, 0 and -3 have descriptive criteria although the criteria are supposed to support rather than determine professional judgment. The general definition for a score of 0, also referred to as 'baseline' or 'adequate', is "the threshold *above which* there is no legal, moral or ethical reason for public intervention" (National Family Preservation Network, 2009). Domain scores are not intended to be an average of the sub-domain scores, but should instead reflect the scorer's judgement on the overall situation for the family in that domain. The tool's scoring system is intended to allow prioritisation of areas for services and the focusing of resources on specific problem areas.

The authors of NCFAS-G conclude that psychometric tests demonstrate that "NCFAS-G appears to be very reliable" and that "concurrent validity appears to be established" (Kirk, 2008; Kirk, 2012; Kirk and Martens, 2006; Pennel, 2008).

Following the home visits, the NSPCC practitioner and local authority social worker should score the family independently of each other, and should then hold a meeting to compare and contrast scores. At this meeting they are expected to reflect, question and challenge each other on the data that underpins their scores. Agreement is not necessary, but where scores differ by two points or more, the NSPCC project team manager and local authority team manager should meet to facilitate a final decision on scoring.

What EBD covers …



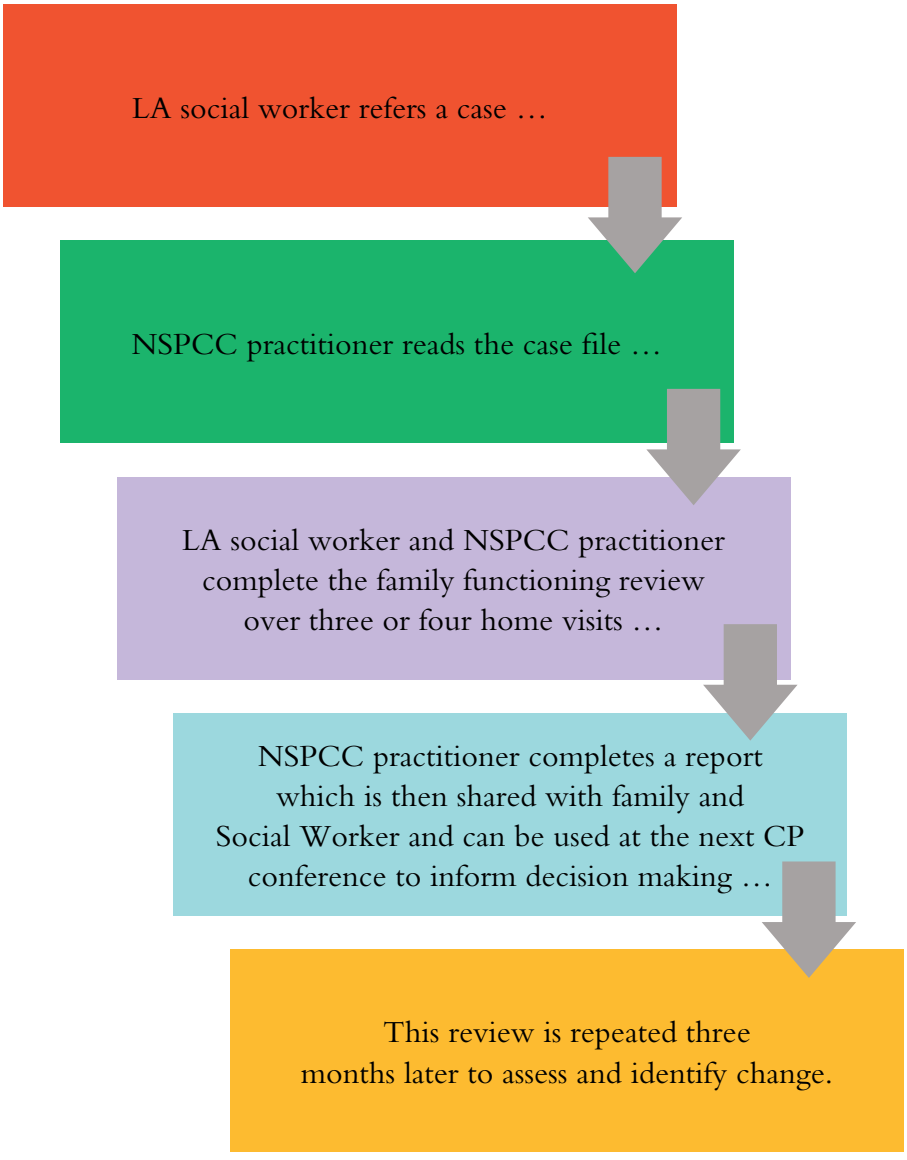
EBD Scaling …

The domains are scored from +2 to –3

Clear Strength	Mild Strength	Baseline/ Adequate	Mild Problem	Moderate Problem	Serious Problem
+2	+1	0	≠1	–2	–3

Scores below 0 indicate a requirement for statutory intervention

How does EBD work?



1.4 Theory of change

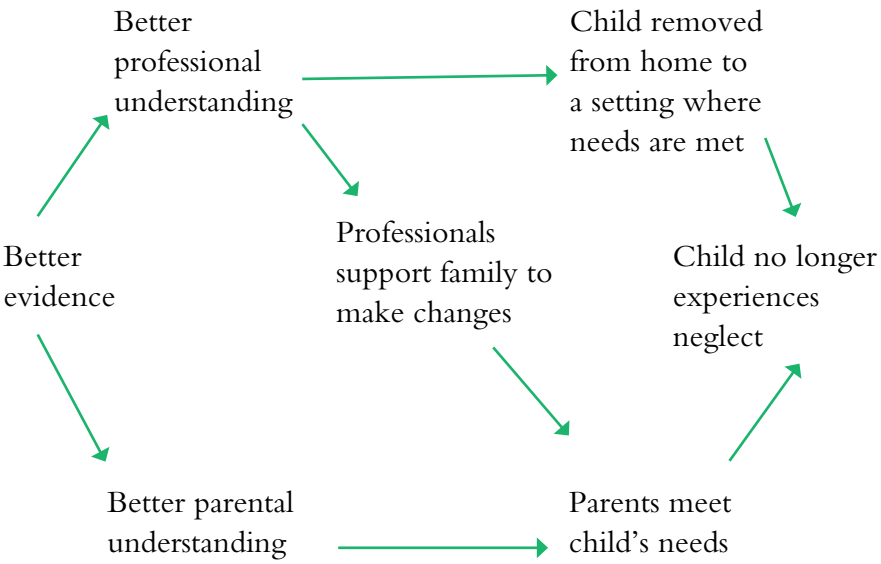
The aim of EBD, consistent with the recommendation made by Eileen Munro to the Government in 2011 (Department for Education and Munro, 2011) is to find a way to assist social workers' professional judgement. The intervention's theory of change is that the review process can lead to better evidence and enhanced understanding, which should improve decision making. It is intended that local authority practitioners and parents should, on the basis of conducting or having received the findings from one or two EBD reviews, arrive at a clearer understanding about neglect within the family. Greater clarity should be reached on the kind, severity and changes in the neglect experienced (or likely to be experienced), the harm done to the child, the causes of the neglect, the capability and willingness of the parent to change and the type of interventions needed. Furthermore, the review should allow a conclusion to be drawn on whether safety can be achieved in the home.

Having arrived at a clearer understanding, professionals and parents should make appropriate, timely decisions about what type of intervention is required to address the neglect. The evidence provided by the EBD review, incorporated into the existing information held by the responsible local authority social worker, should enable the authority to make more informed, proactive decisions within shorter timeframes. In addition, parents should be better able to make the necessary changes in their behaviour to stop neglecting their children, partly due to the clarity of understanding they reached during the EBD review and partly as a result of the interventions they receive. Alternatively, local authority workers might become clearer that the parents do not have sufficient capacity to change within the child's timescales.

It was expected that the EBD review would not determine social work practice and judgement, and that the social worker's attitude, focus, skills and biases would play an important part in how the EBD review was used.

The purpose of the evaluation, presented in this report, was to explore whether the review was being used as anticipated. The evaluation also looked at other ways in which the review helped, which may not have been predicted by the theory of change. Finally the evaluation tried to develop a deeper understanding about the contextual factors that helped social workers and parents make the most of the review, and those factors that hindered.

EBD theory of change



Chapter 2: Methodology

This chapter sets out the methodology used to evaluate the EBD project. It describes the evaluation's aims and objectives, and then details the approach to data collection and sampling, as well as the ethical review process.

2.1 Evaluation aims and objectives

This report is based on a qualitative study, which describes the ways in which the review was used in informing evidence, understanding and decision making. The qualitative study also sought to understand if, how and why practice with the EBD review was different from everyday practice. The report findings cover the EBD review process as a whole, use of the NCFAS-G scale, use of chronologies and the role played by joint working. They also look at how contextual factors, common to social work practice, influenced the use of the review. The report also incorporates some descriptive quantitative information. It involves the use of data taken from a practitioner survey on the utility of the review process and includes the results of a comparison of T2 and T1 scores. This report does not quantify the variety of views and ways in which the tool was used.

This report does not seek to establish the validity or reliability of the scale tool used in the review, which has been done elsewhere (Kirk, 2008; Kirk, 2012; Kirk and Martens, 2006; Pennel, 2008).

Finally, it is worth noting that the evaluation did not seek to test the impact of the EBD approach. The decision to explore the use of the tool, rather than test its impact, was made because there was uncertainty over whether the NSPCC and local authorities could establish the conditions required for an impact study, namely the consistent implementation of the EBD review and consistent referral pathways and decision-making processes across sites and cases.

2.2 Data collection and sampling

Data collection consisted of open-ended interviews, focused on implementation and effectiveness, conducted with local authority and NSPCC staff. There were two time points for data collection. The first point, focused on implementation, was six months into the project, and involved interviews with three local authority workers and 15 NSPCC staff. The second point, focused on effectiveness, was 18 months into the project, and involved interviews with 26 local authority social workers and 10 NSPCC staff. NSPCC interviewees

included children's service practitioners, project team managers and a service centre manager. Local authority staff included local authority social workers, social work managers, and independent reviewing officers, who worked as child protection conference chairs. Interviewees were selected on the basis of having had first-hand experience of conducting or supervising someone who had conducted an EBD review.

Topic guides, consisting of a list of subject areas of interest to the evaluation, were used to help consistency of coverage between interviews. Interviews were conducted over the phone, recorded and then transcribed. Participants were given the opportunity to review and amend their transcript before analysis commenced. During the interviews, interviewees were asked to draw on their experience of particular cases that they had been involved in to explain their existing experience of working on neglect, as well as their experience of conducting an EBD review. During the course of the first set of interviews, 15 EBD cases were reported on. During the second set of interviews, 30 cases were reported on – these 30 cases were at various stages of progression and some had been talked about in the first set of interviews. While most of the cases talked about had reached the end of the 'Time 1' review, not all had completed the 'Time 2' review, and in some cases a decision had been taken about the family, which meant a 'Time 2' review would not be done.

2.3 Limitations

The aim of the qualitative study was to use accounts provided by interviewees to describe and explain the different ways in which the review was used. When using this methodology, one of the key challenges is to ensure that the data fed back is accurate. Inaccuracies in data can sometimes result from the interviewee's inability to remember events correctly or through a wanting to *paint* reality in a way that is consistent with the interviewee's beliefs. While every effort was made to identify and resolve inaccuracies during the interviews, it may be that some inaccuracies have made it through to the final report.

It should also be noted that, although interviewees did talk about the experiences of parents and children, we did not talk to parents and children themselves.

The interviews took place over a period of time, during which NSPCC service centres struggled to get the level of engagement and referrals from local authorities that they sought. It was reported that, at about the time that the interviews came to an end in June 2013, referrals and engagement in one service centre area began to pick up dramatically. It was further suggested that had interviews been conducted after June 2013 the evaluation might have found that increased levels of engagement and motivation had affected how people used and responded to the review.

The quantitative data presented in this report is limited by the fact that the survey and NCFAS data were not collected for all EBD reviews. Seventy surveys were completed out of a possible 514. We have NCFAS data on 31 cases that reached Time 2. Whilst we don't know the total number of cases that had Time 2 reviews completed, we do know that 257 reviews were completed in total, and therefore there are likely to be more cases which had Time 2 reviews done, which are not included in our statistics. This means we cannot be sure that the data presented represents all cases. Furthermore with respect to the surveys, it is worth remembering that at the end of each review both the NSPCC practitioner and a social worker were asked to submit a survey. In some cases two surveys will have been submitted for the same review, in other cases no survey will have been submitted.

This report does not address the issue of how the NSPCC introduced the commission to the service centres and local authorities, and how this affected engagement.

2.4 Ethics

This study has been approved by the NSPCC's Research Ethics Committee (REC). The REC includes members from senior NSPCC staff and external professional experts. This ethics governance procedure is in line with the requirements of the Economic and Social Research Council (ESRC, 2012) and Government Social Research Unit (GSRU, 2005) Research Ethics Frameworks.

Chapter 3: Evidence

Social work staff commended the EBD review for the evidence it produced. There are a range of challenges to producing evidence, which the review could help social workers overcome. This chapter explores factors that helped professionals overcome these challenges and factors that stopped them. The key findings are:

- The EBD review can be used to improve the focus, accuracy and clarity of the evidence, but this depends on the approach, time and skills of the social worker.
- NCFAS-G, the EBD review scale tool, was felt to have the following advantages over the *Framework for Assessment* approach, which led to a more accurate assessment:
  - a focus on types of family functioning that cannot be readily observed (e.g. whether a parent administers medication regularly);
  - a requirement to score the family on each area of family functioning;
  - a requirement to demonstrate how the evidence available meets the criteria provided for each score.
- Chronologies were felt to have played a crucial role in improving evidence.
- Joint working and critical reflection were said to have helped social workers increase the accuracy of their evidence, and ensure a good fit between judgements and evidence.
- Social workers gave more time to the family because of the EBD review, and the increased time given to the family was felt to have played a key role in improving evidence.

3.1 Focus

Part of the challenge in identifying and responding to neglect is to ensure that assessment is focused on answering the right questions and, where the social worker has established the right focus, maintaining that focus throughout the work with the family. Interviewees reported that in the course of everyday assessments, local authority social workers did not always seek to establish:

- whether neglect was occurring;
- why neglect occurred;
- patterns of family functioning over time;
- what the situation was like for the child;

- whether improvements were likely to be sustained;
- what could be done to resolve the neglect in the long-term.

The result was that cases often got closed without proper checks being put in place to ensure the long-term safety of the child.

> It was quite shocking for me when I read the file…even if we just went back to 2005, that cycle was so obvious to see. There were periods where [the mother would] raise her game and mistakes were made in terms of not waiting for her to maintain that properly, so child protection plans would be closed, because she'd been able to maintain some changes for a few weeks, and then social services would pull out and things would deteriorate again.
>
> (NSPCC practitioner)

… during home visits, the attention of the social worker could be turned to crises reported by the parent, which were not of direct relevance to evidencing neglect and the reasons for neglect.

Reasons given for social workers failing to focus on the right issues included getting drawn into the day-to-day issues presented by family members, not having the time to sit down to think about the key issues and not having time to read through case histories.

> They probably don't have the time to even read the last conference notes. They actually don't get to grips with how many issues, how long this issue's been going on in the family because they just haven't got the time.
>
> (NSPCC practitioner)

It was explained that during home visits, the attention of the social worker could be turned to crises reported by the parent, which were not of direct relevance to evidencing neglect and the reasons for neglect. On other occasions, social workers could find their time taken up addressing issues relating to the parents' lack of attendance at services they were supposed to be accessing.

It was pointed out that, in some cases, children could experience mild neglect over a large range of family-functioning areas, or could experience long-term mild neglect, both of which could be harmful. It was felt that one key challenge to identifying mild neglect, in everyday practice, was the tendency of social workers to *only* evidence single events or situations concerning enough to meet the threshold for removal. Local authority social workers felt there was a threshold, which needed to be met, for them to convince a judge that the child should be removed (referred to as the 'threshold for removal' throughout this report).

Set against this picture of practice, it was felt that professionals could use the EBD review to ensure that evidence was focused on neglect and issues relevant to decision making. The conceptual structure laid out in NCFAS-G enabled social workers to maintain their focus on the key issues.

The conceptual structure laid out in NCFAS-G enabled social workers to maintain their focus on the key issues.

> When the social worker goes out, the social worker's agenda gets hijacked because they're having to deal with other issues, whether it's the family's or professionals' issues…whereas with the specific time for an assessment, it is actually the assessment that's being done.
>
> (Independent reviewing officer)

> When you go on a visit and there's a family that has got crisis things going on, you tend to get drawn into it whereas because we're using the tool we're able to say, "OK, we can talk about that for ten minutes but then we're going back on to this" and ask some really direct questions…So, by doing that you keep the focus on what you want to know.
>
> (NSPCC practitioner)

Furthermore, it was felt the NCFAS-G counteracted the tendency of only evidencing single events or situations concerning enough to meet the threshold for removal, by requiring the social worker to score and, therefore, focus on *each* area of family functioning, including those in which the family were performing well.

> You can see the children come in; the girl is wearing plimsolls, in winter, at school. It's those tiny points that you miss when you're looking at the big points…and it's the tiny points that actually really matter…I think that's what this assessment does.
>
> (Social worker)

It was felt that the EBD review focused social workers' minds on a range of areas of family functioning where neglect could be experienced, but that they would not usually consider.

> Learning materials around the house; access to other opportunities that children have; bonding – the relationship between the children and the parents; discipline; mental health; how that impacts on parenting capacity.
>
> (NSPCC practitioner)

In some cases, it was felt that doing the review helped the practitioner focus on what the situation was like for the child, and enabled them to consider whether that situation was good enough.

The EBD review was also felt to help focus on why neglect had taken place, on factors underpinning parents' motivation to change, and on services that had not yet been tried with the family. Other ways of ensuring a focus on the key issues included visiting the child in school or conducting more home visits than that recommended in the practice model.

The EBD review was also felt to help focus on why neglect had taken place, on factors underpinning parents' motivation to change, and on services that had not yet been tried with the family.

Not all EBD reviews were felt to have focused adequately on the issues relevant to neglect and decision making. Issues said to have gone unaddressed in some reviews included: why neglect occurred; risks to the child; the child's perspective; parents' capacity and motivation to change; the services needed to effect change; the likelihood of parents accessing and responding to services; and the likelihood of improvements being sustainable. Sometimes, the focus in an EBD review appeared to be on supporting the parent at the expense of thinking about the effect on the child, or the focus on the child was compromised by the focus on the needs of the parents. In one case where the children had been exposed to neglect over a long period of time, the NSPCC practitioner, explaining her thinking behind the EBD review report, said:

> In that you're trying to…assess whether or not neglect is going to result in significant harm for these children and would their needs be better met somewhere else, it's not really as simple as that… mum undoubtedly loves her kids…when I was concluding the 'Time 2' report I was trying to get that point across, that I think mum wants the conditions to improve, and wants the family to stay together and is committed to that, but because of her mental health problems and her physical health problems and her lack of income, and being a single mum, they can make that difficult for her.
>
> (NSPCC practitioner)

Another reason for issues going unaddressed during the EBD review was that the review was felt to be solely focused on what was happening to the family *currently*, and did not seek to explore reasons for that behaviour or what the long-term situation was likely to be for the child.

I think that looking at the NSPCC report…I don't think they've looked into the longer term for these children. [The reports' authors are] dealing with the day-to-day issues that are flagging up constantly.

(Independent reviewing officer)

On other occasions, it was felt that the social worker had too many cases or too many cases in crisis to focus on and complete the review activities.

We've got so many things and it does end up coming before the scoring because we have to work on a crisis basis, and if a crisis comes in, we have to act appropriately so on this one I hadn't had time to do my scoring.

(Social worker)

We went to do the review visit and, on arrival, mum had just had a fight…and had been punched…and the police were on their way out…Mum was very distressed and wanted to talk about what was going on so quite clearly I couldn't then start asking her questions about self-sufficiency and how often she takes her children to the doctors. So…the majority of the session was just helping her get through that moment of crisis.

(NSPCC practitioner)

Where home environments were chaotic, it was difficult to focus on the review and talk meaningfully to the child.

Often, in these cases we've got a lot of children, houses are very chaotic and for us to have a real in-depth conversation with those children in a way that's age appropriate is proving really challenging. And those conversations with children can be a little tokenistic, so what we're losing when we're writing the report is a real sense of the child…because actually we've not spent a great deal of time with them.

(NSPCC practitioner)

Interestingly, many of the issues said to have gone unaddressed in some EBD reviews were addressed in other EBD reviews. Arguably, this suggests that the approach and focus of the professionals conducting the review was as important as the focus of NCFAS-G in determining the nature of the evidence produced.

3.2 Accuracy

During assessment, beyond being focused on the right issues, social workers need to deploy a methodology of data collection and analysis that allows the accurate identification of neglect and the reasons for neglect.

Perceptions of the accuracy of the evidence produced by the EBD review varied. In some cases, the evidence was commended for accurately identifying the risk of neglect, neglect already taking place, the reasons for the neglect, and any change in families and parents' motivation for change. Some social workers felt that NCFAS-G was better able to evidence neglect and risk than existing assessment practice.

… professionals using the EBD review were not always successful in rooting out the truth about family functioning.

> To be completely honest [if we hadn't used the EBD review] I don't think we would have been able to identify the neglect that's within the family. I found it quite powerful.
>
> (Social worker)

However, it should also be noted that professionals using the EBD review were not always successful in rooting out the truth about family functioning. In some cases, there were issues that were current at the time of the review, but that social workers only became aware of some time after the review. In these cases, it was felt that, on reflection, the review had failed to capture relevant information about the family. In particular, it was felt that some reviews underestimated risk, failed to unearth an important aspect of the parent's life and reflected biased accounts of family life provided by parents who wanted to hide the truth.

> The two cases that I've previously completed, both of those children were in care proceedings and [the EBD review] hasn't been a report that we've been able to use. I have completed my own assessment, which looked very different from the EBD assessment, so we haven't used those reports with the proceedings. The areas highlighted would need to concentrate on the area of risk, which we feel are present. I think the [risks are not reflected in the EBD assessment].
>
> (Social worker)

When the EBD review was felt to be effective in producing accurate information, it was because professionals using the review tool had overcome important challenges to producing accurate evidence. Those challenges were achieving rigour in data collection, reducing bias in assessment, achieving a good fit between data and judgement, gaining parental cooperation and finding the time to do the assessment.

This report now turns to explore these challenges in more detail, and to look at what helped overcome these challenges and what hindered them.

The EBD review was felt to be good at picking up on parental capacity for change.

3.3 Rigour in data collection

The accuracy of EBD reviews was said to be the result of three types of practice that gave the review a degree of rigour not always present in normal assessment practice.

The first was that use of NCFAS-G was felt to improve chances of identifying neglect and/or identifying where the child's conditions met the threshold for removal. NCFAS-G did this by requiring the social worker to consider neglect across a wider range of family-functioning factors than that considered in normal assessments. Another factor that improved rigour and accuracy, in addition to the family-functioning areas covered by NCFAS-G, was the question prompts. These encouraged professionals to ensure that questions asked during the home visit covered the full range of family-functioning areas.

> The assessment triangle [has] got the child in the middle – it's real child-focused – and then the three sides of that triangle are the child's developmental needs, the parenting capacity, and the family and environmental factors. So if you compare that to the domains of the NCFAS-G tool, there's quite clearly massive similarities. Now I find the NCFAS-G is more useful…it breaks that down a little bit further…you're going through that whereas I would never sit in a visit and go through the assessment triangle.
>
> (NSPCC practitioner)

The EBD review was felt to be good at picking up on parental capacity for change. Observations of parental engagement during home visits and scoring meetings provided a useful source of evidence. A final strength of the EBD review was that the NSPCC practitioner completed a review of case file records. The case file review provided better evidence about the duration of exposure to neglect experienced by a child, parental capacity and motivation for change, and incidents of neglect and abuse not known by the social worker.

> The current social worker hadn't realised that the parent had actually been arrested a number of years ago in relation to potentially burning one of her children. When the chronology was handed over and read, there was a certain level of "Oh my God!" from the local authority in terms of what had been going on for such a high number of years.
>
> (NSPCC practitioner)

In contrast, it was noted that, ordinarily, social workers, limited by time and/or understanding of neglect, were confined to checking a small number of areas of family functioning, e.g. the conditions of the house and the physical appearance of the children. This meant that they could miss neglect occurring in other areas of family functioning and how this affected the child's wellbeing and safety.

> I think without an assessment tool to actually identify what progress has been made, we'd just go on whether or not the floor's been cleaned when we visit or how the kids look when they're at school, but actually we don't get a full insight into what it means for these children to be living in that household on a day-to-day, week-to-week, basis.
>
> (Independent reviewing officer)

Furthermore, social workers often did not have the time to compile chronologies or genograms or read through case notes, which meant that the evidence might not be as accurate as it could be.

> One of the comments I had from one of the social workers is they have got so many cases on their case load, actually spending quality time – because my sessions very often were about two hours long – so actually spending that much time with a family and getting that information and really getting to…historical stuff and what is going on for them here and now, I don't think they have that quality time to be able to work with families.
>
> (NSPCC practitioner)

However, it was not always felt that the EBD review was sufficiently rigorous to capture information accurately and, in one case, a social worker felt that the review was not as rigorous as the usual parenting assessment carried out in her authority. One of the model's weaknesses with regard to ensuring rigour was felt to be the NCFAS-G review tool, which was said by a social worker and a social work manager (who had worked together on several reviews) to lead the social worker to underestimate risk. When the social worker and

manager were asked to explain which features of the tool led to an underestimation of the risk, they were unable to do so. Sometimes, the manner in which the review was conducted led to a lack of rigour. In some cases, the social worker had too much crisis work to do the scoring exercise, and in others, the social worker did not attend home visits because they wanted to take decisions that were not supported by the evidence collected.

Using the NCFAS-G as part of the EBD review helped counter negative bias by requiring that the family be provided with scores in all areas, including those they were doing well in.

> The social worker…didn't feel [the child] should be subject to a child protection plan…The social worker had her own agenda and my findings weren't matching...[and during the 'Time 2' review] the social worker was saying to me, "There's really no point me coming out and doing this visit because I'm going to close the case anyway".
>
> (NSPCC practitioner)

3.4 Reducing bias in assessment

Ensuring accurate evidence also required avoidance of *bias,* both positive and negative. Negative bias was said to occur in everyday practice when social workers solely focused on risks and weaknesses during their assessments. Using the NCFAS-G as part of the EBD review helped counter negative bias by requiring that the family be provided with scores in all areas, including those they were doing well in.

> I was hoping it would help me identify the strengths, because I knew what the weaknesses were, so it would be helpful to identify the strengths, you know, keep the focus balanced because it was really easy to just become really negative about it.
>
> (Social worker)

Professional positive bias was also said to occur in everyday practice and manifest in a tendency to only evidence areas of family functioning in which families were doing well. NCFAS-G was felt to counter this tendency by making it a requirement of professionals to provide an *overall* score for *each area* of family functioning, which lessened the likelihood that professionals would fail to see areas of family functioning that were not good enough.

The good thing about EBD is that it's not about your perception, it's not about your opinion, this is about actual factual evidence-based…, there's no hiding from the definition, and if a family are doing well or it's adequate, it will score as such. As a practising social worker for ten years, I've gone into some of these family environments and from the outset you would think, "This family isn't doing too badly". But actually when you get your evidence and you come to score, you can be quite surprised with the difference in terms of you're feeling about how a particular family is functioning and how they score.

(NSPCC practitioner)

Positive bias was also said to have manifest in a tendency to draw a conclusion that improvement in family functioning justified withdrawal of services, irrespective of whether those improvements had led to an acceptable level of functioning. This type of positive bias was countered in cases subject to an EBD review, both by the requirement to score the family according to the criteria and when the NSPCC practitioner challenged the social worker to consider the meaning of the scores given to the family.

The social worker I'm working with repeatedly says, "Well you should have seen them six months ago…they are doing much better than six months ago". And what I am trying to say is, "If they've gone from a -3 to a -2, that is still not good enough". The definition makes them look at how it is now, so you can't omit information consciously or unconsciously

(NSPCC practitioner)

The NSPCC worker said…what was happening with the local authority social workers is that the situation was improving and they thought "that's good"; however, it started off from such a low standard…it wasn't good enough…the worker was looking at the improvement and losing sight of the overall picture. And I'd fallen into that trap as well…I had seen improvement but it still wasn't good enough, but I was focusing on the improvement, not the actual situation. The assessment really focused on the situation.

(Social worker)

The requirement to score made by NCFAS-G was contrasted with existing assessment practice, where findings tended to be presented in the form of a written narrative. Reviewing the history of the family also helped to counter positive bias.

> I know from one of the first cases I did, the social worker had forgotten about things. Yes, there was this incident there…there have been more incidents than I thought there were and so it sort of recaps [that] this probably isn't as good as we thought…
>
> (NSPCC practitioner)

While NCFAS-G was said to help professionals avoid positive bias, it did not guarantee it if the social worker was determined to present a positive picture. In one case, where the social worker was said to have verbally presented the findings of the EBD review to professionals, she was said to have selected only the positive evidence.

While NCFAS-G was said to help professionals avoid positive bias, it did not guarantee it if the social worker was determined to present a positive picture.

> In one instance they just used bits of what my colleague had put in her report…and didn't bother taking the full report to conference. I think it was more about the positives of the family rather than picking out the difficulties the family was experiencing.
>
> (NSPCC practitioner)

Parental cooperation

Another challenge to ensuring accurate evidence was the degree to which parents were willing to share information. It was reported that parents sometimes actively avoided engaging with social workers during home visits, because they felt hostility, mistrust and resentment towards them. Parents were said to feel hostile and resentful of social workers in situations where they were told what to do but were not listened to and when they were told their children could be removed. It was also felt that parental hostility and resentment was a response to negative representation of social workers in the press.

In contrast, in several cases subject to an EBD review, it was felt that parents gave more information than they usually would because they felt more open and less threatened by the review process, compared with normal social work visits. Openness was encouraged when parents perceived that the review process would identify their strengths and support them with difficulties. It was also encouraged because parents felt that the NSPCC practitioner was more likely to support them than their social worker.

However, professionals carrying out an EBD review did not always experience parents being cooperative. An unwillingness to share information was sometimes present. This could take the form of avoiding discussion about particular areas of family functioning, providing monosyllabic answers and hiding information that could have enabled professionals to identify neglect.

Reasons for lack of engagement in the EBD review were a belief that the local authority was going to remove children regardless of the review findings, and a perception that the review was a local authority-led exercise. In some cases, NSPCC practitioners responded to a lack of engagement by providing reassurances that the report would highlight strengths or that it would not conclude that the child should be removed, or by switching communication styles.

… it was felt that the EBD review was better at rooting out false claims, compared with existing assessment practice.

> I started going through the report and she was being very passive, looking down and texting on her phone and not showing any interest at all. So actually, what myself and the social worker did was get a bit more authoritative with her and she responded to that. So I just changed the way I spoke to her…just telling her really, "Do you understand how serious this is? Do you understand what this means?"
>
> (NSPCC practitioner)

It was felt that parental feedback to social workers in everyday practice was often limited by how well parents understood what they were being asked to feed back on. It was pointed out that social workers would sometimes ask parents to reflect on their 'neglect' without exploring what neglect meant, even though some parents did not understand the concept. In contrast, it was felt that during the EBD reviews, some parents fed back more information than they usually would, because the review process made neglect easier to understand. The reasons why parents found neglect easier to understand during the review process are detailed later on in this report in the section on parental understanding.

3.5 Addressing parental misrepresentation

Parental misrepresentation of family life was another challenge to producing accurate evidence. In some cases, it was felt that the EBD review was better at rooting out false claims, compared with existing assessment practice. The nature of the questioning during home visits was said to be searching and got into the 'nitty gritty' of the case, which enabled professionals to compare and contrast general claims about family functioning with detailed behaviours and incidents.

> What the assessment did was demonstrate that the mum and stepdad weren't exactly being honest. It was by getting into the real nitty gritty that the truth came out. We spent twenty minutes on [finances]. I would never spend twenty minutes on it…there is a huge amount of money coming into the house – it's certainly not being spent on the children…It wouldn't have become so obvious if we hadn't done the bit on the finance.
>
> (Social worker)

NSPCC practitioners felt better able to ask searching questions because, in contrast to social workers, they did not have to maintain a long-term working relationship with the family, and, therefore, did not have to worry about the questions offending parents. However, sometimes it was felt that parental misrepresentation was not countered in situations when social workers or NSPCC practitioners were not judged to have sufficiently challenged parents' assertions.

> We've then gone out with someone from the NSPCC to undertake this EBD assessment…and then there's insufficient challenge so a parent might say what they think somebody wants to hear…
>
> (Social work manager)

Some NSPCC practitioners were worried about offending parents, and described trying different questioning techniques as a means of ensuring the mother addressed the issues without being offended. One such technique included letting go of an issue when the parent showed stress and coming back to it later on.

The review's ability to identify false claims about family functioning was also strengthened by the fact that information was usually collected from all family members, so that information provided by children and grandparents could be compared and contrasted with claims made by parents. Parents' claims could also be tested out against the knowledge of the social worker involved. The presence of two workers in the home visits was felt to help identify discrepancies in what parents were saying more easily than if just one professional had attended. The review's ability to get to the bottom of the matter was also helped by the amount of time that was spent with parents. Parents, who at first tried to put on an act, were said to have struggled to sustain that act given the amount of time required by the review, which was greater than usually required. The time dedicated to the review also gave social workers more time to observe parent-child interactions in the home, and to compare and contrast those interactions with what the parents were saying.

> After a while parents stop putting on an act because the children would come home sometimes part way through, and it was seeing mum's reaction to them was different to what she was telling us she did. So, she would say that she cuddles the children, whereas in effect as soon as they walked through the door she barked at them and there were no cuddles.
>
> (Social worker)

However, in some cases it was felt that the time that professionals had to go through all the family-functioning areas on NCFAS-G was insufficient to challenge parents on some of the assertions they made, which in turn compromised the accuracy of the report.

> I've gone to review meetings and when you get there and that family's in crisis and you try to get something out of it, but you've only completed maybe one sub-domain, so the next visit you're having to rocket through stuff and that drilling down on what the family are saying gets a bit lost…I think it's quite significant because if you are taking what a family is saying at face value, you've not got the time to…get the truth out of it.
>
> (NSPCC practitioner)

3.6 Fit between data and judgements

Evidence is usually composed of data and *judgements* – the judgements being based on the data. The quality of evidence, therefore, depends not just on the quality of the data but upon the *fit* between the judgements and the data, the degree to which the data supports the judgement, and the degree to which the judgement is consistent with *all* the data. It was noted that, in general assessment practice, there was not always a good fit between judgements and the data collected. It was felt that the judgements reached sometimes failed to take into account data included in the reports.

In contrast, in some cases subject to an EBD review, it was felt that use of NCFAS-G ensured a better fit between the data collected and the judgements reached. NCFAS-G enabled a better fit because it required a score on each family-functioning area and an explanation for how the data fitted the scoring criteria for each score. This process was facilitated by the NSPCC practitioner, who challenged social workers to consider data they may have overlooked and reconsider the fit between the data and the scoring criteria. Likewise, social workers would challenge NSPCC practitioners' reasoning, sometimes introducing information not previously known by the NSPCC practitioner.

However, it was noted that the process of professional challenge was sometimes absent from EBD review when social workers failed to make the time available to score the family, and, in these cases, the quality of evidence was believed to have suffered as a result.

The requirement of the NCFAS-G for the report writer to demonstrate how the data meets the scoring criteria was contrasted with the common assessment practice of writing findings up in the form of a narrative, in which issues contained in the heart of the report could go unaddressed and unaccounted for when judgements were arrived at in the report conclusion section.

Not all social workers felt that the review demanded more time than they would usually give.

3.7 Making time for the family

The amount of time required of the social worker and the family during the EBD review was felt to be a key factor in explaining the accuracy of the evidence produced. Social workers were said to have spent more time with the family collecting data, covering the relevant family-functioning areas, testing claims and analysing evidence than they usually would. Social workers were prepared to give the additional time required by the review, in part, because they realised that committing to the review meant that they were leveraging in time and attention from the NSPCC. Not all social workers felt that the review demanded more time than they would usually give; one expressed the opinion that the meetings they had with the parent to complete the review were meetings that they would have had anyway.

Furthermore, one of the intentions behind the EBD review was to help social workers measure change across time, by providing a snapshot of family functioning in the family household that could be compared with a snapshot taken three months later. In many EBD review cases, it was felt that professionals had been enabled to produce this snapshot, and a comparison of reviews across two points in time was felt to have produced good evidence of parental change. In several cases, however, prolongation of the EBD review process meant that data was collected over a longer period of time, meaning the evidence presented was not felt to represent a *current* snapshot. For example, the two reviews which took longest to complete took 9 and 11 months respectively.

In some cases, a snapshot of family functioning was produced, but it was not reflective of family functioning in the household that the family was currently residing. This occurred in one case when a family moved home halfway through the review. In this case, the family's scores reflected their functioning and conditions in the mother's home, rather than *current* functioning and conditions in the grandparents' home. In other cases, it was felt that a snapshot had been achieved, but delays between the last home visit and the scoring

meeting and the family report meeting meant that the evidence did not present a snapshot of *current* family functioning at the point it was considered by decision-makers. One NSPCC practitioner attempted to get over this problem by extending her last meeting with the family, enabling her to go back over the domains covered in the first meeting.

Contributing factors to the prolongation of EBD reviews included a change of social worker halfway through the review, lack of engagement from the parent or social worker, annual and sick leave, part-time working (which narrowed the opportunities to conduct home visits and meetings), and cancellations owing to court work and emergencies taking precedence. A change of worker appeared to be a common occurrence. One third of reviews, which the NSPCC practitioner had completed a survey for, (18 of 53) had a change of social worker.

3.8 Limitations of the EBD model

Although it was felt that the EBD review enabled professionals to enhance the accuracy of their evidence, in some cases it was felt that the conceptual framework of NCFAS-G led to inaccuracies. Scoring criteria were felt to incorrectly problematize a number of areas, including being in receipt of state benefits, not belonging to a religious group and being born with a disability. Conversely, the tool was criticised for failing to highlight a situation where a mother did not do any activities with her child. One social worker and manager felt that some of the scoring criteria were incorrect in the cases they worked on. They also felt that the question prompts related more to children in need than child protection, and so resulted in serious concerns being categorised as only mild or moderately concerning. However, when asked for examples of criteria and prompts, which led to an underestimate of risk, they were unable to recall any. One interviewee challenged the claim that the review tool enabled evidence-based decision making, pointing out that the scores -1, +1 and +2 had no criteria upon which one could justify giving that score to the family.

It was felt that the four home visits, in which professionals were expected to complete the EBD review, were not always sufficient to build a strong relationship with the parents and collect the information that was needed. In some cases, there was concern that the NSPCC practitioner had to rely on the social worker to feed in information from external agencies. It was said that social workers did not always obtain the information requested and sometimes fed back information that was poor in quality or was biased. Where the feedback from external agencies provided by social workers was poor, it was felt to affect the accuracy of the judgements reached on sub-domains, which focused on family interactions outside of the home environment.

3.9 Clarity and weight

While it was important for evidence to be focused on the right issues and accurate judgements, it was also important for evidence to be presented in a clear and succinct manner to enable decision-makers and parents to digest it easily and quickly. Reflecting on existing practice, it was felt that with the predominant approach, in which evidence is presented in a written narrative, key concerns and judgements could be scattered among the report, without there being a section that presents them in one place. In contrast, EBD review reports, which were written by NSPCC practitioners after completing the joint home visits and scoring meeting with the social worker, were sometimes felt to present issues clearly and succinctly. Succinctness was achieved through the provision of scores, and the representation of the scores on charts, which highlighted changes between the 'Time 1' and 'Time 2' reviews. The use of a traffic light colouring scheme with charts, sometimes referred to as graphs, was felt to quickly and effectively communicate issues of concern.

… EBD review reports, which were written by NSPCC practitioners after completing the joint home visits and scoring meeting with the social worker, were sometimes felt to present issues clearly and succinctly.

> I feel the graphs…are really helpful to see it that bluntly… Because you can just look at it and it's a snapshot and you can see where the families are doing really well, where they're not doing really well, just a graph rather than reading through reams and reams of evidence and paperwork.
>
> (Social worker)

Succinctness was also achieved through the requirement to demonstrate how the data collected on the family hit the criteria for the score given to the family. While some felt the clarity and succinctness of the EBD report was better than that established in existing assessment reports, others felt that it was mirrored in core assessment reports. It was felt that the time required to complete the EBD review, which was greater than that required for a core assessment, helped explain why EBD review reports were sometimes clearer than existing assessment reports.

> I think it really helped me to hone in on what the issues were and also because I hadn't had the case from the beginning, it was helpful for me to see the previous report as well and to see how things had moved on because the way that it's set out with the scales and the different domains, it really breaks it down and makes it just really clear…I mean usually the parenting assessment reports we would do or the independent reports we would read are quite vague. They're just paragraphs of writing that you have to read and kind of work things out from but the fact that you could see it so clearly on the report…I found that really helpful.
>
> (Social worker)

Another observation of everyday practice was that social workers could sometimes work with families without having the benefit of one document that drew all the relevant information about the family together. The EBD reviews were sometimes praised for bringing all of this information together.

> I don't think it identified anything that hadn't previously been identified but it was very useful…because it brought it all together in one place. All the information that was in case conference reports, case conference minutes, case recordings…to get a picture of it.
>
> (Social worker)

It was also noted that EBD reviews sometimes captured in a written form what professionals had previously been carrying in their heads, but which had not been noted down and evidenced.

Decision-makers, who do not conduct assessments but who consider evidence from assessments and reviews, do not always read assessment reports in full, and sometimes receive verbal feedback and/or skim through written reports. Given this reality, some decision-makers felt that the quality of evidence from the EBD review, fed back to them in meetings, could have been improved if the NSPCC practitioner who wrote the report attended and gave verbal feedback in professional group meetings. It was felt that being present in meetings would have allowed the NSPCC practitioner to provide clarity on the marking system, and on the significance and meanings of the findings. Social workers were not always felt to be able to feed back evidence clearly,

owing to the fact that they were not as ingrained in the use of the tool as NSPCC practitioners and were likely to forget what had been written in the report given the amount of work they had.

> I think it would be nice if…the workers can attend the core group to share because it's quite difficult for me to interpret, other than reading the report, which we haven't really got time for…Because you've got so many other cases you tend to forget what's gone on in that particular case and especially that it's something that somebody else has done.
>
> (Social worker)

On some occasions, the EBD review reports were felt to have suffered from the same weaknesses as reports written in a narrative style.

On some occasions, the EBD review reports were felt to have suffered from the same weaknesses as reports written in a narrative style.

On some occasions, the EBD review reports were felt to have suffered from the same weaknesses as reports written in a narrative style. A criticism made of some EBD reports was that they were too long, and did not enable decision-makers to quickly establish what needed to be improved. NSPCC practitioners talked of the dilemma they faced in balancing the need to provide something quick to read, and ensuring that all of the evidence was included in the report. One solution was to provide a summary page, and append the evidence to the summary, so that decision-makers could identify the key issues from the summary and could consult the detailed evidence if need be. Another criticism made of some reports was that they did not recommend what types of service should be provided.

In some cases, it was felt that the evidence produced by the review process added *weight* to the local authority's existing evidence. The *weight* of a report lay not so much in the accuracy or clarity achieved, nor in whether *new* evidence had been developed, but in how persuasive social workers felt their evidence would be, based on *who* had been involved in collecting the evidence. Social work staff felt more confident about influencing decision-makers, having their judgement backed by evidence collected by the NSPCC. The reasons for this are further explored in the section of this report on decision making.

3.10 Accessibility

Safeguarding decisions are usually the responsibility of a variety of different professionals and professional groupings. This means that when evidence is produced, it needs to be communicated to a range of professionals and to the family if it is to have a chance of influencing understanding of the case and decision making. The EBD practice model placed various requirements on NSPCC practitioners and local authority social workers to share the report with professional decision-makers.

In a number of cases subject to EBD review, it was noted that the evidence produced was indeed made accessible to decision-makers. As a result, reports were considered by judges in court cases, by professionals in child protection conferences, and by social work managers and social workers who had taken the case mid-review. In these cases, it was clear that one or both of the NSPCC practitioner and the social worker involved in the review had taken a proactive approach to ensuring the evidence got to decision-makers.

While the EBD practice model expects social workers to take responsibility for sharing the report with other local authority decision-makers, in some cases NSPCC practitioners took it upon themselves to ensure that decision-makers – whether social workers, managers or child protection conference chairs – received and/or read the report, after realising that the report had not been made available or had not been read. In some cases, the EBD review process was organised to ensure that evidence was made accessible to decision-makers in professionals' meetings and in court cases; though there were occasions where this meant that the review process had to be rushed.

However, EBD review reports were not always made accessible to decision-makers. In one case, the social worker involved in a review reported that she did not get the final report from the NSPCC practitioner. When social workers did receive reports they did not always share them with professionals in child protection conferences. In certain cases, while a verbal summary was provided or reference to the report made in a core assessment report, the full written report was not provided. In one case, it had appeared that a legal team responsible for putting the court bundle[2] together had excluded the EBD review from the bundle after the social worker had sent it to them for inclusion. Hand-over meetings between social workers did not always take place when a family's case was transferred between social workers,

2 When there is a court hearing referring to a supervision or removal order, the evidence that a court refers to during the hearing is arranged in a pile of documents known as the 'court bundle'. The court bundle is usually compiled by the local authority.

which meant that the social worker taking on the case was not always aware about the EBD review process and findings.

One reason for reports not being shared with child protection conferences was that the conference occurred before the report was finalised, the implication being that the report would no longer be relevant to the next conference. It was also felt that social workers, on occasion, did not share the report because the social worker wanted to take a course of action that was not supported by the evidence presented.

It was also felt that social workers, on occasion, did not share the report because the social worker wanted to take a course of action that was not supported by the evidence presented.

> [The report] wasn't shared [with the independent reviewing officer]…The social worker had her agenda and my findings weren't matching…I had a conversation with the independent reviewing officer personally and asked them to consider the report.
>
> (NSPCC practitioner)

On other occasions, reports were made accessible but professionals did not read the reports fully or at all. One child protection conference chair reported flicking through EBD review reports rather than reading them in full, and in one court case, the report was overlooked altogether. It was suggested that there was an everyday practice among social work staff of not reading through reports, which explained why some social work staff, allocated cases to be subject to a 'Time 2' review, did not read 'Time 1' report. It was also felt that there was a tendency for social work managers not to read reports written by their social workers. Both tendencies were supported by a perception that there was not enough time to read through reports, especially old ones.

> That's why it's difficult with neglect, because it's not that you can see a bruise or you've got disclosures for sexual abuse, but with neglect it's more a pattern over time. And that's the thing, the pattern over time, especially when social workers are changing all the time. The social worker who holds them might know the pattern at that time, but do they communicate that then to the next social worker? Because very often when you get a case…I'd love to put my hand on my heart and say when I get a new case I sit down, I read everything that's gone on before, but that's just not practically possible with the case loads that we have.
>
> (Social worker)

It also appeared to be the case that decision-makers, who might be expected to review the evidence, were less likely to do so when there was universal agreement on actions to be taken on the issue to which the evidence related. In one case, the judge in a court case was not felt to have consulted an EBD report because all the people gathered in the court were in agreement that the children needed to be removed. In another case, it was felt that a social work manager had not read the EBD review because the parents and professionals were agreed on the decisions that needed to be taken.

> It hasn't been a priority for me to read that assessment [the EBD review report]. If mum was screaming out saying, "Actually, I want [my] child back with me and actually that's what I want to work towards" then obviously I would have needed to have read that assessment to kind of look at how I would want to be working with mum but that's not what mum's saying.
>
> (Social work manager)

One child protection conference chair felt that the reports were not suited for child protection conference meetings, because the report was focused on case management, which was not the focus of conference meetings. She felt that the reports were better suited for case planning and core group meetings, which, she felt, were focused on case management.

Chapter 4: Understanding

… the review made them aware of things that they had not previously known about …

This chapter draws on the interview data to explore the context in which parents and social workers use the EBD review to improve their understanding, identifying factors that helped and factors that hindered. Before the findings are presented, it is worth considering the distinction made in this report between *written* evidence (from this point on referred to as "evidence") and understanding. While it might be thought that a social worker's understanding would usually mirror the evidence available to them, this is not always the case. A social worker might not read the evidence that they have available to them, forget the detail of the evidence over time or have an incorrect understanding of the evidence. In other cases, social workers have a good understanding of what is happening with a family, but have not recorded the information upon which the understanding is based, so have no *evidence* to support their understanding.

Furthermore, managers and independent reviewing officers may have an understanding of the family's situation, but do not have evidence to support that understanding, because social workers do not submit the evidence to them in a written form, preferring to relay information verbally.

The key findings are:

- The EBD review can be used to improve the gathering of better evidence, which leads to better understanding.
- The following features of the EBD review *process* can also lead to better understanding, irrespective of the evidence produced:
  - The requirement to critically reflect on the fit between judgements and evidence.
  - The increased time spent with the family.
- Social workers who had good understanding before the review was commissioned, or who commissioned the review to support a decision they wanted to take, did not experience improvements in understanding.

4.1 Social worker understanding

Social workers and other social work staff were said to have had a better understanding, both during and following EBD review, on a range of issues that had been evidenced in the review. In some cases, the review made them aware of things that they had not previously known about; in other cases, the review reminded them of things that they had forgotten.

However, according to the survey in almost half of cases (46%) participation in the EBD review and consideration of the report did not impact on social worker understanding (see Table 1). The qualitative interviews indicated that this was because in some cases the review confirmed the understanding that the social worker already had, while in other cases, the social workers maintained or arrived at an understanding that was different to that articulated by the NSPCC practitioner in the review report.

Table 1

Social worker shift in understanding		
Type of shift	**Number**	**%**
Understanding improved	35	51%
Understanding worsened	2	3%
Understanding stayed the same	32	46%
Not applicable	1	1%
Total	**70**	

The rest of this section explores in more detail the different ways in which the EBD review led to better social worker understanding, as well as factors that sometimes hindered improved understanding.

Better evidence

One of the assumptions underpinning the EBD service, based on research (Farmer and Lutman, 2012) is that social workers sometimes get stuck because they struggle to understand the complexity of neglect. The idea behind the EBD review was that the review would help social workers better understand what was going on within a family, which in turn would help them to make the right decision. Consistent with this assumption, participation in the EBD review was felt to have resulted in an improvement in social workers' understanding. This was thanks to the focus, accuracy and clarity of the evidence achieved by the review (detailed in the previous chapter). In several cases, it was felt that the EBD review, through providing a 'Time 1' and 'Time 2' reading, was able to help professionals better understand if there had been any change to parenting and/or the conditions experienced by the child.

> Often, we can put services in place but it's actually hard to know whether they have made a difference and we were able to see that they had looking at those [EBD reviews]
>
> (Social worker)

Having said this, social workers involved in cases that had drifted were not always felt to have problems with understanding.

Sometimes, one review report was sufficient to arrive at a better understanding of parental change. This occurred when the 'Time 1' report was compared with the social worker's understanding of family functioning at an earlier point in time.

Furthermore, in some cases where the social worker was new to the case or the case was newly assigned to the category of child protection, any evidence produced by the review resulted in an improved understanding for the social worker.

Participation in the review process itself was also felt to have improved understanding, irrespective of the evidence produced. Being able to watch parents' respond to the findings during the family report meeting and in subsequent professionals' meetings allowed for a better understanding of parents' capacity to change.

Having said this, social workers involved in cases that had drifted were not always felt to have problems with understanding. In many cases, it was felt that social workers had kept updated on changes in the family's functioning, with the survey finding that almost three quarters (74%) felt their understanding of the case was at least 'good' at the beginning of the review (see Table 2). In these cases the EBD review report, when completed, mirrored but did not improve understanding (see Table 1). Social workers who were felt to have good understanding were said to have been involved in the case for a long time, were effective in receiving and sharing information with other agencies, had read through the family's case files or completed a chronology, and had sometimes conducted or commissioned parallel assessments.

Table 2

Social Worker Understanding at the Beginning of the Review (this includes NSPCC practitioner and social worker feedback)		
Level of understanding	**Number**	**%**
At least good	51	73%
Less than good	18	26%
Not applicable	1	1%
Total	**70**	

In other cases, EBD reports were felt to be too long, so that judges and social work staff would not consider them, nullifying the reports' potential for informing understanding. Sometimes, it was felt that the review's recommendations mirrored recommendations made by earlier assessments that the authority had carried out, or that the report did not address the key issues, for reasons identified earlier in this report.

Willingness to have understanding challenged

The social worker's attitude to having their understanding challenged was identified as an important factor. In some cases, it was felt that the review process actually made social workers more open to having their understanding challenged. The requirement for the involvement of the social worker in the home visit and scoring meeting meant that they were more open to being challenged by what they had seen during the home visits than if their involvement had been limited to reading the report. It was also felt that the NCFAS-G tool's requirement for the social worker to demonstrate how the data fitted the scoring criteria – a process facilitated by the NSPCC practitioner during the scoring meeting – challenged social workers to test their understanding.

… it was felt that the review process actually made social workers more open to having their understanding challenged.

In one case, it appeared that the social worker's motivation to develop their understanding had been increased through having someone to do the review with.

> Because I did this joint review, it pushed me a bit to "let's get out there, let's gather information, let's see what's going on here" and so it really gave me that incentive.
>
> (Social worker)

However, in some cases it seems that social workers resisted having their understanding challenged, despite participating in the review. In one example, a social worker claimed that her understanding had been unaffected by the review but introduced a caveat that she might have found new findings had she read through all of the recommendations. This statement arguably suggested a lack of willingness on the part of the social worker to rigorously subject her understanding to the full range of evidence produced by the EBD review report.

In some cases, where social workers had expected the review to support a decision that they had wanted to take, and where the evidence contradicted rather than supported the social worker's decision, the evidence would be disregarded.

Time spent with the family

One of the key challenges faced by social workers in developing their understanding was the lack of time available to talk through the issues with the family. The EBD review was said to have improved understanding, by requiring social workers to spend more time with the family than they usually would. This allowed the social worker to cover all the areas of family functioning listed in NCFAS-G, meant the social worker maintained a focus on neglect in their discussions, and allowed for interactive activities like cooking together – not usually done during home visits – that provided the means for a better understanding of parents' abilities to set boundaries.

> I think, probably with time constraints and things, I probably wouldn't have had the opportunity to kind of sit down with dad and really talk to him about what the issues were in the amount of depth that I did because of this assessment. And I think my personal understanding of the situation wouldn't have been as good.
>
> (Social worker)

4.2 Parental understanding

It was noted that, in general, parents sometimes struggled to understand the concept of neglect, the impact of neglectful behaviours and what they needed to do to stop the neglect, despite having involvement from children's services. Similarly, during the EBD review, it sometimes appeared that parental understanding had not improved following participation in the review. In some cases, parents appeared to lack the capacity to better understand, and in other cases, they had the capacity but lacked the motivation to understand.

> After I'd shared the report with them for the 'Time 1', there were concerns about the child's weight and the dietary needs. Whether this was to wind me up, as I went past the family as I was leaving the office, the parents were clearly saying, "We need to go to the shops to get you some sweets".
>
> (NSPCC practitioner)

However, it was also noted that, on occasion, the EBD helped parents improve their understanding. The rest of this section further explores how professionals, using the EBD review, helped parents improve understanding, and identifies factors that helped and those that hindered.

Explaining the problem

It was noted that, in everyday practice, parents sometimes had sufficient capacity to understand neglect but that social work staff had not clearly explained the problem and had not identified particular behaviours that needed to change. One reason for this was that social workers could shy away from providing an explanation, because they did not want to appear to be too critical. Other reasons were that social workers knew that the local authority did not have a service to address the problem or because they did not feel comfortable talking about the issue with the parents when there were children in the house.

… during the EBD reviews, it was felt that NSPCC practitioners were more comfortable talking about neglect and what needed to be changed …

In contrast, during the EBD reviews, it was felt that NSPCC practitioners were more comfortable talking about neglect and what needed to be changed, for the same reasons that they felt able to ask searching questions (identified in the chapter on evidence).

> I think sometimes they are hesitant to sit in front of a parent and be really clear and just say, "This is what you're not doing, this is what the outcomes of this are going to be if you carry on not doing it, and this is what we want you to do". Whereas, when you're only going into a family for three visits and you don't have that continuing relationship with them, it's much easier to do that. You know we can just go in and be really kind of upfront with the family without thinking, "Oh gosh, are they going to kick off, are they going to ask for a new social worker, how is this going to impact the engagement with this service?".
>
> (NSPCC practitioner)

It was also felt that the amount of time spent with the parent – more than the social worker ordinarily spent – was also important in helping to improve parents' understanding.

> I think it was the time spent with her discussing the issues [that helped the mother understand better]. Sometimes, our time is very rushed, and I think in the process of doing the assessment it was put in a very simple way of what the issues were and what she needed to do to address those. I think that was more down to the time…
>
> (Social worker)

Effective communication

In some cases, it was felt that parental lack of understanding was down to the limited capacity that parents had for understanding the issues. In some EBD reviews, the nature of the communication adopted by NSPCC practitioners was felt to have improved the understanding of parents with limited capacity for understanding.

> Dad had got some learning needs, he finds it hard to process why things happen sometimes, and I think the fact that the sessions were so clear and we looked at a different thing each time, and the NSPCC practitioner was also brilliant, the way she spoke to him and she really did things at the right level for him. I think it just helped him to process what had gone wrong and the things he needed to do to improve things.
>
> (Social worker)

Furthermore, understanding was helped by the quality of the discussion that took place between the local authority social workers, NSPCC practitioners and parents during the EBD review. This in turn was shaped by the conceptual structure provided by NCFAS-G. NCFAS-G was said to have helped focus the parents' minds by breaking down concerns about neglect into particular family-functioning areas. By considering the family functioning areas, parents were said to have better understood what the neglect was about or what they needed to do to change than if they had tried to consider neglect as a topic in itself.

> Because I think what's happened in this case is that the term neglect has been used in a general term, but obviously that can mean very different things in different families, and within the review meeting I was able to say, "well for your family neglect is about X, Y and Z"…it was a starting point for them to develop their understanding.
>
> (NSPCC practitioner)

Understanding was also felt to have been aided by the clarity and presentational style of the report (documented in the chapter of this report on evidence).

Reinforced message

In certain cases, it was felt that parents who had previously found it difficult accepting that certain aspects of their parenting needing improving, reached a better understanding through hearing the NSPCC practitioner reinforce the message previously conveyed by the social worker. The fact that it was an NSPCC practitioner reinforcing the message was felt to be significant.

> The belief that people have around the NSPCC, that they are there to protect children, they don't necessarily see with local authorities…when the NSPCC is concerned I think that puts a whole new light on the situation.
>
> (Social worker)

Chapter 5: Decision making

Drawing on the interview data, this chapter explores the context in which parents and local authority social workers used the EBD review to improve their decision making, identifying factors that helped and those that hindered. The key findings are:

- The EBD review can be used to improve decision making and to counter drift.
- When social workers and parents spent the time needed to complete the NCFAS-G, it could lead to better evidence and understanding, and, in turn, to better decisions.
- The requirement made by NCFAS-G for social workers to provide a score, which denotes the need for action, was felt to have prompted decisions.
- Social workers' determination to achieve safety for the child and motivation to argue their case with professionals increased with the involvement and support of the NSPCC. This occurred even when the review did not influence evidence and understanding.
- In some cases, the review prompted decisions but did not stop drift, because the *decision focus* was not on the long-term safety of the child, but rather on whether the current situation was sufficiently good to remove the child from the child protection plan.

While it was clear that the EBD review helped professionals create better evidence and improve understanding, the key question for the service was whether use of the review prompted a proactive approach to cases where 'drift' had been present. The concepts of drift and proactive case management used in this evaluation were developed by Elaine Farmer and Eleanor Lutman in their book *Effective working with neglected children and their families* (Farmer and Lutman, 2012). According to Farmer and Lutman, drift is characterised by periods of social work inactivity, and in particular when no action is being taken to protect children known to be abused or neglected. However, it can also be characterised by the continual opening and closing of the same case, the same case being passed between several social workers over time, and when plans and interventions are not completed.

In contrast to drift, proactive case management is characterised by situations where professionals take decisions focused on ensuring the permanent safety for the child, in a timely manner (Farmer and Lutman, 2012).

5.1 Influence on decision-making

Local authority social workers and NSPCC practitioners felt the review influenced decision-making in some cases. The majority of NSPCC practitioners (92%) and social workers (100%) who filled in a survey for one of the EBD reviews they were working on felt that decisions had been influenced by the review (see Tables 2b and 2c).

Table 2b NSPCC Practitioner view on level of influence on social worker/local authority decision-making (T1 and T2 reviews combined)

Level of influence	Number	Proportion
At least some	46	92%
Low	3	6%
None	1	2%
Total	**50**	

Table 2c Social worker view on level of influence on social worker/local authority decision-making (T1 and T2 reviews combined)

Level of influence	Number	Proportion
At least some	17	100%
Total	**17**	

5.2 Drift and proactive case management

Some cases subject to an EBD review were characterised by drift, before, during and after the EBD review. A minority of children (9 out of 30) in the cases for which one or more surveys had been completed had experienced neglect or abuse, and/or had been on a child protection plan for over a year (Table 3). In some cases, professionals were felt to have tried all the services and interventions possible, but continued to allow the child to stay at home on a child protection plan.

Table 3 Months on a CP plan before T1 review started

Time spent on a CP plan prior to review	Number
Less than a year	21
Between a year and two years	8
Two years and more	1
Total	**30**

Sometimes, a decision was taken that was felt to be wrong, for example where a child was removed from a child protection plan despite there being evidence of concerns that had not been addressed. On other occasions, decisions were taken in principle, but not enacted in practice.

> The family have been [an] open [case to children's services] for eighteen years – massive concerns, huge amount of services thrown at the family – and I was asked to do a court report and remove the children, but because of work pressure it didn't happen and then the situation improved.
>
> (Social worker)

In some cases, interviewees felt that the EBD review had helped promote proactive case management.

Some children subject to an EBD review had had intermittent experiences of neglect over a long period of time, where the neglect stopped when local authority services were introduced and started again once those services were removed. In these cases, the authority did not attempt to draw a conclusion on what needed to be done to ensure the long-term safety of the child. In one case, a social worker described how there had been concerns for a family stretching over a decade, during which time newborn children had been allowed to stay in the care of the parents. Instead of asking whether the neglect could be resolved in the long-term and what the effect of being exposed to long-term neglect was, the focus was on the current conditions experienced by the child.

> [This case concerns] a single parent who doesn't have a lot of support networks and has periods of motivation where she's able to meet the basic needs, but the overall care of the children just doesn't reach a standard where we feel it's good enough: how the children present at school, things like re-occurring head lice, basic clothing, presentation, home hygiene, but it's not bad enough to say these children need to come out today.
>
> (Independent reviewing officer)

In some cases, interviewees felt that the EBD review had helped promote proactive case management. In others, it was felt that a proactive approach had been present prior to the review and had actually resulted in the commissioning of the EBD review. However, there were also cases subject to an EBD review where it was felt that drift had continued despite the review.

The rest of this section identifies the challenges that professionals and families involved in the EBD review needed to overcome to engage in proactive decision making. Although the evaluation was principally focused on professional decision making, interviewees frequently provided information about family decision making, which was

sometimes influenced by participation in the EBD review. For this reason, the first section looks at professional decision making and the second at decision making within families.

5.3 Professional decision making

A number of challenges were identified that professionals need to overcome to move from drift to proactive case management. Challenges included: focusing on the child and on securing the long-term safety of the child; determination to achieve safety for the child; having access to accurate information; overcoming positive bias in judgement making; and overcoming reluctance to remove neglected children from their parents. The ability of professionals to use the EBD reviews to overcome these challenges varied, as the following sections will explain.

Focus on the child

It was noted that, in everyday practice, social workers sometimes failed to focus on the experience and safety of the child, preferring instead to focus solely on the parents, which meant that the wrong decisions were taken and drift continued. For example, one child protection case was said to have been closed after the parent had failed to cooperate. In another case subject to an EBD review, a focus on supporting the parent was given as the reason for the social worker failing to provide services recommended in the review. The social worker involved was said not to have acted on the majority of recommendations included in the EBD review report because the mother was pregnant and the social worker did not want to overload her.

Focus on achieving long-term safety for the child

Even when focused on the child, social workers were sometimes said to have not addressed the key question of what needed to be done to ensure the long-term safety of the child. In some cases, professionals focused solely on understanding and responding to what the situation was like for the child at the point of decision making, with particular attention being paid to incidents and situations that met the threshold for removal.

> At one point during the EBD process, the social worker was considering children in need [CIN] plans, and then very quickly after she was considering removal, and then very quickly after that again, she was kind of saying, "Actually, perhaps we can manage it with CIN" and there was justification for all of that, but that happened in a very short space of time, so I guess that's why some families can remain subject to plans over quite a long period of time for neglect, because you do see that kind of quick turnover of conditions improving and then deteriorating again…
>
> (NSPCC practitioner)

A sole focus on current incidents and situations was said to be a response to large caseloads, which meant that, at any one time, social workers had several emergencies and court cases that they had to attend to.

Judges, like social workers, were also said to be focused on identifying single incidents or situations that met the threshold for removal. There was a perception that judges would not consider long-term exposure to mild neglect. This perception was said to lead to children being left on child protection plans for a long time, as social workers felt concerns were serious enough to put them on a plan, but not serious enough for judges to grant the removal of the child.

> What I've found with neglect cases is that they tend to trundle on, and you'll get one concern and then there might be an improvement in that or a change in that, but then another concern will pop up…But there's no kind of one big trigger incident that then gets us into being able to provide evidence for that threshold and then being able to do a more legal intervention.
>
> (Social worker)

Solely focusing on current incidents and situations also meant that social workers would respond to immediate positive changes by withdrawing services, even when there was evidence to suggest that harm or neglectful behaviour might reoccur without services. It was felt that this type of practice led to a cyclical situation, in which families would improve with support services and then deteriorate, the result being that children suffered long-term intermittent neglect.

This cycle of long-term intermittent neglect was seen in some cases subject to the EBD review. Here, where the EBD review had suggested an improvement in the family functioning, children were removed from a child protection plan. This could happen without consideration being given to the possibility that neglect might reoccur, even though there was evidence of long-term patterns of neglect. In cases like this, the EBD review was prompting decision making, but not stopping the process of drift. For example, in a case where the review had prompted the local authority to remove children from a child protection plan, the children were still felt to be in need of protection.

This cycle of long-term intermittent neglect was seen in some cases subject to the EBD review.

> The children were all deregistered; however, it was identified both from my assessment and the NSPCC practitioner that social services needed to continue to be involved and it was evident that…the family needed outstanding work, needed involvement to continue and needed to access services to protect the children.
>
> (Social worker)

Interviewees suggested that one way of testing whether parents are able to sustain improvements noted at the 'Time 2' review would be to do a 'Time 3' review some time later.

> For this family, we've put in intensive support, which will probably work, so your 'Time 2' report will be a little bit more positive. But then actually when they come out, it's probably six months' time when we'd want another assessment about whether they've been able to sustain the changes that had been made.
>
> (Independent reviewing officer)

Sometimes, it was felt that the EBD review failed to produce sufficient evidence to help professionals address the question of what needed to be done to ensure the long-term safety of the child. One child protection chair noted that a weakness with the review was that it did not help her understand why a particular family with a long history of social care involvement could not sustain changes once intensive care had been taken out.

Another reason that social workers were said to be reluctant to take action was uncertainty over the extent of the harm caused by exposure to neglect. Interview data did not clarify if the EBD review helped social workers overcome this barrier to understanding.

Access to accurate evidence

Another challenge to professionals wanting to take a proactive approach was having accurate information on the situation of the child. As reported earlier, the EBD review was said to have provided a structure that helped facilitate the collection and reporting of accurate and timely information on the conditions of the child at the point in time that decisions were being made. This led to a variety of decisions being taken, including court action, provision of new services and removal from the child protection plan.

One challenge faced by professionals in cases where they felt that a child should be removed from home was evidencing that the child's situation and experiences met the threshold for removal in a court. Many interviewees felt that, in everyday practice, the decision to take legal action was usually only prompted by incidents of abuse or when the conditions in the home were very bad. Mirroring this, in some cases subject to an EBD review, it was the ability of the professionals to use the review to unearth single incidents of abuse and recent changes in family life that met the threshold for removal, which prompted a decision.

However, the EBD review was also expected to help decision making in those cases where there was long-term mild neglect but no single incident to trigger legal action, and, in some cases, legal action was prompted through professionals using the review to evidence chronic abuse and neglect. In particular, it was often felt that the chronologies compiled by NSPCC practitioners produced a standard of evidence of chronic neglect required by the courts.

The motivation of the social worker to argue his or her case in professional meetings or in court was sometimes strengthened by the review process. The review process increased their confidence because it provided them with data collected first-hand, in contrast to the second-hand evidence that some social workers relied upon. Furthermore, having a review report from the NSPCC was felt to add weight to the social worker's argument, and prompted legal action, even when the report's evidence added nothing new to the social worker's evidence or understanding.

> What she said to me repeatedly was, "I don't doubt that he loves them and I don't doubt that he's doing his best, but his best just isn't good enough". And I think she was saying that to her manager and her colleagues and they were just dismissing it. I think she needed that assessment really to kind of go to her manager and say, "This isn't good enough". And actually that is what she did, she did use that 'Time 1' report and the concerns continued from the point of 'Time 1' through to when they had the legal gateway meeting…
>
> (NSPCC practitioner)

For some social workers, having their assessment of the case supported by the NSPCC convinced them that they had reached the right judgement.

For some social workers, having their assessment of the case supported by the NSPCC convinced them that they had reached the right judgement. Other social workers felt that professionals and judges would be reluctant to reject a judgement supported by the NSPCC, so felt more confident about their ability to get a decision using the EBD review report.

Decisions to provide services to families subject to an EBD review were taken because the review report had evidenced why families needed those particular services.

The role of accurate evidence in ensuring the right decision was also highlighted in a case subject to an EBD review where professionals had failed to evidence a parental drug habit. The family was taken off a child protection plan in light of the EBD review, but then legal action was taken to remove the child once the parent's habit had emerged. In another case, the failure to effectively communicate the review report to a social worker to whom the case had been transferred resulted in a failure on the part of the local authority to act quickly on the recommended actions made in the review.

Determination to ensure safety for the child

The determination of the social worker to ensure safety for the child was felt to be an important factor in proactive decision making. In some cases subject to an EBD review, the determination of the social worker was felt to be the reason that the review was commissioned, as well as for the decisions taken in light of review findings. In some cases, the opportunity for help and assistance from the NPSCC had increased the determination of the social worker to renew her focus and make a decision. In one of these cases, the decision came before the review had started, i.e. just the thought of making a referral for an EBD review had prompted the social worker to make a decision.

Some interviewees felt that the structure of NCFAS-G pushed social workers to make a commitment to act. It was pointed out that because the NCFAS-G tool requires professionals to provide a score for each domain area, it also requires a commitment to make a decision on whether something needs to be done. A minus score on the NCFAS-G tool means that there is an ethical, moral or legal reason for intervening (National Family Preservation Network, 2009).

… bias in judgement-making was sometimes countered by the EBD review process …

> I did find it really useful to sit with the [NSPCC practitioner] and think what's good enough, and how close is it to good enough to actually score it. But then I quite like the scientific approach to things and the methodical approach to things…and it's not – you can't be methodical with the core assessment…
>
> (Social worker)

Positive bias in making judgements

One reason drift could occur was because the social worker was biased towards removing a child from a child protection plan, and was unwilling to consider evidence that challenged their view. This bias was illustrated by cases where professionals inappropriately removed children from child protection plans, after having seen improvement in just one area of family functioning, even though there was evidence suggesting problems in other areas. Bias was also evident in cases subject to an EBD review, where social workers were said to have commissioned the review expecting it to provide evidence to support a decision to remove a child from a plan. In these cases, where the EBD review suggested continuing efforts to protect the child, social workers sometimes removed the child, using evidence from the EBD review selectively to support their decision.

> She wanted an evidence-based report; we provided her with that, and it seems like it hasn't agreed with her agenda. So she's scrapped it. I strongly believe these children will come back into the system, particularly when the newborn is born; that's three children under four with a mum that clearly struggles.
>
> (NSPCC practitioner)

However, bias in judgement-making was sometimes countered by the EBD review process, in ways explained in this report's chapter on evidence. Where social workers allowed their initial judgement to be challenged by the evidence of the review, NSPCC practitioners described them as having gone into the EBD review with an open mind or being willing to have their preconceptions challenged.

In another case, an NSPCC practitioner countered a bias towards wanting to remove the child from the child protection plan after the EBD review had been completed through "lengthy discussions" with the local authority social work staff. In one case, the NSPCC's initial reaction to the referral information provided by the local authority, and the judgement the NSPCC practitioner reached having considered the evidence, was enough to prompt a local authority decision.

> There was a case where we tried to refer and the social worker had a conversation with the NSPCC to talk about referring, and the NSPCC response was actually, "We're really concerned about this case. We're going to talk to our managers; we think you need to be going to proceedings". And actually that, along with other information from professionals, led us to have a professionals' meeting, with the decision that we did actually go to case direction to look at proceedings…In actual fact we did go to court and the youngest child…was removed…It was very helpful in terms of their professional judgement that in actual fact we needed to look at it differently.
>
> (Social work manager)

Reluctance to remove neglected children from their parents

In some cases, drift was said to arise from a reluctance to remove children experiencing long-term neglect. There were several reasons for this reluctance. Some social workers were said to believe that removing children from the home would traumatise them and lead to worse outcomes for the child than if they were to continue experiencing neglect. This was felt to be the case when social workers understood that removal from a home resulted in poor outcomes for children, and when it was felt that children had a good emotional attachment to their parents.

> We've now got the very difficult decision, bearing in mind the ages of the children and the attachment they have with their mum, we have got to decide whether we've now got clear evidence of neglect, and that is ongoing and the harm is ongoing, but balancing that with the harm of removing them from their mum.
>
> (Social worker)

Other reasons for professionals being reluctant to remove children included a general expectation within the authority that social services should help children stay with their families, and a reluctance to use foster care placements. It was reported that this was reinforced by a desire within the authority to minimise expenditure on placements.

> I feel there's still drift, even those where there's these evidence-based reports going out, there's still a reluctance to seek legal advice around neglect. It costs something like £20,000 per care order. You've got a battle against the system and you've got a battle against your team manager…I think the feeling is that children that are being physically abused or sexually abused are far more in need than children suffering neglect. I feel that if you went to the legal services with this report, you would have the evidence there, but I don't feel that it's being used in that way.
>
> (NSPCC practitioner)

Although social workers were said to have experienced reluctance in removing children, they often felt a need to make a decision and to consider removal in cases where the child had been on a plan for two years. This was because there was a general rule within some social work teams that it was bad practice for children to be on a plan for any more than two years. Removing the child from the family was one means of getting them off a child protection plan. Many of the EBD reviews were commissioned because children had been, or were coming up to being, on plans for two years, and social workers needed help making a decision on what to do, or to gather sufficient evidence to take the case to court. One way in which the EBD review was seen as helpful was when it provided information with which social work staff felt able to take the case to legal meetings and court to convince professionals and judges that the best course of action would be to remove the children. What was not clear from the interviews was whether, in any of these cases, the EBD review also helped social workers overcome their personal reluctance about removing children.

5.4 Parental decision making

Some parents whose families were subject to an EBD review did not respond adequately or at all to the recommendations set out in the review. The quantitative data collected on T1 and T2 reviews indicates that concerns remained for many families at T2 (Tables 4 and 5). However some parents did take decisions to improve the care and safeguarding of their children. This was reflected in the fact that 32% of parents passed over the threshold *above which* there is

no legal, moral or ethical reason for public intervention" (National Family Preservation Network, 2009) (Table 5). Average T2 scores suggested that the conditions for children improved during the two reviews (Table 4). Decisions taken by adult family members included: agreeing to accommodate children who were living with an abusive or neglecting relative; changing behaviours in the home to improve the care for the child; engaging with services; and facilitating children's contact with services and relatives. A number of challenges were identified that parents needed to overcome to make the right decisions for their children – a lack of understanding of neglect, a lack of acceptance of the need to change, and a lack of capacity or motivation to change behaviour. Parents' ability to use the EBD review to overcome these challenges varied. The following sections of this report look at factors that helped parents and those that hindered.

Table 4 Clinical change between T2 and T1

		Ended below baseline	Stayed below	Above to below	Ended above baseline	Stayed above	Below to above
Environment	n	16	15	1	15	3	12
	% (n=31)	52%	48%	3%	48%	10%	39%
Parental capabilities	n	17	15	2	14	5	9
	% (n=31)	55%	48%	6%	45%	16%	29%
Family interactions	n	21	21	0	10	5	5
	% (n=31)	68%	68%	0%	32%	16%	16%
Family safety	n	19	16	3	12	2	10
	% (n=31)	61%	52%	10%	39%	6%	32%
Child well being	n	16	13	3	15	7	8
	% (n=31)	52%	42%	10%	48%	23%	26%
Community life	n	15	12	3	16	8	8
	% (n=31)	48%	39%	10%	52%	26%	26%
Self-sufficiency	n	12	10	2	19	8	11
	% (n=31)	39%	32%	6%	61%	26%	35%
Family health	n	16	12	4	15	7	8
	% (n=31)	52%	39%	13%	48%	23%	26%
Neglect	n	17	16	1	11	2	9
	% (n=28)	61%	57%	4%	39%	7%	32%

Table 5 Average T1 and T2 scores for EBD cases

Environment	n=31	T1	-1.6
		T2	-0.7
Parental capabilities	n=31	T1	-1.3
		T2	-0.7
Family interactions	n=31	T1	-1.4
		T2	-0.8
Family safety	n=31	T1	-1.5
		T2	-0.8
Child well being	n=31	T1	-0.9
		T2	-0.4
Community life	n=31	T1	-1
		T2	-0.5
Self-sufficiency	n=31	T1	-1
		T2	-0.5
Family health	n=31	T1	-0.6
		T2	-0.3
Neglect	n=28	T1	-1.9
		T2	-0.9

Lack of understanding

Earlier in this report, it was identified that the EBD review could help parents improve their understanding of neglect. This could prompt some parents into making the changes needed to benefit their children. Using the review process to improve the understanding of relatives could also prompt decision making. In one example, the involvement of the grandmother in the family report review meeting meant a better understanding of the experience of the child, and a decision made by the grandmother to take the child into her care. This led to improvements in the quality of the child's life.

> Grandma was present when I shared the 'Time 1' report with the parents, and I think grandma was pretty shocked to see what the scores were, so she was saying, "Actually, would it be better if he comes to stay with me?" And again, the local authority was saying, "Yeah, that probably would be more beneficial"… When he went to live with grandma, the situation improved, his attendance at nursery improved, grandma was getting him to his health appointments. I think that the other agencies were reporting that they'd seen a positive change in his presentation.
>
> (NSPCC practitioner)

In another case, it was felt that the clarity of communication with the father during the review helped him better understand how he was not able to address the needs of all his children, which led to him accepting the decision recommended by the local authority that some of his children should be removed for adoption.

However, in other cases it was felt that a continued lack of understanding meant that parents failed to respond, despite having participated in the review. Reasons for why the review failed to impact on parental understanding are detailed earlier in this report.

… it was felt that the clarity of communication with the father during the review helped him better understand how he was not able to address the needs of all his children …

Lack of motivation to change

Parental decision making was also felt to depend on their motivation. In some cases, parents were felt to have been sufficiently motivated to respond. Motivation was present when parents wanted to remove their children from child protection plans and stop the involvement of social services in their lives. In some cases, motivation was increased when parents felt better supported and less threatened.

In one case, it was felt that a parent had made changes because the professionals were spending more time with the mother for the review than the social worker would usually do.

Some interviewees felt that, in everyday practice, the expectation on parents to 'comply' with the requirements of a child protection plan sometimes exacerbated the situation, with parents becoming more resistant to change under such conditions. In contrast, the EBD review process was said to have often been experienced as a supportive process (as described in the previous chapter on evidence), which made parental change more likely. In one example, it was felt that the clarity of the review report, together with the parents feeling less threatened by the NSPCC, helped them to make better decisions:

> We'd gone from inadequate to adequate within that couple of month's period…I think it was clear guidelines and recommendations that she could understand, and that she didn't feel threatened by. Because parents can feel quite threatened by us and feel if you don't do this, we're going to take you to court…I think as NSPCC workers they had a completely different relationship with the parent. Actually, I think she wanted to do it.
>
> (Social worker)

Another factor that increased motivation was additional support provided to the parent, which in one case occurred as a response to a recommendation provided by the EBD review. The increased support experienced by the parent was said to have motivated her to go on to make improvements to her parenting.

However, in some cases, while parents understood social workers' concerns, they did not accept that changes needed to be made. In one case, motivation was felt to have been weakened by a family bereavement. In another case, the reason for a parent's lack of acceptance for the need to change was a perception that things had improved since the last EBD home visit. Parents' refusal to accept the need for change was said to be reinforced by their hostility toward the social worker or fear of social services removing their children. One mother would not send her children to respite services because it was feared that social services would take the opportunity to remove them from her care. Parents' own experiences of neglect as children, and the views of other family members and social workers, were also felt to contribute to a lack of acceptance that things needed to change.

Lack of capacity to change

Sometimes, it was felt that mothers accepted the need for change but did not have the capacity to make those changes. In one case subject to an EBD review, it was felt that the mother accepted the need for change, but that when she tried to effect change in one area, her attention to other areas diminished. Factors believed to affect parents' capacity to respond were mental health problems, substance misuse, medication and financial difficulties. In one case, a mother's willingness to carry out a recommendation to attend the doctor to change her medication was felt to have enabled her to make better decisions about her child's schooling.

> Well, it was recommended in the 'Time 1' that she would seek advice from the GP regarding her medication, because she was so drowsy in the morning she couldn't get out of bed to take the child to school in time. So, it was a recommendation for her to go back to the GP and have an assessment of her medication and to see if there was anything they could do to improve that situation. And by the time we did 'Time 2' she had actually done that, and she was taking her medication now earlier on or at a different time really, which improved her mood and her ability then to get up and take the child to school.
>
> (NSPCC practitioner)

Factors that improved parental decision making

Reflecting on parental decision making generally, interviewees felt that parents tended to make better decisions when the conditions in which they live improved and when a relative who caused trouble to the family left the family home. Some parents were felt to make better decisions when their children were placed on child protection plans; the desire to get the children removed from the plans was the key factor motivating them to make changes. It was also felt that the rapport built up between the social worker and parent was an important factor in promoting positive parental change, and that regular changes of social worker, which was said to be a common experience for families, inhibited the chances of building this rapport.

It was also felt that the rapport built up between the social worker and parent was an important factor in promoting positive parental change …

Chapter 6: General perceptions of the EBD review

This chapter draws on the interview data to explore the general perceptions of workers involved in EBD reviews. The key findings are:

- Social work staff that valued the EBD review valued it even when the review did not add to their evidence or understanding. They appreciated having their evidence and understanding validated.
- Some social work staff were not enthusiastic about the review when the findings did not support the decision they wanted to make, and, sometimes, when they were allocated the case half-way through the review.
- Social workers varied in their intentions to use the review in future, and in whether they would use the review without the support of the NSPCC.
- Social workers valued the investment of time that the NSPCC put into the review.
- The presence of the NSPCC meant that some social workers spent more time with the family than they would otherwise.

The previous sections of this report focused on the role played by the EBD review in producing better evidence, improved understanding and better decisions. This section provides an overview of general perceptions and feelings about the EBD review.

6.1 Experiences of EBD

Social work staff were often positive about their experience of the EBD review tool, with some promoting it among colleagues. The process of conducting the review was enjoyed by some, and it was acknowledged that the review provided new insights into the neglect and abuse experienced by children. Even when the report did not generate new evidence or understanding, social work staff felt it useful to have their existing understanding validated.

One very experienced social worker had felt the need to review her practice in light of conducting several reviews.

> It has really made me look at my practice. Normally, I would say that I'm able to see past manipulation but obviously I'm not. I think it's acknowledging that I did not look at the chronology well enough and I should have done. So, it's me looking at how I've practiced in the last few months and actually saying in relation to his case, "I haven't done a good enough job", and why. It's not just about caseload and what have you, is it?
>
> (Social worker)

In contrast, other staff were said to have not been interested in the review and its findings when they had been allocated the case halfway through the review. Others were said to have lost interest when they realised that the findings suggested a course of action different to the one they intended to take. In one case, a member of staff said that she struggled with the paperwork due to her dyslexia.

It was felt that the NSPCC would need to make regular contact with new starters in social work departments, as staff turnover was high and new arrivals would not know about the tool.

6.2 Promoting referrals

It was felt that a number of things could be done to promote referrals to the EBD review. It was pointed out that social workers did not always have time to think about neglect cases, partly because they were not seen to be a priority, which meant that they did not refer as many cases as they might. The implication for the NSPCC was that they might get more referrals if they could encourage staff to review their neglect cases more often. It was suggested that regular email reminders could be sent to social workers because social workers were so busy, and received so much information about different services, that they quickly forgot about what they had read. However, it was also cautioned that some social workers did not read emails unrelated to their casework.

It was felt that the NSPCC would need to make regular contact with new starters in social work departments, as staff turnover was high and new arrivals would not know about the tool. It was recommended that referral rates would be boosted if the NSPCC could convince local authorities to move from a position of allowing social workers to use the tool, to requiring them to use it. One social worker felt that, in general, social workers only did things they were required to do. Certificated training for social workers on neglect, assessment and use of the tool was also felt to be a means of improving social worker buy-in and referral rates. It was also suggested that courts would take social workers' EBD review reports more seriously if they knew the social worker had been accredited for use of the tool.

6.3 Perceptions of time and benefit of review

Many staff talked about their concern of how much time the review was going to take, with some feeling that these concerns may have put some staff off referring cases for a review. Many social workers felt that the review tool required more time than they would usually give to a case. Others, however, felt that their initial apprehensions about time were not realised in practice. Perceptions of the amount of time needed to complete the review depended in part on whether the review was used by the social worker to help complete the statutory core assessment, in which case the review was not felt to have taken up more time than usual. In some cases, social workers missed out a variety of activities from the EBD review process, giving time as the reason. Activities not done included not watching the training DVD or reading through preparatory information, preparing for home visits and scoring.

There was mixed opinion on whether the time invested in the EBD review was justified by the benefits gained. Where it was felt that the time invested was justified, several benefits were identified. Benefits included picking up on a pattern of chronic abuse, which led to the child being removed from their home. They also included where parents had made improvements over a short space of time, which had been brought about, in part, by the range of issues covered by the EBD review tool. In one case, a social worker felt that the review was worth the time invested because it had enabled her to demonstrate that the parent had not engaged despite having had the issues set out clearly, which in itself was felt to be sufficient to go into court proceedings with.

However, some felt that the time they had invested was not justified by the benefit they gained. This was especially the case where it was felt that the review report had failed to capture the risks posed to the children or had not addressed the issue of why neglect had occurred. It was also seen as not worth the effort where the review had not been shared with core group members and conference chairs.

6.4 Intention to use in the future

When asked whether they would use the tool again, most social work staff said they would. Some felt it could be used in any assessment of children living at home, including cases where neglect was not a concern or was not the principal concern. A range of views were put forward regarding when it should be used, with the tool being seen to be useful in child protection planning, public law outline procedures, in the middle of care proceedings, and where a judge had decided that children should live with the family until care proceedings were concluded. It was also advised by some that the EBD review tool

would be more effectively deployed in cases where parents had shown an openness and ability to change their behaviour.

Those who were considering using the review in the future were asked whether they would use the tool without the support of the NSPCC. Many social workers felt that the assistance of the NSPCC was a key contributor to the value gained from the review process; the NSPCC practitioner provided an opportunity for critical reflection, challenge and did a great deal of the work required by the review. NSPCC backing was also felt to help influence professional and parental decisions. Consequently, some doubted whether they would use the tool, or whether they would implement it rigorously, without the NSPCC. In the main, this was because they did not feel that they would have the time to complete the review by themselves.

… some social workers felt that it would be feasible to use the review tool without the assistance of the NSPCC, but felt that additional training would be needed.

> I work in a court and protection team, and actually my court work overtakes everything else and must take priority because I have very tight timescales. And that's obviously the most significant risk of harm to children when I'm going to court, and I have to prioritise that. And I work a very busy caseload so giving that time to a family who isn't in court and doesn't have those timescales is very difficult.
>
> (Social worker)

Having said this, some social workers felt that it would be feasible to use the review tool without the assistance of the NSPCC, but felt that additional training would be needed. One NSPCC practitioner felt that social workers could benefit from using the conceptual framework provided by NCFAS-G, even if they did not use it on a regular basis or collect information rigorously.

In a few cases, social work staff said that they would not use the review in future, even if they continued to have the NSPCC's support. In one case, it was felt that the worker's existing parenting assessment tool provided a more detailed account of the issues than the EBD review. In another case, it was because the local authority was starting to implement a new model of practice, and the social worker felt that this might reproduce the findings of an EBD review.

6.5 Enhancing the review

Suggestions were put forward for improving the effectiveness of the review model. Some felt that additional visits and extra time would allow for a more rigorous report and better evidence. It was felt that more time was needed to build rapport with parents and talk with the children. Conversely, it was felt by some that EBD home visits lasted a long time, which sometimes caused parents to get tired. It was felt that a better approach might be to have more meetings but to make each meeting shorter. It was also felt that NSPCC practitioners' confidence that they had made the right judgement could be improved by allowing them to collect and integrate information from family members who lived in other households and from agencies that were involved with the child.

Some social work staff felt that some of the EBD review reports were too lengthy, and it was recommended that the reports have a summary page presented at the beginning. Furthermore, it was felt that review reports could usefully give a recommendation not just on what needed to change, but on how long the parents should be given to make those changes. If this was done, it was felt that the 'Time 2' review should be conducted not after three months, but instead at the time by which the parents would have been expected to have made those changes. Earlier in this report, it was noted how some felt that removing a child from a child protection plan after a 'Time 2' review had highlighted positive changes could end up contributing to the cycle of neglect and more drift. One recommendation to counter this was to conduct a 'Time 3' review, to ensure that the changes made by the family were sustained.

Some felt that the NSPCC should provide an intervention to follow up the assessment, with it being unfair to do an assessment and then expect the authority to provide the intervention.

> After the [EBD review] it just stops…as though, "these are the issues, now work with the family and improve them", which you can do to a point, but in being a social worker we've got a lot of cases and it's hard to always pick up, to work with them as much as we'd like to…Services are not always there…the closure of different services makes it a lot harder to find resources...
>
> (Social worker)

One suggestion was to follow up the review with joint-work sessions with the mother looking at how she could make the changes identified. It was also felt that it would be useful learning to follow up with families in two years' time, to establish if the review had made a long-term difference, and to see what could be improved in cases where it had not. Finally, given that review reports were not always submitted to the child protection conference chair and core group members by the social worker, the potential impact of the review could be increased by the NSPCC practitioner taking it upon themselves to share it with a range of local authority staff and professionals involved in decision making with the child.

It was felt that the review's influence on decision making might be improved if the child protection conference chair was committed to the review from the very beginning, and if the NSPCC practitioner attended child protection conferences and core group meetings. Furthermore, it was felt that if social workers could undertake certified training in the use of the review, having a certificate to show a court might mean that judges would take the review findings seriously in the court process.

It was felt that the review's influence on decision making might be improved if the child protection conference chair was committed to the review from the very beginning …

Chapter 7 – Conclusion

This section draws on the findings in this report in order to identify a number of ways in which the NSPCC could work to improve assessment and decision making in neglect cases. These include: improving and promoting the tool; promoting assessment skills; providing an assessment service; promoting a culture of challenge; promoting a focus on ensuring the long-term safety of the child; campaigning for sufficient time to be spent on neglect cases and creating a support network for social workers who want to fight the case for neglected children.

7.1 Recommendations

Improve and promote use of NCFAS-G

The evaluation explored the desirability and feasibility of local authorities using NCFAS-G without support from an NSPCC practitioner. The report has shown that NCFAS-G can be used to improve the focus, accuracy and clarity of the evidence available to social work staff, and can enhance understanding and prompt decision making, both among professionals and parents. Many social work professionals have been positive about NCFAS-G and have professed a willingness to continue using the review in the future. Some have said they would use it without the support of the NSPCC. All of this suggests that the NSPCC could improve practice on neglect by encouraging local authorities to use NCFAS-G without the support of NSPCC practitioners.

However, caution should be exercised, as some local authority staff said they would be unlikely to use NCFAS-G without support, owing to the amount of time that it would take to complete. Furthermore, if the NSPCC was to promote use of NCFAS-G without providing support, then the NSPCC might wish to consider the suggestions from interviewees for improving the focus and accuracy of the tool, and the method for presenting evidence.

Promote assessment skills

One alternative to promoting use of NCFAS-G is to promote use of individual aspects of NCFAS-G and the EBD review, which the evaluation suggests contributes to better assessments. This option might be tried where local authorities are reluctant to take the EBD review or NCFAS-G on wholesale, but where social workers are open to considering how they could improve their assessment practice generally. NCFAS-G has several practice elements, which were felt to give it an advantage over the framework used in most social

work practice, the *Framework for Assessment*. These elements are: the range of family-functioning factors covered; the requirement to score the family on each area of family functioning; and the emphasis on demonstrating how the data collected meets the scoring criteria. It was felt that these practices led to more accurate identification of neglect, a better fit between judgements and data, reduced positive and negative bias, and prompted a commitment to act.

The EBD review also included reading case files and the production of chronologies and genograms, sometimes absent in normal social work practice. These approaches drew attention to historical patterns or incidents of neglect, which prompted decision making. Finally, the use of charts, with traffic light colour codes, to depict scores, and the use of summary reports were felt to facilitate understanding among professionals and parents.

Provide or promote an assessment service

The evaluation findings suggest several reasons why the NSPCC might continue to provide or advocate for the provision of an independent assessment service. Social work staff identified benefits to partnership working with the NSPCC, over and above the advantages provided by NCFAS-G. The presence of an NSPCC practitioner encouraged a renewed focus in some cases, which in itself could prompt decision making even before the review had started. It also led to social work staff spending more time collecting and analysing data than they usually would, which it was felt, together with the time invested by the NSPCC practitioner, improved the focus, accuracy and clarity of the evidence produced. Where the NSPCC agreed with the local authority social worker, the worker sometimes felt more confident about defending their conclusions and judgements. Social workers and social work managers felt that the involvement of the NSPCC added weight to the evidence and arguments presented in professionals' meetings and court settings.

Furthermore, it was felt that some parents opened up and responded better to the NSPCC practitioner with the social worker when compared with just the social worker. It was said that some parents saw the NSPCC as being "there to help", a perception which contrasted with the fear and suspicion they held for local authority staff. There are, therefore, several reasons for believing that an assessment service may be a more effective vehicle for improving practice than promoting the EBD review tool without NSPCC support. Many social work staff felt that the support of the NSPCC was as, or more, important than the EBD review tool itself, and many said that they would be unlikely to use the EBD review tool if the NSPCC were not to provide support.

Promote a culture of challenge

The evaluation findings suggest that the potential for improved understanding and decision making could be scotched when the review was commissioned by social workers that wanted the evidence to buttress their existing judgements. In such cases, when the findings did not support the social worker's existing judgements, it was said that the social worker could stop cooperating with the review, shelve the report or select bits of evidence to report to other decision-makers. This suggests that the effectiveness of the EBD review would be increased by ensuring that those commissioning the review are open to having their judgements tested and challenged by the review process. The NSPCC might, therefore, consider measures for raising awareness of the importance of social workers and local authority social work teams in promoting critical reflective practices, and laying their judgements open to question and challenge. Raising awareness may also need to be supported by a campaign to increase the resources available to local authority social work departments, to make time for reflective supervision and peer support.

Promote a focus on ensuring the long-term safety of the child

The findings in this evaluation reinforce the work of Farmer and Lutman (2012), who found that proactive case management, in contrast to drift, is characterised by situations where professionals take decisions focused on ensuring the permanent safety for the child in a timely manner. This study found that the *focus* is just as important as the *decision making*, and that, without the right focus, cases could drift even when decisions were taken promptly. This suggests that any approach to neglect, whether using NCFAS-G or another tool, requires a focus on the long-term safety of neglected children to ensure proactive decision making. Getting and maintaining this focus would require challenging a culture, reported on in this study, where neglect cases are not considered as serious as other types of abuse, and where local authorities are focused on meeting targets for child protection plan numbers, rather than thinking about what is in the best interests of the child. A 'two years from now' campaign might be useful in getting social workers to ask about the long-term prospects of the neglected child during their assessment work.

Campaign for sufficient time to be spent on cases of neglect

Throughout the interviews, the high caseloads of child protection workers were said to have created situations where they were unable to give sufficient time to neglect cases, including some cases subject to EBD review. High caseloads were said to have created a situation in which social workers were having to dedicate their time to emergencies, court cases and cases where the child was coming up to

being two years on a child protection plan. This encouraged a focus on serious incidents and situations that met the threshold for removal. This meant that the cases of children who were subject to cumulative mild neglect were not prioritised and the neglect was left unaddressed. In cases subject to EBD review, it meant that the time taken to complete the review was prolonged, or that certain elements of the review were not implemented.

These findings suggest that the NSPCC could improve practice in neglect generally, and could improve the effectiveness of the EBD review if it successfully campaigned for sufficient time to be spent on cases of neglect. This might be supported by a campaign to reduce the number of cases held by social workers.

Create a support network for social workers, who want to fight the case for neglected children

The evaluation findings suggest that social workers, who want to fight the case for a neglected child sometimes, can face an uphill battle. Financial pressures, a culture that prioritises serious incidents and a reluctance to look into the long-term prospects of a child, means the social worker has to 'battle the system'. The evaluation suggests that external support, through the validation of the social worker's evidence base, can give social workers the confidence they need to fight that battle. It would therefore make sense to create a support network for social workers, keen to fight the case for neglected children. Social workers can share lessons learned about how to collect and present evidence, how to argue a case and how to work with professionals and the family. The network could be used to generate knowledge and understanding about what works for neglected children.

7.2 Future research

The learning from this research project will be developed further in the NSPCC's new service for neglected families, which will be delivered from 5 sites across England and Wales. The service, called Thriving Families, aims to develop a consistent approach to child neglect, assessing families' needs and helping families find the right service (NSPCC, 2015). There are several research questions, which have emerged from the evaluation of EBD, which might be addressed in future:

- Given the variability in social workers' engagement with the EBD review and in the apparent success of the review in improving children's conditions, can we identify factors, which are predictive of better engagement and outcome?

- Given that organisational theorists have suggested that the prevalence of need is largely a function of the prevalence of services created to meet those needs (Lipsky, 2010), would the scoring or impact of an EBD review be influenced by the presence of additional services?
- How do parents and children experience the EBD review and what is the diversity of ways in which parents and children can use the experience of an EBD review to make improvements to their family life?
- Given that many social workers said they doubted they would have the time to do an EBD review without the support of the NSPCC, is there a way that the conceptual framework of NCFAS and the summary reports developed as part of EBD, could be used to improve decision-making in cases where social workers do not have much time for families?
- In cases where the families' condition improved at Time 2, were these changes sustained over the period of a year, or did the child's conditions return to the level they were at Time 1?

7.3 Note for commissioners

It is understandable that some commissioners may be interested in the potential of the EBD review process for improving evidence, understanding and decision-making in their area. Where this is the case commissioners are asked to pay attention to the cultural and organisational factors, which the evaluation suggests need to be in place for the review to work for families and children. These are:

- To focus social workers' assessment and analyses around ensuring the long-term safety of the child.
- To realise a culture of reflective practice within social work teams.
- To ensure that social workers have protected time for cases where the EBD review is used.
- To minimise the likelihood of cases being handed over mid-review.

Local commissioners may also wish to emulate the NSPCC's attempt to monitor change by issuing an online survey and an analysis of Time 1 and Time 2 scores. Both data collection methods are relatively cheap to implement, and can help deliver a better understanding of which types of family the EBD review is working for.

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