IO3. EVALUATION TOOLS

**ASSESSING VULNERABILITY
OF MOTHERS AND THEIR CHILDREN IN THE PERINATAL PERIOD**

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Sommaire

Assessing Vulnerability

Summary

The text is a result of a collective work among 4 teams of professionals from different nationalities at the intersection of professional practice and theoretical perspectives.

By surveying the tools for the assessment of vulnerability each team adopted during the professional practice, the document aims to highlight the different objects and theoretical frameworks involved, and to examine their complementarity and differences.

The document is divided into the following sections:

A) The characteristic of this stage within the complexity of the CapevFair project

B) The main models and assessment approaches included in the different tools

C) Analysis of the tools in order to highlight complementarity and differences

 D) Description of the tools

E) Bibliographic references for exploring some aspects of vulnerability assessment processes.

How to use the text? The reading can be helpful in different ways:

- it provides some tools for the assessment of vulnerability in diversified contexts;

- it allows to reflexively interrogate one's own practice to get in deep on the complex of vulnerabilty assessments: along the document you will find some issues that have been deliberately left open so that the professional might reflect on her/his work singularly or in team;

A) **The characteristic of this stage**

We define "evaluation" as any tool, practice or strategy used to analyze and understand vulnerability during all the stages of the intervention (at the beginning, during the intervention, in specific moments, at the end of intervention, etc.).

In the cyclical intervention process examined within this project, and notably in the diagram 1, the moment of assessment is represented an expanded moment in the time of the whole accompaniment, and it has some specific connections with each of the other actions.

Definition

With regard to the definition of vulnerability: the exchanges between partners on the definition of vulnerability have showed the complexity that such a notion discloses, and the multiple levels which it consists of.

Thus, if the classification of the different kinds of assessment that is current in the scientific literature (assessment of the service, of the parenting skills, of children vulnerability) turns out to be effective, it won't be enough to account for assessing the processes that make all the actors of the intervention vulnerable, both singularly and in their mutual relationships.

The tools that we examine concern all the aspects of this definition. In detail, we can say that the majority of the tools aim at assessing the vulnerability which is manifested through the user/patient storytelling and in the relationship between professionals and users/patients. However, some of these aspects, even if marginally, intentionally point out and assess the professional vulnerability and the vulnerability of the institutional functioning.

Tracking

With regard to the act of tracking vulnerability, the moment of assessment is an in-depth analysis.

Accompanying

With regard to the act of supporting: understanding and examining the vulnerability is an action in close connection with the practices and methods of support; among the elements to be assessed, in fact, we often find the process of supporting itself starting from the achievement or not of the intervention's goals. In this phase, the evaluation helps to find ways for readapting the women support, the family support, making decisions on the services' approach according to the child's development and her best interest.

What is known about the situation of the mother-child dyad? What don't we know? What information and perspectives can help us to build a better relationship with users and intervention? Should family support be reoriented? What are the proposals for mothers in the interests of the child and his/her development?

In general, the intersection and overlapping of the tracking, assessment, and support tools is based on the idea that knowledge and action are not separable, and that the assessment represents in itself a form of intervention.
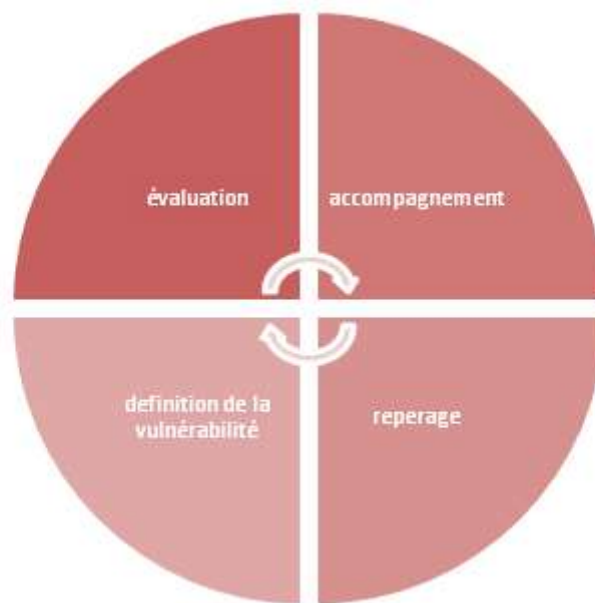
1. Diagram CapevFair

B) Main models and assessment approaches

Which of the theoretical and methodological approaches can be suitable for a more adequate understanding of vulnerable situations in this collective? How to evaluate the dynamic process of support ?

Hereafter we evidence some approaches intersecting the majority of the tools taken into consideration:

The PARTICIPATORY APPROACHES   question the expertise issue: **who assesses? With who evaluate** in order to contrast the professional's vertical expertise? (Donnet-Descartes et Dujardin, 2012)

These participatory methods:

- grant an active role to users in the assessment, by considering them experienced in their life story, and by involving them in the production and communication of their knowledge;
- set the basis for a relationship of mutual recognition and trust, which might facilitate the real and not formal participation of the subjects in different socio educational contexts where they are involved;
- prove to be capable of facilitating the access to one's "voice", as they enable mothers and their children to gain more control and protagonism in the assessment process instead of being just "objects" of assessment.

For this purpose, it is useful to share with all the actors involved in the assessment process the definition of the criteria of effectiveness, success and desirability of the expected outcomes. The professional's objectivity, therefore, corresponds to a conscious bias of his views, a consciousness of her/his own imagination and resonances which are generated by the encounter with the user. Having elaborated the drastic

separation between subject (he/she that knows) and object (he/she to be known), the split between an objective position and a subjective position, the professionals are called upon to adopt **intersubjective and adequate methods to promote the experiential dimension and pay attention to everyone's daily actions and meanings.**

In this perspective, the evaluation is already a form of intervention that can promote the subjects' agency and thus produces empowerment enhancing self-awareness and taking into account the discriminations that limit the possibilities of women.

Considering the topic of the vulnerability of women and children, maternity and protection of their children, it might be effective to adopt a feminist perspective (Humphries 1999 in Shaw) that recognizes that "knowledge is the outcome of a commitment to the intellectual and political fight for challenging the dominant world views or otherwise considered to be natural, and it engenders in the oppressed groups insights that, for the dominant subjects, are in fact inaccessible" (Humphries 1999: 152 in Shaw 1999).

In the professional practice this intellectual stance entails:

- the enhancement of women's knowledge as the unrecognizable and unrecognized knowledge that cannot be considered a competence/a skill

- taking into account the women's experience by problematizing it: the "experience" category needs, in fact, to be questioned from a specific historical context, in a web of different relationships, marked by multiple levels of power and differentiation. For example, it allows us to explore how to be a woman and a mother in the constraints of the social groups of belonging and to question the role of the

social and healthcare services in the production and reproduction of the female social models that influence professional expectations on a "good mother".

A participatory approach to the assessment process may engender "transformative knowledge" for those directly involved in (professionals and users), who can acquire a new awareness of themselves and of vulnerability in social life.

ASSESSMENT AS A REFLECTIVE PRACTICE: assessment is a key component of professional practice. Dulle and Mullender suggest not to consider it as a moment on its own, unrelated to the routine of working or fragmentary, but holistic, capable of development within an organic project that supports professionals in highlighting power relationships, ongoing change processes and their actions with self-awareness (Dulle and Mullender 1999 in Shaw 1999).

ASSESSMENT OF the mother's PARENTING SKILLS/COMPETENCES:
Some of the tools deal with the assessment of parenting skills. Which cognitive, emotional, relational dynamics inform the acting between mothers and children?
The mother-child dyad is the focus of a collection of information, that is not based on a single model but shows a multiplicity of epistemologies.

1. The first group of models is focused on the **mother's socio cognitive and emotional profile**: critical skills, parental skills, child representation skills, management of his behaviour, inner world, attachment patterns, emotional styles, relationship with the childhood and parental figures and affective disorders; interactions with the outside world, and strength to change

2. The second group of models takes into account the **parental skills** through the observation of signs and behaviours

3. Assessment models basing on **family practice**: recognizing families as subjects that are daily set up through "family practices" (Morgan, 2011). Within this approach, the question is how to identify a set of tools enabling to get closer in the most appropriate way to the core of family experience, made of intimacy practices, construction of meanings and family cultures, displaying strategies, openness and engagement or distrust and closure ones towards the world? (Sità 2014).

In the most recent models, the evaluation of parenting skills has evolved towards the broader idea of analyzing parental responses. In fact, the so-called skills of parent is the emerging product of a complex system of individual, relation and ecological factors. The eco-system approach reminds us that child protection is not only related to the actions of the parents but to the ability (of parents, of others actors, of ecological system) to meet the basic needs of children. Parenthood is a set of dynamic functions (Bornstein): this means that parenthood is not a monolithic function, but that a parent can respond adequately to certain needs of the child and ask for support to other actors to find resources for other parental functions (Lacharité et al., 2006). In this complex conception of parenthood, White (2005) reminds us that in assessing the parent's abilities no single factor (for example addiction, psychiatric illness etc) can be considered a predictor of parental ability.

In dealing with the assessment not only as a process of verification, measurement or monitoring, the assessment practices of the parenting skills and relationships that the mother has with her children are based on some principles:

- concepts such as "role" and "competences" do not seem to be sufficient for describing and analysing maternity. The use of concepts as "dynamic" and "processes" allows us **to imagine the mother not only as a bearer of roles and functions**, but as a woman who daily invents the reality. "Socio educational services adopting tools for accessing the users' insider perspectives lay the foundation for participatory interventions, capable of engaging users in their life pathways and family relationships" (Sità, 2014);

- from a systemic point of view, a subject is not competent by himself, but (s)he becomes skilled by virtue of a context with its interpersonal processes and intersections. "Rather than thinking of a mother's skill singularly, it is helpful **to think in terms of collective competences as the outcome of coordination, of synergy**. Competence and lack of competence are born within a context and specific relationships (Formenti, 2008);

- in order to avoid falling into an assessment process which causes institutional mistreatment (Cima 2009) the professionals are aware of using partial assessment categories because they are ethnocentric or focused on their own cultural model;

- the assessment seems to refer to a variety of models and epistemologies:

The different approaches are a complex set up of glances that do not exclude each other, but only in a well-balanced combination may lead to a better understanding of situations of vulnerability. Each model has its advantages and limitations. The **advantages** are the ability to name and make visible, first of all to parents themselves, problematic issues that generate suffering and hindrance in the development. The major **limitations** are: the difficulty of understanding the meaning of the observed behaviours from outside and the limitations inherent in photographing a process, dynamic and contextual by nature.

In addition, these approaches investigate social and cognitive, emotional and psychological skills without going into contextual aspects. The question then is not only "**how to assess "parenting skills**" but "**under which conditions parent learns to recognize himself/herself as such and act accordingly?"** (Formenti 2008)

APPROACHES deriving from ecological theories: the need to interrogate the context

In defining vulnerability we noted that all the subjects involved in the situation of vulnerability and its care keep bidirectional relationships with the contexts in which they live. It is, therefore, necessary to preserve sensitivity to the context or to the set of relationships and institutional and socio-affective affiliations of each subject.
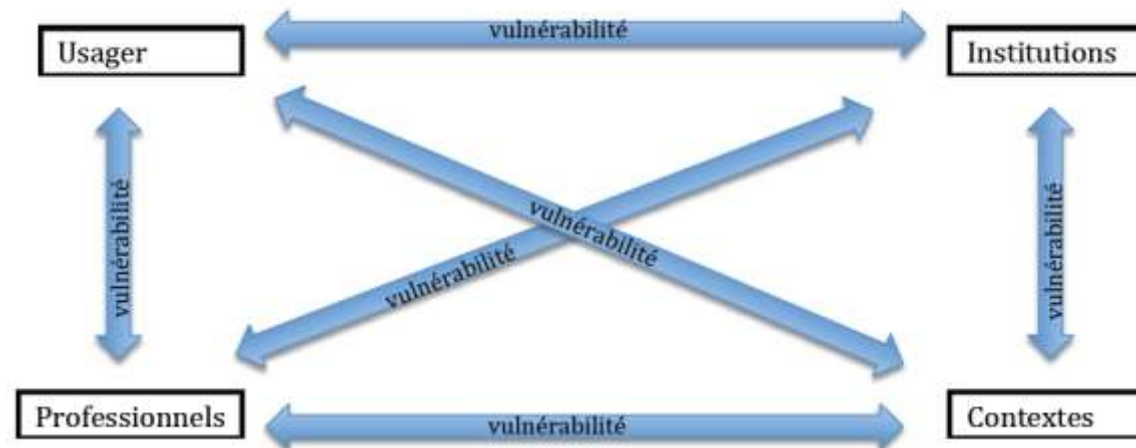
Assessing the vulnerability in the relationship between user/patient and context: the key factor is the critical understanding of social reality, conditions of injustice and ongoing power relations so as to induce the subjects to actions that enable the protection of their dignity.

With regard to the condition of children the Framework for the Assessment of Children in Need and their Families (2000) affirms that an understanding of a child must be located within the context of the child's family (parents or caregivers and the wider family) and of the community and culture in which he or she is growing up. The assessment should therefore take account three domains:

1. the child's developmental needs;

2. the parents' or caregivers' capacities to respond appropriately;

3. the wider family and environmental factors.

4. The interaction between the three domains and the way they influence each other

must be carefully analyzed in order to gain a complete picture of a child's unmet need and how to identify the best response to them.

(Framework for the Assessment of Children in Need and their Families, 2000)

Assessing the vulnerability in the relationship between professional and institution

The professionals are part of the institutions and belong to professional categories. These bonds and constraints are an important source of information and resources, they feed the professional's identity and deserve to be taken into account in the assessment processes aside as in these moments

- the professionals are expected to have clear references in the existing laws, approved protocols and respect them
- disciplinary interpretative paradigms are triggered

The risks can be:

-when the professional fails to make a correct mediation between the norms and the user's complex situation, **secondary victimization effects** can emerge (Cima, 2009). In this situation, the institution is no longer a protecting institution but tends to reproduce undermining dynamics for

those who are already socially vulnerable. In managing complex cases, norms and approved protocols are an important source of information and landmark. However, their their use without considering the person and the context can lead to "theoretical mistreatment".

-The concept of "**theoretical mistreatment**" was developed by the psychotherapist Françoise Sironi (2003). Here its definition re-adapted to the themes of the CapevFair project. The notion of theoretical maltreatment "is used to characterize on the one hand the inadequacy of the theories with which the users' problems are conceptualized, on the other hand the inadequacy of the practices with which the professionals try to treat patients using their disciplinary tools. (...) Theoretical mistreatment emerges in specific contexts, notably at the interfaces between different cultural worlds. It has directly visible consequences not only on patients but also on professionals. Professional cynicism and burnout can be analyzed in this light" (Sironi 2003).

Furthermore, we have to take in account the precarious working conditions (contracts and workload) which may have an impact on the quality of care. This last aspect was highlighted mainly by Italian and Romanian professionals.

MULTIDISCIPLINARY APPROACH

In order to become an effective tool of analysis and understanding of the complexity of vulnerability, the evaluation process should be characterized by:

- flexibility in combining different assessment approaches, in combining quantitative and qualitative approaches

- multidisciplinarity, that is to say, multiply the glances on family: anthropological, socio-political, critical pedagogical, medical

- integration among research, assessment and social intervention in order to establish a cyclical process of information-action-reflection

C) Analysis of the tools in order to highlight complementarity and differences

Starting from these theoretical approaches and the questions they raise, the following section proposes an analysis of the tools that each country uses in its professional practices. Each partner was asked to reflect on her everyday work and to describe the main evaluation tools by answering the following questions: who evaluates, where, what to evaluate and how.

We thus resembled a heterogeneity of tools given by the variety of contexts involved in this project. The common theme of the vulnerability of women in the perinatal period covers all the tools, focusing on the social groups targeted in the work of each partner: girls who become mothers during adolescence, migrant mothers, prostitutes and often victims of trafficking, women/mothers and their children who live in poverty, mothers with substance abuse problems. If the specificity of the evaluation practices with each target group is undeniable, the effort of this analysis leads us to emphasize the common and cross-functional aspects of very similar practices. Above all, this analysis seems useful in order to propose questions and to reinforce the reflexive work of the professionals: being able to compare the different answers elaborated in various contexts allows us to return to our daily life with a renewed look and other possibilities.

WHERE is vulnerability assessed?

	Mother and Child center	external Children-Youth Mental Health Center	Social worker's office/Bureau du professionnel	semi-formal spaces
Video intervention (Spain)	X (under custody of Administration)	x		
Monitoring tutorial report	X		x	

Tutorial folder (Spain)	**X**		**x** **(en réseau avec les institutions socio-éducatives)**		
Addiction severity Index (France)	**X**		X		
Le carnet de bord de l'observation des interactions mère-enfant (France)	**X**		**x**		
The risk identification form (Romania)	**X**		**X** **(en réseau avec les institutions socio-éducatives)**		
Social inquiry (Romania) **Initial Evaluation Report (Romania)**			**X** **(en réseau avec les institutions socio-éducatives)** **x** **(en réseau avec**		

				les institutions socio-éducatives)	
Guideway to single out and collect data about the daily life and personal history (Italia)				**x centre intercultural de femmes (qui est aussi le bureau de l'assistante sociale)**	
Guideway to single out and collect data about the development of a a feeling of being vulnerable (Italia)				**x centre intercultural de femmes (qui est aussi le bureau de l'assistante sociale)**	
Strumento per valutare la vulnerabilità (Italia)	**X**			**x**	

In most cases, the assessment is carried out in **proximity spaces between users and professionals**, in a growing proximity spectrum which includes specialist centers, offices and especially **the hosting places for mothers and their children**. A variety of degrees of institutionalization are thus encountered: in some cases women can access the service only after a report issued by the authority, in other cases the access is more flexible. The latter case is more frequent for associative organizations that are part of the network of social services. In this case, the women's access is free and does not require a schedule. These semi-formal spaces need to be managed by a social worker or a professional with skills in group leading. They represent a "third" space between institutions and users.

The adoption of context-sensitive assessment tools leads to careful choices of hosting places for mother and their children, basing on the **centrality of everyday life**. In this perspective, the tools are grouped into two axes:

a) the assessment is focused on **daily life observation** (meals, self-care...) by specialized professionals with the mother's consent

b) the assessment is focused on **the user's personal report of her daily life**

The examination of the assessment tools also shows a great value accorded to the connection with external specialized centres and the social services network confirming thus the **multi situated and multidisciplinary structure of the assessment**.

Who assesses

	User/person involved/mother	éducateur/ social worker	équipe des professionels	external supervisor	figure non professionnelles	psychotherapeute clinical professional
Vidéo-intervention (Spain)	x	X	x	x		x
Monitoring tutorial report (Spain)						
Tutorial folder (Spain)	x	x (with director)				X family therapist
Addiction severity Index (France)	x échelle d'auto-évaluation			x		

Le carnet de bord de l'observation des interactions mère-enfant (France)		**X** un professionnel ou bien on observe à 2 et on confronte dans un 2nd temps les observations faites	**x**			
The risk identification form (Romania)	**x** filled up with family	**X**		in collaboration with specialists who get in touch with the child (general practitioner, teachers, medical assistant, priest, NGOs specialists, policeman, health mediator, school mediator)		
Social Inquiry (Romania)		X				
Initial Evaluation Report (Romania)		X				
Strumento per		X				X

valutare la vulnerabilità (Italia)						psychologist
Guideway to single out and collect data about the daily life and personal history (Italia)	x	X	x	x ethnoclinical supervisor	x	
Guideway to single out and collect data about the development of a a feeling of being vulnerable (Italia)	x	X	x	x ethnoclinical supervisor	x	

Which "voices" are effectively listened to in examining and understanding the situation of a mother and a son/daughter)?

The assessment is a **multiple glance process** involving a variable number of actors. All the tools taken into consideration try to overcome the dualism professional-user in the assessment process in favour of a composite depiction of diversified points of views. This kind of evaluation,

which is sometimes a kind of inquiry carried out by the social worker (**social inquiry**), can lead to the composition of a **global report / registry** capable of showing continuity in the care of each mother in different contexts involved.

Which asymmetries of this dynamic come into play in the relationship between professionals and users? First of all, an important role is played by professionals' awareness of the fact that occupying a position where others' needs and problems are studied and defined represents a form of power; even preserving a distinction of function, it is important that professionals get ready to disclose and socialize this form of power both in the delivery and assessment of services. In this regard, the question to ask is: how are the mother, the child and the professionals configuring the relationship between norms of interaction (distribution of the possibility to speak, power of definition, languages in use) and the ongoing educational and assessing practices configured? (Sità, 2014).

How do interactions between mother, children and professionals influence the educational and evaluative practices?

Some professionals argue that it is necessary

to renounce the power of interpretation,

to refuse to speak in the place of the other,

to grasp the point of view of the interlocutor, **the reality of the patient from her point of view**,

to record important factors in her personal history,

to be located in the register of resonance: within the limits of the possible, it is very important to restart the conversation from what we feel or think. During the interview the woman gives her personal interpretation on the process of the care, thus identifying and elaborating the conditions of well-being in contrast to those of vulnerability. This is an awareness process.

In certain tools the relationship between users and professionals is defined as participatory and processes defined as "co-assessment" do take place by verifying the progress, the transformations and goals with the mother. We always ask the mother to agree to film, we see the videos with her, we comment them in the presence of specialists.

It seems that it depends on every professional and every situation to define the assessment procedures; **which are the factors that in the context of working do determine or not the need to ask the mother's consent to the use of some tools?** What is the meaning of "objectivity" in the assessment? Once the mother is aware of being observed together with her child what kind of performative processes or emotional inhibition do occur?
In all cases, the respect of the users' privacy is considered fundamental.

-In some specific cases (ASI: addiction severity index), as the assessment of situations regarding addiction problems, the need to make a separation between the assessment sphere and the daily life dimension is met: an external expert is, therefore, involved in the intervention. It can be difficult for the professional and the user to be obliged to share personal issues and at the same time to share everyday life (in a conscious or unconscious way, the woman can feel anger towards the professional who has these information about her life and build a difficult relationship with the carers).

-In the most cases it is the social workers who carry out the evaluation practices. In the cases of interventions in semi formal places it is possible that not only professionals (social workers, cultural mediators..), but also non-professionals are involved. The non-professionals actors could be, for example, people from the same linguistic community as the mothers, people giving informal support to mother and child, etc.). the co-presence of women opens up the possibility of a complex, flexible evaluation process and reproduces a wide context of "co-mothering" where the mother is supported in constructing and expressing her maternal competence.

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What is evaluated?

	relantionship and attachement mother-child	affective mother-child bond	psycho-affective development of the baby/ bien être de l'enfant/besoins de l'enfant	psychomotor development of the baby	mother's social life (education, work, social relations)	mother's health	mother's sexual life	progress and goals/ accompagnement personnalisé /relat ion famille-service
Vidéo intervention (Spain)	**put attention on positive aspects**	x	x	x	x	x		
Tutorial folder (Spain)					x	x		x

Monitoring tutorial report (Spain)	x	x	x	x	x	x	x	x
Addiction severity Index (France)						x	x	x
Le carnet de bord de l'observation des interactions mère-enfant (France)	x capacités parentales en relation à: la sécurité, l'affection, la stimulation, l'encadrement , la stabilité	x	x	x	x	x		x
Initial Evaluation Report (Romania)					x	x		x
Social					x	x		x

inquiry (Romania)								
The risk identification form (Romania)			x	x	x	x		
Guideway to single out and collect data about the daily life and personal history (Italia)					x	x	x	x
Guideway to single out and collect data about the development of a a feeling of being vulnerable					x	x	x	x

(Italia)								
Strumenti per valutare la vulnerabilità (Italia)	x	x	x	x				x

The assessment processes collect data on the vulnerability and the management of the mother-child couple. This information is mostly qualitative, although also quantitative since they are difficult to measure (there is, however, an attempt to quantify the use of questionnaires using scales, numbers, or + and - signs), and can be collected in the form of images or stories, conversation, recording.

The information are usually classified in the two categories of **objective/verifiable** (biological assays / clinical record) and **subjective** (they speak about the patient's life from her point of view). Even if any assessment tool takes into account the health of the mother as well as the child, it should be emphasized that this classification is appropriate especially when the mother has a specific disease.

More generally, if the professional abdicates to his role of power, implicit models (such as "a good mother") that are into play could be an obstacle to the co-construction process between professionals and the mother involved:

"the two levels of "defining oneself" and being defined by the outside world intersect continuously. For example, the dimension of being a parent is not separable from a social role aspect, from being seen and recognized as a parent, as Delens Ravier (2003) showed in her research with parents that live their children removal experience due to protection reasons. These mothers and fathers, although being assessed in some cases as sorely lacking in the care of children, while the removal takes place they are subject to an identity

disorder that the author, with good reasons, connects to the fact that being a parent and being indicated as a parent (even if inadequate or insufficient) was an essential identity anchoring for these adults, who at a certain moment of their life story are "not to be anymore parents", in the sense of no longer being defined and treated like mothers and fathers while they are still feeling such".

This case, as others even less dramatic than this, show effectively how the services (hosting, supporting, forming, assessing, producing documentation on families) are an active part in the dialectics between the inside and outside which constantly involves every family. This exposure to the world is visible especially in some institutional transitions and steps (like the birth at the hospital, the enrolment in the civil registry, the first relationship with the paediatrics, with teachers etc.), but it is also an integrating part of every relationship that services have with families. Introducing oneself, telling oneself (or not telling oneself), interrogating what the operators think "of us", searching a feed-back on one's being a parent, but even for a child saying (through stories or games) about his/her family, are actions that make up the concrete ground where the relationship between parents and professionals come to play" (Formenti 2008).

Intersubjective working enables reaching an in-depth understanding of the vulnerability situation:

- about the quality of the relationship between the mother and her children

- a more global knowledge of the subject emerges, allowing to discover other vulnerabilities, beyond those for which they have addressed themselves or have been addressed to the service

- the professional observes and observes his own work and his own institution, as well as the network of services.

In some cases, he/she is called to compose a progress report in which he/she explicates the steps taken till present (eg home visits, telephone conversations, notifications towards other public institutions that can provide information about the family; written requests/solicitations made to

members of the extended family, meetings with the family/counselling the family) and all new and extraordinary goals (outstanding goals, new goals).

Sometimes, from the objective, we highlight the methodology we have followed, the most remarkable elements of care in relation to this objective, the evaluation that can be done and the measures of correction adopted. The professional takes stock: which improvement to better build the accompaniment?

How to evaluate

	Entretien structurée semi/ structurée	Conversation Informelle	Récit de soi	Observation directe/field évaluation	Vidéo	Questionnaire quantitatif	Recherche sociale /collecte des données
Initial évaluation report (Romania)	x	X		x			
Risk identification form in families with children (Romania)	x			x			x

Social Inquiry (Romania)	x			x			x
Addiction severity index (France)	x					x	
Le carnet de bord de l'observation des interactions mère-enfant (France)	x			x	x		
Video intervention (Spain)	x				x		
Tutorial folder (Spain)	x	X					x
Monitoring tutorial report (Spain)	x						
Guideway to single out and collect data about the daily life and personal history (Italia)	x	X	x				x
Guideway to single out	x	X	x				x

and collect data about the development of a a feeling of being vulnerable (Italia)							
Strumento per valutare la vulnerabilità	x						x

Methodologies can be of 4 types

a. Narrative methods/conversational
   a.1 semi structured interviews) and in-depth interviews
   a.2 methods basing on (oral) storytelling

b. Visual techniques
   b.1 direct observation
   b.2 video-recording

c. Quantitative methods

self/evalutation on health condition

d. Inquiry: collecting information

Observing practises are mainly qualitative with the exception of the ASI assessment tool.

Does assessing mean observing? How can observation represent a resource for the assessment processes? (Tanner La Riche 193)

To what extent the nature and purposes of observation are influenced by epistemological traditions of who observes?

The observation risks consist of recognizing the other simply through the following paradigms:

The deficit model

It is an attitude basing on the idea of "filling the other" so that inequality is filled up and the other becomes "equal". Professionals' glance is oriented to collecting information on the "deficit" (clothing, food, attitudes, parenting style...). The deficit model constructs the other's "less" and our "more". If the other is lacking something, explain this lack, but the explanation will always be grounded on the concept that has generated it: the idea of a deficit (Cima, 2009).

The knowledge on the other

Information is often collected by professionals through reading or listening to the others, who often end up being encaged, once more, in a stereotypical glance. In this way, the discourse on the other switches off the relationship of care: in other words, it is not the other we encounter but what, of us in him/her, we want to confirm. Nothing else is done than ignoring what the other says, with pre-formed constructions on vulnerability, on her culture, by homogenizing users to the category according which they are classified by the service they access (Cima).

Observation undoubtedly plays an important role in the assessment practice. We can consider three key aspects: the implicit elements and the cultural models of observation, the observer's role in facilitating reflexivity; his/her ability to collect complex information, at all considered observational levels.

In this observation model:

- the professional is included in the observation process, by emphasizing the unavoidable subjectivity. He/she is aware of the potentially overwhelming aspects of his/her own role.

- a holistic perspective is preferred: the observation is situated in the whole and complex landscape of the events and processes which the observer attends in the intervention, without isolating specific behaviours. However, it is possible to use a lens: a tool which enables from time to time the zooming in or out of the observation focus (Tanner et La Riche, 1999:192)

- observation is useful to empowerment

In the assessment processes oral methods (formal and informal conversation) are supported by tracks (in the form of diagrams and guides) and by a written elaboration after the interview where not only observable events but also thoughts and feelings are written down.

How was the interview? What did I say and what techniques did I make use of? What was the reaction of my interlocutor?

Some conclusions

- Evaluation is widely seen as a qualitative process and not limited to verification or monitoring. However, quantitative data may be useful in assessing physical health of mother and children involved as well as specific psychological dimensions, but they are never sufficient in assessing vulnerability.

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- In order to contrast the professional's vertical expertise, practices are based on a different idea of rigour and objectivity, conscious about the bias of one's own point of view and aware of one's own imagination and the resonances that the encounter with mother and children generates.

- Evaluation promotes reflexivity.

- Commitment to creating participatory, multi-disciplinary and multidisciplinary practices: it is necessary to renounce the power of interpretation, to refuse to speak in the place of the other, and to build approaches where all the voices of persons involved can play a role.

- Evaluation need multiples points of view and multiple actors.

- The choice of a holistic perspective: evaluation takes into account the history (of the mother, the children and institutional) in its complexity without isolating specific behaviors by decontextualizing them.

- Evaluation therefore involves different dimensions of life: biological, psychoaffective, cultural, social, economic and institutional.

- Consider skills as a result of conditions, relationships and contexts.

- Evaluation is a practice that promotes the creation of transformative knowledge for the subjects directly involved who can acquire a new awareness of vulnerabilities and strengths

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