

Could the integration and development of teachers' pastoral role into the childcare framework provide a key to re-balancing child protection work so as to prioritise Section 17 and Part III of the Children Act 1989?

Charles Richard Wild

Thesis submitted for the Degree of Doctor of Philosophy
Faculty of Law, University of Sheffield
September 2001

ABSTRACT

‘Could the integration and development of teachers’ pastoral role into the childcare framework provide a key to re-balancing child protection work so as to prioritise section 17 and Part III of the Children Act 1989?’

The hypothesis underpinning this research study suggests that the integration of schools into the childcare framework could provide a key to re-balancing child protection work so as to prioritise the Children Act’s family support provisions. It is the researcher’s contention that an essential element in this re-balancing process would be the development of a more effective early detection system. In this respect, it is proposed that the educational establishment could fulfil this role given its unique position to gather information and to liaise with other agencies at a community level. Whilst this position has been recognised to a limited extent, the education service could be utilised to a far greater extent to reinforce the philosophy of the *‘Framework for the Assessment of Children in Need and their Families’* and as such Part III of the Children Act.

A brief summary of the implications and considerations to arise from an analysis of the research data is as follows:

- Information concerning children in need is available within schools, though the utilisation of this information varied considerably between schools.
- Liaison can successfully take place between schools and other agencies at a community level.
- Greater clarification is required in terms of the scope a Child Protection Liaison Teacher’s duties/responsibilities in order to address the variation in practice indicated by the sample. Consequently, formalisation in terms of guidance documentation, training and/or the personnel undertaking the role of CPLT is required.
- Greater support and training of teaching staff in general is also required if schools are to be integrated into the childcare framework.
- Whilst schools could undertake the early detection role proposed by the hypothesis a great deal will nevertheless depend upon how that information is subsequently utilised, (i.e. in order to identify children in need or to pursue the current practice of risk assessment).

TABLE OF CONTENTS

INTRODUCTION	1
CHAPTER 1	6
‘DOES PART III OF THE CHILDREN ACT 1989 HAVE A PLACE IN PRACTICE? LESSONS TO BE LEARNT.’	
1. INTERPRETATION & IMPLEMENTATION OF THE CHILDREN ACT 1989	7
2. INTERPRETING THE NOTION OF NEED IN THE CHILDREN ACT 1989	12
3. MESSAGES FROM RESEARCH	14
4. THE NEW ASSESSMENT FRAMEWORK & THE WAY FORWARD	17
CHAPTER 2	23
‘METHODS OF RESEARCH’	
1. DEVELOPMENT OF HYPOTHESIS	24
2. DETERMINATION OF AN APPROPRIATE METHODOLOGY	25
3. QUALITATIVE RESEARCH METHODS	27
4. THE NATURE OF THE SELECTED METHOD OF RESEARCH	29
5. THE NATURE & VALUE OF INDIVIDUAL INTERVIEWS	29
6. TYPES OF INTERVIEW TECHNIQUE	32
7. THE CONCEPT OF VALIDITY	33
8. VALIDITY OF INFERENCES FROM QUALITATIVE DATA	36
9. CONSIDERATIONS OF THE VALIDITY OF INFERENCES IN THIS RESEARCH	38
10. THE CONCEPT OF RELIABILITY	39
11. CONSIDERATIONS OF RELIABILITY IN THIS RESEARCH	41
12. DATA ANALYSIS AND INTERPRETATION	42
13. CONSIDERATIONS OF CONTENT ANALYSIS & DATA INTERPRETATION IN THIS RESEARCH	44
15. METHODOLOGY APPLIED IN THIS RESEARCH	46
16. VALIDITY AND RELIABILITY IN THIS RESEARCH	47
17. DESCRIPTION OF OPERATIONAL STAGES	48
18. DEVELOPMENT OF HYPOTHESIS	50
19. SELECTION OF SCHOOLS	51
20. LITERATURE REVIEW	51
21. PRELIMINARY INFORMATION GATHERING	53
22. PRE-PILOT STUDY	53
23. PILOT STUDY	54

24. EMPIRICAL RESEARCH	55
25. SUMMARY OF ANALYSIS AND INTERPRETATION IN THIS RESEARCH	56
26. OVERVIEW OF RESEARCH METHODOLOGY	57

CHAPTER 3 **59**

‘WHY SHOULD FAMILY SUPPORT BE EMPHASISED? - LESSONS TO BE LEARNT FROM ATTACHMENT THEORY & APPROACHES TO ‘PARTNERSHIP’ WITH FAMILIES.’

1. FOCUSING UPON THE CHILD	62
2. CHILDREN AND THE IMPORTANCE OF THEIR ATTACHMENTS	66
3. CHILDREN AND THEIR INTERNAL WORKING MODELS	67
4. UNDERSTANDING THE LINKS BETWEEN ATTACHMENT AND PARENTING	71
5. SECURELY AND INSECURELY ATTACHED CHILDREN	73
6. IMPLICATIONS FOR INTERVENTION	76
7. APPROACHES TO THE ISSUE OF PARTNERSHIP	78
8. WHY IS PARTNERSHIP SO IMPORTANT?	80
9. LESSONS TO BE LEARNT FROM APPROACHING OFFENDERS	82
10. THE CONFRONTATIONAL APPROACH	84
11. THE MOTIVATIONAL APPROACH	86
12. IMPLICATIONS FOR DEALING WITH FAMILIES	88
13. CONSIDERATIONS FOR THE FUTURE	90

CHAPTER 4 **93**

‘PREDICTION AND INDENTIFICATION: THE COLLECTION OF INFORMATION AND ITS SUBSEQUENT UTILISATION.’

1. PREDICTION AND THE IDENTIFICATION OF RISK	95
2. PROBLEMS WITH PREDICTION	98
3. POTENTIAL PROBLEMS WITH THE PREDICTION OF ABUSE	102
4. ISSUES IDENTIFIED IN PUBLIC INQUIRIES	104
5. ARE SOME FAMILIES SEEN AS MORE VULNERABLE THAN OTHERS?	105
6. IMPLICATIONS FOR THE ROLE OF PREDICTION	109

CHAPTER 5 112

‘THE PREVENTION OF CHILD ABUSE: EMPHASISING NOTIONS OF PERMANENCE, ATTACHMENT, PARTNERSHIP AND ‘FAMILY SUPPORT’.’

1. CHILDCARE POLICY	114
2. CURRENT WEAKNESSES IN THE CHILDCARE SYSTEM	119
3. THE NOTION OF PERMANENCE	120
4. ACHIEVING PERMANENCE IN PRACTICE	121
5. LEVELS OF PREVENTION	123
6. RELATING PREVENTIVE INTERVENTION TO THE NEEDS OF CHILDREN	125
7. LOCAL AUTHORITY SERVICES, PARTNERSHIP & FAMILY PRESERVATION	127
8. CONSIDERATIONS FOR FUTURE PRACTICE	130

CHAPTER 6 133

‘PREVENTION, PROTECTION, IDENTIFICATION & PREDICTION - AN EXAMINATION OF THE CHANGING ROLE OF HEALTH VISITORS IN FAMILY LIFE.’

1. HEALTH VISITING AND THE ‘HEALTH VISITING CYCLE’	133
2. IDENTIFICATION AND SELECTION: ‘GOOD INTENTIONS GONE AWRY?’	140
3. APPRECIATING THE TASK OF PARENTING AND INTERVENING IN FAMILY LIFE	143
4. THE CHILD DEVELOPMENT PROGRAMME	145
5. IMPLICATIONS FOR THE FUTURE	148
6. HEALTH VISITORS & BEHAVIOURAL MANAGEMENT TECHNIQUES	149
7. CAN THESE TECHNIQUES BE EFFECTIVELY USED IN PRACTICE?	151
8. IMPLICATIONS FOR THE ROLE OF HEALTH VISITORS	152

CHAPTER 7 155

‘ANALYSIS OF SCHOOL STRUCTURES, TEACHERS, CHILD PROTECTION AND SUPPORT PROGRAMMES’

A STYLISTED MODEL OF THE PRIMARY SCHOOL SYSTEM 157

1. THE HEAD TEACHER	157
2. THE ROLE OF CHILD PROTECTION LIAISON TEACHER	160
3. ‘FRAMEWORK FOR THE ASSESSMENT OF CHILDREN IN NEED & THEIR FAMILIES’	163
5. CLASS TEACHERS	165
6. SOURCES OF INFORMATION	168

7. PROFESSIONALS ATTACHED TO PRIMARY SCHOOLS	169
8. STYLISTED MODEL OF MANAGEMENT IN A PRIMARY SCHOOL	170
9. TRAINING OF CLASS TEACHERS	175
10. INFORMATION COLLECTION & DISTRIBUTION	175

A STYLISTED MODEL OF THE SECONDARY SCHOOL SYSTEM	176
--	-----

11. THE HEAD TEACHER & SENIOR MEMBERS OF STAFF	176
12. STYLISTED MODEL OF MANAGEMENT IN SECONDARY SCHOOLS	177
13. OTHER PROFESSIONALS & LEARNING MENTORS	184
14. THE ‘C’MON EVERYBODY’ PROJECT	185
15. CONTINUING THOUGHTS	188

CHAPTER 8	190
------------------	------------

‘AN EXAMINATION OF TEACHERS’ PASTORAL ROLE IN THE CHILDCARE FRAMEWORK – ARE THERE IMPLICATIONS FOR THE FUTURE?’

SECTION 1 – INFORMATION EXCHANGE WITHIN SCHOOLS	193
---	-----

1. CPLT APPROACHES IN GENERAL	194
2. CONSIDERATION OF THE MATERIAL	197
3. THE ISSUE OF CONFIDENTIALITY	200
4. INFORMATION SOURCES I – TEACHERS	201
5. CONSIDERATION OF THE MATERIAL	202
6. INFORMATION SOURCES II – SCHOOL NURSES & EWOs	203
7. CONSIDERATION OF THE MATERIAL	206
8. INFORMATION SOURCES III – COMMUNITY MEETINGS	208
9. CONSIDERATION OF THE MATERIAL	210

SECTION 2 – LIAISON BETWEEN CPLTs WITHIN A PYRAMID OF SCHOOLS	213
---	-----

10. CPLT APPROACHES IN GENERAL	214
11. CONSIDERATION OF THE MATERIAL	215
12. CPLT APPROACHES WITHIN PYRAMIDS	218
13. SUMMARY OF FINDINGS	222

SECTION 3 – TRAINING FOR CPLTs AND OTHER TEACHERS	225
14. SCOPE FOR INCREASED TRAINING	226
15. CONSIDERATION OF THE MATERIAL	232
16. OTHER ASPECTS TO CPLT TRAINING	235
17. SUMMARY OF FINDINGS	236
SECTION 4 – POTENTIAL CONFLICTS BETWEEN EDUCATIONAL & COMMUNITY ISSUES	238
18. THE FOCUS OF CPLTs: EDUCATION, PASTORAL SUPPORT & MONITORING?	239
19. CONSIDERATION OF THE MATERIAL	248
20. TEACHERS’ PERCEPTION OF THE SUPPORT RECEIVED FROM THE SOCIAL SERVICES	252
21. CONSIDERATION OF THE MATERIAL	257
22. TIME AND RESOURCES	260
SECTION 5 – SCHOOLS AND THE COMMUNITY	264
23. SCHOOL RESPONSES TO COMMUNITY ISSUES	265
24. THE CHANGING NATURE OF COMMUNITIES	266
25. MOVEMENT OF POPULATION	269
SECTION 6 – AN OVERVIEW OF THE RESEARCH DATA	273
26. CURRENT EXPERIENCES OF LIAISON BETWEEN CPLTs AND THE SOCIAL SERVICES	275
CHAPTER 9	280
‘CONSIDERATIONS & RECOMMENDATIONS ARISING FROM THE RESEARCH STUDY’	
SECTION 1 – INFORMATION EXCHANGE WITHIN SCHOOLS	281
1. INFORMATION EXCHANGE DYNAMICS WITHIN SCHOOLS	281
2. THE TREATMENT OF CHILDREN IN THE CLASSROOM	283
3. INFORMATION SOURCES	285
4. COMMUNITY MEETINGS	287
5. POSSIBLE WAYS FORWARD	288

SECTION 2 – INFORMATION EXCHANGE BETWEEN SCHOOLS	289
6. APPROACHES IDENTIFIED WITHIN THE SAMPLE	289
7. POSSIBLE WAYS FORWARD	292
SECTION 3 – TRAINING FOR CPLTs AND OTHER TEACHERS	294
8. POSSIBLE WAYS FORWARD	297
SECTION 4 – POTENTIAL CONFLICTS BETWEEN EDUCATIONAL & COMMUNITY ISSUES	298
9. THE FOCUS OF CPLTs WITHIN THE SAMPLE	299
10. POSSIBLE WAYS FORWARD	301
SECTION 5 – LINKS BETWEEN SCHOOLS AND COMMUNITIES	302
11. APPROACHES ADOPTED BY SCHOOLS	303
12. POSSIBLE WAYS FORWARD	304
SUMMARY OF FINDINGS ARISING FROM THE RESEARCH DATA	306
CONCLUSIONS	312
BIBLIOGRAPHY	324
APPENDIX	343

FIGURES AND TABLES

CHAPTER 1

1.1	ASSESSMENT FRAMEWORK TRIANGLE	22
-----	-------------------------------	----

CHAPTER 2

2.1	INTERVIEW TYPES: CHARACTERISTICS & VALUE	33
2.2	FOUR MAIN TESTS OF MAXIMISING VALIDITY IN QUALITATIVE RESEARCH	36
2.3	CHRONOLOGY OF CONSIDERATIONS AND ACTIVITIES	45
2.4	EMPIRICAL RESEARCH: TIME SCALES OF OPERATIONAL STAGES	48
2.5	OVERALL RESEARCH TIME SCALES	49
2.6	SCHOOL RESEARCH TIME SCALES: (1999-2000)	49
2.7	QUESTION DISTRIBUTION ACROSS ROLE OF SCHOOLS IN CHILD PROTECTION	50
2.8	QUESTION DISTRIBUTION ACROSS KEY VARIABLE FACTORS	51
2.9	PYRAMIDS OF SCHOOLS WITHIN RESEARCH PROGRAMME	55
2.10	PROFILES OF THE FIFTEEN SCHOOLS USED IN THE RESEARCH PROGRAMME	55

CHAPTER 3

3.1	AROUSAL-RELAXATION CYCLE	72
3.2	THE CYCLE OF POSITIVE INTERACTIONS	73
3.3	SUMMARY OF THE STAGES OF CHANGE MODEL	84

CHAPTER 6

6.1	THE HEALTH VISITOR CYCLE	136
6.2	CHILD DEVELOPMENT PROGRAMME (CARTOON)	147

CHAPTER 7

7.1	EXAMPLE OF THE MANAGEMENT STRUCTURE IN A PRIMARY SCHOOL	159
7.2	A TIERED MODEL OF NEED	164
7.3	EXAMPLE OF A MANAGEMENT MEETING IN A PRIMARY SCHOOL	173
7.4	EXAMPLE OF AN INFANT SCHOOL TEAM MEETING	174
7.5	EXAMPLE OF A LOWER JUNIOR SCHOOL TEAM MEETING	174
7.6	EXAMPLE OF AN UPPER JUNIOR SCHOOL TEAM MEETING	174
7.7	EXAMPLE OF THE MANAGEMENT STRUCTURE IN A SECONDARY SCHOOL	179
7.8	EXAMPLE OF A MANAGEMENT MEETING IN A SECONDARY SCHOOL	180

7.9	EXAMPLE OF A HEAD OF YEAR MEETING IN A SECONDARY SCHOOL	181
7.10	EXAMPLE OF A HEAD OF YEAR FORM MEETING IN A SECONDARY SCHOOL	182
7.11	EXAMPLE OF A HEAD OF DEPARTMENT MEETING IN A SECONDARY SCHOOL	183

CHAPTER 8

8.1	INFORMATION EXCHANGE WITHIN SCHOOLS	192
8.2	COMPARISON OF APPROACHES ADOPTED TO INFORMATION DISTRIBUTION BOTH WITHIN AND BETWEEN SCHOOLS	199
8.3	COMPARISON OF APPROACHES ADOPTED TO INFORMATION DISTRIBUTION AND ATTITUDES TOWARDS TEACHERS AS INFORMATION SOURCES	203
8.4	INFORMATION EXCHANGE WITHIN PYRAMIDS OF SCHOOLS	212
8.5	TRAINING FOR CPLTs AND OTHER TEACHERS	224
8.6	COMPARISON OF APPROACHES TO INFORMATION DISTRIBUTION, TEACHERS AS INFORMATION SOURCES & THE ROLE OF THE CPLT	232
8.7	POTENTIAL CONFLICTS BETWEEN EDUCATIONAL & COMMUNITY ISSUES	237
8.8	SCHOOLS AND THE COMMUNITY	263

INTRODUCTION

The Children Act 1989 has been referred to as ‘the most comprehensive and far reaching reform of child law in living memory’.¹ Of particular significance is the fact that the Act aims to place the protection of children within the context of all activity on behalf of children ‘*in need*’. It encourages one integrated approach to local authority duties of child support, welfare and protection. Nevertheless, as Chapter 1 will outline, the Act has experienced a number of difficulties in practice, resulting in the fact that child protection concerns have proved to be the dominant force in its implementation. If one refers to ‘*Child Protection: Messages From Research*’ it highlights a continuing preoccupation in relation to whether cases should be dealt with under the auspices of child protection or family support. In essence generating an artificial divide and distinction, which was not originally envisaged by those who drafted the legislation. The intention was that the protection of children should be seen as a subset of all activities concerning children ‘*in need*’, rather than being approached as mutually exclusive activities. It was anticipated that if a family’s domestic pressures began to crystallise into neglect or abuse and the various levels of preventive measures had either been exhausted or proved inadequate, then at that stage the child would progress within this framework from being ‘*in need*’ to a state of being regarded as ‘*at risk*’. The failure to realise this approach in practice raises three significant questions.

- Why have those sections of the Children Act 1989 concerned with the protection of children been implemented more fully than those dealing with the support for families ‘*in need*’?
- Is this skewed implementation of the Act necessarily a detrimental development?
- If this is an undesirable state of affairs, then how may the childcare framework be re-balanced so as to prioritise section 17 and Part III of the Act?

A variety of factors lie behind this skewed implementation of the Act. In particular a close inspection of ‘*Working Together Under the Children Act 1991*’² illustrates quite effectively how child protection is essentially an approach that is based upon quite different assumptions and attitudes to that of childcare. As Chapter 3 will illustrate, there is a need to move away from a culture of investigation and blame towards an environment where the welfare of the child is the central concern. Consequently, it may be suggested that it is not the services as

¹ *Per* Lord Mackay, Lord Chancellor *Hansard* (HL) Vol. 502, col. 488.

² This has recently been replaced by Department of Health, ‘*Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*’, HMSO, 1999.

such which are at issue but rather how they are perceived and ultimately allocated by local authorities.

There is a feeling that whilst child protection remains the dominating concern, too many cases will be classified as being instances of 'risk' as opposed to 'need' and as such receive inappropriate types/levels of intervention. It is clear that the issues, which the legislation was meant to address, must be re-examined. In this regard, issues relating to child development, partnership with families and the various levels of preventive intervention which may potentially be implemented all need to be brought to the forefront of discussion. If a movement is to be made within the childcare framework from investigative 'protection centred' activities towards the support of families, then section 17 and Part III of the Children Act 1989 need to be re-emphasised.

In this regard, it is the researcher's contention that an essential element in the re-balancing of the Act in practice and associated change of perspective, would be the development of a more effective early detection system. This would aim to identify potential problems at a sufficiently early stage to ensure that family support services are implemented in a pro-active rather than a reactive manner, so that such services arrive in time to help vulnerable families overcome their difficulties. As Chapters 4 and 5 will highlight, a key to the successful implementation of family support services is information and the utilisation of that information to support families rather than to investigate them. In this regard, one needs to look for a body capable of fulfilling such a role, which in addition has a comparable amount of contact time with children to that of parents. Given these factors, the researcher felt that the daily involvement of teachers and their pastoral role with children placed the educational establishment in an ideal position to collate information, identify cases of possible concern and to liaise with other childcare agencies.

In many respects the implementation of the *'Framework for the Assessment of Children in Need and their Families'* has gone some way towards commencing this transition. The new guidelines aim to redress this imbalance by focusing attention upon 'need' and the support of families. Indeed, with regards to the focus of this research study, the role of the education service is outlined as being that of:

'Assisting the social services department by referring concerns and providing information for section 47 child protection enquiries.'³

³ Department for Health, *'Framework for the Assessment of Children in Need and Their Families'*, p71, HMSO, 2000.

This would still appear to be rather a vague indication of the education service's role within the childcare framework. Indeed, it could be suggested that it potentially focuses the education service towards the latter end of the childcare framework.⁴ If one refers to *'Working Together to Safeguard Children'*, then whilst the above description is reiterated, reference is also made to a school's pastoral responsibility towards its pupils. As well as the fact that an educational establishment can play a part in the prevention process through its 'own policies and procedures for safeguarding children.' However, quite significantly, the document goes on to state that:

'Through their day to day contact with pupils, and direct work with families, education staff have a crucial role to play in noticing indicators of possible abuse or neglect, and in turn referring concerns to the appropriate agency.'⁵

As the research data in Chapter 8 will highlight, this may be interpreted in a number of ways. Given the focus of the research study, it may be argued that the guidance is worded in such a way that it enables schools to monitor children, note any potential concerns and then refer these concerns to the appropriate agency. The use of the phrase *'noticing indicators of possible abuse or neglect'* would appear to accommodate the notion that schools could play a more integrated role in the childcare framework than that of assisting with section 47 enquiries.⁶ An alternative interpretation of this section may be that it is simply meant to clarify the initial description of a school's role within the childcare framework. In this regard, the referring of concerns to other agencies is precisely the role undertaken by the majority of Child Protection Liaison Teachers (CPLTs) at present, as outlined in Chapters 7 and 8. This argument could be said to be supported by the fact that the social services, at least within the research study area, cannot currently respond in a preventive fashion. Whilst this discussion will be examined in greater depth later in this study, it should perhaps be noted at this stage that both of the above interpretations have been accommodated within schools in the research sample.

A number of schools have maintained an *'education centred'*⁷ philosophy towards their child protection responsibilities in terms of learning and behavioural support through various courses and initiatives for children and parents. Others by contrast have built upon this foundation and developed more of a *'community aware'* philosophy through the

⁴ In other words, it perceives the education service as assisting in the child protection process.

⁵ Op cit, n2, at 3.11

⁶ If this argument is followed, then it also suggests that Child Protection Liaison Teachers within schools may require additional training in order to take appropriate account of such 'indicators'. For further discussion of increased awareness in relation to issues such as Attachment Theory see Chapter 3

⁷ For a definition of the terms 'education centred' and 'community aware' refer to Chapter 8.

establishment of community meetings and close liaison with other agencies at a community level. In many respects, the essence of this variation would appear to centre on an individual school's interpretation of what its concerns should and should not include.⁸ For instance, where do educational needs end and community problems and pressures begin? Where does support for children either educationally or behaviourally end and support for the families of these children begin? It is precisely these issues which the researcher intends to explore within the confines of this study.

In the light of these general research considerations, a hypothesis was developed which postulated that the integration and development of teachers' pastoral role into the childcare framework could provide a key to re-balancing child protection work so as to prioritise Section 17 and Part III of the Children Act 1989. The educational establishment is in a unique position to gather information and to liaise with other agencies. Whilst this position has been recognised to a limited extent, the education service could be utilised to a far greater extent to reinforce the philosophy of the *'Framework for the Assessment of Children in Need and their Families'* and as such Part III of the Children Act 1989.

The basic hypothesis was developed further following a literature review regarding the child welfare aspects of the Children Act 1989. This particular part of the study was subdivided into four inter-related sections (Chapters 3-6); each one concerned with an examination of Part III of the Children Act 1989 from a different perspective.

- An examination of child development through an analysis of attachment theory as well as a consideration of motivational therapy when working in partnership with families.
- A review of the development of the use of predictive criteria in child protection work.
- An analysis of the notion of prevention and the various forms that it may take in practice.
- The above aspects of the childcare framework were then modelled and examined in relation to the health visitor profession.

The literature review highlighted the need to focus upon the identification of need and/or domestic pressures at a far earlier stage than currently happens in order effectively to implement family support services. This overlapped with the preliminary work and pre-pilot study, which are discussed in Chapter 2. Questions were pursued/tested during interviews with the LEA and pre-pilot schools and it was decided to refine the hypothesis through the

⁸ This discussion is complicated by the fact that the current framework within schools is referred to as a 'Child Protection Procedure'. Whilst this is not intended to restrict a school's activities solely to child protection issues, it has nevertheless led a number of schools to interpret their roles quite narrowly (i.e. 'risk' oriented). By contrast, others have taken a broader child welfare approach to the implementation of their duties under this framework. Refer to Chapters 7 and 8 for further details.

inclusion of four key variables to be taken into consideration in conjunction with, and at each stage of, the proposed approach. These factors were incorporated into the hypothesis as ones to be considered at each stage of the process. It was also decided before the empirical work began that research involving a topic as pervasive and important for schools as child welfare work would need to have a very clear form and focus. This was to be achieved by conducting it via four discrete themes:

- Schools' perception of its role in the childcare framework
- CPLT training and guidance
- Focus of child protection work within schools
- Staff training and awareness

Due to the fact that the research was essentially concerned with the examination of teachers' pastoral role (via child protection frameworks currently within schools) and the attitudes and perceptions of teachers within those schools to this process, a phenomenological approach was adopted. In other words, one concerned with individual perceptions.

A survey method involving fifteen schools in the South Yorkshire region was selected within which a semi-structured interview approach was developed to provide sufficient flexibility within the interviews to allow for exploration and further probing. The purpose was to ensure a mutually meaningful dialogue and yet still allow the researcher ultimate control of each interview. The methodology, which is described in Chapter 2, was tested by both a pre-pilot and pilot study before the empirical investigation was undertaken.

The information gained from the research was used to suggest amendments to the current implementation of the childcare framework under the Children Act 1989. These suggestions are outlined in Chapter 9.

The current⁹ implementation of the Children Act 1989 and background to this research study are now examined in Chapter 1.

⁹ By which the researcher refers to the system in existence prior to 1st April 2001 and the implementation of the new assessment framework.

CHAPTER 1

DOES PART III OF THE CHILDREN ACT 1989 HAVE A PLACE IN PRACTICE?

LESSONS TO BE LEARNT

‘A broadly consistent and somewhat worrying picture is emerging. In general, progress towards full implementation of section 17 of the Children Act has been slow. Further work is still needed to provide across the country a range of family services aimed at preventing families reaching the point of breakdown. Some authorities are still finding it difficult to move from a reactive social policing role to a more proactive partnership role with families.’¹

When considering the way in which the Children Act 1989 has been implemented in practice Parton’s observation provides an ideal starting point. In 1997 he suggested that the area of childcare was in the midst of a major debate with regards to the way in which policies and practices of child protection could be integrated with those concerned with child welfare and family support.² In this respect, a number of commentators have pointed to the fact that to date those aspects of the Act concerned with the protection of children deemed to be ‘*at risk*’ have been implemented to a greater extent than those providing for the support of families ‘*in need*’. As the following chapters will highlight, in many areas the child protection system is being overloaded³ and bordering upon a state of crisis management due to an inability to cope with numbers. However, despite this state of affairs there has only been a partial implementation of the Act’s family support provisions; the very aspects of the Act which could alleviate some of the inflationary pressures currently being experienced.⁴ Equally, this skewed emphasis upon child protection has had a number of knock-on detrimental outcomes for those children entering the system⁵ with several commentators questioning whether prevention oriented processes have increasingly moved over to the detection and investigation of potential cases of child abuse.⁶ A prime example of this being the changing role of Health Visitors within the childcare system.⁷

¹ ‘Children Act Report 1993’, Department of Health, pa. 2.39, HMSO, 1994.

² See: N.Parton, ‘Child Protection and Family Support’, in N.Parton (ed.), “Child Protection and Family Support: Tensions, Contradictions & Possibilities”, p1, 1997, London, Routledge.

³ Refer to the discussion outlined in Chapter 7 and research data therein.

⁴ Whilst it would appear logical to switch attention towards that of prevention, the data collected in the research study suggests that the Social Services are currently too busy coping with a situation of crisis management.

⁵ See: J.Tunstill, ‘Local Authority Policies on Children In Need’, in J.Gibbons (ed.), ‘The Children Act 1989 and Family Support: Principles Into Practice’, London, HMSO, 1992.

⁶ M.Lynch, ‘Child Protection: Have We Lost Our Way?’, p17, Adoption & Fostering, Vol.16(4), 1992.

⁷ Refer to the discussion outlined in Chapter 6.

This chapter will outline a number of the factors which have contributed to the current implementation of the Children Act 1989.⁸ Inevitably this will involve an examination of sections 17 and 47 of the Children Act; in particular the way in which they have been interpreted and implemented in practice. The effect that guidance documentation such as *‘Working Together’* and public inquiries have had upon such interpretations will also be considered. Our discussion will also take note of the suggestion that the focus upon child protection has proved to be an irresistible development, especially in light of the stark contrast between the ethos of the Act and the prevailing philosophies that have characterised the backdrop against which it has been introduced.⁹ Finally, the *‘Framework for the Assessment of Children in Need and Their Families’* will be reviewed. Whilst this was implemented towards the end of the research project, it nevertheless reinforces the basic hypothesis adopted by the author and provides an ideal platform from which to discuss the literature review contained in Chapters 3 to 6. In particular, it will be noted that the framework’s ‘Assessment Triangle’ focuses upon the key issues of a Child’s Developmental Needs, the Parenting Capacity of caregivers as well as Family & Environmental Factors. These formed the basis of the researcher’s literature review and critical analysis of the current implementation of the Children Act, which in turn provided the grounding for the development of the project’s hypothesis.¹⁰

Interpretation & Implementation of the Children Act 1989:

The suggestion put forward in *‘Messages From Research’* that the childcare framework should be viewed as a continuum provides an important insight into the underlying philosophy of the Act; that child protection should be viewed in the context of all activity on behalf of children ‘in need’. However, it also provides a basis from which to examine the various interpretations of section 47 of the Act, either a duty to undertake an ‘enquiry’ or that of an ‘investigation’. Whilst this may initially appear to be a simple matter of semantics, the implications are in fact far more extensive and will be highlighted throughout the following chapters. A section 47 enquiry, as contained in the Act, provides the opportunity to enquire into the domestic circumstances of a family and as part of that process determine whether a Part III service is appropriate and as such whether section 17 family support services should be implemented.¹¹ By contrast, if the conventional interpretation, as outlined in *‘Working*

⁸ This will focus predominantly upon the childcare system prior to the introduction of the *‘Framework for the Assessment of Children in Need and Their Families’*.

⁹ See: D.Beddingfield, ‘The Child in Need’, p61, Family Law, 1998 in which he discusses how state support was fine tuned ‘so as to reflect more accurately the now widely prevalent assumptions about those who find themselves without work’.

¹⁰ For further discussion refer to Chapter 2 and discussion of the researcher’s methodology.

¹¹ See later discussion in Chapter 3.

Together,¹² is adopted of section 47 being the duty to undertake an ‘investigation’, then this tends to polarise responses, as evidenced in the research data.¹³ The focus may very well centre upon the dissection of a child’s environment with the predominant purpose of gathering evidence to support or negate an allegation of abuse/neglect.

The Children Act is quite clear in its objectives. It requires local authorities to provide a range of services for children in need and intends that only extreme cases of abuse or neglect should be referred to the courts. It anticipates that any child in need and their family should receive support by way of a variety of ‘intermediate’ stages and local authority services, which cater for such families at different stages of the childcare continuum.¹⁴ In other words, support should be available at every stage between the point that a child first comes to the notice of welfare agencies, through to the possible removal of that child from their home.¹⁵ However, as Chapter 5 will discuss, whilst this is the ideal, the practicalities involved in its implementation are far more complex in nature.

For example, if one turns to the role of public inquiries then they have had two significant effects upon the childcare system. First of all, they have played a pivotal part in shaping the way in which the Social Services have approached their work with families. The Beckford Report pilloried social workers for allying themselves too closely to the families that they were working with. Indeed, the report was concerned about the potential danger that may result to the safety of the child if too great an emphasis was placed upon the needs of the parents. In many respects, this was seen as the beginning of a shift in social work practice towards a situation that monitored and ultimately assessed the likelihood of abuse and/or neglect within families.¹⁶ Cleveland is another instance of recommendations being given to social services with regards to perceived attitudes/approaches that should be pursued in day-to-day practice. ‘Over-zealous’ professional activity was questioned and quite significantly for our discussion, the importance of ‘partnership’ with families was once again promoted as a notion, which should be prioritised by professionals in the field.

If one looks at the Children Act then the maintenance of children within their own families is seen as offering them the best prospects for optimum development. Indeed as Sinclair notes,

¹² ‘Working Together to Safeguard Children’, 2000 has since altered the position in terms of guidance documentation back to an enquiry based process. However, the question may be posed as to whether practice will necessarily follow this lead.

¹³ M.Little, ‘The Re-focusing of Children’s Services’, in N.Parton (ed.), “Child Protection and Family Support: Tensions, Contradictions & Possibilities”, p31, 1997, London, Routledge.

¹⁴ Refer to the discussion outlined in Chapter 5.

¹⁵ This approach is supported by King & Trowell who pointed out that ‘the intervention of the law through adversarial based courts can be a clumsy instrument for determining matters of welfare.’ (King & Trowell, ‘Children’s Welfare and the Law: The Limits of Legal Intervention’, 1992, Sage Publications). They go on to argue that many cases would never need to come to court if adequate preventive facilities were made available.

¹⁶ Refer to the discussion outlined in Chapter 5 for further analysis of Public Inquiries.

‘to support the parent is to support the child.’¹⁷ However, this philosophy is tempered by the fact that social workers are effectively operating within the parameters dictated by such Enquiry Reports. On the one hand, distance must be maintained and protection of the child ensured whilst on the other side, families must be approached with a sense of ‘partnership’ and support. In practice this can and does prove to be extremely difficult to achieve. The question with regards to section 47 and social work practice more generally in the future will be whether a family may be approached in a pro-active way with the intention of providing supportive intervention and emphasis upon partnership, so maintaining the confidence and trust of caregivers throughout. Alternatively, will the threat of criticism and concern over making ‘defensible decisions’ overshadow these considerations with professionals reverting to current attitudes? It is the researcher’s contention that an essential element within this debate is the collation of information, and the utilisation of that information at a sufficiently early stage within the childcare continuum in order to support families rather than to investigate them. Furthermore, in light of the data outlined in Chapter 7, it is the researcher’s contention that schools may prove to be an ideal source of information for this purpose. However, in addition to the early detection of family problems, family support is dependent upon inter-agency co-operation at a local level. This is an issue which will not only be addressed within the literature review but which was also highlighted as a concern within the data gathered for the research study.¹⁸

Secondly, public inquiries have contributed to the gradual proceduralisation of the childcare system.¹⁹ Child protection procedures have been implemented over time in response to instances where the system has been perceived to fail to protect children both organisationally and professionally.²⁰ Consequently, these high-profile concerns have tended to encourage an outlook in which social workers are more concerned with making a *defensible* decision than with making the *right* decision.²¹ Indeed, Dingwall *et al* note that increased proceduralisation of the system has led professionals to focus upon following such procedural requirements and as such justify their actions/responses in the event of failure.²² Ironically, as procedures have

¹⁷ R.Sinclair, B.Hearn & G.Pugh, ‘Preventive Work with Families’, p5, National Children’s Bureau, 1997.

¹⁸ Refer to the discussion outlined in Chapter 7.

¹⁹ D.Howe, ‘Child Abuse and the Bureaucratisation of Social Work’, *Sociological Review*, 40(3), p491-508, 1992; P.Reder, S.Duncan & M.Gray, ‘Beyond Blame: Child Abuse Tragedies Revisited’, London, Routledge, 1993.

²⁰ Our present framework was in part proposed as a response to the Maria Colwell tragedy in 1974 and has subsequently been revised in accordance with successive inquiry recommendations. Refer to V.Howarth, ‘Social Work and the Media: Pitfalls and Possibilities’ in B.Franklin & N.Parton (eds.), ‘Social Work, the Media and Public Relations’, London, Routledge, 1991.

²¹ See: J.Packman, ‘From Prevention to Partnership: Child Welfare Services Across Three Decades’, p183- 195, *Children & Society* 7(2), 1993.

²² R.Dingwall, J.Eekelaar & T.Murray, ‘The Protection of Children: State Intervention and Family Life’, p251, London, Avebury, 1995.

become more complex and wide-ranging in nature, the likelihood of them making mistakes have been increased.²³

Consequently, when approaching the issue of re-balancing the policies and practices of Social Services departments, it should be noted that they have essentially evolved from a different set of assumptions than those which support Part III of the Act; protection as opposed to prevention.²⁴ If we are to achieve any significant movement in the approaches of professionals, then it is essential that the system be provided with an appropriate amount of support and guidance. This not only refers to government guidance documentation, but also political support in the event of scrutiny from the media or public inquiries. Social workers should not be pilloried for pursuing policies based upon preventive intervention and as such encouraged to move away from the safety that child protection procedures may afford them. If they continue to be criticised for re-balancing their policies and practices in line with the ethos of the Children Act, as opposed to the procedures of the child protection system, then any incentive to implement this shift in focus is removed. Whilst all the time they continue to be pilloried for not abiding by the underlying family support philosophy of the Act. As King and Piper state:

‘The effect is to place agencies and professionals in between a rock and a hard place.’²⁵

In some respects the new assessment framework has attempted to accommodate such considerations. However, the move towards a re-emphasis of family support has been apparent for a number of years. In 1994, the Assistant Chief Inspector at the Department of Health addressed concerns surrounding the interpretation of section 47 in practice.²⁶ The predominant area of concern for the Department of Health was the fact that debates tended to polarise child protection and family support work as being distinct activities within the childcare framework. Rose reiterated the intentions of the Act that ‘one integrated approach to the local authority duties under Part III and Part V of the Act’ should exist and be pursued in practice. In addition, it was noted that the wording of the Act did not permit the provision of

²³ See: J.Eekelaar & R.Dingwall, ‘The Reform of Child Care Law’, p49, 1990, Routledge; in which they discuss the fact that social services are organised in an ‘essentially bureaucratic fashion’. A factor which has been put down to the weight placed on ‘defensibility’ of its decision making by local government.

²⁴ Refer to the discussion outlined in Chapter 5.

²⁵ See: M.King & C.Piper, ‘How the Law Thinks About Children’, Aldershot, Gower, 1995; in which it is noted that in situations where conflict is heightened and where social cohesion and individual rights are experienced as being under threat, social responses take a legalised and proceduralised form. One could interpret this as suggesting that media interest (amongst others) has in effect been counter-productive in its aims, effectively discouraging the wider use of ‘less defensible’ family support services.

²⁶ W.Rose, ‘An Overview of the Developments of Services: The Relationship Between Protection and Family Support and the Intentions of the Children Act 1989’, Department of Health Paper for Sieff Conference, 5th September 1994, Cumberland Lodge.

family support to be discretionary in nature, as it places both Section 47²⁷ and Section 17 on an equal footing. Rose stressed the interrelationship between sections 47 and 17 in so much as during the course of an enquiry, consideration must be given to the provision of Part III, but also noted that in practice this link was frequently under-emphasised.²⁸ In this respect, '*Working Together*',²⁹ was acknowledged as placing too much emphasis upon the notion of 'protection' and the associated stages involved in an 'investigation' when compared to the wording of the Children Act 1989. As we have already noted the main intention behind the Act was to generate an integrated childcare system and as such:

'...integrate family support services both practically and conceptually with child protection, and thereby release more resources from investigation and assessment into family support and treatment services.'³⁰

Nevertheless, at this point in time it should be noted that acceptance of such recommendations would have meant that professionals would have been obliged to disregard key guidance documentation such as '*Working Together*'. Consequently, whilst the points raised by Rose undoubtedly made sense, professionals were nevertheless faced with the dilemma that the performance indicators by which child protection was evaluated by the Social Services Inspectorate were based upon the very guidance documentation they were being asked to disregard.³¹ In light of the effect that Public Inquiries have had in the past, it is quite understandable if there is a certain reluctance to move away from an investigation oriented system, without the appropriate government guidance to lead the way.³² Perhaps now that '*Working Together under the Children Act 1989*' has been superseded by '*Working Together to Safeguard Children*'³³ it will provide the much needed and awaited impetus for this shift in focus.

However, whilst the latest version of '*Working Together*' has been accompanied by the introduction of the 'Framework for the Assessment of Children in Need and Their Families', there is still the inherent concern that any movement away from protection towards prevention carries the risk of criticism. This concern will be discussed in greater depth within

²⁷ Under section 47(1) a local authority is required to make or cause to be made 'such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

²⁸ This is reiterated in 'Messages From Research' at p23, stating that the link between Part III of the Act and those sections concerned with enquiries and emergency proceedings for children 'at risk' of maltreatment is frequently under-emphasised by professionals.

²⁹ Home Office, Department of Health, Department of Education & Welsh Office, '*Working Together under the Children Act 1989: A Guide to Arrangements for Inter-Agency Co-operation for the Protection of Children From Abuse*', 1991, London, HMSO.

³⁰ Supra, n26

³¹ Op cit, n2, at, p9

³² See: J.Timms, 'The Tension Between Welfare and Justice', p39, Family Law, 1997. The 1996 Department of Health conference entitled, 'Refocusing Children's Services' made it clear that there would be a radical reassessment of the way in which social services departments would deliver services to children and families.

Chapter 5, in so much as the safety of making a ‘defensible decisions’ requires a certain degree of visible success within the system. However, a system, which emphasises primary and secondary preventive intervention (family support), necessarily relies upon pointing towards ‘*what could have happened and was prevented*’ in order to justify its role and decision making processes. By contrast, a system centred on protection points towards ‘*what has happened and has been done as a result*’. However, whilst it may provide a certain amount of security in terms of professional decision making, it has led to the criticism that little support has actually been offered to the large number of families that have been the subject of investigations. It has also generated problems such as those identified by Wattam, that resources targeted at the ‘filtering process’ of the child protection system are essentially being wasted given the relatively small proportion of cases in which it leads to a constructive outcome.³⁴ Equally, as Chapter 3 will demonstrate, a system directed towards protection is not necessarily beneficial for children in terms of their developmental needs; now a pivotal consideration under the new assessment framework.

Consequently, an essential element in this re-balancing process; in the restoration of confidence; and in this change of perspective, is the development of a more effective early detection system. If domestic pressures can be detected at a sufficiently early stage, then appropriate supportive intervention may be implemented and the risk of children ‘in need’ becoming children ‘at risk’ or of instances of abuse being overlooked may be significantly reduced.

Interpreting the Notion of ‘Need’ in The Children Act 1989:

One aspect that has given rise to considerable concern is the concept of ‘*need*’ contained within the Children Act 1989. Whilst ‘need’ is a central concern within the Act, many feel that its definition is too vague in nature. The justification for such a wide reaching definition is that it ‘is deliberately wide [so as] to reinforce the emphasis on preventive support and services to families.’³⁵ However, there are a number of commentators who feel that the definition is a ‘cop out’ and rather than encouraging preventive intervention, it has in fact contributed to the ‘legitimisation of resource rationing’ by local authorities.³⁶ The inclusion of

³³ Department of Health, ‘Working Together to Safeguard Children’, HMSO, 1999.

³⁴ See: C.Wattam, ‘Can Filtering Processes Be Rationalised?’, in N.Parton (ed.), “Child Protection and Family Support: Tensions, Contradictions & Possibilities”, p118, 1997, London, Routledge; in which she states, ‘Research evidence ... does not suggest that children at risk of ‘significant harm’ are being missed. On the other hand it does suggest that a priority is given for certain forms of harm, that is, serious physical or sexual abuse. This is a resource-led organisational decision.’

³⁵ ‘The Children Act 1989 Guidance & Regulations’, Vol.2, p5, 1997.

³⁶ See: J.Tunstall, ‘Family Support Clauses of the Children Act 1989’, in N.Parton (ed.), “Child Protection and Family Support: Tensions, Contradictions & Possibilities”, p56, 1997, London, Routledge; see also Aldgate et al, *Infra*, n39.

terms such as 'shall' and 'may' in the wording of Part III and Schedule 2 in relation to the provision of services has exacerbated this concern.

Consequently, local authorities operating within tight budgets are indirectly being encouraged to restrict rather than extend the support that they provide to children in need and their families.³⁷ Therefore, whilst the principles of the Act are quite laudable, their effectiveness has nevertheless been restricted in practice.³⁸ Indeed, as Chapter 4 will highlight, research evidence indicates that resources are more likely to be allocated by local authorities if a child is suspected of being abused than if they are determined to be simply 'in need'. In this regard, help is frequently accessed for children and their families by placing their names on Child Protection Registers,³⁹ due to such prioritisation strategies. In other words, determining priority access to family support services on the basis of 'risk' as opposed to information relating to the number of children with needs in their area.⁴⁰

In many respects, it may be argued that the Audit Commission has failed to reverse this approach. Whilst the Commission stated that need should be a central consideration of strategic planning, it supports this recommendation with the suggestion that local authorities should define 'what they mean by needs'. Rather than attempting to clarify the notion of 'need' contained in the Act, it essentially supports the position that local authorities should exercise their own discretion when not only addressing need but also defining what they consider to be 'need' in the first place.⁴¹

The implications of this state of affairs may be more fully appreciated if one reviews the research data in relation to poverty. During the period 1979 to 1990 the poorest sector of society has suffered a 14% reduction in their real income whilst average families have enjoyed a 36% increase over the same period. Similarly during this period the number of

³⁷ Chapter 2 will highlight the fact that no indication is given in the statute as to what constitutes a 'reasonable standard' of health and development. Local authorities responsible for areas where poverty is widespread and which have limited resources available to them may accept low standards as being reasonable.

³⁸ See: M.Sunkin, 'Judicial Review and Part III of the Children Act 1989', p109, JCL, 1992, in which he states; 'Typical of legislation of this type, it does not, however, provide specific resources for the task. The now familiar approach is to ensure that burdens upon authorities are softened by maximising their discretion and minimising opportunities for individuals to seek legal redress.'

³⁹ See: J.Aldgate & J.Tunstill, 'Making Sense of Section 17', London, HMSO, 1997.

⁴⁰ See: B.Jordan, 'Partnership with Service Users in Child Protection and Family Support', in N.Parton (ed.), "Child Protection and Family Support: Tensions, Contradictions & Possibilities", p215, 1997, London, Routledge. In this he states, 'Such investigations and assessments consumed expensive professional skills, and often resulted in no action, or simply in watchful monitoring ... Child protection conferences focused too narrowly on risks, rather than needs; they were not the best way to link families with services for support.'

⁴¹ See: P.Barclay, 'Joseph Rowntree Foundation Inquiry into Income and Wealth', Vol.1, York, Joseph Rowntree Foundation, 1995; J.Hills, 'Joseph Rowntree Foundation Inquiry into Income and Wealth', Vol.2, York, Joseph Rowntree Foundation, 1995; S.Holterman, 'All Our Futures: The Impact of Public expenditure and Fiscal Policies on Britain's Children and Young People', Ilford, Barnardos, 1995; D.Utting, 'Family and Parenthood: Supporting Families, Preventing Breakdown', York, Joseph Rowntree Foundation, 1995.

families with children living on less than half the average income trebled to 3.9 million.⁴² This was supported by research conducted by the Joseph Rowntree Foundation entitled '*Small Fortunes: Spending on Children, Childhood Poverty and Parental Sacrifice*'. The study revealed that significant numbers of children still go without the basic necessities:

- 1% of children do not have a bed and mattress
- One in 20 children either go without fresh fruit every day, or do not have proper shoes
- One in 20 children live in damp housing conditions
- 3% of children are defined as '*severely poor*'⁴³

Graham suggests that this situation has been exacerbated by the alterations in the social security system, in so much as claimant families have been subjected to greater financial responsibility alongside a reduction in access to additional sources of financial support.⁴⁴ Consequently, if we intend to improve the domestic circumstances of children, then the re-balancing of the childcare system needs to be accompanied by decision making that addresses not only the way in which resources are allocated⁴⁵ but also the way in which policies are developed and implemented.

Messages From Research:

The Cleveland Enquiry was instrumental in the identification of significant gaps in the existing knowledge base. The series of projects that were commissioned in response to these omissions were targeted at various aspects of child abuse, so providing a comprehensive assessment of current practices. The key findings from the resulting data were published in the form of '*Messages From Research*' and has proved to be an essential part of any discussion dealing with the issue of child abuse.

The primary message to come out of this body of work was that any '*incident*' has to be seen in *context* before the extent of its harm can be assessed and appropriate interventions agreed'.⁴⁶ Furthermore, the studies demonstrated that 'with the exception of a few severe assaults and some sexual maltreatment' long-term difficulties for children rarely resulted from a single abusive event or incident. Indeed, the data demonstrated that difficulties are far more likely to result from a child living in an unfavourable environment, for example one

⁴² 'Households Below Average Income 1979 - 1990/91', London, HMSO, 1993.

⁴³ This is based upon the fact that they go without five or more of what are considered basic necessities.

⁴⁴ H.Graham, 'The Changing Financial Circumstances of Households with Children', *Children & Society*, 8(2), p98-113, 1994.

⁴⁵ As Chapters 3 & 5 will highlight, Schorr calculated that the necessary additional expenditure is between £500 million and £1 billion a year. (A.Schorr, 'Social Services: An Outsider's View', York: Joseph Rowntree Foundation, 1992).

⁴⁶ Darlington Social Research Unit, 'Child Protection: Messages From Research', p53, 1995, HMSO.

characterised as being ‘low in warmth and high in criticism’⁴⁷ and resulting from poor ‘parenting style’. In other words, aside from ‘severe cases’⁴⁸ of abuse, the most detrimental situations for children are those resulting from *emotional neglect*.⁴⁹

‘The research evidence suggests that, for the majority of cases, the need of the child and family is more important than the abuse or, put another way, the general family context is more important than any abusive event within it.’⁵⁰

Significantly, the research suggested that these are just the situations where the current operation of the child protection system seemed to be least successful, as already outlined above.⁵¹ The studies highlighted the fact that while the current system rarely missed children who subsequently suffered harm unnecessarily, this was nevertheless accomplished at a cost. The data not only highlighted the fact that many families felt alienated and angry, but that there was an over-emphasis on the process of investigation. This resulted in a number of associated detrimental effects. Perhaps the most significant of these has been a failure to appreciate the need to develop longer-term preventative strategies. If we turn back to our earlier discussion of the continuum of services and support contemplated by the Children Act 1989 then a sizeable amount of this has been bypassed as a result of this focus. The importance of redressing this situation will be emphasised in subsequent Chapters, and forms the backdrop to the exploration of this thesis’ hypothesis.

Secondly, it has been suggested that the approach adopted by the current system has meant that time and resources have been wasted on investigations, with little apparent benefit for families being derived from them;⁵² a conclusion that was also reached by the 1994 Audit Commission report.⁵³ In this regard Gibbons *et al* identified the significant nature of filters operating within the childcare framework. Their data highlighted that social work staff initially filtered out 25% of cases at the duty stage without any direct contact with the child or family. Another 50% were filtered out during the investigation stage, never reaching the initial case conference.⁵⁴ As such only 1 out of every 7 children who entered the child protection system at referral was placed on the register.

⁴⁷ Supra, n46.

⁴⁸ Ibid

⁴⁹ See: J.Furnell, P.Dutton & J.Harris, ‘Emotional Abuse: References to a Scottish Children’s Panel Reporter Over 5 Years’, p219, *Medicine, Science & Law* 28, 1988.

⁵⁰ Supra, n46, at p54

⁵¹ It was stated that the child protection process may not be the best way of meeting their needs at that particular stage. However, if the family problems endure, then some external support would be required to avoid significant impairment of the child’s health and development.

⁵² The key research behind these conclusions was the study carried out by Gibbons, Conroy and Bell on the operation of the child protection system.

⁵³ ‘Seen But Not Heard: Co-ordinating Community Child Health and Social Services for Children in Need’, Detailed Evidence and Guidelines for Managers and Practitioners, 1994, HMSO.

⁵⁴ J.Gibbons, S.Conroy & C.Bell, ‘Operating the Child Protection System’, 1995, London, HMSO.

This in itself is a worrying development. However, it was also noted that in 44% of cases investigated no further action was taken at all. This not only included further action in terms of intervention to protect the child but more importantly action in terms of providing support services to the child and family in question. Significantly, these findings were reflected in many of the other studies commissioned.⁵⁵ Consequently, as Chapter 3 will emphasise, this may prove detrimental to the establishment and maintenance of a 'partnership' philosophy through the alienation of families at a relatively early stage⁵⁶ through the pursuance of intrusive 'investigations'. Equally, the limited provision of support services to children and their families, which even though not currently 'at risk' may very well be 'in need' inevitably increases the possibility that domestic pressures that do not currently pose a risk may very well crystallise into abuse in the future.⁵⁷ This not only skews the implementation of the Children Act 1989 in an artificial manner, but also poses a significant danger to the welfare and development of such children.⁵⁸

'*Messages From Research*' made a number of suggestions as to the manner in which a 'child's safety' could be improved. These included the adoption of a wider perspective in relation to the child protection system concerned with a child's welfare and prevention of abuse rather than simply being centred on a process of investigation and the collection of evidence to that end.⁵⁹ In other words, the most effective protection from abuse may very well be achieved through the support of families and as such the enhancement of a child's quality of life.

'A more balanced service for vulnerable children would encourage professionals to take a wider view. There would be efforts to work alongside families rather than dis-empower them ... The focus would be on the overall needs of children rather than a narrow concentration on the alleged incident.'⁶⁰

On a more specific level '*Messages From Research*' called for a re-balancing of child protection work which would not only prioritise section 17 and Part III of the Act but at the same time keep monitoring and coercive intervention to a minimum level. In this respect it suggested a return to the original intentions behind the Children Act 1989, whereby a system centred on section 47 enquiries and the provision of Section 17 services would foster an

⁵⁵ Op cit, n46, at p69

⁵⁶ An early stage in terms of the continuum referred to in 'Message from Research', where a family may very well be 'in need' and so require support, as opposed to being 'at risk'.

⁵⁷ Refer to the discussion outlined in Chapter 5.

⁵⁸ Refer to the discussion outlined in Chapter 3.

⁵⁹ Op cit, n46, at p39 in which it states: 'Child protection enquiries seek not only to establish whether maltreatment has occurred but also to gauge whether the family can benefit from support services. Too frequently, enquiries become investigations and, in over half of cases, families receive no services as the result of professional's interest in their lives.'

⁶⁰ Ibid, at p55

atmosphere of partnership, enable the requisite support of families 'in need' and highlight children 'at risk'.

The New Assessment Framework & The Way Forward:

The predominant aim of the Children Act was to reduce reliance on the court process, and to promote agreements⁶¹ between parents and local authorities in relation to the care of children in need.⁶² However, as we have already noted, such a change in emphasis is not as straightforward to achieve in practice as may first be thought.⁶³ A combination of public and media anxiety in relation to the area of child abuse has meant that there have been few incentives for Social Service departments to pursue initiatives, which would develop family support services. Equally, as Jordan noted, attempts to move practice towards notions of partnership and family support have frequently challenged assumptions about power and responsibility.⁶⁴

When these factors are coupled with resource prioritisation then childcare appears to be caught within a self-reinforcing circle, where children 'at risk' are being focused upon and are essentially the group of 'children in need' to which the predominant slice of resources are being allocated. In effect, rather than being a part of the whole picture, child protection has come to represent the major area of concern. Consequently, when local authorities are allocated limited resources and obliged to make the appropriate value judgements as to their allocation, then quite understandably it may prove irresistible to focus resources and attention on the most obvious cases of 'children in need'; those 'at risk'

It is perhaps also worth noting at this point the effect that section 31 and its inherent evidential demands may have upon local authority decision making. Where local authorities are required to produce fuller case histories and persuasive evidence,⁶⁵ within limited timeframes, then attention will quite naturally focus upon the investigation of families as opposed to enquiring into their domestic circumstances.⁶⁶ In essence local authorities are being encouraged to maintain one eye upon the need for evidence in the event that court intervention should prove necessary at some future point. Consequently, if professionals

⁶¹ See: 'The Challenge of Partnership in Child Protection', Social Services Inspectorate, 1995, HMSO.

⁶² J.Packman, 'From Prevention to Partnership: Child Welfare Services Across Three Decades', p183-195, *Children & Society* 7(2), 1993.

⁶³ Especially, in light of the fact that child protection came to dominate policy and practice in the later 1970's and early 1980's. (See: G.Jack, 'Discourse of Child Protection and Child Welfare', 1998, *British Journal of Social Work*).

⁶⁴ Op cit, n40 at p213

⁶⁵ S.Cretney, 'Re H and R (Child Sexual Abuse: Standard of Proof)', p75, *Family Law*, 1996; [1996] *Family Law*, 75.

⁶⁶ See: N.Valios, 'Changes to Evidential Rules in Abuse Cases put Children in Danger', *Community Care*, 14-01-96; in which Mike Dudley (Child Protection Manager at Stockport) is quoted as saying, 'The worry is that in sexual abuse there is often little evidence other than what the child says. With neglect or physical abuse there is normally visual evidence.'

approach their work with families from a 'protective' perspective and essentially from the end of the childcare continuum, then they will inevitably be working with the evidential demands of the courts in mind. Not only does this generate an in-built bias into the system towards the monitoring of families and away from support and partnership, but it also affects the effectiveness of service provision. As Chapter 5 will highlight, support is far less effective when used in a reactive manner, than if it is utilised in a pro-active manner at a far earlier stage when domestic pressures have been identified but have not developed into abusive behaviour. Equally, as Marsh highlights, such an approach may mean that services do not fit the needs of families. As such, services may very well be perceived as 'ineffective' whilst in reality they are simply 'inappropriate' at that point in time.⁶⁷

In order to address these problems, professionals must be persuaded to, as well as be willing to, view the childcare framework from the beginning of the 'continuum', starting with responses centring around support as opposed to the collection of evidence for potential future use. In this regard confidence must be restored in both the objectives and effectiveness of Part III of the Act. Professionals must feel that they can help children to remain within their families whilst substantially reducing the number eventually progressing through the system. In other words, they must be convinced that problems can be 'nipped in the bud', so putting the protection of children into the role originally envisaged under the Children Act 1989; simply being another piece of the jigsaw of all activity on behalf of '*children in need*'.

In many respects the new assessment framework represents an approach to childcare which sits far more easily with the ethos of the Children Act 1989 than its predecessor.⁶⁸ However, in light of its implementation on 1st April 2001, critical discussion of the new framework will necessarily prove to be limited. As such, the researcher will focus upon the application of recommendations to be derived from the research hypothesis to the new framework. Indeed, this approach is supported by the fact that the Local Authority within which the research study took place is currently liaising with other authorities and updating its guidance notes accordingly. For example, the child protection manuals used within schools by CPLTs⁶⁹ not only represent the authority's response to the new procedures, but also a region wide response. Nevertheless, the local authority still has very little guidance on the new framework.

Consequently, it is essential that those professionals involved in its implementation attempt to break away from a number of the practices and assumptions examined above and that arose in relation to '*Working Together*' and the 'Orange Book'. Rather they should look to the

⁶⁷ Refer to the discussion outlined in Chapter 5.

⁶⁸ 'Protecting Children: A Guide for Social Workers undertaking a Comprehensive Assessment', HMSO, 1988

Children Act 1989 and other associated research for guidance as to the implementation of the new Assessment Framework. Indeed, the framework has been developed so as to provide a systematic way of analysing, understanding and recording what is happening to children within their families as well as taking note of the communities in which they live. In this regard, the guidance states that:

‘Early intervention is essential to support children and families before problems, either from within the family or as a result of external factors, which have an impact on parenting capacity and family life escalate into crisis or abuse.’⁷⁰

The framework goes on to suggest that good joint working practices and understanding at a local level are vital to the success of the early intervention agenda. Quite significantly, from the perspective of this thesis, these include schools and education support services as well as social services departments and youth offending teams. These sectors are seen as playing an important role in ensuring that early indications of domestic problems/pressures receive appropriate attention from the local authority. In many respects, the framework appears to appreciate the need for an early detection system and the role that other sectors such as the educational establishment may play in this. However, whether the existing limited recognition of the role of schools will actually be developed in the future may very well be dependent upon the direction that local authorities take at this time in terms of their interpretation of the framework and subsequent construction of their policies/practices.⁷¹

Currently, each school is obliged to make a senior member of staff responsible for co-ordinating the school’s child protection policies and for liaising with other agencies such as the social services who will in turn arrange for further action to be taken.⁷² However, beyond this rather basic framework, the involvement of teachers has been somewhat underestimated. We will see throughout this thesis that the role of schools has been a central aspect of public inquiries.⁷³ First of all recommending that they may express concerns about children who may show signs of abuse and secondly that they may monitor children who are in the care of the local authority and on the child abuse register.⁷⁴ However, despite such high profile calls for their inclusion in the management of the childcare system, their importance has frequently been underestimated. A great deal will depend upon the successful adoption of a need based

⁶⁹ Child Protection Liaison Teachers. See discussion in Chapters 7 & 8.

⁷⁰ Department for Health, ‘Framework for the Assessment of Children in Need and Their Families’, pxi, HMSO, 2000

⁷¹ Refer to the discussion outlined in Chapters 8 & 9.

⁷² DNSS Circular LAC 88(4), paras. 5-15; Department of Health & Welsh Office, ‘Working Together’, paras. 4.1 - 4.4, 1988, HMSO.

⁷³ London Borough of Brent, ‘A Child in Trust: Report of the Panel of Inquiry Investigating the Circumstances Surrounding the Death of Jasmine Beckford’, London, p155, 1985.

⁷⁴ The ‘Cleveland’ inquiry went on to add a third function, namely raising the awareness of children to their rights to personal safety. (See: ‘Report into the Inquiry into Child Abuse in Cleveland 1987’, Cm 412, HMSO, 1988)

framework, along with an appreciation, at a local level, of the importance of information about children and their families. Such information would not only be characterised as commencing at an early stage in the child's life but most importantly be of a continuing nature.

In this regard, it would appear that the educational establishment provides an ideal source. Not only do schoolteachers have a comparable amount of contact time with children to that of parents themselves on a daily basis, but their pastoral role with children puts them in an ideal position to detect changes in behaviour or encounter information regarding family pressures and make referrals.⁷⁵ Equally, as Chapter 8 will highlight, such information can realistically be termed as being 'continuing' in nature with information being passed between schools so that children do not slip through the net over time. Essentially, a case history of a child may be generated over time, which could be used by different agencies at various stages to provide the appropriate types of support needed by that child and its family.

Whilst this would undoubtedly prove to be an important development, there are nevertheless currently certain limitations which were highlighted by the research data. First of all, one must question the practicality of establishing inter-agency co-operation on a local level. Indeed, those schools, which have organised community meetings, have in the majority of instances failed to get the social services to attend them.⁷⁶

'I have set up inter-agency meetings every half-term, where we have the EWO, school nurse, CPLT and social services. The social services never come along though, as they are always too busy.'⁷⁷

Secondly, it is worth noting the amount of work, which could potentially be involved, if schools are required to 'flag up' children 'in need'. Indeed, many schools located in socially deprived areas would be overwhelmed by the task.

'The trouble is that the majority of my families are those in need. If I had to make referrals for all of these scenarios then my time would be totally absorbed.'⁷⁸

If the new framework is to be successfully implemented and if schools are to be incorporated into this system then such considerations will have to be addressed. These issues will be raised again later on in Chapter 9.

⁷⁵ S.M.Cretney & J.M.Masson, 'Principles of Family Law', p607, 1990.

⁷⁶ Refer to discussion outlined in Chapter 8.

⁷⁷ School D (Refer to Chapter 8 for further discussion)

Turning back to the framework's structure, it provides an ideal platform from which to discuss the literature review contained in Chapters 3 to 6. The framework's '*Assessment Triangle*' focuses upon three key factors, namely those of a Child's Developmental Needs, the Parenting Capacity of caregivers and finally Family & Environmental Factors, (See: Figure 1.1 below). As Figure 2.3 illustrates, these factors formed the basis of the researcher's literature review and critical analysis of the current implementation of the Children Act 1989, which in turn provided the grounding for the development of the project's hypothesis.⁷⁹

This critical analysis will initially involve a consideration of Attachment Theory and Motivational Therapy. If children are in need or even at risk of harm the priority must be to achieve a better outcome for them. In other words, the child's welfare and developmental needs must be the focus of any intervention as opposed to the 'moral condemnation of those involved.' The latter focuses attention on presumably 'bad' individuals as the causes of their children's suffering and away from the factors which may very well be contributing to the caregivers' behaviour. It also deflects attention away from the parents' skills and attempts to cope and so away from a philosophy of partnership towards that of coercive intervention. The question will be posed as to whether the extraction of a child from his family is necessarily beneficial in nature. Does removal confirm the child's internal perception of himself as unlovable by the fact that he has to be separated from parents who do not love or care for him?

In many respects the analysis of motivational therapy in Chapter 3, links in with the discussion of preventive intervention covered in Chapter 5. This in turn supports the researcher's contention that intervention at the appropriate stages and with the appropriate types of preventive service is central to the welfare of children. This in turn is reliant upon information and the utilisation of that information. The viability of the educational establishment supplying this information will be examined within Chapters 7 and 8, with recommendations for the future implementation of the '*Framework for the Assessment of Children in Need and Their Families*' being put forward in Chapter 9.

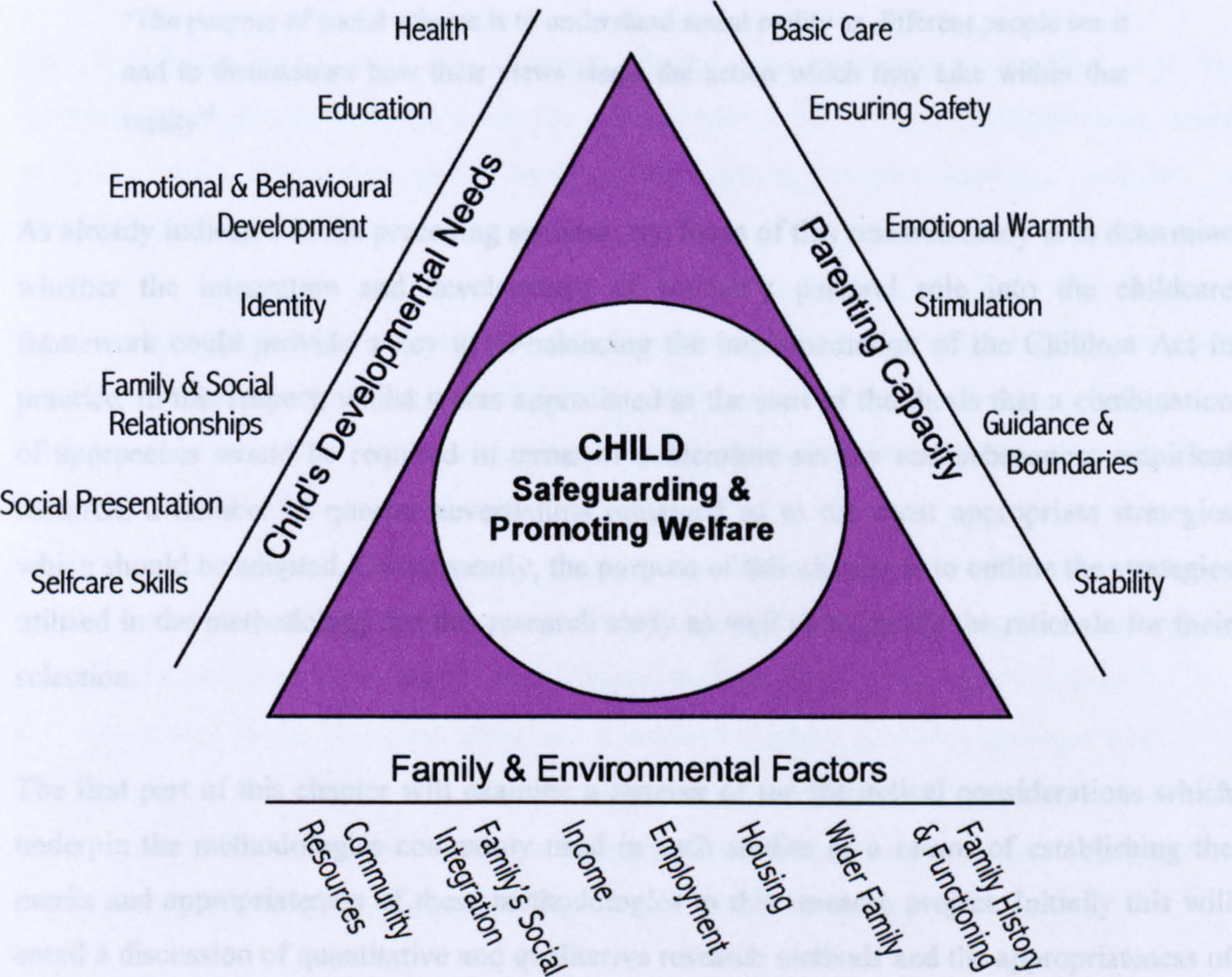
Consequently, the theme that will run alongside the development and critical analysis of the researcher's hypothesis will be that the role of schools within the childcare system 'needs further consideration at a national level.'⁸⁰

⁷⁸ School H (Refer to Chapter 8 for further discussion)

⁷⁹ Refer to the discussion outlined in Chapter 2.

⁸⁰ Department of Health, 'Child Abuse - A Study of Inquiry Reports 1980-1989', p18, HMSO, 1991.

Figure 1.1: Assessment Framework Triangle



CHAPTER 2

METHODS OF RESEARCH

‘The purpose of social science is to understand social reality as different people see it and to demonstrate how their views shape the action which they take within that reality’¹

As already indicated in the preceding sections, the focus of this research study is to determine whether the integration and development of teacher’s pastoral role into the childcare framework could provide a key to re-balancing the implementation of the Children Act in practice. In this respect, whilst it was appreciated at the start of the thesis that a combination of approaches would be required in terms of a literature review and subsequent empirical research, a number of queries nevertheless remained as to the most appropriate strategies which should be adopted. Consequently, the purpose of this chapter is to outline the strategies utilised in the methodology for this research study as well as to justify the rationale for their selection.

The first part of this chapter will examine a number of the theoretical considerations which underpin the methodologies commonly used in such studies as a means of establishing the merits and appropriateness of these methodologies to this research project. Initially this will entail a discussion of quantitative and qualitative research methods and the appropriateness of these approaches to the collection of data from teachers within the research study area.² Issues dealing with the nature of the selected method of research and types of interview techniques will also be examined within this section. Finally, consideration will be given to concerns associated with the validity and reliability of qualitative research data, as well as its subsequent analysis and interpretation.³

The second part of this chapter will then outline the way in which these considerations were put into practice within the study, with the operational sequence being described and subsequently illustrated in Flowchart 2.3.⁴ This will outline the development of the hypothesis, the most appropriate type of research to test the hypothesis and then the reasoning

¹ M.Cohen and L.Manion, ‘Research Methods in Education’, p27, Routledge: London, 1989.

² Refer to the discussion on p48-50 for further details related to the study sample used.

³ As will be noted in this chapter, a number of academics place a question mark next to the ‘scientific’ value of qualitative research data in terms of its validity, reliability and the inferences which may be drawn from such data. The researcher considered such issues to be a central concern that needed to be addressed from an early stage in the research project.

⁴ Refer to flowchart on p45.

behind the choice of study sample. It will also examine other factors such as those concerning the approach, instrumentation and operational chronology of the methodology employed.

Development of the Hypothesis:

The hypothesis from which this research project was developed, postulated that the integration and development of teachers' pastoral role into the childcare framework could provide a key to re-balancing child protection work so as to prioritise Section 17 and Part III of the Children Act 1989.⁵

An examination of the hypothesis commenced with a literature review regarding the child welfare aspects of the Children Act 1989. This particular part of the study was subdivided into four inter-related sections; each one concerned with an examination of Part III of the Children Act 1989 from different perspective. These sections were:

- An examination of child development through an analysis of attachment theory as well as a consideration of motivational therapy when working in partnership with families.⁶
- A review of the development of the use of predictive criteria in child protection work.⁷
- An analysis of the notion of prevention and the various forms that it may take in practice.⁸
- The above aspects of the childcare framework were then modelled and examined in relation to the health visitor profession.⁹

The findings from this review formed the basis for the development of the qualitative research study carried out in schools. Following the literature review it was decided to develop the hypothesis further to focus upon the identification of cases at a far earlier stage in order to implement effectively family support services.

In some respects, this overlapped with the preliminary work and pre-pilot study. Questions were pursued/tested during interviews with the Local Education Authority in the chosen study area and pre-pilot schools and it was decided to develop the hypothesis further by the inclusion of four key variables to be taken into consideration in conjunction with and at each stage of, the proposed approach. The factors were:

⁵ Refer to the discussion outlined in Chapter 1.

⁶ Refer to Chapter 3.

⁷ Refer to Chapter 4.

⁸ Refer to Chapter 5.

⁹ Refer to Chapter 6

- Attitudes of management to sharing child protection information within schools
- Level of involvement of teachers within the school in the child protection process
- Attitudes of management to sharing child protection information with other schools
- Attitudes of management to liaison with other agencies

It was also decided before the empirical work began that research involving a topic as pervasive and important for schools as child protection work would need to have a very clear focus. It was therefore decided that in order to provide this focus the research would be structured to cover four discrete but related child protection themes. After discussion and consultation with staff at three schools and the Child Protection Co-ordinator at the LEA during the preliminary data-gathering phase it was decided that these themes would be:

- Schools' perception of its role in the childcare framework
- CPLT training and guidance
- Focus of child protection work within schools
- Staff training and awareness

The research strategy and implementation activities used to test the hypothesis and resolve the research questions are described later in this chapter.

It should also be noted that the research methodologies, which will be examined, make comparatively little reference to quantitative methods or techniques. This is because it was decided that the nature of the hypothesis to be tested and the context of the research questions to be answered would best be addressed by a methodology which was qualitative in nature. The emphasis in this chapter is therefore on qualitative methods, the arguments, discussions and considerations surrounding them and the reasons behind the final selection of strategies.

Determination of an Appropriate Methodology:

The process of determining an appropriate methodology for any research study involves the consideration of a variety of factors, amongst which is the notion of conceptual clarity. This focuses the researcher's attention on the precise identification of the hypothesis to be tested and the key research questions to be answered. In addition, it is essential to consider the main emphasis required in the study as well as the types of questions that would be used in individual interviews. Taking these factors into account, the nature of the research suggested that questions characterised by 'how', 'why', 'when', 'where', 'what' would be required. As

such, it was decided that a survey strategy should be employed. Once a survey strategy had been decided upon, the researcher then considered the types of data that the research questions were being designed to elicit. In this regard, the following questions were posed:

- What types of data are required?
- Who is the data for?
- How will the data be used?
- What resources are needed for the research?

The utilisation of these questions enabled the researcher to determine the overall methodology, which would prove most appropriate for the intended research. In this particular instance, a qualitative approach was chosen on the grounds that the quality and type of data that it would yield would provide a rich source of information regarding the existing role (and potential future role) of child protection within schools selected for this research.

During the process of considering an appropriate methodology, due consideration was given to the merits and limitations of adopting either a quantitative or qualitative approach for the research study. In this regard, one should bear in mind the comments of Roe, who expressed the concern that:

‘...the group or individual is in danger of being viewed as a general panacea, the answer to all ills, in short, the easy option, the lazy solution’¹⁰

In many respects, such comments reflect the concern, which appears to surround qualitative research. There is a feeling that qualitative methods permit researchers to inject their bias into a situation either via their roles as interviewer or subsequent interpreter of the data. In addition, there is concern that sample sizes are too small for any reliable statement to be made about the data, an area of concern that has the potential knock-on effect of making it difficult to classify sub-sections of the sample in order to facilitate segmentation analysis.

Nevertheless, such criticisms are countered by commentators who in turn question the ‘true’ value of quantitative research methods. In this respect, it has been suggested that the answers received in written questionnaires frequently suffer from the fact that they are ill considered. Even though answers may very well be provided on the sheet, there is a question mark over whether such responses are truly reflective of the individual’s thoughts/attitudes. This is reinforced by the suggestion that non-directive procedures are more likely to obtain the

'truth', since people often unwittingly reveal their true feelings/beliefs when placed in an interview situation.¹¹ Equally, the potentially flexible nature of an interview enables the interviewer to pursue issues where necessary, so enriching the value of the material obtained and subsequent analysis of the data. In this regard, Gordon and Langmaid,¹² state that qualitative research has proved its effectiveness in increasing understanding.

'This then is the crux of the definition of qualitative research. It is centrally concerned with understanding things rather than with measuring them.'¹³

Consequently, when determining an appropriate methodology, the researcher must treat a number of the stereotypes with caution.¹⁴ The absence of formal structure and numbers does not make qualitative research unscientific, and neither does the presence of formal structure and numbers make quantitative research scientific. As Kirk and Miller note:

'Qualitative research is an empirical, socially located phenomenon, defined by its own history, not simply a residual grab-bag comprising all things that are not quantitative... [it] is socially concerned, cosmopolitan, and above all, objective.'¹⁵

Support for the decision to employ qualitative methods for this research study and detailed considerations of the qualitative and illuminative approaches and relevant factors associated with them are contained in the following sections.

Qualitative Research Methods:

Qualitative research is described as anti-positivist¹⁶ and illuminative. In essence it attempts to provide a clear description of a situation and an individuals position within that situation, with no preconceived views or systems to fulfil or justify. As such it adopts the notion that meanings and significant actions may be better understood in the participants' terms as opposed to those of the researcher's. This is reinforced by the belief that individuals should be

¹⁰ M.Roe, 'The group discussion under the Microscope', Market Research Society, 1988

¹¹ This was perceived as being a central aspect of the research study being undertaken in schools, as the researcher wished to gain an insight into the attitudes and approaches of head-teachers and CPLTs as opposed to obtaining a standard 'fixed' answer. Refer to discussion later on in this chapter.

¹² To Gordon and Langmaid qualitative projects are characterised by: A flexible interview structure; an evolutionary interview structure - which changes in response to growing understanding and hypotheses; a database that is not entirely accessible to those who have only listened to the tapes or read the transcripts, since it includes (the verbal interchange between respondent and moderator, the spontaneous verbal emissions, whether in response to, research stimuli or not, the verbal omissions and silences, non-verbal communication, 'body language')

¹³ W.Gordon & R.Langmaid, 'Qualitative Market Research', p2, Gower Publishers, 1988

¹⁴ As with most stereotypes, contradictory information is ignored, quantitative research does sometimes use open-ended questions, probing, and an analysis of the content; qualitative researchers-do sometimes quantify to assist in forming an impression. However, as with most stereotypes, there is some basis for them in reality.

¹⁵ J.Kirk & M.Miller, 'Reliability and Validity in Qualitative Research', p10, Sage, 1986.

¹⁶ In other words, personal, subjective and unique.

regarded as being capable of interpreting their own situation and subsequently applying a unique personal meaning to that situation. Consequently, the researcher aims to provide a sensitive account of how respondents perceive themselves through his immersion in the research and subsequent study and observation of what the participants say and do. The researcher does not aim to quantify data but only assesses what is perceived.¹⁷ The researcher's account is then checked by comparing his findings with the world as it is and assessing whether they fit.

In this regard, the empirical research necessary concerning key aspects such as management styles/approaches indicated that operationally the qualitative approach was most appropriate and supported the methodological choice.

Qualitative research may be divided into three main themes, phenomenology, ethnomethodology¹⁸ and symbolic interactionism.¹⁹ If one takes phenomenology, then in essence it advocates the study of direct experience in every day life from the perspective that experience rather than objective reality determines behaviour. It attempts to explain human activities in a theory-free manner on the basis that man is an inherently free and creative constructor of his own concepts and projects. Indeed, Sharp and Green²⁰ describe phenomenology as being opposed to any kind of mechanistic interpretation of human behaviour and stress the social context of other actions in the development of mind, consciousness and the self.

The proposed nature of this research project was that approximately fifteen schools would be interviewed with the researcher carrying out the interviews alone. It had already been decided that the methodological approach would be qualitative and survey based, the nature of the interview work made it reasonable to decide that, of the three aspects of the new sociology, a phenomenological approach would be the most appropriate. It was believed that the required emphasis on individual perception could be achieved and examined and investigated in a non-intensive manner. It was considered that this approach would provide the researcher with the most suitable means of addressing the research questions and testing the hypothesis.²¹

¹⁷ As it is a purely qualitative approach and is not looking for causal laws

¹⁸ See: R.K.Yin, 'Case Study Research', Sage: Newbury Park, 1989. Ethnomethodologists feel that research is more concerned with examining the roles that individuals appear to attach importance to within their lives and the methodology employed is heavily dependent upon observations of pertinent behaviour.

¹⁹ A symbolic interactionist is concerned with the meanings individuals attribute to social events. As such the researcher is primarily concerned with meaning, looking beneath the 'superficial' evidence and trying to understand the symbolic nature of the interaction.

²⁰ P.Sharpe & A.Green, 'Education and Social Control: A study in Progressive Primary Education', Routledge: London, 1975

²¹ For details of an established example of this type of research see: M.Rutter, B.Maugham, P.Mortimore & J.Ouston, 'Fifteen Thousand Hours: Secondary Schools and their effects on Children', Open Books, Wells, 1979

The Nature of the Selected Method of Research:

The emphasis of this research was on the examination of four research themes through the medium of four key variable factors. The nature of the questions and the variable factors of management attitudes towards information sharing both within and between schools, liaison with other agencies and the levels of involvement of teachers determined that the study was essentially qualitative. Examination of the hypothesis occurred using extrapolations which were based on responses from the respondents. The individuality and uniqueness of the responses were essential elements in the research and the Interview Analysis Schedule (IAS) developed, along with the semi-structured interview approach adopted, had been designed to cater for these factors.

Having decided on a qualitative methodology (within which a phenomenological and survey approach was the most appropriate), consideration had to be given to a strategy, which would enable it to be conducted effectively.

The Nature and Value of Individual Interviews:

The researcher decided to gather data via the use of interviews,²² though as Oppenheim points out, interviews may be divided into two categories, those of 'exploratory' and 'standardised' interviews. This study employed the exploratory interview techniques:

'The purpose of the exploratory interview is essentially heuristic: to develop ideas and research hypotheses rather than to gather facts and statistics.'²³

At a basic level, the interview may be viewed as an extension of the questionnaire method, (and can be used in combination with it).²⁴ It relies predominantly upon the rapport between interviewer and interviewee and the vehicle of conversation. This does not mean however, that the interview is unstructured or unplanned. The broad assumption is that the interviewer knows the kind of information that he is seeking prior to the interview and has determined a

²² A useful description of interviews is provided by D.Fox, 'The Research Process in Education', p544, Holt, Rinehart & Winston, New York, 1969, in which he states: 'When the researcher wishes to question at the conscious level and intends to use personal interaction, he is employing the technique for questioning called the interview.'

²³ A.N.Oppenheim, 'Questionnaire design, Interviewing and Attitude Measurement', p67, Pinter, 1992

²⁴ As stated earlier, it was decided that a questionnaire would not fulfil the needs of the project, as it would have essentially meant that a decision would have had to be made in advance regarding the various issues which were felt to be important, in order to design the questionnaire. The purpose of this part of the research project was that it needed to be able to explore possibilities, which had been highlighted by the literature review and preliminary/pre-pilot study.

strategy as to how this information can best be elicited, during the course of what appears on first sight to be a straightforward conversation.²⁵ As Wise, Nordberg and Reitz note:

‘The pre-planning of an interview, is usually highly structured, whereas the actual conversation may be only loosely structured or very unstructured.’²⁶

They suggested that open-ended questions were the most successful in the interview situation, and that the interview was influenced by the interplay between personalities. In this regard, it has been suggested that a qualitative interviewer requires a wide and disparate set of personal abilities such as a good memory; a mind capable of logical analysis with strong powers of association; good observation skills, as well as a sense of theatre and timing.²⁷ In other words, the interviewer needs an awareness of the roles/masks, which may be adopted by individuals and of the ‘*game playing*’, that occurs in interactive situations. All these key aspects were of importance within the interviews conducted by the researcher in this study.

Given these considerations, the individual interview is essentially characterised by a flexible interviewing structure. This structure will change to varying degrees for each interview conducted, as the researcher relying upon various factors²⁸ identifies elements within the dialogue which he wishes to explore further at that time, return to at a later stage or simply set aside. However, it should be stressed that this inherent flexibility does not mean that the interview will take any direction the respondent may choose. As Gordon and Langmaid state:

‘The interviewer has an agenda in mind and is continually trying to understand both rational and emotional components of the respondent's reported attitudes and behaviour.’²⁹

The terms ‘*unstructured*’ or ‘*flexible*’ refer to the norm of the questions being utilised within the particular interview. The open-ended questions, which are extensively used in qualitative interviews, allow respondents to express their thoughts, describe their behaviour, formulate their attitudes and give indications of their motivation in their own terms, using their own vocabulary as opposed to that pre-set by the researcher.

²⁵ Refer to discussion outlined in second part of this chapter for details of how this was implemented.

²⁶ J.Wise, R.Nordberg & D.Reitz, ‘Methods of Research in Education’, p104, Boston, 1967

²⁷ For further discussion see: J.Pope, ‘Practical Marketing Research’, Amacon: New York, 1989

²⁸ These will include a knowledge and appreciation of the research objectives, previous experience and the nature of the social interaction taking place.

²⁹ Op cit, n13, at p65

‘Many of our questions were open-ended and we allowed room for our informants to tell us what they wanted, rather than confining them to points which we believed ought to be significant.’³⁰

In this respect, Fox suggests that personal interviews offer two advantages. First of all, a face-to-face situation is a much more basic human relationship than presenting someone with a piece of paper. If the interview environment is empathetic and relaxed then the quality of data received is likely to be far higher than any non-contact data could hope to be. Secondly, the fact that questions are transmitted verbally is considered to be a considerable advantage as it allows for further explanations or even for follow up questions:

‘...if the researcher is present to ask the questions he can move into areas of questioning not fully anticipated in advance, can go off onto tangents when some intriguing response is made, and can decide to explore in depth some area of the content of the questioning which seems worthy of exploration in view of some of the responses made.’³¹

Pope considers one of the main advantages of personal interviewing as that of observation, in so much as an interviewer may observe respondents as well as ask them questions. Burns³² points to three more advantages. First of all, the interview provides a framework into which to place the respondent's views and opinions. It also helps to prevent the respondent adopting one particular face.³³ Finally, if a face has been adopted the interviewer stands a greater chance of understanding its presence, of allowing for it in the analysis and interpretation of the interview.

These comments proved to be of great value in the execution of the empirical interview phase as well as in the development of appropriate interview questions and probes.³⁴ The development of open-ended questions was important in the IAS structure. Pre-pilot studies and the pilot study saw considerable improvement in this technique and constant referral to and consideration of factors suggested below was necessary. Through the adoption of a flexible and challenging approach to interviewing, the researcher usually succeeded in creating a positive and comfortable environment within which respondents were more likely

³⁰ G.Davis, ‘Partisans & Mediators: The Resolution of Divorce Disputes’, Clarendon Press, 1988; G.Davis & M.Murch, ‘Grounds for Divorce’, Clarendon Press, 1988; G.Davis, H.Messmer, M.S.Umbriet & R.B.Coates, ‘Making Amends: Mediation & Reparation in Criminal Justice’, London: Routledge, 1992.

³¹ D.Fox, ‘The Research Process in Education’, p534, Holt, Rinehart & Winston, New York, 1969

³² C.Burns, ‘Individual Interviews in Qualitative Research’, Edward Arnold, London, 1989

³³ Having presented a more holistic picture of themselves it is difficult for respondents to plug into one specific face.

³⁴ For details of application to this particular research study, refer to discussion outlined on p50.

to reveal their true opinions and attitudes in their own terms, rather than merely following the interview procedure presented by the researcher.

Types of Interview Techniques:

The individual interview situation may be divided into three essential types, 'structured' 'unstructured' and 'semi-structured' as summarised in Figure 2.1. In the structured interview the questions are stated in a fixed order, and the interviewer asks them verbatim in the stated order. Consequently, there is no requirement for deviation, additional questions or explanations. This approach is typically used for polling services and is usually based on the fact that a range of possible answers from the respondent is predetermined and listed on the interview guide. Due to its highly formal, impersonal and restrictive nature it is not appropriate for research where opinions, views and attitudes are under scrutiny. By contrast, during the unstructured interview, the interview guide serves as a reminder to the interviewer of the areas under exploration. Additional, tangential questions and explanations to the respondent will be encouraged.

The semi-structured interview may be seen as a hybrid of the two. It mirrors the unstructured approach but for the fact that the interviewer will keep his schedule more closely in mind and will want to ensure that all the salient points have been covered in the interview. Both the unstructured and semi-structured interviews place great emphasis on interpersonal skills, as well as demanding that the interviewer possesses a considerable knowledge base and is sufficiently sophisticated in research to make the variety of judgements that this type of interview demands.

Given the discussions earlier in this section and the researcher's intention, through a phenomenological survey approach, to produce a research instrument that would provide revealing, enlightening and useful data, the semi-structured interview approach was deemed to be the most appropriate method. It allowed for interviews to be structured but with flexibility and within a relaxed, comfortable environment.

Figure 2.1: Interview Types: Characteristics and Value:³⁵

Type	Characteristics	Value to Researcher
Structured Interview	<ul style="list-style-type: none">• Fixed order of questioning• No deviation• No explanation• Formal• Impersonal	<ul style="list-style-type: none">• Useful in assessing public opinions or polls where individual attitudes are not important• Ease of data recording and subsequent analysis
Unstructured Interview	<ul style="list-style-type: none">• Informal interview approach• Open ended questions leading to additional discussion will occur• Subject matter covered in random manner	<ul style="list-style-type: none">• Useful in attempting to establish a respondent's overall perspective on the subject matter• Difficult to record data or subsequently analyse it
Semi-Structured Interview	<ul style="list-style-type: none">• Interview schedule kept closely in mind but tangential questions or probes may be asked• Interviewer guides the interview, but allows for explanations and discussions to occur	<ul style="list-style-type: none">• Useful in determining a respondent's attitude towards the subject matter.• Allows for the linking and association of respondent ideas and opinions.• The establishment of a research overview is possible using this approach.• Ease of data recording and analysis.

In the development of the appropriate research methodology considerations of validity and reliability underpinned the researcher's approach and are discussed below.

The Concept of Validity:

The term validity is often used in a variety of senses in discussions about qualitative research.³⁶ In essence the term concerns the extent to which a particular methodology produces not only relevant information, but may also be deemed to be illuminating, or accurate in nature.³⁷ The most important distinction to be made is between the concept of

³⁵ Derived from Fox, Op cit, n31 and Cohen *et al*, Op cit, n1, at p27.
³⁶ The most important distinction to be made is between using the term 'validity' when referring to the type and accuracy of information gained and its "goodness" and use in debates about the status of qualitative findings - their hardness, scientificness, generalisability.
³⁷ This will depend upon whatever the specific criteria of "goodness" adopted.

validity as it is applied when talking about 'inferences' made from the qualitative data and its use in referring to the 'goodness' of the data itself. As Kinnear and Taylor state:

'The validity of a measure refers to the extent to which the measurement process is free from both systematic and random error.'³⁸

Gabriel³⁹ described the humanist approach to research as being characterised by wishing to hear and think about what people say in various contexts, rather than asking for responses in coded categories. The aim of this approach is not to have answers to put through a computer to generate statistics and statements of reliability, but rather to gain an understanding of the meaning of what individuals were saying. The idea is to observe and talk with the individuals whose beliefs and behaviour you wish to understand and to record the interactions carefully. In this regard Gabriel states that one possible method to turn transcripts and memories into reliable valid and useful statements is that of hermeneutics. A suggestion which is supported by commentators such as Sykes⁴⁰

Hermeneutics may be described as a process through which interpretation is arrived at by the interplay between the subject matter and the interpreter's original position. Lacey⁴¹ suggests that humanists make use of an idea referred to as the '*Hermeneutic Circle*', which occurs when the interviewer listening to the interview switches between hearing detailed and formal global schemes and the belief systems into which the details fit. The interviewer will then test the belief system by asking questions or making suggestions. Consequently, a process takes place whereby details are fitted to the whole, the whole is then modified to accommodate details, and then more details are listened for. Details are then fitted and the process of modification continues. When the circle becomes stable then the hermeneutic circle is closed. In other words, when new details can be accommodated to the belief system without modification, it is at this point that understanding is deemed to have occurred and is therefore regarded as being valid. However, Gabriel points out that:

'This humanistic process can clearly be seen as leaving loads of room for self-satisfied qualitative pseudo-gurus to delude themselves that they have 'understood' the situation and are able to pass on the understanding.'⁴²

³⁸ T.Kinnear & J.Taylor, 'Marketing Research', p105, McGraw Hill, 1987

³⁹ C.Gabriel, 'The Validity of Qualitative Market Research', Journal of the Market Research Society, 32(4), 1990

⁴⁰ W.Sykes, 'Validity and Reliability in Qualitative Market Research: A Review of the Literature', Journal of the Market Research Society, 32(3), 1990

⁴¹ A.Lacey, 'A Dictionary of Philosophy', Routledge & Paul Kegan, London, 1986

⁴² Op cit, n39, at p514.

It would appear that the only way for this problem to be avoided is for the researcher to be vigilant in determining only modest and reasonable extrapolations from the qualitative data collected. The researcher attempted to pursue this course within this study.⁴³

Hermeneutics has also been regarded as a means by which internal validity can be achieved, though a number of commentators have questioned the use of internal validity as a criterion on the basis that in practice it may not be open to scrutiny. In this regard Miles and Huberman state that:

‘The researcher can always provide a plausible account and, with a careful editing, may assure its coherence ... but plausible and coherent accounts can be terribly biased.’⁴⁴

Methods of data collection have theoretical validity when the procedures are justifiable in terms of established theory.⁴⁵

Gabriel⁴⁶ suggests that there are four main tests for the maximisation of validity in qualitative research, as illustrated in Figure 2.2 below.⁴⁷ These are of particular relevance in light of the fact that general claims for the validity of qualitative research are tempered not so much by arguments of principle but of practice. It is recognised in the literature that there are few well-established prescriptions for practice. Consequently, the means of realising the theoretical promise of qualitative research and of obtaining maximum validity at the individual level remains largely untested. As Axelrod notes:

‘There are no prescribed guidelines for qualitative research, no books of rules, no formulas and no stratagems.’⁴⁸

The validity in this research study is based on the four aspects outlined in Figure 2.2.

⁴³ Refer to the discussion outlined on p47-48.

⁴⁴ M.Miles & A.Huberman, ‘Qualitative Data Analysis’, p244, Sage Publications, 1984

⁴⁵ In this respect Sykes suggests that qualitative methods may be regarded as having more theoretical validity than quantitative methods. (See: Sykes, Op cit, n40).

⁴⁶ Op cit, n39.

⁴⁷ All of these aspects are considered important in the development of this research.

⁴⁸ M.Axelrod, ‘Focus Group Interviewing’, Marketing News, p6, 1975

Figure 2.2: Four Main Tests of Maximising Validity in Qualitative Research:

Test	Processes Involved
Credibility	<ul style="list-style-type: none">• This involves feeding back information to the interviewee and then seeking a response
Transferability	<ul style="list-style-type: none">• This is satisfied when research shows similar findings amongst similar groups
Dependability ⁴⁹	<ul style="list-style-type: none">• To establish dependability is to attempt to show that the results were not pure chance, but were reasonably likely to represent a stable construction of events. Use of two researchers to allow comparison was the obvious method to achieve this
Confirmability	<ul style="list-style-type: none">• This involves the use of auditors, whose job is to review documentation, notes, methodological statements and then to assess the extent to which they believed that the conclusions are the reasonable ones to be obtained from the data.

Validity of Inferences from Qualitative Data:

A common criticism relating to qualitative data is the feeling that no inferences can be confidently made, whether in relation to a domain of ideas, or experiences, about connections, links or causality; or in particular about prevalence or incidence. Indeed, a characteristic feature of qualitative research is its association with the inductive mode of discovery. The main objection to induction as an epistemology is that theories generated by one set of data are not tested out in fresh data, and it is the utilisation of induction that is often regarded as a major theoretical objection to the credibility of qualitative findings. As Collins notes:

‘...a common criticism of quantitative research is that it is overly inductive, building models from current observations and never getting round to testing those models in new data.’⁵⁰

⁴⁹ This has been termed as the humanist research answer to reliability (discussed below).
⁵⁰ M.Collins, ‘Concepts of Accuracy in Market Research’, p2, Market Research Development Seminar, 1989

However, it is recognised that although induction may be the most obvious method of qualitative research it is not exclusive to the approach. Moreover, it is also argued that there is nothing inherent in qualitative research to preclude hypothesis testing. Indeed, Kirk and Miller⁵¹ note that research for any category can to some degree be '*hypothesis testing*' and have the potential to modify a scientific paradigm directly. Others such as Miles and Huberman⁵² argue that hypothesis testing lies at the heart of a great deal of qualitative research. Ideas, notions and hypotheses are being constantly formulated and tested in new cases as the research proceeds from initial problem identification, through the informal stages of analysis associated with data collection, to the formal analysis. This concept was of particular importance to the research in this study.

However, an argument against the application of the hypothetical-deductive method in qualitative research is that it cannot be applied with any degree of stringency due to the absence of rigorous experimental control. Collins⁵³ asserts that it is the non-standardisation of the interview format that underpins the frequently encountered assumption that quantification⁵⁴ is not possible in qualitative research. However, other commentators such as Kirk and Miller disagree:

'Qualitative research ... does not imply a commitment to innumeracy ... to carry out any sort of analysis depends upon the ability to define and identify examples of the phenomenon of interest.'⁵⁵

Indeed, Miles and Huberman recommend a degree of quantification in qualitative analysis. They argue that in qualitative research, numbers tend to get ignored, but that in fact a great deal of '*counting*' occurs when judgements relating to qualities are being made. In other words, when a theme or pattern is identified it is the same as noting how often it reappears. They go on to identify three predominant reasons for utilising numbers:

'...to see rapidly what you have in a large slice of data, to verify a hunch or hypothesis and to keep yourself analytically honest, protecting against bias.'⁵⁶

However, the predominant concern in relation to the validity of inferences made from qualitative data is centred upon sampling qualitative research, which is typically based on

⁵¹ Op cit, n15.

⁵² Op cit, n44, at p244

⁵³ Supra, n50

⁵⁴ In the sense of counting within the sample

⁵⁵ Op cit, n15, at p10

⁵⁶ Op cit, n44, at p215

small samples that are often purposely selected. This has led to considerable debate⁵⁷ regarding the degree to which qualitative research may be generalised. Indeed, attempts have been made to demonstrate that qualitative samples can in fact satisfy theoretical requirements for making generalisations. In this regard, Griggs⁵⁸ argues that large samples are not necessary to guarantee generalisability, drawing attention to the small sample methods utilised in a considerable amount of academic psychology.

Others stress the limitations imposed on research by an overly rigid adherence to statistical method. Overhoser⁵⁹ argues that research is a far broader concept than science. Whilst it inevitably needs to be careful, systematic, insightful and persistent, it does not need to be so precise, based on theoretical constraint or need to be subject to proof in the same way as science does. Quinn Patton refers to a balance in experimental design, which allows for reasonable extrapolation from a qualitative study:

‘Unlike the usual meaning of the term ‘generalisation’ an extrapolation clearly connotes that one has gone beyond the narrow confines of the data to think about other applications of the findings. Extrapolations are modest speculation on the likely applicability of findings to other situations under similar, but not identical conditions. Extrapolations are logical, thoughtful and problem-orientated, rather than purely empirical, statistical and probabilistic.’⁶⁰

In this research study care not to over generalise from the data collected was seen as being of paramount importance. It was recognised that a qualitative researcher needs to be conscious in making only justified and appropriate extrapolations from the data.

Considerations of the Validity of Inferences in this Research:

In considering the overall validity requirements and particularly those for inferences which might be made from the research data, areas of underlying importance to this research study were addressed by the researcher in the design of the research instrument:

⁵⁷ See: Axelrod Op cit, n48; F.Reynolds & D.Johnson, ‘Validity of Focus Group Finding’, Journal of Advertising Research, 1978; A.Tynan & J.Drayton, ‘Conducting Focus Groups – A Guide for First Time Users’, Marketing Intelligence & Planning, 1988

⁵⁸ S.Griggs, ‘Analysing Qualitative Data’, Journal of the Market Research Society, 29(1), 1987

⁵⁹ C.Overhoser, ‘Quality, Quantity and Thinking Real Hard’, Journal of Advertising Research, 1986

Area of Concern	Researcher's activities
Main Themes, Concepts and Hypotheses	<ul style="list-style-type: none">• These were subject to constant attention and alteration in line with the progress of the research, (i.e. progressing from 'preliminary data gathering, through to both 'pre-pilot' and 'pilot' study and finally to the 'main' research study).
Questions and Themes Generated by the Research Data	<ul style="list-style-type: none">• Whilst not tested out in a fresh set of data, were subjected to examination in fifteen schools.• Consequently, levels of consistency and validity levels increased by testing empirically based theories across a broad spectrum of respondents.
Content Analysis and Interpretation	<ul style="list-style-type: none">• In order to aid this a limited group of numerical comparisons were made.• These were done to illuminate data classifications and collation by providing examples and thus aid in proving the validity of any inferences drawn from the data.
Potential criticism of over-generalisation	<ul style="list-style-type: none">• In order to avoid this only reasonable and modest speculations or extrapolations in relation to the management of change were drawn from the data generated in the research.

Reliability within the research instrument and how best to achieve it, was a prime consideration in the development of the research strategy and is considered in the next section.

The Concept of Reliability:

Quinn Patton summarises the distinction between validity and reliability within research as follows:

‘Validity focuses on the meaning and meaningfulness of data; reliability focuses on the consistency of results.’⁶⁰

Consequently, reliability is generally perceived as being a desirable, if not essential, condition of validity. In the context of qualitative research though, concerns with regards to reliability normally manifested themselves in form of two questions.

⁶⁰ M.Quinn Patton, ‘Utilisation – Focused Evaluations’, p206, Sage: London, 1986

1. Would the same study carried out by two researchers produce the same findings?
2. Would a repeated study using the same researcher and respondents yield the same findings?

The predominant concern regarding the reliability of qualitative research methods is that their inherent characteristics⁶² are not conducive to precise replication or interpretation. Whilst such concerns may very well have grounds for justification, they have nevertheless been countered. Robson suggests that the concept of reliability, as it is applied to quantitative methods, is inappropriate in the qualitative context.

‘The complexity of the interaction between problem analysis data generation and interpretation, makes it difficult to disentangle ‘researcher efforts’ from ‘method effects.’⁶³

Reliability measures need to counteract any possible effects of researcher input in both conceptualising the problem and interpreting the data. The consensus in the literature appears to be that the differences are to be expected between replicated studies using different researchers due to the dynamic and inductive way in which qualitative research operates. Consequently, the replication of identical results may be seen as being almost impossible to achieve due to the fact that whilst the database may be replicable from one study to another, the interpretation will almost certainly differ in nature. However, if we turn back to quantitative methods, then a similar lack of reliability may also be observed. If one turns back to the work of Collins:

‘A researcher starts with a set of expectations: models, theories and assumptions. The quantitative researcher designs a framework based on those models, within which the observations will occur. For a time the structure of the research is fixed and constrained in the interests of compatibility, but also to provide a degree of control over an observation process that will take place at a distance, at second hand. For analysis and interpretation the observations are returned - usually but not necessarily - to the original research design. The researcher examines the data, attaches meaning to them, and draws inferences and conclusions, all against the background of the pervasive prior models and expectations.’⁶⁴

⁶¹ Op cit, n60, at p223

⁶² In other words, their flexibility and the absence of rigid experimental control.

⁶³ S.Robson & A.Foster, ‘Qualitative Research in Action’, p8, Edward Arnold: London, 1989

⁶⁴ Op cit, n50, at p3

It is this background which plays a pivotal role in determining whether two quantitative researchers ultimately arrive at the same conclusions. Consequently, where there are marked differences in orientation then the individual researchers may arrive at different interpretations. Nevertheless, despite the fact that different qualitative researchers may very well generate different findings and reach different conclusions, the concept of reliability still has a role to play. Kirk and Miller propose a slightly different definition of reliability, which takes account of the particular relationship in qualitative research between the researcher's orientations, the generation of the data and its interpretation. Their argument is described in the following way:

'For reliability to be calculated, it is incumbent on the scientific investigator to document his or her procedure. This must be accomplished at such a level of abstraction that the loci of decisions internal to the research project are made apparent. The curious public or peer reviewer deserves to know exactly how the qualitative researcher prepares him or herself for the endeavour and how the data is collected and analysed. But the researcher also needs to be able to isolate the conditions under which he or she best 'gives to risk' the time at which he or she is organised to learn something.'⁶⁵

In other words, the entire research process should be transparent. Given this transparency, Griggs states that qualitative findings are reliable under the following conditions. First of all, if another researcher, presented with the same set of data, was able to carry out the same analysis and arrive at the same set of conclusions. However, such findings may also be reliable under a second condition:

'If the two researchers were to arrive at different interpretations of the data then a third researcher would be able to see how and why they had arrived at their different interpretations and use his judgement to decide which interpretation to accept.'⁶⁶

Considerations of Reliability in this Research:

For the purpose of this research, levels of consistency amongst the collected data were achieved through the appropriateness of the design of the research instrument. The developed Interview Analysis Schedule (IAS) was refined in order to ensure that respondents were asked the same questions, with the same emphasis and provided with the same freedom of response. In addition, similar types of questions were asked across the four themes within the IAS.

⁶⁵ J.Kirk & M.Miller, 'Reliability and Validity in Qualitative Research', p72, Sage, 1986

⁶⁶ Op cit, n58, at p15

However, as with all qualitative research, the information, conclusions and extrapolations drawn from the data gathered were reviewed and compared against research expectations and the research questions. Finally data collection, analysis and interpretations were systematically documented in order to enhance reliability and to reduce inconsistency. The analysis and interpretations of qualitative research and an in-depth understanding and appreciation of them was fundamental in the development of the research instrument used.⁶⁷

Data Analysis and Interpretation:

Once a researcher has collected data he is faced with the problem of data analysis. In this regard, Fox states that since verbal responses or descriptions of behaviour do not lend themselves to a mechanical/numerical form of analysis, an intermediate or transitional process called content analysis is required. Fox describes the process as follows:

‘Content analysis is defined as a procedure for the categorisation of verbal or behavioural data; for purposes of classification, summarisation and tabulation.’⁶⁸

The difference between the process of analysis and interpretation for a researcher is sometimes referred to as a difference in ‘*feeling*’ within the process. Robson and Foster note:

‘...analysis is a meticulous sorting of information and interpreting in the ‘Eureka’ moments when suddenly the researcher gains insight into the meaning implicit within the data gained.’⁶⁹

Consequently, interpretation is seen as an active process, which consists of the development of rolling hypotheses continually being challenged and developed throughout the process.⁷⁰ Sensitive interpretation begins at the origins and design of the survey and is dependent on how skilfully the qualitative interviewing is conducted. As Gordon and Langmaid suggest:

‘In addition to the continuous development and refinement of hypotheses which evolve as the project proceeds, the practitioner needs to re-immense himself in the qualitative interview and organise or structure the content in a form relevant to the objectives of the study. This is often referred to as content analysis.’⁷¹

⁶⁷ Refer to discussion outlined on p50.

⁶⁸ Op cit, n31, at p646

⁶⁹ Op cit, n63, at p85

⁷⁰ Refer back to earlier discussion of Hermeneutics and ‘rolling hypotheses’.

⁷¹ Op cit, n13, at p134.

Consequently, Gordon and Langmaid suggest that interpretation involves two processes:

- A mechanical or functional process, which involves the basic procedures of how the researcher actually structures and organises the data base.
- An interpretative process, which focuses upon answering two pivotal questions: 'What do the parts mean?' and 'How do the parts make up a meaningful whole?'

The starting point of analysis and interpretation is to decide the framework within which the data is going to be structured. This evolves naturally from the research objectives, responses from the interviews, and the patterns, themes and relationships that emerge. The next stage is to listen to the interview tapes, go through the transcripts and make notes.⁷² Essentially, the researcher is collating and codifying the data within areas/ topics/headings that best describe what is emerging. This is the content analysis.

Common sense is said to be the main guide for successful interpretation, as individuals are continually making sense of the conversations and behaviour of others every day and in a variety of socially interactive situations. The same process occurs within qualitative research. In this respect, Hedges⁷³ describes two levels of interpretation:

Level of Interpretation	Processes Involved
Basic	<ul style="list-style-type: none">• Involves making sense of the content of the qualitative interviewing process.• What do individuals mean, as opposed to what individuals actually said?
Higher	<ul style="list-style-type: none">• Involves asking what conclusions the researcher can draw about what individuals meant.

A thorough, detached and interpretative approach to analysis and interpretation of qualitative data will lead to reliable findings with internal consistency. The findings should be able to be replicated by further qualitative research. According to many qualitative researchers the key to interpretation is total immersion and remembering that analysis is not a discrete, segmented stage in the research process, but a continuous thread.

⁷² This is to provide the equivalent of the computer printout used by a quantitative researcher.
⁷³ B.Hedges & J.Ritchi, 'Research and Policy: The choice of Appropriate Research Methods', SCAR Publications: London, 1987

All content analysis will include a degree of coding. This is the process of translating the actual individual responses into categories and will determine whether the results are useful information or not. The purpose of coding is to reduce all the varied responses to open-ended or discussion type questions to a few types of answers that can be tabulated and then analysed. Content analysis conducted at Fox's '*manifest level*' is simply a direct transcription of the responses in terms of some code. By contrast, at the '*latent level*' the researcher attempts to code the meaning of the response or the underlying dynamics motivating the behaviour described. It seeks inference or implication that goes beyond the transcription.

Considerations of Content Analysis and Data Interpretation in this Research:

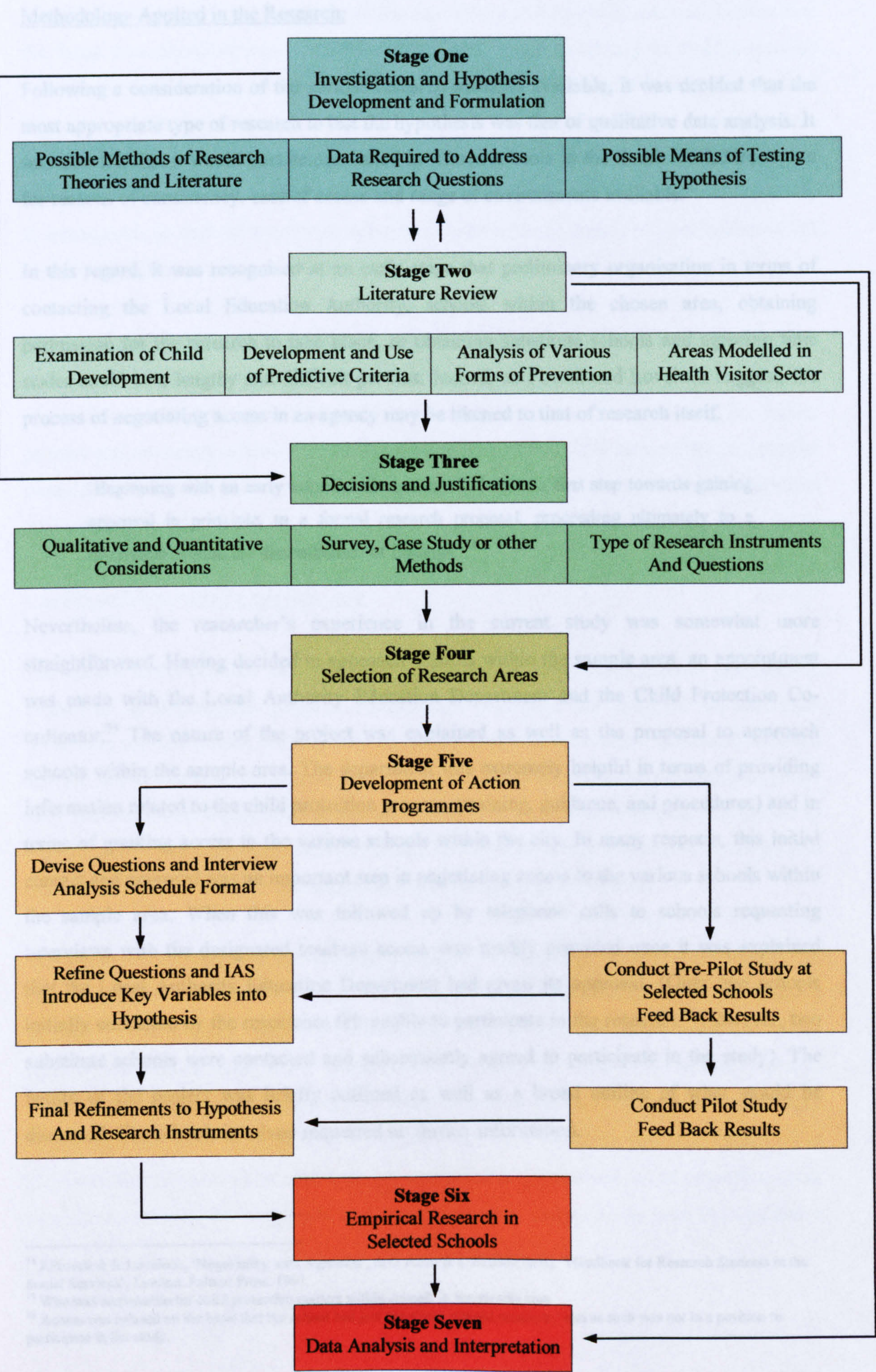
In this research the content analysis of the qualitative data gathered involved the considerable task of collating all the interview response data into meaningful groups. Thus the data coding was done in two ways. The first coding process was undertaken according to the pyramid structures of the schools within the sample. In other words, schools which either fed or received pupils from one another in the sample area and as such had a close working relationship with one another. The second coding process was based upon the various levels of education catered for by each school (i.e. infant, junior or secondary). This approach enabled the researcher to analyse data both horizontally and vertically across each theme.

The data had to be further categorised into the four identified research themes, which were again further divided into one of four key variable factors. The sorting, writing, tabulation and classifications of all this data was a lengthy process. However, without this basic level of analysis any interpretations or extrapolations would have been difficult.

Following on from the essential content analysis, interpretations of the data were made. However, in many respects there had been a 'rolling programme' of interpretation and attempts at analysis since the commencement of the research. Emergent patterns themes and consistencies had been observed throughout the empirical phase of the research. Once observed and noted, they were subsequently considered against the parameters of the research objectives and questions. As this process was continuous, it could be suggested that analysis and interpretation of the data began at a very early stage of the empirical phase, continuing and developing during the interview period.

The final interpretative processes were undertaken in the light of all previous analysis and interpretations and resulted in extrapolations based on the complete research findings and made in light of the stated hypothesis and research questions.

Figure 2.3: Chronology of Considerations and Activities



Methodology Applied in the Research:

Following a consideration of the various research methods available, it was decided that the most appropriate type of research to test the hypothesis was that of qualitative data analysis. It was also felt that it would best be conducted in fifteen schools in the South Yorkshire region for reasons of consistency, ease of access and range of environments available.

In this regard, it was recognised at an early stage that preliminary organisation in terms of contacting the Local Education Authority, schools within the chosen area, obtaining permission for the research to take place, or obtaining substitute schools and agreeing time scales could be a lengthy and difficult process. Indeed, as Powell and Lovelock suggest, the process of negotiating access in an agency may be likened to that of research itself.

‘Beginning with an early informal discussion of ideas as a first step towards gaining approval in principle, to a formal research proposal, proceeding ultimately to a discussion around the dissemination of findings.’⁷⁴

Nevertheless, the researcher’s experience in the current study was somewhat more straightforward. Having decided to approach schools within the sample area, an appointment was made with the Local Authority Education Department and the Child Protection Co-ordinator.⁷⁵ The nature of the project was explained as well as the proposal to approach schools within the sample area. The department was extremely helpful in terms of providing information related to the child protection process, (training, guidance, and procedures) and in terms of granting access to the various schools within the city. In many respects, this initial contact and approval was an important step in negotiating access to the various schools within the sample area. When this was followed up by telephone calls to schools requesting interviews with the designated teachers access was readily provided once it was explained that the Local Authority Education Department had given its approval. (Only two schools initially contacted by the researcher felt unable to participate in the research.⁷⁶ However, two substitute schools were contacted and subsequently agreed to participate in the study). The nature of the project was briefly outlined as well as a broad outline of what would be discussed. The schools involved requested no further information.

⁷⁴ J.Powell & R.Lovelock, ‘Negotiating with Agencies’, in G.Allan & C.Skinner (eds), ‘Handbook for Research Students in the Social Services’, London: Falmer Press, 1991.

⁷⁵ Who was responsible for child protection matters within schools in the sample area.

⁷⁶ Access was refused on the basis that the school had just gone into ‘special measures’ and as such was not in a position to participate in the study.

As it had been decided that the nature of the research was to be qualitative and illuminative, the focus was placed on individual perceptions and opinions relating to child protection procedures within schools. In addition to the points made by Oppenheim⁷⁷ the semi-structured interview was chosen as the most suitable vehicle for extracting data from the respondents because it allowed the researcher to conduct 50-70 minute comprehensive in-depth interviews which were likely to yield quality raw data.⁷⁸ This was essential because the survey approach to respondents at each of the fifteen schools meant that the quantity of data collected left limited time for re-visiting and re-interviewing.

The fifteen schools chosen for the research were urban, semi-rural or rural all in the same part of the South Yorkshire region and all involved with the implementation of child protection procedures. Equally, the schools were divided into pyramid structures, ensuring that infant, primary and secondary schools were contacted and interviewed. This ensured that meaningful comparisons could be made across the survey spectrum as well as extrapolations in relation to respondent categories.

Validity and Reliability in this Research:

The validity of the research was reflected by the quality of information gleaned, especially in respect of its illuminative qualities. Hermeneutic principles, the emphasis on individual reflections and perceptions, the emphasis on quality of information rather than standardisation and the use of enabling techniques that allow individuals to project themselves and create their own definitions based on their own experiences, all proved to be entirely appropriate to the research.⁷⁹ The potentially inductive nature of the research may not lead to broad general conclusions and therefore be less likely to attract methodological criticism.

The nature of the research was entirely qualitative even though a very small element of quantitative data was used for simple tables, which aided the presentation of the research findings.⁸⁰ The research related the views and opinions of respondents from the fifteen schools and comparisons were made between respondent types (i.e. primary, junior, secondary) and pyramids of schools (i.e. those connected together within a particular area). In line with the above discussion, every attempt was made to ensure that numerically based assertions from these comparisons were not overstated or generalised out of proportion so as to maintain validity. The emphasis was upon reasonable extrapolation from the qualitative

⁷⁷ See: Op cit, n23.

⁷⁸ Refer to the discussion outlined on p29-33.

⁷⁹ Refer to the discussion outlined on p33-36.

⁸⁰ See data outlined in Chapter 8.

data. The nature of the extrapolations was rational, logical and interpretative in nature and took note of the hypothesis and the concepts represented by the research questions.

The reliability aspects of this research were demonstrated on two levels.⁸¹ First of all on the individual respondent level, even though the use of semi-structured interviews encouraged freedom of response, reliability was examined through a process of cross-checking against answers provided by respondents in other schools. The second level incorporated a pyramid perspective where data was compared for consistency and accuracy. (Schools were asked to comment upon the practices of other schools within that pyramid).

Levels of data consistency were observed, for all respondent types, across the four major themes into which the empirical research was divided. Similar questions and probes were asked within all four themes and a degree of respondent consistency can be observed from an examination of the comparison tables provided in Chapter 8. The questions posed to all respondents were as consistent as possible, as was the interpretation of the data. An awareness and emphasis on the crucial aspect of consistency ensured that the data was reliable and that another researcher, with the same research instrument, would establish similar if not identical results.

Description of Operational Stages:

The research time scales for the planning, development, empirical study and interpretations and extrapolations are described in the following tables: (Tables 2.4, 2.5 and 2.6).

Figure 2.4: Empirical Research, Time Scales of Operational Stages:

Operational Stage	Time Scale
Preliminary Information	October 1998 – January 1999
Pre-pilot study	February 1999
Pilot study	June 1999
Fifteen Schools Research	September 1999 - January 2000

⁸¹ Refer to discussion outlined on p39-42.

Figure 2.5: Overall Research Time Scales:⁸²

Activity	Time Scale
Development of hypothesis	September 1997 – March 1998
Development of Methodology	September 1997 – March 1998
Library Based Study of Appropriate Literature	September 1997 – To Date
Information gathering, Pre-pilot study, pilot study	October 1998 – June 1999
Research in Fifteen Schools	September 1999 – January 2000
Data Analysis, Interpretation & Extrapolation	February 2000 – September 2000
Research Study Refinement and Production	October 2000 – To date

Figure 2.6: School Research Time Scales – (1999-2000):⁸³

Month	Week 1	Week 2	Week 3	Week 4
September			A,B	C
October		D	E	F
November	G,H			I,J
December	K	L		
January		M	N,O	

⁸² Dates are approximate due to necessary overlapping, re-visiting and verification.

⁸³ There were one or two instances where respondents had to be interviewed at different times to those scheduled in the above table due to availability and/or internal school problems.

Development of the Hypothesis:

The hypothesis was developed following considerations of the implementation of the Children Act 1989 in practice. Following the initial literature review, it was considered that the main operational change required was the development of an early detection system within the childcare framework. Initially the hypothesis centred on whether schools could undertake this role and provide a key to re-balancing the Children Act 1989 so as to prioritise section 17 and Part III of the Act. This involved an examination of four logical steps in the child protection procedures currently within schools: current internal frameworks, communication within schools, staff awareness within schools and school perceptions as to their role in the overall childcare framework.

In the course of preliminary work and pre-pilot study prior to the research, the hypothesis was developed to include four key variable factors as important agents in the child protection procedures within schools.⁸⁴ These were as follows:

- 1. Attitudes of management to sharing child protection information within schools
- 2. Level of involvement of teachers within the school in the child protection process
- 3. Attitudes of management to sharing child protection information with other schools
- 4. Attitudes of management to liaison with other agencies

Tables 2.7 and 2.8 show the question distribution used in the IAS for the child protection procedures and the key variable factors.

Figure 2.7: Question Distribution across Role of Schools in Child Protection:

Role of Child Protection within Schools	Number of Questions
School’s Perception of its Role in the Childcare Framework	4
CPLT Training/Guidance	5
Communication within Schools	8
Staff Training/Awareness	5

⁸⁴ Refer to the discussion outlined on p24-25.

Figure 2.8: Question Distribution across Four Key Variable Factors:

Key Variable Factor	Number of Questions
Attitudes of Management ⁸⁵ to Sharing Child Protection Information within the School	4
Level of Involvement of Teachers within the School in the Child Protection Process	5
Attitudes of Management to Sharing Child Protection Information with other Schools in Pyramid	3
Attitudes of Management to Liaison with other Agencies	6

Selection of Schools:

It was considered that fifteen schools would provide a sound basis for the research study. It was further considered that for reasons of consistency and ease of access the schools should be in the same geographical location. Consequently, the schools chosen were a mixture of infant, junior and secondary schools⁸⁶ in the South Yorkshire region and from a mixture of urban, semi-rural and rural locations. As stated earlier, given concerns as to whether schools would agree to participate in the research study as well as the time-scales that could potentially be incurred, the Local Education Authority was approached at an early stage. Following this, schools were contacted by telephone in order to request an interview with the designated teacher. As noted above, positive replies were received from all but two of the schools originally approached.

Literature Review:

It was felt that a library-based examination of the child welfare aspects of the Children Act 1989 was a necessary prerequisite for the research study. Whilst the focus of this review was upon Part III of the Children Act 1989, it was subdivided into four inter-related sections, each one analysing the Act from a different perspective. The sections were as follows:

⁸⁵ By the term ‘management’ I refer to both the Head-teacher and CPLT (if separate individuals), who together formulate the internal child protection framework within the school. Refer to Chapter 5 for further details on the internal management structure of Primary and Secondary Schools.

- An examination of child development through an analysis of attachment theory as well as a consideration of motivational therapy when working in partnership with families
- A review of the development of the use of predictive criteria in child protection work.
- An analysis of the notion of prevention and the various forms that it may take in practice.
- The above aspects of the childcare framework were then modelled and examined in relation to the health visitor profession.

The findings from this review formed the basis for the development of the qualitative research study carried out in schools. Each section highlighted issues, notions and questions, which were then incorporated into the preliminary work and pre-pilot study. These included the following:

- Why the current implementation of the Children Act 1989 was skewed in favour of responding to children ‘at risk’ as opposed to those ‘in need’⁸⁷
- The importance of ‘attachment theory’ in practice and the need for permanence
- The potential role of motivational therapy when attempting to work in partnership with families, (i.e. as opposed to confrontation)
- Whether predictive criteria can be used effectively in practice and for what purposes (i.e. ‘risk’ or ‘need’)
- Levels of prevention in practice and the associated need to demonstrate ‘visible success’ as a result of resource allocation
- Changing needs of families over time and as such the type of intervention required
- Progression of families over time from being ‘in need’ to those of ‘at risk’
- Whether the above issues, notions and questions may be effectively implemented in practice, as modelled by the health visitor profession (i.e. Child Development Plan)

The overarching message to come out of the literature review was the need to identify and respond to cases of neglect/abuse at a far earlier stage in order effectively to implement family support services. As stated earlier, this process overlapped with the preliminary work and pre-pilot study.

In addition, upon completion of the research study and commencement of the analysis and interpretation of the data, the review proved to be an ideal sounding board for the development and subsequent testing of the hypothesis.

⁸⁶ So as to compare information distribution between the various schools within a pyramid.

⁸⁷ This process was undertaken prior to the implementation of the ‘Framework for the Assessment of Children in Need and their Families’, April 2001

Preliminary Information Gathering:

Following the literature review, it was considered necessary to establish whether there were any areas of investigation, which might require special attention/handling, prior to the actual empirical research. This was linked with the need to develop an interview analysis schedule (IAS) for the semi-structured interview work. Consequently a preliminary data gathering exercise was conducted to fulfil both of these requirements.⁸⁸

Three schools within the research study area were contacted and invited to participate in this exercise. All three schools agreed and an open-ended group conversational session was conducted at each school. These sessions provided valuable ideas and information, which were then utilised in the formulation of the IAS and general interviewing strategies.

The Local Authority Education Department was also contacted during this stage. The nature of the project was outlined and the department personnel proved extremely helpful in terms of providing information related to the child protection process, (i.e. training, guidance, and procedures). This also proved useful in terms of clarifying the focus of certain aspects of the earlier literature review.⁸⁹

Pre-Pilot Study:

A pre-pilot study was conducted in order to test both the Interview Analysis Schedule and the proposed research strategies. The results of this study indicated that the four child protection themes, (which had been selected in order to provide form and focus to the research), were appropriate and should be retained for the main empirical work.⁹⁰

The researcher decided to group the questions within the Interview Analysis Schedule according to one of the four themes and coded them in order to indicate with which aspect of the child protection process they were most concerned. It became apparent after the interviews had been conducted that some of the questions and aspects of the interview framework needed refining or reconsideration.

However, it also became evident that there was a potentially rich source of data available from other key variable factors, (see Figure 2.8 above). They were considered sufficiently

⁸⁸ In some respects, this overlapped with the ongoing literature review as both were inherently linked together.

⁸⁹ Possibilities were highlighted which required further investigation in terms of their relationships to the childcare framework, (established under the Children Act 1989), before either the pre-pilot or pilot study could proceed effectively.

significant to be incorporated into the initial hypothesis as well as the IAS and question coding. It was decided that with the incorporation of these new variable factors a standard pilot study could now be conducted.

Pilot Study:

The use of a semi-structured interview approach with an Interview Analysis Schedule based on 'school child protection' related themes and key variable factors was tested in a pilot study and found to be valid. An overview of the pilot study suggested that the IAS was generally very effective and fulfilled its functions. Modifications were necessary, but these were primarily associated with minor language clarification.⁹¹ In essence the IAS produced three types of responses:

- Orthodox - Reflected the main thrust of the study
- Unconventional - Potentially valuable data
- Lack of knowledge on the part of the respondent - Potentially useful source of data

Identification of these three types of responses indicated that the IAS had fulfilled its functions and produced good quality data. In general the pilot study proved successful in eliciting valuable information for all four themes. It produced data concerning attitudes, opinions and factual knowledge without the need for extensive and exhaustive questioning and perhaps most importantly it enabled individuals to express themselves in the areas covered by the study without being over demanding in terms of time or effort. Following slight modifications, the IAS proved to be a successful vehicle for examining the hypothesis and provided rich quality of data.⁹²

As discussed earlier, a data classification system was derived for the questions and probes within the IAS. All the data was categorised into appropriate sections to allow for ease of initial content analysis and subsequent interpretation.⁹³

⁹⁰ These themes were: Schools' perception of its role in the childcare framework; CPLT training and guidance; Focus of child protection work within schools; Staff training and awareness

⁹¹ It became evident that whilst CPLTs were involved to some degree in child protection matters, they were unfamiliar with some of the precise legal concepts/terms under the Children Act 1989. Consequently, it became necessary to explain and/or break down some of the questions being posed.

⁹² See Appendix for Interview Analysis Schedule.

⁹³ Tables 2.7 and 2.8 illustrate the question distribution across the school child protection themes and across the four key variable factors.

Empirical Research:

Once the above modifications had been implemented, the empirical research was conducted at the fifteen selected schools over a period of approximately four months. Figures 2.9 and 2.10 illustrate the school profiles in terms of location and relationship with other sample schools.

Figure 2.9: Pyramids of Schools within Research Programme:

	Relationship of Schools within Study Sample														
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
A					✓	✓									
B			✓				✓								
C		✓					✓								
D								✓	✓	✓	✓				
E	✓					✓									
F	✓				✓										
G		✓	✓												
H				✓											
I				✓						✓	✓				
J				✓					✓		✓				
K				✓					✓	✓					
L													✓	✓	✓
M												✓		✓	✓
N												✓	✓		
O												✓	✓		

Figure 2.10: Profiles of the Fifteen Schools used in the Research Programme:

Type of School	Location		
	Urban	Semi-Rural	Rural
Infant	B	N,O	J
Junior	C,E,F	M	D,I
Secondary	A,G	H,K,L	

Interviews were tape-recorded and later transcribed onto annotated interview transcript sheets.⁹⁴ These tape recordings were supplemented with short hand-written notes taken during the interview. Permission was always requested from the interviewees prior to the recording of the interview. Equally, all efforts were made by the interviewer to ensure that the participants of the study understood that anonymity of the schools involved would help to safeguard confidentiality.

This approach allowed for notes to be made in relation to points of interest, but it also meant that the interviewer's particular interests were not identified to the interviewee during the course of the interview. More importantly though, it allowed eye contact to be maintained with the interviewee and for the establishment of a more informal 'conversational' style between the interviewer and interviewees. This was felt to be beneficial, especially when discussing sensitive issues or attempting to extract further details from an individual. There had been some concern that the presence of a tape recorder would inhibit some interviewees, but this did not appear to be a problem for the participants.

Summary of Analysis and Interpretation in this Research:

The research proposed and used in this study made use of several methods of data collection, which combined to enable the researcher to arrive at a complete picture of the phenomena being studied.⁹⁵ It is also suggested by a number of commentators, that such a combination of tools affords the researcher greater opportunity to corroborate his findings. For instance, whilst the open ended interview may be difficult to tabulate, the freedom it potentially permits the respondent may result in more complete answers. However, it may not provide the researcher with all of the factual data that he requires and as such closed questioning techniques may also prove necessary. As Wise, Nordberg and Reltz state:

'We may say this, that depending upon the nature of the research project, a combination of methods for collecting data will be the researcher's greatest assurance that he is compiling a complete picture objectively.'⁹⁶

Consequently, this research study centred on the semi-structured interview technique. In addition, an awareness and appreciation of contemporary qualitative research techniques such as hermeneutics was seen as important.

⁹⁴ See Appendix to this study.

⁹⁵ This would appear to be in line with many other qualitative research studies.

The interpretation of the data was basically operated on two levels. First of all from the collation of respondents' perceptions and knowledge of child protection procedures within schools and its ramifications and secondly from respondents' attitudes towards various aspects of child protection work in their schools.

Once the data had been coded and subjected to an initial analysis, the researcher was then in a position to undertake higher order analysis and interpretation.⁹⁷ This occurred through the examination of the responses in light of the hypothesis and then key variable factors. The current child protection framework within schools was then examined primarily from a respondent type perspective, but also through taking note of school and pyramid of schools perspectives. The establishment of trends, patterns and consistencies or anomalies and inconsistencies were established by analysing and interpreting the data in accordance with the clustering of similar or dissimilar responses and not through the rigid confines of particular questions.

Overview of Research Methodology:

The research had the intention of examining the current framework in place within schools for the purposes of child welfare concerns. This included a look at the attitudes and beliefs of head-teachers and/or CPLTs within these schools and attempted to assess whether this framework could be utilised for the purposes of Part III of the Children Act 1989. In order to accomplish this, the researcher chose to adopt a survey method with individual semi-structured interviews as the vehicle for collating this information. It was recognised that a carefully structured and planned interview schedule was required.

The arguments expounded in this Chapter indicate the value position of the researcher to be primarily anti-positivist or humanist in nature. A position that leads naturally into illuminative or interpretative forms of research methodology. Phenomenological perspectives appeared to be the most appropriate avenue, particularly in a situation where personal contact with the respondents is to be of a limited nature and as such not allowing for in-depth analysis.

Equally, the use of personal interviews is ideal for qualitative research where the prime intention is to try and understand the beliefs and attitudes of the respondents, and then to make sense of the responses using logical analysis. As Wise, Nordberg and Reitz note:

⁹⁶ Op cit, n26, at p107

⁹⁷ Refer to the discussion outlined on p42-44.

‘By logical analysis we mean assigning meaning to raw data, by examining its logical relationship to hitherto established premises, by ascertaining the logical consistency of a set of facts, and by arriving at new conclusions inductively.’⁹⁸

Safeguards for both validity and reliability were incorporated into this research design and the arguments for both have been explored earlier in the chapter.

Subsequent analysis, higher level interpretation and extrapolation were all based on the strengths, clarity and appropriateness of the information derived from use of the interview schedules. The clustering of responses in relationship to the themes described in the hypothesis, and in particular to the four key variable factors, were facilitated by the appropriateness of the design of the interview schedule and justified the extensive work necessary at the pre-pilot and pilot stage of the research.

⁹⁸ Op cit, n26, at p108

CHAPTER 3

WHY SHOULD FAMILY SUPPORT BE EMPHASISED?

LESSONS TO BE LEARNT FROM ATTACHMENT THEORY AND APPROACHES TO 'PARTNERSHIP' WITH FAMILIES

'One hazard of treating abusers, within a culture that tends to view both offence and offender as despicable, is that clinical practice may be contaminated through assimilation of hostile cultural beliefs. To the extent that hostility toward sex offenders begins to permeate clinical practice, health care providers may engage in conduct denigrating to the client rather than fostering change in beliefs and behaviours. If treatment providers fail to respect the human dignity of clients, regardless of the deplorable nature of their client's conduct, the likelihood of significant change is greatly diminished.'¹

Prevention is said to be better than cure and whilst no one could disagree with this sentiment, there appears to have been some difficulty in implementing it in practice. However, beyond this generalisation, the exact methods of intervention remain somewhat clouded. In many respects, this may be attributed to the complexity of the area. A number of questions and issues arise with respect to what professionals hope to achieve in practice as well as the natural limitations that will be encountered. In this regard, one must acknowledge the fact that successful prevention not only requires changes to be implemented in the dynamics of abusive families but also within the social setting in which these families are located.² Equally, prevention necessarily relies upon the identification of those factors/behaviours that are to be prevented;³ an area that has led to a considerable degree of controversy in terms of what is actually being identified through the application of screening instruments.⁴ The collation of such information and its subsequent utilisation in the identification of 'need' or 'risk' will then influence the particular types/levels of preventive intervention that local authorities may undertake with families, as well as the effectiveness/appropriateness of such intervention in family life.⁵

As will be noted throughout this study, there is no one answer to the problem of child abuse. Indeed, it would be somewhat naïve to suggest otherwise. However, as Chapter 1 highlighted, an essential part of any childcare framework has to be to address the causes of poverty and

¹ W.D.Pithers, 'Maintaining Treatment Integrity With Sexual Abusers', p37, Criminal Justice and Behaviour, 24(1), 1997.

² Refer to the discussion outlined in Chapter 5 as well as the research data analysed in Chapter 8.

³ This may be even more problematic in cases of emotional or sexual abuse as opposed to instances of physical abuse.

⁴ Refer to the discussion outlined in Chapter 4.

⁵ Refer to the discussion outlined in Chapter 5.

stress⁶ that lead to family tension and disorganisation.⁷ In addition, the provision of crisis prevention and information programmes, which can locate and detect abuse at an early stage and which can help families during particular times of stress, would be desirable.⁸ In this regard, it is important to bear in mind a number of significant observations. First of all, the conclusion of *'Messages From Research'* that:

‘the need of the child and family is more important than the abuse or, put another way, the general family context is more important than any abusive event within it’.⁹

Secondly, the conclusions of Gibbons, *et al* with respect to the operation of filters within the current framework as outlined Chapter 1¹⁰ that in 44% of those cases investigated no further action was taken at all. Finally, it is worth considering King and Trowell’s observation that ‘the intervention of the law through adversarial based courts can be a clumsy instrument for determining matters of welfare’¹¹ and that in reality many cases need never come to court if adequate preventive facilities were made available. An approach that has been supported by commentators such as Lewis who suggest that ‘professionals, including paediatricians and teachers... need to be informed about the signs of abuse and neglect’¹² and that such information programmes should be directed toward the prevention of abuse when possible.

However, while it is clear that the abuse of children needs to be prevented, there are still a number of key questions/concerns that need to be addressed. Foremost amongst these is the concern associated with ‘heavy end’ cases, which has to date driven policies and procedures and influenced day to day practice and decision making. Consequently, we have witnessed a climate in which continuing uncertainty as how best to deal with high-risk situations has resulted in an increase in the regulatory framework within which professionals’ work.¹³ In this respect, Hearn observes that the development of this system has encouraged social workers towards child protection and away from assessing need or supporting families.¹⁴ This brings

⁶ A number of studies have noted parents to be showing psychiatric symptoms of stress at the time of abuse, notably depression and anxiety often treated with tranquillisers. (See: M.A.Lynch, J.Lindsay & C.Ounsted, ‘Tranquillisers Causing Aggression’, p266, British Medical Journal, 1, 1975).

⁷ A physical assault on a child can never be precisely predicted. It may be triggered off by a random event such as a broken washing machine.

⁸ For example, the use of day care facilities, part-time baby-sitting, single mother network systems and other social structures are potential devices capable of enabling families to reduce their stress levels.

⁹ Darlington Social Research Unit, ‘Child Protection: Messages From Research’, p54, HMSO, 1995.

¹⁰ Refer to discussion outlined in Chapter 1; See: J.Gibbons, S.Conroy & C.Bell, ‘Operating the Child Protection System’, London: HMSO, 1995.

¹¹ King & Trowell, ‘Children’s Welfare and the Law: The Limits of Legal Intervention’, Sage Publications, 1992.

¹² M.Lewis, ‘What Can Child Development Tell Us About Child Abuse?’ in K.Browne, C.Davies & P.Stratton (eds.), ‘Early Prediction and Prevention Of Child Abuse’, p7, John Wiley & Sons, 1988.

¹³ Refer to the discussion outlined in Chapter 1.

¹⁴ B.Hearn, ‘Putting Child and Family Support and Protection into Practice’, in N.Parton (ed.), ‘Child Protection and Family Support’, p225, London: Routledge, 1997. (This has been echoed by observations made by the National Children’s Bureau, which has found that practitioners express ambivalence about the heavy-handed approach to childcare that has developed but value the clear processes and credibility attached to it.)

us back to the fact that if professionals in the field are to '*lighten their touch*'¹⁵ then they require encouragement and explicit support. It is felt that this will only evolve when revisions in policy and procedure take place and when political backing for 'family support' is made explicit. As Hearn states:

'Measures will need to be established that highlights the value of a support and assessment approach to the majority of referrals.'¹⁶

This attitude is not surprising in the light of the child abuse inquiries discussed in Chapter 1. However, the '*Framework for the Assessment of Children in Need and Their Families*' may be seen as the first step towards the accomplishment of this goal, focusing attention upon the notion of 'need' as well as other key factors such as child development, parenting capacity and environmental factors.

Nevertheless, as this section will attempt to highlight child abuse is a disturbing problem that many find difficult either to understand or to sympathise with the families involved. In this regard Crittenden observes that extreme cases 'conspire to give us an image of maltreating parents as monstrous, sadistic adults who differ significantly from the rest of us.'¹⁷ Consequently, the response is frequently one of anger directed towards both the family and the professionals who failed to prevent it from occurring. However, the question needs to be posed as to whether such a response fails to appreciate the true purpose of childcare work. Where does the welfare of the child feature in this model? Is the punishment of the abuser automatically going to rectify the harm suffered by the child? As Bray observes, 'amidst all the prevarications, misconceptions and public vitriol, what of the child?'¹⁸

It is precisely these issues that reinforce the need to consider the application of Part III family support services and the re-balancing of the Children Act 1989 in practice. However, we must also attempt to address the concerns derived from extreme cases of abuse if an effective change in emphasis is to be achieved in the future. To what degree do we attempt to engage in therapeutic action with children, especially very young children? To what extent should we support/punish parents of children 'in need' and/or remove children from their families? Can

¹⁵ *Per* John Bowis, Under Secretary for Health, who called for changes in practice; 'a lighter touch'.

¹⁶ See: *Supra*, n14, at p225

¹⁷ P.Crittenden, 'Family and Dyadic Patterns of Functioning in Maltreating Families', in K.Browne, C.Davies & P.Stratton (eds.), 'Early Prediction and Prevention Of Child Abuse', p161, John Wiley & Sons, 1988.

¹⁸ M.Bray, 'Sexual Abuse: The Child's Voice', p36, Jessica Kingsley Publications, 1997.

family support services effectively accommodate situations where the caregiver is regarded as inherently 'wicked'¹⁹ and so avoid instances such as those highlighted in public inquiries?

Focusing Upon the Child

The prevention of abuse will not be achieved by blaming abusers. In itself, this is likely to be counterproductive and can usually be seen to serve the needs of the accuser rather than the needs of the victim. At the same time, professionals must be cautious of over-identifying with the parent's position.²⁰ The welfare of children must remain the focus of attention; 'moral condemnation of those involved is quite irrelevant to this objective'.²¹ Such condemnation focuses attention upon families, as the cause of their children's suffering and away from both the parents' parenting capacity²² and the social context that contributes to their behaviour; factors which are central to the new assessment framework.²³

There is an obvious need to treat children as 'persons rather than objects of concern'.²⁴ This applies not only with respect to obtaining an accurate picture of the child's world in terms of their wishes and feelings about it, but also by taking into account the cognitive ability of children, the attributions they make and their ability to conceptualise and to understand.²⁵ In this respect, consideration should be given to the type of intervention, which will benefit the child, for example, family support or eventual removal from the home. As we will see, it is not simply a matter of the abuse being terminated. Rather it is an issue of the way in which the behaviour is curtailed and the indirect effects that this has on the development of the child. Perhaps this dilemma may be attributed to the way adults view children, which could best be termed as 'adultcentric'.²⁶ By this the researcher refers to the way in which interpretations of a child's behaviour and perspectives are achieved through adults constructing notions of what they perceive to be a 'child', 'childhood' and children themselves.²⁷ There is a feeling that

¹⁹ Child abuse is rooted in the values and norms of our society and, as such, it is based on a value judgement. The offender can be either perceived as a criminal who has wilfully inflicted injury on a child or may be seen as a disordered person, or as one functioning in a disordered environment who merits treatment. (See: R.Nicol, 'The Treatment of Child Abuse in the Home Environment', in K.Browne, C.Davies & P.Stratton (eds.), 'Early Prediction and Prevention Of Child Abuse', p213, John Wiley & Sons, 1988). However, there is little doubt that a number of child abusers exhibit abnormal characteristics in so much as they may be defined as suffering from psychological dysfunctions. In 1978, Kempe & Kempe suggested that only 10% of offenders could accurately be labelled as mentally ill. (See: K.Browne, 'The Nature of Child Abuse and Neglect: An Overview', in K.Browne, C.Davies & P.Stratton (eds.), 'Early Prediction and Prevention Of Child Abuse', p9, John Wiley & Sons, 1988).

²⁰ Refer to the discussion outlined in Chapter 1.

²¹ P.Stratton, C.Davies & K.Browne, 'The Psychological Context of Predicting and Preventing Child Abuse and Neglect', in Browne, Davies & Stratton, 'Early Prediction & Prevention of Child Abuse', p292, 1988, John Wiley & Sons Ltd.

²² It will be noted throughout the study that a detailed picture of a family's dynamics is required in order to provide an appropriate programme of support, (i.e. strengths as well as weaknesses).

²³ Refer to Chapter 1, Figure 1.1, p22

²⁴ *Per* Butler Sloss LJ, Report of the Inquiry into Child Abuse in Cleveland 1987, Cm 412, HMSO, 1988.

²⁵ *Op cit*, n12, at p9

²⁶ See: C.Wattam, 'Adultcentrism and Child Protection', presented at the 8th International Congress on Child Abuse and Neglect, Hamburg, September 1990; J.Kitzinger, 'Who Are You Kidding? Children, Power and the Struggle Against Sexual Abuse' in A.James & A.Prout, 'Constructing and Reconstructing Childhood', London: Falmer Press, 1990.

²⁷ See: I.Butler & H.Williamson, 'Children Speak: Children, Trauma and Social Work', London: NSPCC/Longman, 1994.

child abuse work depends to a large extent upon the social construction of children and the ways in which children who are subjected to intervention are subsequently perceived as unfortunate cultural products and objects of 'interest'.²⁸ Being a child entails far more than being of a certain age, rather it includes a wide variety of features ranging from vulnerability, through to innocence and a lack of mastery of adult skills.

However, it is suggested that we are only just beginning to understand some of the psychological implications of abuse on children and how best to address them. Kitzinger suggests that implicit in the publicity surrounding child sexual assault is 'an assertion of what childhood 'really' is, or should be'.²⁹ She goes on to state that the notion of childhood innocence is problematic and in many respects counter-productive in that it presents an ideology of childhood which is used to deny children power. Another 'problematic' notion is that of the 'passive victim'. Kitzinger suggests that many children are actually far from passive in their response to abuse,

'although such tactics are rarely recognised by adults, children seek to evade abuse with all the resources they have of cunning, manipulateness, energy, anger and fear'.³⁰

The implication is that our definition of child abuse and related characteristics of abused children are frequently based upon these key constructs of childhood, which in turn influences how we approach the issue of intervention. Indeed, Blagg proposed that this has led to the emergence of notions of deserving and, perhaps more significantly, undeserving victims, which operate within the protection process. These are said to apply for children as well as adults, and influence the treatment that they ultimately receive from state agencies.³¹ The ultimate point being that if children do not fit the stereotype then they do not get seen.³² Kitzinger goes a step further by suggesting that once recognised as victims, these constructs of childhood produce a certain type of response. She states that:

'Activities that could be recognised as attempts to resist, or cope with abuse are, instead, labelled 'post-traumatic stress syndrome' or cited as evidence of deep psychic scarring. Such disease terminology obscures the child actively negotiating her way

²⁸ See: N.Parton, D.Thorpe & C.Wattam, 'Child Protection: Risk and the Moral Order', p96, Macmillan Press, 1997.

²⁹ J.Kitzinger, 'Who Are You Kidding? Children, Power and the Struggle Against Sexual Abuse' in A.James & A.Prout, 'Constructing and Reconstructing Childhood', London: Falmer Press, 1990.

³⁰ Ibid, at p162

³¹ See: H.Blagg, 'Fighting the Stereotypes - 'Ideal' Victims in the Inquiry Process', in H.Blagg, J.Hughes & C.Wattam (eds.), 'Child Sexual Abuse: Listening, Hearing and validating the experiences of Children', Harlow: Longman, 1989.

³² In this respect Blagg refers to the way in which children become, or crucially do not become, recognised as victims. He suggested that there appears to be widespread blindness when it comes to seeing child victimisation, and an incapacity to read the messages that children give.

through the dangers of childhood. She is recast a submissive object of victimisation even by the process of intervention and treatment.’³³

In relation to this, Parton, Thorpe and Wattam’s research revealed the existence of the ‘silent child’ rather than that of the submissive child outlined above. This term relates to the discovery that certain aspects of children, ‘the child’s voice’, were to a large extent missing within case files.³⁴ This is attributed to the fact that accounting for the child’s wishes/feelings other than in a descriptive manner is not perceived as being an ‘organisationally relevant matter’.³⁵ This leads us back to the scenario where children are being categorised as objects of concern and frequently remaining ‘silent’.

‘... the rationale for the way in which children are present in the files has to do with supporting the child protection task, of justifying actions taken and beliefs held.’³⁶

In many respects this body of research would tend to indicate that whilst we may take account of a child’s perspective during court proceedings, their *true* voice is often overlooked during debate as to what is in their best interests. Consequently we must consider whether we are accurately taking into account the wider psychological implications on a child of different types of intervention in family life. In essence, does it make a significant difference to the child as to the way in which abusive behaviour is curtailed? It is in this respect that greater emphasis should be given to the voice of the child as opposed to what we believe to be in the child’s best interests. In addressing this issue the researcher will examine the welfare of the child from two different perspectives, that of attachment theory in relation to the child and the debate as to the most effective way of working with families. The purpose of this is to generate a framework³⁷ within which to place ideas/concepts/notions as they arise throughout the course of the research study and to provide a backdrop against which to place recommendations arising from the research study in Chapter 9.³⁸

We will see that a child’s development, both socially and emotionally is for the most part determined by his early relationships. It will be noted later that when approaching vulnerable families, we should be enquiring about the ‘quality’ of attachments within the family unit.

³³ Op cit, n29, at p166

³⁴ See: Op cit, n28, at p98

³⁵ See: C.Wattam, ‘Truth and Belief in the Disclosure Process’, NSPCC Research Policy and Practice Series, 1991.

³⁶ Op cit, n28, at p98

³⁷ Refer to discussion on p66 in relation to the fact that Attachment Theory is not the only theoretical option that could have been utilised within this Chapter, but proved useful in terms of the specific focus of the research study in Chapter 8.

³⁸ It is worth reiterating the fact that this is not a socio/criminology research thesis. The material within this chapter has been introduced in order to provide a framework within which to place ideas.

From the perspective of the child's future wellbeing it is whether the attachment formed is secure, as this will have far reaching implications:

'It is known that these attachment patterns are likely to persist and affect new relationships ... the child will *actually shape new emotional environments to become similar to past environments*.'³⁹

Consequently, if the child takes with him the emotional and psychological baggage outlined above, then we must question whether the welfare of the child is necessarily being serviced in the majority of cases through child protection activities, as opposed to the use of Part III family support services.⁴⁰

By maintaining a focus on the child then a number of considerations necessarily come to the forefront of discussion. If a child's development is affected by the nature of his early relationships and these affect his '*internal workings model*',⁴¹ then attention must certainly be upon these. Rather than seeing the childcare process as predominantly centred on risk assessment and protection, greater emphasis should be placed upon enriching the child's attachments if at all possible. Otherwise, by the time circumstances have given rise to abuse the child is likely to be carrying with him the scars inherited from the abusive environment. This should certainly form a major consideration when catering for 'children in need'.

The latter part of this Chapter will focus upon the notion of partnership as well as considerations relating to the treatment of abusers and the area of motivational therapy. It will be noted that rather than punishing the offender, extracting the child or otherwise breaking up the family unit, the focus is upon motivating the abuser to explore his behaviour and take responsibility for change. If this is more effective, as research suggests, then it may provide indirect benefits to the child by way of an increase in the quality of his attachments and as such the child's future development.

It should also be noted that both of the considerations outlined above address the three key factors contained within the new 'Assessment Framework Triangle'.⁴²

³⁹ G.Schofield, 'Making Sense of the Ascertainable Wishes and Feelings of Insecurely Attached Children', p368, Child & Family Law Quarterly, Vol. 10 (4), 1998.

⁴⁰ However, there will undoubtedly be instances where a child will need to be taken into care and not to do so would prove prejudicial to his welfare.

⁴¹ Refer to the discussion outlined later on in this Chapter.

⁴² Refer to Chapter 1, Figure 1.1, p22

Children and the Importance of Their Attachments

There is a growing feeling that child protection work has become too preoccupied with whether or not an abusive event has occurred and the likelihood of its recurrence.⁴³ Whilst this will be explored in greater depth within Chapters 4 and 5, there is an argument that by simply referring to a family as being either 'abusive' in nature or 'at risk' over-simplifies the situation. More emphasis needs to be placed on understanding and working with the relationships that surround the alleged event.⁴⁴ As we will see, working with, rather than on, families may provide a key to meeting the needs of children who are at present put through the child protection system when the harm that they are actually at risk of experiencing is the result of 'need' as opposed to abuse. This will be examined in greater depth within the confines of Chapter 5, along with the potential role that the educational establishment may play in terms of helping to facilitate the support of families through the provision of information relating to family needs/concerns.

Equally, in order to shift our focus of attention towards the child, it may be necessary to reconstruct perceptions, categorisations and constructions of children in day to day child welfare practice.⁴⁵

'Not just to look at alternative childhoods across cultures, but to look at alternative constructions within our own cultures.'⁴⁶

In order to re-think these constructions, we need to be aware of how the child is thinking and feeling within the family environment. In examining a family's relationships and their implications upon the child, attachment theory and its associated research on secure and insecure attachment patterns⁴⁷ provides a useful insight into the impact of abuse and separation. It must be acknowledged that attachment theory is not the only theoretical option but it does seem particularly helpful in explaining the family relationships emphasised within the Children Act 1989.⁴⁸

⁴³ While the majority of children referred into the child protection system do remain with their families, Parents Against Injustice (PAIN) and the Family Rights Group tell us that the process of investigation further damages children and their relationships when it is experienced as abusive in its own right.

⁴⁴ See: Op cit, n14, at p225

⁴⁵ If one looks at A.Solberg, 'Changing Constructions of Age for Norwegian Children', in A.James & A.Prout, 'Constructing and Reconstructing Childhood', London: Falmer Press, 1990, then we see how children are perceived differently in Norway in terms of responsibilities and others in the family. There it is not unusual for children of 10 to be in the home alone and preparing the family tea before the adults return.

⁴⁶ Op cit, n28, at p121

⁴⁷ For two useful summaries of the research see: D.Howe, 'Attachment Theory for Social Work Practice', Macmillan, 1995; Howe, Brandon, Hinings & Schofield, 'Attachment Theory, Child Maltreatment and Family Support: A Practice and Assessment Model', Macmillan, 1998.

⁴⁸ Refer to discussion on p64 above. Also refer to the Conclusion.

Almost all children will have formed an attachment of some kind to a significant caregiver, whether this is a birth parent or substitute carer. Equally, the quality of care will inevitably vary across the board, from being 'good enough'⁴⁹ to that of abusive. These elements are not at the fore of discussion at this point. What is significant for a child's future wellbeing is the quality of attachment formed and whether it is secure.⁵⁰ It is these secure attachments which will enable a child to develop socially, emotionally, intellectually and behaviourally.⁵¹

Insecure attachment patterns are not in themselves indicators of abuse or neglect. However, the links in terms of the impact on children's development between parenting, which leads to more seriously insecure attachment patterns and parenting which is known to be abusive or neglectful have proved a particularly important area of research.⁵² This is significant for two reasons. First of all, many children whose wishes and feelings are currently being taken into account by courts have insecure attachment patterns derived from insecure attachments to caregivers during infancy. Secondly, Schofield suggests older children who have remained with those caregivers through their pre-school years are likely to have had such early experiences 'confirmed and reinforced by subsequent experiences'.⁵³ It is this latter point which is of particular interest, in that if early attachment patterns are left unchanged then the child's internal working model will have been reinforced. However, there is a suggestion that if this cycle is altered, and the attachments 'enriched', then a child's perceptions and expectations may be modified.

Children and Their Internal Working Models

An essential part of understanding attachment theory is the idea of internal working models which children develop with respect to both themselves and others.⁵⁴ Belsky and Cassidy state that central to this working model is the idea that over time, 'there is an inextricable intertwining of the working model of the self and of the attachment figure.'⁵⁵ The implication being that a child whose attachment needs are ignored or rejected not only develops a 'model' of his mother as rejecting, but also perceives himself as 'unlovable' and unworthy of

⁴⁹ The issue of what is 'good enough' is one which is still hotly debated. A Child Concern seminar entitled, 'Parenting - What is 'Good Enough'?' in Manchester, 28/01/99, involved various professionals discussing the range of support and treatment packages available and ways in which parenting skills might be improved.

⁵⁰ See: Bowlby, 'Attachment and Loss', Hogarth Press, 1969, 1973, 1980, Vols. I, II, III.

⁵¹ Developmental areas which also coincide with the Children Act 1989 definition of harm. See Children Act 1989, section 31.

⁵² See: M.Crittendon & M.Ainsworth, 'Child Maltreatment and Attachment Theory', in D.Cicchetti & V.Carson (eds), 'Child Maltreatment: Theory and Research on the Causes of Child Abuse & Neglect', Cambridge University Press, 1989; George, 'Representational Perspective of Child Abuse and Prevention: Internal Working Models of Attachment and Caregiving', p411-424, Child Abuse and Neglect, 20(5),1996.

⁵³ Op cit, n39, at p367

⁵⁴ The internal working model may be summarised as a set of expectations derived from early caregiving experiences concerning the availability of attachment figures, their likelihood of providing support during times of stress, and the self's interaction with those figures that affect all future close relationships.

attention. The converse is said to apply to those children who develop within a loving and caring environment. Belsky and Cassidy go on to say that:

‘It is a presumption of contemporary attachment theory that working models become so deeply ingrained that they influence feelings, thought and behaviour unconsciously and automatically. They do this, according to Bowlby, by directing the child’s attention to particular actions and events in his world, by shaping what the child remembers and does not and, thereby, by guiding his behaviour towards others and, thus, theirs towards him.’⁵⁶

The attractiveness of this concept is that it helps us understand the impact of early relationships on present relationships and behaviours in that children filter new relationships through their internal working model, which has been derived from past relationship experiences.⁵⁷ If self-esteem and a sense of self-efficacy are low,⁵⁸ then this will affect the way in which he will operate in new relationships and his ability to take advantage of new caring relationships. In other words, if a child expects other people to be rejecting then this expectation will be superimposed on neutral or even nurturing behaviours by others and interpreted accordingly. This will in turn dictate the way in which he is likely to feel about them and react towards them. If a child ‘*thinks*’ that people are likely to be aggressive or violent towards him then he is likely to ‘*feel*’ frightened or angry or both.

However, in addition we must take account of the child’s expectations of others. These will also have a significant effect on his behaviour in so much as he will ‘actually shape new emotional environments to become similar to past environments’.⁵⁹ In the course of their research Sharland *et al* came across this type of behaviour. The following extract is taken from a foster parent describing the profound impact of an 11-year old girl’s destructive behaviour on the rest of the foster family:

‘Initially I soldiered on thinking “Well, when we get to R (psychologist) I’ll get help”. But then, having said that of course, I had the second incident in the morning, with T (abused foster child) saying “I’m going to kill the bloody lot of you” and E (own child) saying “I’m going to kill you”. The kids were in despair. The second time, I’m on the phone again, saying to the social worker “Where’s the help for this child? ... DO SOMETHING.” ... That’s something I feel very angry about. I feel that if she had

⁵⁵ Belsky & Cassidy, ‘Attachment: Theory and Practice’, in Rutter & Hay (eds.), ‘Development Through Life’, p379, Blackwell Science, 1994.

⁵⁶ Ibid, at p379

⁵⁷ Op cit, n53

⁵⁸ Key elements in the model of the self.

⁵⁹ Op cit, n39, at p368

had help earlier, and we had not been absorbing the anger with her, and the social worker said we were coping. OK I was coping, but the mere fact I was coping denied her the help she obviously needed, and that was very wrong.’⁶⁰

It would appear that the insecurely attached child who is faced with kindness from a new caregiver but who anticipates hostility will likely to be distrustful and may even be aggressive. The unfortunate result of this may be that over time, the new caregiver’s behaviour is likely to switch, out of frustration or anger and the child may very well experience the rejection he has feared all along.⁶¹ This will have the knock-on effect of effectively confirming and reinforcing his internal working model. Not only will an opportunity to develop in a stable environment be lost, but so will the chance to alter his internal working model. If such a state of affairs persists, then not only will he feel unloved but will believe himself to be unlovable. A situation, which is developmentally detrimental and quite clearly should come within the definition of a child in need.

Attachment theory ultimately highlights the fact that the way in which a child thinks affects the way in which he feels and as such affects the way in which he behaves. When dealing with a vulnerable family, we often only know how a child behaves and we have to make these connections if we are to understand how they feel and how they think.⁶² As such when deciding upon which type of intervention is most appropriate, we should not only be considering the child’s relationships with significant caregivers, but also the child’s attachment pattern. In essence, we need to know what a child may be taking with him, in terms of his internal world and his attachment pattern. Attempts to address this concern have included a number of research studies focusing upon projective story completion tests⁶³ as a way of examining children’s mental representations of families, identifying their internal working models and determining their attachment patterns.

Schofield suggested that identification of the child’s attachment pattern could assist in the prediction of outcomes in new families or in the clarification of the parenting task⁶⁴ which lays ahead for the new family.⁶⁵ Such an approach has an equally valuable application at an

⁶⁰ E.Sharland, H.Seal, M.Croucher, J.Aldgate & D.Jones, ‘Professional Intervention in Child Sexual Abuse’, p138, London: HMSO, 1996.

⁶¹ Op cit, n39, at p368

⁶² These ideas and feelings which exist at the level of mental representation of the self and the world around them will affect the account which children give of themselves when professionals attempt to ascertain their wishes and feelings.

⁶³ Story completion tests use family figures and scenarios, such as the child hurting himself or separation from parents, which raise attachment issues and provoke anxiety and need to be resolved in some way. The way in which the story is completed by the child enables him to be classified according to the four basic attachment patterns: secure, avoidant, ambivalent and disorganised. For example, see: Solomon, George & Dejong, ‘Symbolic Representation of Attachment in Children Classified as Controlling At Age 6: Evidence of Disorganisation of Representation Strategies’, p447-464, Development and Psychopathology, 7, 1995.

⁶⁴ Who will need to shift the child’s insecure attachment pattern to a more secure attachment pattern.

⁶⁵ Supra, n61

earlier stage, where professionals intervene in family life with considerations of children's welfare, need and family support.

It is acknowledged that Part III of the Act envisages a supportive role for the state, 'intervening in the private domain as facilitator, not intruder or policeman.'⁶⁶ The question remains though as to whether effective intervention may take place if a conceptualised picture of vulnerable families with children in need is being taken, as opposed to focusing upon the specific characteristics of the child and family relationships in question? If we are effectively to support a family and enable the child to develop then we must be aware of which areas to concentrate help upon, such as parenting skills or perhaps the 'enrichment' of attachments through the possibility of therapy for the caregivers. If we ignore these quite significant details then there is the risk that such support will prove ineffective, failing altogether or simply feeding the needs of the parents rather than those of the child.⁶⁷ It is important to recognise that the effects of maltreatment upon children will vary from case to case.

In this respect, it may be seen that prior to the implementation of the '*Framework for the Assessment of Children in Need and Their Families*', professionals were not actively encouraged to adopt such an approach in practice. As Chapter 1 outlined, the predominant emphasis was placed upon making 'defensible' decisions derived from the adoption and utilisation of child protection procedures.⁶⁸ By contrast, the new assessment framework would appear to place an obligation upon local authorities to enquire into the very issues outlined above. The 'Assessment Triangle'⁶⁹ emphasises the importance of considering a child's developmental needs, the parenting capacity within the family unit as well as family and environmental factors that may impinge upon the workings of that family. However, it should be noted that the success of the approach advocated by the new framework depends to a large extent upon the way in which it is implemented on a day to day basis at a local level.⁷⁰ As both Chapters 7 and 8 will highlight, local authorities are currently generating their own individual responses to the new procedures. Unless they are encouraged to break away from a number of the practices and assumptions, which arose under '*Working Together*' and the 'Orange Book', then the framework's true potential may not be realised. In many respects, this links back to the main focus of the thesis and the role that information available through

⁶⁶ Op cit, n60 at p13

⁶⁷ See: M.Hayes, 'Child Protection: From Principles and Policies to Practice', CFLQ, 10(2), p131, 1988, in which she comments on the abuse of such services. '... with hindsight it can be seen that L was only using those services which advanced her own needs rather than the needs of her children. She almost certainly placed the children with a child-minder so that she could engage in prostitution.' In this instance it is quite clear that the focus of service provision had been hijacked by the mother. What of the welfare of her children? Had they truly been the main focus of state support, or was the 'throwing of money' to this woman a last resort because they had run out of alternative ideas or approaches?

⁶⁸ Also refer to the discussion outlined in both Chapter 5.

⁶⁹ See: Chapter 1, Figure 1.1, p22.

⁷⁰ Refer to discussion outlined in Chapter 1, p17-21.

schools may have to play within the childcare framework. As Chapter 4 will highlight, the way in which such information is utilised in practice will be central to the framework's success. Professionals need to move away from the utilisation of such information in pursuance of existing practices and procedures (i.e. risk assessment) and acknowledge the limitations of predictive criteria and screening filters. In other words, it must be used to highlight children and families 'in need', to gain an impression of their circumstances, problems or concerns and, with the welfare of the child as the main focus, used to help in the support of these families 'in need'.

Understanding the Links between Attachment and Parenting

For childcare professionals, it is essential that they understand the links between attachment and abusive or neglectful parenting.⁷¹ Examination of the child's behaviour and interaction with others will enable them to assess the child's model of the world around him. Children develop the ability to explore their environment confident in the knowledge that the attachment figure will be there if needed. The emotional security enables the child to use his energies in order to learn and grow rather than be preoccupied with anxiety.⁷²

Fahlberg⁷³ describes the process of forming a secure attachment as a cycle that relies on the parent being sensitive to the signals of the child when he communicates physical or psychological needs (Figure 3.1). These cycles reflect what are the earliest forms of 'conversation', leading to synchronicity between adult and child. The expression of need and sensitive responses, followed by the relaxation of tension, forms a predictable rhythm or pattern. Out of the repetition of such cycles over time comes the child's sense of *trust* in the predictability of the parent and the use of the parent as a secure base, someone who can be relied on to be available physically and emotionally. As Howe puts it, the child will begin:

'to structure and organise his own experience using the psychological scaffolding and experiential trelliswork initially provided by his mother.'⁷⁴

To put it another way, the qualities of the child's relationship with his prime caregiver (Winnicott's⁷⁵ 'good enough' parent), become internalised and subsequently begin to define elements of the child's own personality. It is from these initial relationships that children

⁷¹ See: Crittendon *et al*, Op cit, n52

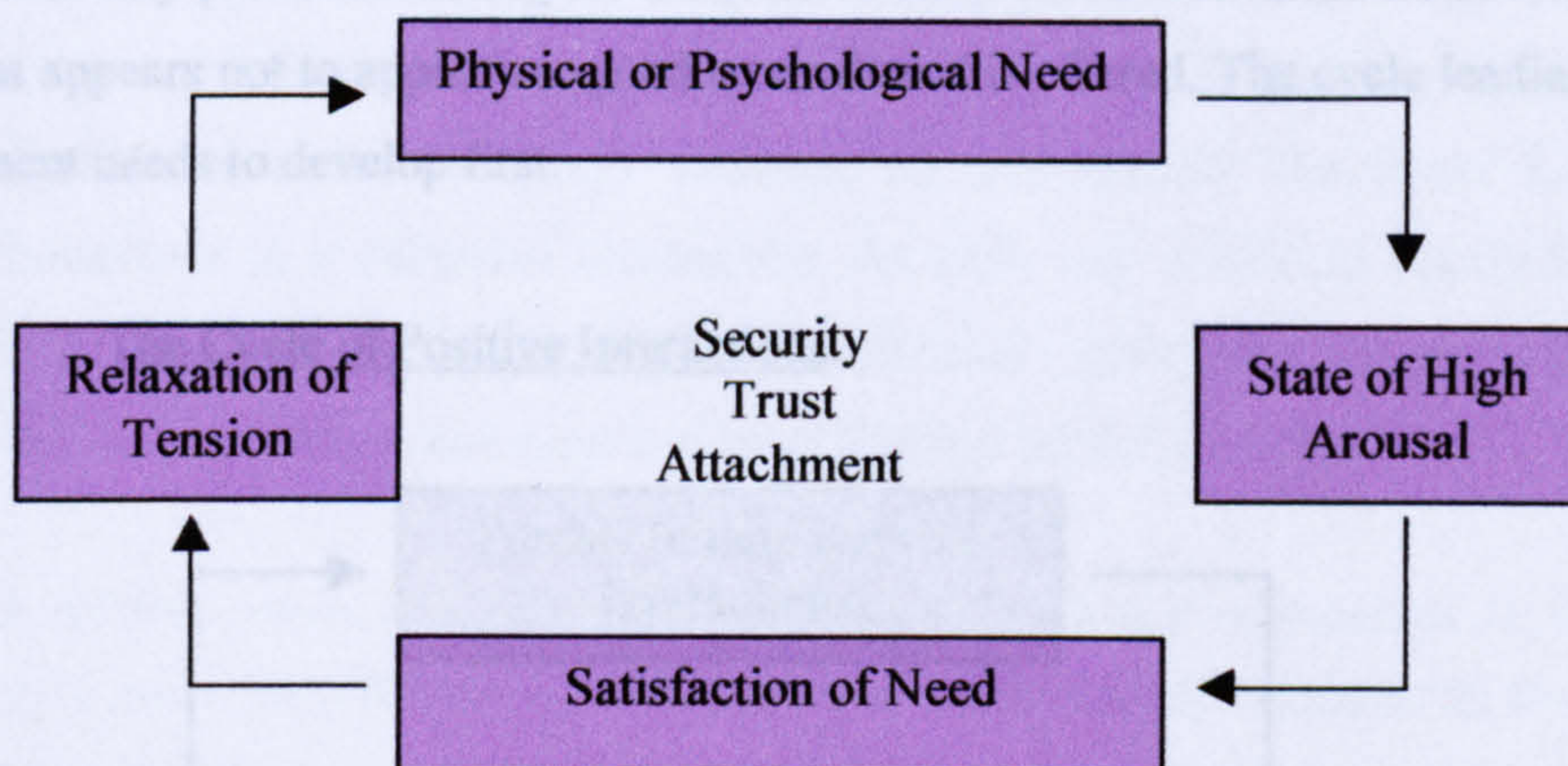
⁷² As we saw in Chapter 1, the pattern of relating develops into an 'internal working model'. Here the child has a model of self, others and the relationship between them that carries over into future relationships inside and outside the family. See: Howe *Infra*, n74

⁷³ V.Fahlberg, 'Fitting the Pieces Together', London: BAAF, 1988.

⁷⁴ D.Howe, 'Attachment Theory for Social Work Practice', p73, Macmillan, 1995.

develop the internal working models, which we have already discussed above. The self, (formed in its relationship with others), then seeks to make sense of other people based on its understanding of its own self. The ways other people view, define and treat the child are significant features of the relationship, which a child has to model if he is to try and make sense of what is going on.⁷⁶ It is important to note that if a child is ‘modelling’ a relationship that is ‘regular, consistent and responsive’⁷⁷, then the model itself will reflect these qualities. The important element to stress here is that within reliable relationships, the child is able to build up a ‘central, subjective experience of self as something which is solid, permanent and above all potent’.⁷⁸ Consequently, our emphasis should be upon supporting an environment, which encourages the development of reliable relationships, and as such the wellbeing of the child. We will see later on in Chapter 5 that this is linked with the concept of ‘permanence’.⁷⁹

Figure 3.1: Arousal – Relaxation Cycle:



Observation of these relationship patterns allows professionals to be alert to what may be going wrong in the early stages of emotional development,⁸⁰ but the cycles can also be used throughout childhood as a way of making sense of parent-child relationships and identifying difficulties.⁸¹ A state of ‘*high arousal*’ where needs are not met, could for example take the form of a crying baby, a toddler having a tantrum or even a teenager who is out of control.

⁷⁵ D.W. Winnicott, ‘The child, the family and the outside world’, Penguin Books, 1964.

⁷⁶ See: M. Rutter & M. Rutter, ‘Developing Minds: Challenge & Continuity Across the Life Span’, p102, Penguin, 1993; in which they state that ‘there is every reason to suppose that from the 2nd year on, experiences are internalised in some way and incorporated into organising self-concepts. It is also evident that, with increasing age, these concepts grow in complexity, abstractness and ability to include ambivalent and conflicting feelings.’

⁷⁷ Op cit, n74, at p74

⁷⁸ Ibid

⁷⁹ See: P. Marsh & J. Triseliotis (eds), ‘Prevention and Reunification in Child Care’, p5, Batsford, 1993. In which Triseliotis defines the concept of permanence as aiming to ‘promote the child’s physical, social and psychological wellbeing through providing consistent care [and] stable relationships’. For discussion see Chapter 5 (p120-123).

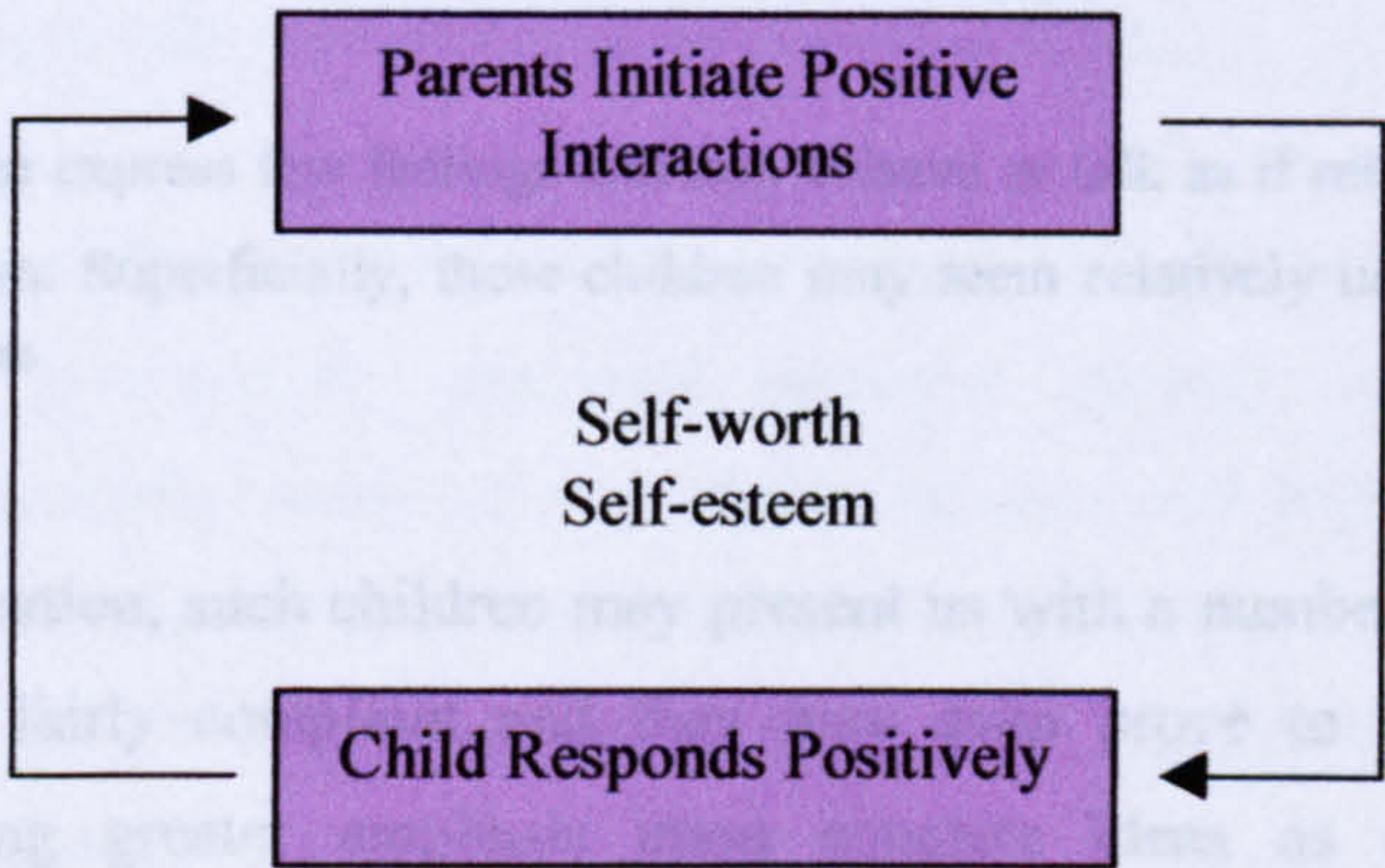
⁸⁰ This will particularly be the case during the first year of life. (See: M. Rutter & M. Rutter, ‘Developing Minds: Challenge & Continuity Across the Life Span’, p102, Penguin, 1993).

⁸¹ In later sections I will examine support work undertaken by social workers and health visitors, which uses attachment as a central concept in order to identify any problems being experienced by the child and his family. I will then use this in my later examination of the potential role to be played by teachers in the childcare framework.

When parenting is neglectful or rejecting, young children may cease to communicate needs. For instance, when babies are extremely neglected from birth, they may initially be fretful and cry a great deal, but they are quite rapidly likely to become extremely passive, quiet and flat emotionally.⁸² As such they may sleep for the majority of the day and not demand to be fed. From a professional point of view, a ‘good’ baby who fails to gain weight must be carefully observed and assessed, and is an issue which I will discuss in greater detail later on.

It is also important to note that a parent or caregiver should also be initiating interactions, which give children positive feelings about themselves (Figure 3.2).⁸³ Significantly, where children are not experiencing positive interactions with parents or caregivers, their self-esteem suffers. Social workers may find that, for children who have experienced a lack of responsiveness to expressed needs as in the ‘Arousal-Relaxation’ cycle then offers of kindness or positive comments are not trusted. As we have already seen, foster carers also find this, and it may prove frustrating for them that a child who comes from an adverse family environment appears not to appreciate good care when it is offered. The cycle leading to trust and attachment needs to develop first.

Figure 3.2: The Cycle of Positive Interactions.



Securely and Insecurely Attached Children

Secure attachments are seen as the ultimate goal of healthy development. In this respect children who have received responsive parenting throughout infancy are likely to have developed secure attachments with their caregivers. This in turn will facilitate all aspects of their development, allowing them to perceive themselves as valued and effective and

⁸² M.Brandon, G.Schofield & L.Trinder, ‘Social Work with Children’, p42, 1998, Macmillan Press.
⁸³ See: Op cit, n73

relationships as ‘reliable and predictable’.⁸⁴ Consequently, ‘the internal working model of the securely attached child, frees the child to explore, to learn and to make choices.’⁸⁵

By contrast those children who come to the attention of social services as being in need or at risk of significant harm are more likely to have been subjected to poor parenting and as such developed insecure attachments with their caregivers. This in turn will lead to a number of very different internal working models. It is suggested that each pattern of insecure attachment in children will derive from a particular kind of parenting and the defensive strategy developed by the child in order to cope with it. These patterns may be divided into the traditional ‘avoidant’ and ‘ambivalent’ ones as well as the relatively recently identified ‘disorganised’ attachment strategy.

‘Avoidant’ attachments in children are said to develop in response to parents who actively withdraw from and reject the child or attempt to control the child because they cannot deal with the emotional demands being made on them. Consequently, in response to the parent’s dismissive attitude towards the child’s feelings, he will literally deactivate his normal attachment behaviour as a defensive mechanism. As such, any emotional demands that the child may have placed on the parent will be ‘deactivated’, generating the promotion of an inward and self-reliant attitude and suppression of feelings for relationships.

‘Such children express few feelings and may behave or talk as if relationships do not matter to them. Superficially, these children may seem relatively unharmed by their experiences.’⁸⁶

In terms of identification, such children may present us with a number of difficulties. Public behaviour may be fairly compliant and they may even prove to be quite successful at schoolwork, (placing greater emphasis upon concrete ideas as opposed to feelings). Significantly in response to story completion tests they ‘immobilise the attachment system by systematically scanning, sorting and excluding fear, pain and sadness from conscious awareness.’⁸⁷ Consequently, discussions with such children about what makes them happy or sad may prove unproductive in terms of identifying their possible needs.

By contrast, ‘ambivalently’ attached children develop within an environment where their parents may be described as unpredictable and insensitive to their needs, proving

⁸⁴ See: Op cit, n74

⁸⁵ Op cit, n39, at p368

⁸⁶ Ibid, at p369

⁸⁷ George, Op cit, n52

'inconsistently responsive' to their demands.⁸⁸ Consequently, these children will continually activate attachment behaviour in an attempt to force the parent to become more emotionally available to them. This may range from that of clinging behaviour through to that of being angry or overly demanding. The child's logic being that if the parent is occasionally available then there is a reasonable chance of receiving emotional attention. Once again it is noted that:

'It is important to bear in mind that common sense or superficial observations will not allow us to reflect accurately on the child's emotional state or to understand his thoughts and feelings.'⁸⁹

Consequently, such children may exhibit a range of behaviour from that of anxiety at the thought of separation, to provocative or hostile displays towards his parents. It is important that such displays are seen in the context of his defensive strategy. Often the child is trying to achieve closeness through manipulating the relationship, in effect using emotional blackmail.⁹⁰ When approaching such children, we must ensure that we place their views and behaviour in the context of the 'confusing' relationships that they will certainly have experienced. A closer examination and appreciation of the child's domestic environment is an essential part of any strategy to help the child and address his welfare. It is of particular relevance when attempting to identify children in need at a far earlier stage, than when there are more concrete signs with which to substantiate our concern.

The most recently identified grouping is that of 'disorganised' attachment behaviour, in which children have no ascertainably organised defensive strategy with which to protect themselves.⁹¹ Consequently, many display highly anxious and highly aroused behaviour, without any means of regulating or controlling their feelings, essentially illustrating little coherence in terms of attachment behaviour. It has been found that such patterns develop where parents exhibit one or more of the following:

'Experiences of unresolved losses or trauma in their childhood; serious affective disorders such as severe depression; the misuse of alcohol or drugs; maltreatment of their children physically, emotionally or sexually.'⁹²

⁸⁸ This group is also referred to as possessing 'resistant' attachment and may be characterised by infants who remain close to the parent before departure and display angry, resistive behaviour when she returns.

⁸⁹ Op cit, n39, at p370

⁹⁰ Such children may be initially very rewarding to the professional who hopes to help them and ascertain their wishes and feelings. They may be made to feel a very important influence within the child's life, being confided in and trusted. This 'seductive' strategy is one with which professionals must be careful to resist initial impressions and superficial observations.

⁹¹ Researchers have found that at reunion, these infants show a variety of confused, contradictory behaviours. For example, they might look away while being held by the parent or approach her with flat, depressed affect. In addition, they appear to communicate their disorientation and apprehension with a dazed facial expression. Significantly, they are believed to reflect the greatest insecurity.

⁹² Op cit, n39, at p373

Significantly, this third form of insecure attachment is likely to be that of around 80% of maltreated children.⁹³ Indeed, Gibbons *et al* found that ‘abused children were more likely to show behavioural problems at home and school, had greater difficulty with friendships and scored lower on certain cognitive tests.’⁹⁴ Children have no way of resolving the anxiety that arises when the caregiver who should enable the child to resolve this stress, is himself the source of that stress and anxiety. This has been described as similar in nature to that of being caught in the headlights of an oncoming car, ‘stunned, frightened and unable to move, make choices or defend himself.’⁹⁵ If this is the case then we would appear to have certain characteristics to utilise as a starting point when considering the possible role of teachers in the child care process.

Implications for Intervention

If we turn back to ‘*Messages From Research*’, a central concern highlighted by the data was that certain cases, (particularly those of ‘emotional neglect’) are quickly and inappropriately filtered out of the system at an early stage.⁹⁶ As a response to this the research overview recommended a reconstruction of the system so that such cases receive services and support; an approach which is certainly endorsed in a number of respects by attachment theory. First of all we must be very clear that listening to a child is a much more complicated process than simply obtaining a view from him about how he feels or how we think that he may feel. The very fact that children suffering from emotional neglect are being overlooked implies that we are still not fully sensitised to the needs of children.⁹⁷ This may be due to the fact that we are still too preoccupied with the constructs and stereotypes which both Kitzinger and Blagg refer to in their research.

A more comprehensive and subtle approach is required when approaching families, otherwise there is the risk of obtaining an inaccurate picture not only of the dynamics of the family unit but more specifically of the welfare needs of the child. The result may be that we either over-react when faced with ‘ambivalent’ or ‘disorganised’ children or ignore the needs of ‘avoidant’ children who appear to be coping well. As such, there is a need to understand the psychological complexity of children, in particular to the internal world of the child. To some degree this is supported by Sharland *et al* who found that the needs of children were, in several respects, not being met by the present system of intervention. They state that ‘many

⁹³ See: Op cit, n74

⁹⁴ J.Gibbons, B.Gallagher, C.Bell & D.Gordon, ‘Development After Physical Abuse in Early Childhood: A Follow-up Study of Children on Protection Registers’, HMSO, 1995.

⁹⁵ Op cit, n39, at p371

⁹⁶ Darlington Social Research Unit, ‘Child Protection: Messages From Research’, HMSO, 1995.

⁹⁷ Refer to the discussion outlined in Chapter 9 and the Conclusion.

children were suffering depression, and had residual difficulties and needs up to one year after referral; some even deteriorated over the year.⁹⁸ Their conclusion was that a single assessment at the start of intervention misses a significant minority of children who deteriorated over the year and recommended that further assessment and provision of help were both required.⁹⁹

Second, it is essential to bear in mind that it is not only the child's emotional state but also his capacity to make sense of experiences, which is damaged. This will not only affect his capacity to make sense of events but also his ability to benefit from the alternative forms of intervention we may make available.¹⁰⁰ Though this will of course be dependant upon the type of abuse which has been experienced. For instance, whilst psychological evidence suggests that children suffer in an environment of low warmth and high criticism, it has been suggested that professional intervention in these situations 'is seldom necessary or helpful'.¹⁰¹ The provision of support may address a number of the family's problems, without the need for more formal methods of intervention.¹⁰² By contrast if a child has suffered sexual abuse and blames himself, then intervention will frequently take on a different emphasis. Whilst a care order and removal of the abuser or child may very well be seen as essential for his welfare, we must still be conscious of the fact that his internal model will have been 'prejudiced', affecting his response to the care offered by the remaining caregiver or foster carers.

In this regard, it is worth posing the question of whether a child who is extracted from his family has his internal perception of himself as unlovable confirmed or even reinforced by the fact that he has to be separated from parents who do not love or care for him. In addition, Summit's '*Accommodation Syndrome*'¹⁰³ has described how victims internalise the abuser's distorted messages, blaming themselves for being abused and so becoming psychologically entrapped and accommodated to the abuser. As Salter states, 'when the touching stops, the [psychological] abuse may not.'¹⁰⁴ Without treatment and the full support of a non-abusing parent, a child is vulnerable to continuing psychological abuse. This is an issue, which will be returned to later on, but it would tend to point towards the need for a comprehensive family assessment if the best decisions are to be made.

⁹⁸ E.Sharland, H.Seal, M.Croucher, J.Aldgate & D.Jones, 'Professional Intervention in Child Sexual Abuse', p199, London: HMSO, 1996.

⁹⁹ Over half the children receiving no post-investigation intervention were depressed at 3 months; Ibid, at p186

¹⁰⁰ Op cit, n39, at p364

¹⁰¹ Op cit, n96 at p54.

¹⁰² Though there will eventually come a point where, if these problems endure, then some external support will be required.

¹⁰³ R.Summit, 'The Child Sexual Abuse Accommodation Syndrome', p177-193, Child Abuse & Neglect, 7, 1983.

¹⁰⁴ A.Salter, 'NOTA Conference Proceedings', Dundee, 1992.

Finally, attachment theory demonstrates that ‘troubled children’ in crisis very often and very understandably present entirely conflicting evidence of their wishes and feelings. This may be the result of the particular attachment pattern exhibited by the child or a conflict of duty/loyalty to his parents. As such a child may express hopes to return home and to be with a parent but for that parent to change.¹⁰⁵

‘The often ‘just pretend’ plots were characteristically of naughty people being rude, doing naughty things to little people. Then suddenly a hero would arrive to mete out justice ... Typically too, the offending grown-up might be offered a second chance.’¹⁰⁶

The Act’s emphasis on the rights of children and the importance of involving them in decision-making processes cannot be ignored in these matters. However, it is important that a comprehensive and sensitised approach is adopted when approaching families and children. Equally, in the light of Gibbons *et al* and King and Trowell’s views, we must also consider during this process whether a child can be helped to remain safely supported within his family environment, rather than automatically implementing child protection procedures.

Approaches to the Issue of Partnership.

As outlined at the beginning of this chapter, decisions regarding children and the effective promotion of their welfare depend as much upon our approach to children as they do on our attitudes towards child abusers. This is reflected in the fact that just as there are prevailing constructs of what adults perceive to be ‘abuse’ and the experience of ‘abused children’, so there are stereotypes of what normal individuals consider abusers to be like. Not only does this have a significant bearing upon how offenders are dealt with, but it also has an increasingly detrimental effect upon how ‘partnership’ is conducted with vulnerable families.¹⁰⁷ Whilst child abuse is a disturbing problem and there can be no excuse for it, there are certainly reasons for its occurrence. Consequently, it is unfortunate that public outrage focuses attention on presumably ‘bad’ individuals as the cause of their children’s suffering, at the expense of critically examining the social context supporting or contributing to their behaviour and circumstances.¹⁰⁸ How then should we approach work with vulnerable families

¹⁰⁵ See: Schofield & Thoburn, ‘Child Protection: The Voice of the Child in Decision Making’, Institute of Public Policy Research, 1996 in which the authors agree that it is necessary to engage with the apparent paradox that children’s wishes and feelings must be taken seriously and yet seen as complex and potentially contradictory. The solution to the paradox, they suggest, is for professionals to be committed to children’s rights to welfare and participation, to be knowledgeable about children’s development and the impact of maltreatment and to be skilled in working with children face to face.

¹⁰⁶ Op cit, n18, at p39

¹⁰⁷ See comments in Introduction (p2) that there are feelings that prevention is increasingly moving over to detection and suspicion is developing into investigation. (See: M.Lynch, ‘Child Protection: Have We Lost Our Way?’, p17, Adoption & Fostering, 16(4), 1992.

¹⁰⁸ Our rather ‘punitive’ approach could be said to derive from the fact that it acts as a deterrent for other child abusers. Unfortunately this is quite obviously not the case, with statistics suggesting a dramatic increase since the early 1970’s. For

and potential child abusers? In some respects, the '*Framework for the Assessment of Children in Need and their Families*'¹⁰⁹ has attempted to accommodate a number of these considerations. If one refers back to the Assessment Framework Triangle, it may be seen that professionals are required to focus not only on a child's development, but also social and environmental factors as well as parenting skills.¹¹⁰ This would appear to encourage agencies to place greater emphasis on working *with* rather than *on* families. An attitude, which as Chapter 5 points out, lies far more comfortably with the partnership philosophy incorporated into the Children Act. In addition, the Act encourages an approach to childcare based on '*negotiation*' with families¹¹¹ as well as the importance of '*supporting*' families with children 'in need', both of which would appear to be key aspects of the new assessment framework.

However, as noted in Chapter 1, this has not been the case with procedures still gravitating towards the idea of identifying and investigating cases of 'risk'. As Parton *et al* point out, work in this area still appears to be framed and constituted in terms of child protection:

'We now have child protection strategy meetings, child protection case conferences, Area Child Protection Committees and child protection registers. Similarly, most social services departments have child protection officers and teams as does the NSPCC, while many health authorities and police forces... have staff specifically designated as specialising in child protection.'¹¹²

The importance of partnership in childcare work has been illustrated by a number of research studies, which have pointed to an inter-connection between effectiveness and partnership-based approaches.¹¹³ It is suggested that work which is focused on specific problems, based on negotiation with an informed user,¹¹⁴ where actions are carried out jointly and is founded on as much openness as possible, is likely to be the most effective.¹¹⁵ However, this does not appear to be the experience of partnership that many families undergo, in many instances they feel alienated rather than empowered.

instance, the numbers of children on registers can be seen to have quadrupled between 1978 and 1991. (See: Op cit, n96; Op cit, n28 at p121).

¹⁰⁹ Department for Health, '*Framework for the Assessment of Children in Need and Their Families*', HMSO, 2000.

¹¹⁰ Refer to Figure 1.1, p22. (Also refer to the discussion outlined in the Conclusion.)

¹¹¹ We will see in Chapter 5 (p118) that there is a growing feeling of services being '*imposed*' rather than '*agreed*'. The result is that services may often appear '*ineffective*' whilst in reality they are simply '*inappropriate*'. This may create a number of detrimental effects.

¹¹² Op cit, n28 at p40

¹¹³ DHSS, '*Social Work Decisions in Child Care*', HMSO, 1985; Department of Health, '*Patterns and Outcomes in Child Placements*', HMSO, 1991.

¹¹⁴ The Act makes it clear that information must be available to service users and to potential service users (See: Schedule II, 1(1)(b)). In addition, the Guidance promotes the development of written agreements with users (For example, Volume III) and it also makes it clear that major decision-making meetings, such as Child Protection Conferences, should have parents present, (See: Department of Health, '*Working Together Under the Children Act 1989*', HMSO, 1991).

¹¹⁵ Op cit, n79, at p42

Why is Partnership so Important?

Partnership is essential if the 1989 Children Act's aims of placing the protection of children within the context of all activity on behalf of children '*in need*' are to be achieved.¹¹⁶ As noted in Chapter 1, an important part of the childcare framework is the appropriate interpretation of Section 47, as it should in practice be a starting point for working in partnership with families. The pursuance of an enquiry acknowledges the fact that it is 'normal' for families to need support from professionals from time to time.¹¹⁷ However, if the term '*enquiry*' is replaced with that of '*investigation*'¹¹⁸ there is a sense that rather than dealing with a family 'in need', professionals are faced with a scenario characterised by suspects and potentially abused children.¹¹⁹ In this respect, as Chapters 1 and 4 note, it is clear that with limited resources available, local authorities have had to make choices to cover the work that they feel is most pressing.¹²⁰ As one senior manager put it, 'No one wants a dead child on their caseload.' Yet if we look at the appropriateness of such referrals in terms of how many actually need protective intervention, then we find that few of the children referred for investigation received any protective intervention:

'14% in the case of neglect, 19% in the case of physical abuse and rather more – 30%
- in the case of sexual abuse.'¹²¹

Large numbers of children who appeared not to be 'at risk' of significant harm entered the child protection system and were investigated. As noted earlier, this is not only likely to lead to an overload of the system and consequently to a less thorough level of investigation, but research has documented how traumatic the experience of being investigated can be for parents.¹²² In this respect Gibbons states:

'We should not be exposing so many unnecessarily to an experience which will further damage parents' self-esteem and increase feelings of failure and isolation'.¹²³

¹¹⁶ Refer to the discussion outlined in Chapter 1.

¹¹⁷ See discussion by J.Aldgate & J.Tunstall, 'Making Sense of Section 17', p5, HMSO, 1995.

¹¹⁸ As laid down in the previous version of '*Working Together*'.

¹¹⁹ This may be put down to the fact that child protection is essentially a way of thinking that is based upon quite different assumptions and attitudes to those of childcare.

¹²⁰ We will see in Chapter 5 (p129-130) how consumer accounts consistently report parents having to plead desperation, or the likelihood of abuse, in order to receive a service. See: C.Brown, 'Child Abuse Parents Speaking', School for Advanced Urban Studies, University of Bristol, 1984; M.Monaco & J.Thoburn, 'Self Help for Parents with Children in Care', University of East Anglia, 1987; M.Fisher, P.Marsh & D.Phillips, 'In and Out of Care: The Experiences of Children, Parents and Social Workers', Batsford, 1986; J.Packman, J.Randall & N.Jaques, 'Who Needs Care?', Blackwell, 1986.

¹²¹ J.Gibbons et al, *Op cit*, n10

¹²² H.Cleaver & P.Freeman, 'Parental Perspectives in Cases of Suspected Child Abuse', HMSO, 1995.

¹²³ J.Gibbons, 'Relating Outcomes to Objectives', in N.Parton (ed), 'Child Protection and Family Support', p84, Routledge, 1997.

This experience is reiterated by Jones *et al*'s research, in which parents voiced their concerns about being 'dropped' without the offer of further help following the closure of their investigations.¹²⁴ More significantly though, there was evidence that children's recovery from investigations without remedial or supportive services in these circumstances was slow.

If we consider this research evidence then there are certainly significant implications for the development of partnership under the Children Act 1989. Bearing in mind the parents' perspective, we should be focusing upon how they are approached, questioned, treated and then 'left' following local authority interest and/or intervention. For instance, if one takes the childcare process from the position of parents entering it, there are a variety of disadvantages which need to be appreciated by professionals in order to generate an atmosphere of partnership. In general individuals will lack detailed knowledge regarding the variety of services available or about how the process operates.¹²⁵ Whilst parents will attempt to present a picture of their circumstances this may very well be based upon their own guesses at what is important. Consequently, not only may these guesses prove incorrect, but individuals may also forget important points that they wanted to make, due to apprehension or nervousness.¹²⁶

In addition, professionals should also bear in mind the possible feelings of shame or embarrassment that parents of children 'in need' may experience. There may also be a sense of failure in not being able to cope.¹²⁷ If this is coupled with feelings of nervousness, then the discussion may appear 'unequal',¹²⁸ from the parents' perspective. In this regard, it is useful to look at the work of Goffman,¹²⁹ who examined such encounters in terms of actors on a stage. In Goffman's analysis, the stage set and actors are all professionally organised, while the parent has only been given the briefest outline of the part he is to play. Consequently, the way in which professionals approach¹³⁰ such discussions may prove crucial to the establishment of a feeling of partnership as well as an accurate picture of the family's circumstances.¹³¹ In other words, should the parent be made to feel as though he has failed and that the professional is there to cope with that failure, or that both parties are working together for the welfare of the child?

¹²⁴ D.Jones, E.Sharland, H.Seal, M.Croucher & J.Aldgate, 'Early Intervention in Child Sexual Abuse Cases', Final Report to the Department of Health, 1993.

¹²⁵ Refer to Chapters 8 & 9 regarding the potential role of schools in this regard.

¹²⁶ Op cit, n79, at p40

¹²⁷ This is particularly so in health and social care, but it is also true in other services – if some extra tuition is required from the teacher, for example.

¹²⁸ Op cit, n79, at p41

¹²⁹ E.Goffman, 'The Presentation of Self in Everyday Life', Penguin, 1971.

¹³⁰ This brings us back to the appropriate interpretation of Section 47 – enquiry or investigation. Refer to the discussion outlined in Chapter 1 (p7-12).

¹³¹ If parents are made to feel shame, there is a likelihood that descriptions of the family's problems will be poor and tailored so as to minimise their sense of failure.

If we look back at the notion of partnership contained in the Children Act and new assessment framework, then the importance of client '*empowerment*' and an attitude of '*enquiry*' into family circumstances become more evident. As Chapter 5 will note, without a full picture, services may be pursued that do not fit the real needs of families, and they may therefore seem *ineffective* when in fact they are *inappropriate*. If the services are imposed rather than agreed, (due to the possibilities for poor communication), then they are more likely to go awry because people resist them by being uncooperative.¹³² Equally, parents may not reveal the true extent of 'need' within the family context, due to a fear of becoming involved in the child protection system. Indeed, a number of accounts reveal that parents are deterred from seeking a service, even if this means that their children continue to be 'in need'.¹³³

We need to encourage vulnerable families with children 'in need' to enter into partnership with local authorities. This will certainly involve the development of a more '*user friendly*' manner towards families; viewing an enquiry or request for services as the first building block in forming a partnership, rather than with scepticism and/or suspicion. In this respect there are a number of lessons to be learnt from the contrasting effects that the use of confrontational or motivational techniques have had with offenders.

Lessons to be learnt from Approaching Offenders.

The utilisation of motivational techniques is frequently regarded as being a 'soft' option with regards to offenders who should be subjected to more confrontational, if not punitive, approaches. The latter, at least at a superficial level, appears to be acting in a way that offers control of the offending behaviour. However, as we will see such reactions are not altogether ungrounded, though perhaps a little misguided.¹³⁴

If one refers to Pollock and Kear-Colwell's work with offenders, they state that given the importance of change and cost of relapse, it is essential for the therapist to encourage rather than hinder the change process. An observation which is supported by Prochaska and DiClemente:

¹³² Op cit, n79, at p41

¹³³ See: D.Howe, 'The Consumers' View of Family Therapy', Gower, 1989.

¹³⁴ Inherent in any discussion of treating abusers is the extent to which a child may be subjected to risks. This may be derived from the present limitations which exist to external supervision and control, in that these 'shortcomings' may give rise to the possibility of offenders putting themselves and others at risk by choice or by accident. However, there is a growing belief that offenders who are based in the community have the opportunity to alter their behaviour in high risk situations and as a result develop coping responses that may be applied in real life settings. After all, it is only in the community that we can say with any degree of commitment that the offenders behaviour has been successfully changed and maintained. This tends to suggest that if we are to develop more effective responses to abusers, we must be prepared to view the punishment and treatment of offenders in a broader way as well as the issue of what may be in the best interests of a child's welfare.

‘The skilful therapist will best facilitate change if he [*sic*] understands the process of change and learns how to activate or instigate the unfolding of that process’¹³⁵

A central part of their research into the changes in human behaviour is the ‘*Stages of Change*’ model developed by Prochaska and DiClemente¹³⁶ which outlines the necessary sequence of stages through which people must progress in order to establish a stable change in behaviour.¹³⁷ Table 3.3 outlines each stage that is characterised by an increased motivation to engage in the process. Offenders who see no reason to alter their behaviour and will not contemplate an alteration¹³⁸ ‘display markedly less motivation in their adherence to a plan of action than offenders in the ‘preparation’ stage’.¹³⁹ In this latter stage, individuals are seen to have acknowledged the need for change and show readiness to attempt to employ strategies in order to achieve this. The question arises though as to the way in which this discussion may apply to examination of partnership.

As we have already noted partnership forms the basis for a realistic negotiation between user and worker. It is about recognising barriers to communication, different levels of power, and the need to develop a working relationship where actions are agreed and, as far as possible carried out jointly.¹⁴⁰ In other words, if we are to re-balance the childcare system and ensure that the new assessment framework is implemented effectively, professionals must work with rather than on families so as to encourage an increase in the motivation of individuals to engage in the process. In this respect, partnership and effectiveness are shown to go hand in hand.

This model posits that an individual progresses through this sequence of stages when he successfully changes his offending behaviour.¹⁴¹ However, if we intend to initiate this process of change the question remains as to which therapeutic approaches encourage offenders to contemplate the possibility of altering their behaviour, confrontational¹⁴² or motivational?¹⁴³

¹³⁵ J.O.Prochaska & C.C.DiClemente, ‘Transtheoretical Therapy: Toward a More Integrative Model of Change’, p282, ‘Psychotherapy: Theory, Research & Practice, 19, 1982.

¹³⁶ Ibid, (Also see: J.O.Prochaska, C.C.DiClemente & J.C.Norcross, ‘In Search of How People Change: Applications to Addictive Behaviours’, p1102-1114, The American Psychologist, 47, 1992.)

¹³⁷ For a more detailed discussion of this model see: T.Morrison, M.Erooga & R.Beckett, ‘Sexual Offending Against Children’, p49, Routledge, 1994.

¹³⁸ The precontemplation stage.

¹³⁹ J.Kear-Colwell & P.Pollock, ‘Motivation or Confrontation: Which Approach to the Child Sexual Offender?’, p23, Criminal Justice and Behaviour, Vol. 24(1), 1997.

¹⁴⁰ See: P.Marsh & J.Triseliotis (eds), ‘Prevention and Reunification in Child Care’, p42, Batsford, 1993.

¹⁴¹ This has been seen as particularly relevant to sexual offenders.

¹⁴² See: V.E.Johnson, ‘I’ll Quit Tomorrow’, New York: Harper & Row, 1973.

¹⁴³ See: W.R.Miller, ‘Motivational Interviewing with Problems’, p147-172, Behavioural Psychotherapy, 1983.

Table 3.3: Summary of Stages of Change Model¹⁴⁴

<u>Stage</u>	<u>Characteristic Behaviour</u>	<u>Therapist Task</u>
Pre-contemplation	No acknowledgement of the problem. No thoughts of changing behaviour. Appears ‘unmotivated’, ‘defensive’ or both.	Raise doubts, create dissonance. Risk-reward analysis. Introduce discrepancy.
Contemplation	Realises and acknowledges possibility of problem existing, yet minimises. Appears to ‘seesaw’ realises and then discounts.	Tip decisional balance. Evoke reasons to change in order to reduce dissonance. Strengthen confidence in change as possibility.
Preparation	Recognises problem and its significance. Asks what can be done to change. Appears ‘motivated’, seeking help.	Help offender to determine best course of action toward change.
Action	Adheres to programme of action. Applies programme actively.	Help offender to take achievable steps towards change.
Maintenance	Sustains change through application of strategies consistently. If change is achieved, then exit from programme.	Help offender identify and use strategies to prevent lapses and relapse. (Re-offending pattern).
Relapse*	‘Slips’ into deviant thoughts or fantasy of abusive/sexual behaviour (lapse) leading to offending behaviour (relapse). Return to precontemplation stage.	Help offender to renew the process of contemplation without becoming ‘stuck’ or demoralised. Reinforce what has been achieved.

The Confrontational Approach

Whenever the issue of abuse is discussed, it seems that the confrontation of individuals with their abusive/neglectful behaviour and its consequences are perceived as a necessary part of initiating change in those families.¹⁴⁵ The assumption is that the individual is not in control of his behaviour and that his personality consists of a formation of defences such as denial, rationalisation, and minimisation,¹⁴⁶ which enable him to deceive both himself and others in terms of the nature and quality of his abusive behaviour. Consequently, the aim is to achieve

¹⁴⁴ Op cit, n139, at p22 (Taken from J.O.Prochaska, C.C.DiClemente & J.C.Norcross, ‘In Search of How People Change: Applications to Addictive Behaviours’, p1102-1114, The American Psychologist, 47, 1992).

* Relapse is not part of the stages of change model but is included due to its importance in treatment.

¹⁴⁵ See: W.R.Miller & S.Rollnick, ‘Motivational Interviewing: Preparing People to change Addictive Behaviour, New York: Guilford, 1991.

an admission of guilt, so '*challenging*' and breaking down these defensive characteristics so that progress (change) can be achieved. Any lack of motivation to change is viewed as a defensive tactic that must be overcome in order to make 'the offender *surrender*', '*admit*', or '*accept their powerlessness*.'¹⁴⁷ The individual is required to assume a position of powerlessness and submission that requires help. In other words, he must accept the label of being an 'abuser' and acknowledge the damage that he has created¹⁴⁸ before he can be helped.¹⁴⁹

However, when individuals are confronted and labelled in such an authoritarian way, 'a predictable pattern of emotion and behaviour is displayed'¹⁵⁰ whereby the person resists the adoption of this label. As this cyclical interaction of argument and resistance continues, it is common for individuals to take up a position referred to as 'psychological reactance';¹⁵¹ rather than acknowledge any need for change, they take a self-protective stance and assert their personal freedom by refusing to co-operate. This reaction though leads to a self-fulfilling prophesy, whereby the offenders' behaviour is further interpreted as showing signs of being 'in denial', 'unmotivated' and a reflection of his personality and pathology.¹⁵² If the individual continues to be resistant and the therapist adopts a similar position, then a strong inter-actional stalemate will develop.¹⁵³ In other words, a 'confrontation-denial' trap.¹⁵⁴

It should be noted though that such psychological reactance occurs as a 'general psychological principle'¹⁵⁵ when individuals perceive themselves as being accused of possessing undesirable characteristics. Equally, if the individual eventually submits, (so disempowering himself), then any motivation to change is not derived from him. The therapist controls the decision-making process and expects the individual to co-operate with

¹⁴⁶ See: R.Fox, 'A Multidisciplinary Approach to the Treatment of Alcoholism', *American Journal of Psychotherapy*, p769-778, 1967.

¹⁴⁷ Op cit, n139, at p24

¹⁴⁸ 'Victim awareness' involves helping offenders become aware of all of the possible damage that they could have caused the child by their actions. The purpose is to produce guilt, shame and a feeling of responsibility for the offence. The risk of this type of approach is that it may disturb the offenders' self-image and result in a self-protective strategy that frequently is labelled by therapists as 'denial'. This consequence often results in a refusal to engage in treatment because of the assault on the offenders' self-esteem. However, dissimulation is a high probability behaviour to be expected from offenders in these circumstances and may be interpreted realistically not as a denial of the offending behaviour but as a self-protective manoeuvre by offenders. This manoeuvre is a way of reducing the negative feelings that have been generated by confrontation. (See: R.Langevin, 'Defensiveness in Sex Offenders', in R.Rogers (ed.), 'Clinical Assessment of Malingering and deception', p269-290, New York: Guilford, 1988).

¹⁴⁹ One may suggest that this particular approach appeals to lawyers, in that it mirrors the philosophy of 'mitigation'. If the offender admits his offence, then he is rewarded by receiving a reduced punishment.

¹⁵⁰ Op cit, n145

¹⁵¹ See: J.W.Brehm, 'A Theory of psychological Reactance', New York: Academic Press, 1966; S.S.Brehm & J.W.Brehm, 'Psychological Reactance: A Theory of Freedom and Control', New York: Academic Press, 1981.

¹⁵² See: J.Herman, 'Father-Daughter Incest', Harvard University Press, 1981; A.C.Salter, 'Treating Child Sex Offenders and Victims: A Practical Guide', Sage Press, 1988.

¹⁵³ This will also be discussed within Chapter 4 in terms of the effect upon 'predictive criteria'.

¹⁵⁴ W.R.Miller & R.G.Sovereign, 'The Check-Up: A Model For Early Intervention in Addictive Behaviours', in T.Loberg, W.R.Miller, P.E.Nathan & G.A.Marlatt (eds.), 'Addictive Behaviours: Prevention and Early Intervention', p219-231, Amsterdam: Swets & Zeitlinger, 1989.

¹⁵⁵ See: Op cit, n145

the treatment being imposed.¹⁵⁶ However, despite these flaws this approach is still widely regarded as the only appropriate method of working with offenders. As Sgroi argues:

‘Why do we ignore the compelling evidence that an authoritative incentive to change his or her behaviour is absolutely essential for the adult perpetrator of sexual abuse?’¹⁵⁷

Despite this, the fact remains that its effectiveness is not supported in more recent literature.¹⁵⁸ Not only may it be damaging for individuals with low self-esteem,¹⁵⁹ but also acceptance of the label of child abuser has been found to be negatively associated with successful outcomes. If we turn back to Prochaska and DiClemente’s stages of change model, then the effects of confrontation would appear to promote the continuation of the ‘precontemplation’ stage rather than to encourage individuals to progress to the more motivated ‘contemplation’ stage.

The Motivational Approach

In the early 1980’s Miller¹⁶⁰ proposed the interview style which aims to create an atmosphere of partnership and now forms the basis of the present motivational approach. It attempts to generate an environment for change based on empathic understanding and mutual trust, so as to understand/appreciate the offender’s perspective.¹⁶¹ In this respect, a mutual goal of exploration and explanation is encouraged, allowing individuals to become involved in taking responsibility for any change process. Consequently, the responsibility for change is ‘owned’ by the individual rather than being ‘imposed’ by the therapist. In other words, whilst change is suggested as being in the individual’s interest, it still remains their own personal choice and change strategies are negotiated rather than imposed. This process is accomplished through an exploration of a risk-reward analysis of the advantages and disadvantages of his behaviour,¹⁶² with the intention of producing:

‘a sense of dissonance, conflict, discrepancy, and psychological ambivalence about the rewards and consequences of the offending behaviour.’¹⁶³

¹⁵⁶ See: Op cit, n139, at p24

¹⁵⁷ S.Sgroi, ‘Handbook of Clinical Intervention in Child Sexual Abuse’, Lexington Books, 1982.

¹⁵⁸ Op cit, n139, at p25

¹⁵⁹ See: H.M.Annis & D.Chan, ‘The Differential Treatment Model and Empirical Evidence from a Personality Typology of Adult Offenders’, p159-173, Criminal Justice and Behaviour, Vol. 10, 1983.

¹⁶⁰ See: Op cit, n144

¹⁶¹ See: T.Gordon, ‘Parent Effectiveness Training’, New York: Wyden, 1970.

¹⁶² In the motivational approach, victim awareness can be employed at the contemplation stage as a method of increasing the motivation to change. The aim would be to help offenders understand the effects their behaviour could have on a child and the possibility of them changing that behaviour. Any ‘attack’ on self-esteem is avoided in order to keep the offender engaged in the treatment process. The focus is on the offending behaviour and its effects and origins, not on the person of the offender.

The aim is to encourage contemplation of an alteration in the offending behaviour, using persuasive strategies (rather than coercive ones), with the overall goal of increasing offenders' intrinsic motivation to change.¹⁶⁴ Significantly, the use of labelling is de-emphasised, as it is regarded as being both unnecessary and unhelpful. Equally, the 'psychological reactance' discussed above is perceived as an interpersonal pattern, a product of 'unconscious cognitions',¹⁶⁵ which may be influenced by the therapist's responses of reflection and acknowledgement of the fears of changing.

The predominant driving force behind this strategy is to empower an individual to 'own' his process of change, to emphasise personal choice and to place the responsibility for change firmly with that person. In addition, treatment goals are negotiated in an attempt to persuade the offender to contemplate the need for change along with its ownership. Consequently, a feeling of personal commitment to the process of change is generated. Indeed, such strategies are supported by the findings of researchers such as Graham, particularly in relation to the area of controlling sexual offenders.¹⁶⁶

As may be seen from the source material, the motivational approach to treatment is clearly derived from the field of addictive behaviour, but this is not to suggest that child abuse or neglect should be regarded as an addictive process. Rather it is suggested that the methods of inducing cognitive, motivational, and behavioural change developed in the treatment of addictions have a wide range of applicability in behavioural areas where change may be difficult to achieve.¹⁶⁷ This will be examined in Chapter 6 in terms of the Child Development Programme, whereby health visitors working in partnership with families in need have achieved a considerable amount of success. Equally, if one considers the approach outlined in the *'Framework for the Assessment of Children in Need and their Families'* then an atmosphere of partnership and encouragement characterised by professionals working alongside families in order to address their own needs as well as those of their children is essential.¹⁶⁸

¹⁶³ Op cit, n139, at p26

¹⁶⁴ Ibid

¹⁶⁵ See: A.G.Greenwald, 'New Look 3: Unconscious Cognition Reclaimed', p766-779, *The American Psychologist*, 47, 1992.

¹⁶⁶ See: K.R.Graham, 'Toward a Better Understanding and Treatment of Sex Offenders', p41-57, *International Journal of Offender Therapy and Comparative Criminology*, 37, 1993. (See also: Op cit, n145; J.A.Elliot & P.G.Devine, 'On the Motivational Nature of Cognitive Dissonance: Dissonance as Psychological Discomfort', p382-394, *Journal of Personality and Social Psychology*, 67, 1994).

¹⁶⁷ Op cit, n139, at p27

Implications for Dealing with Families

A central theme of the Children Act 1989 and its associated guidance documents is the promotion of the 'need to work in partnership with families'.¹⁶⁹ *'Messages From Research'* also stresses the fact that 'the need of the child and family is more important than any abusive event within it'.¹⁷⁰ However, it is generally felt that establishing viable partnerships on a voluntary basis is regarded with suspicion. Perhaps this explains the findings of Thoburn *et al* where in only 22% of families where partnership was possible, was it actually achieved.¹⁷¹

As noted in Chapter 1, the growing emphasis placed upon child protection work has tended to place encounters with families 'in need' more in line with an investigation into family circumstances than that of support through partnership.¹⁷² Families have been increasingly drawn into the child protection process, where they are viewed with suspicion until filtered out. To some extent this links in with the presumption of an individual's propensity to deny and minimise the true nature of his offending behaviour. When questioned, parents will invariably attempt to minimise their sense of failure, or if there is an over-emphasis on confrontational techniques, this will lead to 'denial'. However, these responses should be recognised for what they really are, 'psychological reactance', and not used as a reason to persist with an approach based upon 'investigation'. At the same time though we should bear in mind the backdrop to childcare work in terms of the results if partnership fails¹⁷³ and the consequences of such failure. These have combined to undermine professional confidence and hinder the emergence of a coherent response to child abuse.¹⁷⁴ Attempts to build partnerships have also been affected by resource constraints, which Hallett and Birchall describe as follows:

'the atmosphere of chronic overstrain, unrealistic expectations of staff, desperately inadequate resources to cope with rapidly increasing reportage of cases and a limited fund of skills and knowledge confronting rising expectations that abuse should always be successfully managed.'¹⁷⁵

¹⁶⁸ Refer to the discussion outlined in Chapter 5.

¹⁶⁹ Department of Health, Department of Education and Science & Welsh Office, 'Working Together Under the Children Act 1989', p1, HMSO, 1991. (See also, Department of Health, 'The Challenge of Partnership in Child Protection', HMSO, 1995.

¹⁷⁰ Darlington Social Research Unit, 'Child Protection: Messages From Research', p54, HMSO, 1995.

¹⁷¹ J.Thoburn, A.Lewis & D.Shemmings, 'Partnership? Family Involvement in the Child Protection Process', HMSO, 1995.

¹⁷² Refer to the discussion outlined in Chapter 1, (in particular see p6).

¹⁷³ This may have resulted from a combination and the turbulent swings in public opinion which has seen professionals being accused of either doing too little too late or too much too soon.

¹⁷⁴ The outcry about police and social work investigations into suspected cases in Cleveland in 1986, Rochdale in 1990 and Orkney in 1991, led to major inquiries. All of them concluded that there had been major errors in interviewing and management of children by both police and social workers. The late 1980's witnessed a backlash and in the words of Morrison 'proving sexual abuse in the courts has become increasingly difficult' as a result. (See: T.Morrison, M.Erooga & R.Beckett, 'Sexual Offending Against Children', p33, Routledge, 1994). Refer to the discussion outlined in Chapters 1, 9 and the Conclusion.

There is also a feeling that in the past partnerships have focused too greatly upon '*concrete solutions*' in an attempt to resolve problems.¹⁷⁶ In other words, undue reliance has been placed on very practical measures as a means of dealing with or monitoring problems, which were essentially emotional in nature.¹⁷⁷ In a number of cases, practical indicators were taken as the sole measure of whether parenting had improved.¹⁷⁸ If one follows the recommendations of Salter, then intervention and partnership should be focused upon working not only with both the child and family but also working at the emotional level.

Bearing these considerations in mind, we should consider how attempts at partnership at different stages may benefit from the application of less confrontational techniques.¹⁷⁹ Whilst this will inevitably depend upon the requirements of the family, the principle remains the same. For instance, a child receiving poor standards of parenting will present professionals with different requirements/needs than a child who has suffered or is likely to suffer harm. Nevertheless, in either scenario what is essentially required is a significant and intrinsic change in the attitudes and the behaviours displayed within the family setting, before it is certain that both the child and family are no longer in need of support or intervention. In many respects, this brings us back to the new assessment framework and its attempts to encourage professionals to gain a picture of the child, the family's parenting skills as well as environmental factors. This acknowledges the importance of gaining a detailed picture of a family's circumstances which in turn enables professionals and families to work in partnership¹⁸⁰ to address and overcome pressures/concerns. It also takes into account a number of considerations outlined in Chapter 5, that the process of change may very well be easier to accomplish at a stage when pressures/concerns arise rather than later on when the implications and associated denials/defences are more deeply entrenched.

If the psychological process necessary for the effective implementation of the new framework is considered, then the evidence would appear to suggest that the provision of support and associated encouragement of individuals to contemplate and accept change requires a specific psychological approach. It is proposed that confrontational techniques disempower people by way of taking away the responsibility for change and encouraging self-labelling, so resulting in self-fulfilling expectations. The utilisation of similar approaches in practice may suggest

¹⁷⁵ C.Hallett & E.Birchall, 'Co-ordination in Child Protection', London: HMSO, 1992.

¹⁷⁶ P.Reder, S.Duncan & M.Gray, 'Beyond Blame: Child Abuse Tragedies Revisited', p93, Routledge, 1993.

¹⁷⁷ They were struck by how often it became the main intervention to some families.

¹⁷⁸ One example of this process is the *Wayne Brewer* case where the care order was revoked because his mother and stepfather had cleaned up and decorated their flat and borrowed books on childcare from the library. (See: 'Wayne Brewer: Report of the Review Panel', Somerset Area Review Committee, 1977)

¹⁷⁹ Refer to the discussion outlined in Chapters 1 & 5.

¹⁸⁰ By this the researcher also includes considerations such as that of agencies working with families to resolve problems rather than imposing initiatives/solutions upon them. As Chapter 5 will discuss, the imposition of services may lead to resistance and as such ineffectiveness of the intervention.

why partnership is frequently regarded with scepticism, in so much as the inter-actional patterns that occur within these encounters has centred on 'investigation', potential labelling and the generation of 'psychological reactance' in families.¹⁸¹ By contrast, motivational techniques direct the change process in a more productive direction by encouraging parents to 'own' the process of change and facilitate its occurrence and its maintenance. Responsibility is placed firmly with individuals, whilst their anxiety and resistance are *tolerated* and recognised as interpersonal patterns.¹⁸²

As the above discussion highlights, motivation has been viewed as a key aspect of treatment and a factor that must be the responsibility of individuals themselves for beneficial change to occur.¹⁸³ In many respects, this may be applied to the provision of supportive intervention to families in need. Unless families are approached from a perspective of partnership, (i.e. working with rather than on them), then the effectiveness of such support may be questioned. Parents and caregivers need to be motivated, they need to accept the need for change and help in achieving that change. However, it is suggested that the attitudes of professionals towards vulnerable families and what they are seeking to achieve should also be modified.

Considerations for the Future

The purpose of this Chapter has been twofold. First of all the researcher has attempted to generate a framework¹⁸⁴ within which to place ideas/notions as they arise throughout the course of the study and to provide a backdrop against which to place recommendations arising from the research study.¹⁸⁵ Secondly, this framework has enabled the significance of the intentions incorporated within Part III of the Children Act 1989 to be emphasised at the beginning of the study, providing a reference point for later discussion.¹⁸⁶

The fact that the importance of the family has been illustrated in terms of child psychology and has pointed towards the benefits of the greater utilisation of motivational techniques when approaching the issue of partnership, does not imply that these should be regarded as being the only constructs available. Neither does it suggest that these considerations are sufficient in

¹⁸¹ Supra, n180

¹⁸² The motivational and the confrontational approaches are not mutually exclusive, but the use of the latter must be monitored carefully because there is the risk of making offenders psychologically unavailable to change.

¹⁸³ See: F.H.Knopp, 'Retraining Adult Sex Offenders: Methods and Models', 1984; R.Langevin & R.A.Laing, 'Psychological Treatment of Pedophiles', p403-419, Behavioural Sciences and the Law, 3, 1985.

¹⁸⁴ Refer to discussion on p66 in relation to the fact that Attachment Theory is not the only theoretical option that could have been utilised within this Chapter, but proved useful in terms of the specific focus of the research study in Chapter 8.

¹⁸⁵ It is worth reiterating the fact that this is not a socio/criminology research thesis. The material within this chapter has been introduced in order to provide a framework within which to place ideas.

¹⁸⁶ Refer to the discussion outlined in the Conclusion.

themselves to re-balance the childcare framework in practice.¹⁸⁷ There will inevitably be instances where attempting to support a family will prove ineffective and leaving a child within such an environment would not only prove detrimental to his welfare but would also be totally unacceptable from society's point of view. What is being advocated within this chapter is the importance of prevention and family support within the childcare process, so that such instances of abuse may be significantly diminished by way of addressing tensions before they culminate in abuse.

It is essential that a process of enquiry, as outlined in section 47 of the Children Act and the new assessment framework, take place before a case is labelled as being one of 'child protection'. Practitioners should be encouraged to appreciate the dynamics of the family and the circumstances in which they exist rather than automatically progressing along a predetermined route of investigation.¹⁸⁸ In essence, an understanding should be gained of the family circumstances, not simply a judgement about them. This means that poor childcare must to be understood for what it is and not investigated as if it is child abuse.¹⁸⁹ The predominant purpose of an enquiry should be to assess what may be done for a family and what is in the best interests of the child's welfare. It should not be to apportion blame.

This is essential for the protection of children from the potentially abusive system,¹⁹⁰ where help for a struggling family may well be more appropriate in addressing the welfare of a child through attachments than that of 'heavy handed' intervention. For instance, a parenting skills programme or an introduction to a support group may form part the aid provided to a family following an initial enquiry. Unless there are clear indications, or a risk, of future significant harm investigation and heavy handed intervention is not appropriate. Unfortunately, as Chapter 1 noted the current implementation of the childcare framework has encouraged social workers towards child protection and away from assessing need, building effective partnerships and supporting families.¹⁹¹

To some degree this is where the role of schools and their capacity to gather information over a long period of time and in a non-threatening manner may prove useful to the childcare process. With a greater understanding of the family circumstances, family dynamics and children's behaviour, resources and services may be targeted in a far more effective way. In

¹⁸⁷ Refer to the discussion outlined in Chapter 9 and the Conclusion.

¹⁸⁸ As Chapter 1 noted, professionals must also feel supported and confident about using their judgements when assessing issues such as need or risk.

¹⁸⁹ We have to be aware of our own cultural influences when we see parenting that is different from our own experience or that of the stereotypical white middle classes.

¹⁹⁰ See: W.Rose, 'An Overview of the Developments of Services: The Relationship Between Protection and Family Support and the Intentions of the Children Act 1989', Department of Health Paper for Sieff Conference, 5th September 1994, Cumberland Lodge. (Discussed in Chapter 1).

addition, professionals may feel more confident in their assessment of a family's needs if they have a more detailed picture of their circumstances and appreciation of how that family may be helped through supportive intervention.¹⁹²

The prevailing message that has come out of this discussion is that it will undoubtedly prove more beneficial for both child and 'abuser', if we can identify such vulnerable families at a far earlier stage. This would allow us to minimise the psychological implications on the child as well as possibly increase the success of motivational therapy with the caregiver in question.¹⁹³ However, it has been suggested that this process requires the feasibility of identifying that, which is to be prevented. Prediction will be examined in the next section.

¹⁹¹ In addition refer to the discussion outlined in Chapter 5

¹⁹² Refer to the analysis in Chapters 8 & 9

¹⁹³ This will be linked to my discussion of 'assisted parenting' in Chapter 5, which involves basing services on consent and building upon family strengths.

CHAPTER 4

PREDICTION AND IDENTIFICATION:

THE COLLECTION OF INFORMATION AND ITS SUBSEQUENT UTILISATION

‘When looking at the ‘predisposing’ factors of child abuse, it must be remembered that much of our information is derived from retrospective enquiries into the family circumstances and the abusive parents’ childhood. We still do not know how many adults with similar childhood experiences have succeeded as parents. Furthermore, many of the characteristics found in a sample of abusing parents may simply illustrate the population from which the sample is drawn, rather than differentiate abusers from non-abusers.’¹

The notion that child abuse is a social ‘*disease*’² has proved to have far reaching implications for the childcare system. Indeed, Kempe’s conception of child abuse as a clinical syndrome whereby the problem exists within the character of a ‘*psychologically diseased*’ parent has proved significant in both the areas of prediction and prevention.³ In this regard, abuse became regarded as a *medical* issue, which affected the parent in question. However, it also led to the perception of child abuse as a contagious disease, characterised by abusive parents repeating a pattern of violence that they themselves had been subjected to as children.⁴ So persuasive was this account of child abuse that even today, despite the fact that the evidence for this is questionable, it still persists.⁵

In many respects, one may appreciate why such an approach has proved to be so popular. The fact that child abuse could be constructed as a medical issue meant that any ‘fault’ as outlined in the previous chapter could be placed firmly with the child’s parents. Consequently, not only does such an approach satisfy our need to apportion blame,⁶ but it also enables professionals to distance themselves as well as the notion of abuse from other more politically charged issues such as poverty, divorce and unemployment.⁷ Issues, which many feel, are an integral part of any discussion in relation to abuse or neglect.⁸ Equally, by placing sole responsibility upon the ‘diseased’ parent, the process of addressing abuse became relatively

¹ J.Roberts, ‘Why Are Some Families More Vulnerable to Child Abuse?’ in K.Browne, C.Davies & P.Stratton, ‘Early Prediction and Prevention of Child Abuse’, p43, John Wiley & Sons, 1988.

² See: D.Gough, ‘Approaches to Child Abuse Prevention’, in in K.Browne, C.Davies & P.Stratton, ‘Early Prediction and Prevention of Child Abuse’, p108, John Wiley & Sons, 1988.

³ If we refer back to Chapter 1, then this attitude may be seen - the diseased abuser who has to admit guilt and then be cured before being allowed contact with the child again.

⁴ See: supra n.1, p45. It is suggested that ‘teachers, especially, could play a part helping an abused child survive emotionally and guiding him to forming good relationships with peers and other adults.’

⁵ J.Kaufman & E.Zigler, ‘Do Abused Parents Become Abusive Parents?’, p186-192, American Journal of Orthopsychiatry, 57(2), 1987.

⁶ Refer to discussion outlined in Chapter 3 (p61-62).

⁷ D.Howitt, ‘Child Abuse Errors’, p21, Harvester Wheatsheaf, 1992.

straightforward,⁹ in so much as all that professionals had to do was detect the signs of abuse and then set about 'curing' it.¹⁰

As Chapter 1 has already indicated, there is a feeling that this approach has persisted in one form or another within the current childcare framework, especially if one refers to the integral part that 'risk' has had to play coupled with its dominance over considerations of 'need'. In many respects, documentation such as '*Working Together Under the Children Act 1991*'¹¹ and the '*Orange Book*'¹² have operated so as to reinforce this approach by focusing attention on an investigative course of action as opposed to that of enquiry.¹³ However, as we will see later in this section, the notion of 'risk' is necessarily linked with the belief that certain factors/indicators may be utilised within the field in order to point to the occurrence of abuse or potential for abusive behaviour in the future.

Returning to the main focus of this thesis, if we are to re-balance the implementation of the Children Act 1989 by focusing upon the concept of 'need' as outlined in the new assessment framework, then a number of key issues must be addressed. First of all, one must pose the question as to whether it is possible to predict child abuse with a sufficient degree of accuracy to be effective. If it is possible, then theoretically instances of child abuse could be predicted and/or identified through the application of periodical filters to families. This would not only ensure that social intervention in family life was kept to a minimum, but also facilitate the efficient allocation of resources to those children who were either suffering or likely to suffer harm. However, it will be noted that our current state of knowledge and associated lack of skills in the interpretation of information in a 'predictive' fashion places parameters upon the effectiveness and accuracy of such an approach. In practice, the use of criteria and/or indicators has been limited to the identification of families experiencing problems, (i.e. families in need).

In many respects, this leads onto the next area of concern; the way in which information collected via 'joint working practices'¹⁴ for the purposes of early intervention will actually be used in practice. As Chapter 1 highlighted, if we are successfully to implement the family support provisions contained in Part III of the Children Act, then an essential part of such a

⁸ Refer to discussion outlined in Chapter 5 (p116-118).

⁹ See: B.Nelson, 'Making an Issue of Child Abuse: Political Agenda Setting for Social Problems, University of Chicago, 1982.

¹⁰ In this respect, it is notable that a major initial political response in the US was to improve 'diagnosticity' by making it mandatory for professionals to report their suspicions concerning the abuse of children.

¹¹ Home Office, Department of Health, Department of Education & Welsh Office, '*Working Together under the Children Act 1989: A Guide to Arrangements for Inter-Agency Co-operation for the Protection of Children From Abuse*', 1991, London, HMSO

¹² '*Protecting Children: A Guide for Social Workers undertaking a Comprehensive Assessment*', HMSO, 1988

¹³ Refer to the discussion outlined in Chapter 1 (p7-12).

¹⁴ Refer to the discussion outlined in Chapter 1 (at p20).

framework would be the collation of information in order to allocate resources and generate strategic local planning. Indeed, this is precisely what the new assessment framework aims to facilitate, but it is essential that information collected at a local level is utilised so as to support the framework's aims of addressing 'need' and not to perpetuate current approaches of 'risk' assessment. In this regard, an analysis will be undertaken of the potential dangers/concerns associated with the process of prediction.

Finally, consideration will be given to the application of predictive filters to families and whether this is necessarily a desirable or even beneficial approach. In particular, concern will be expressed as to the dividing line between '*prediction*' and '*prejudice*' in practice. Does the fact that a single mother who is on income support and who receives little or no extended family support necessarily mean that her child is likely to be abused at some stage? Equally, should such a parent receive a greater degree of monitoring than one from a middle class background?

Throughout this chapter, the researcher will bear in mind the issue raised in the previous chapter, namely that the welfare of children should remain the focus of our attention. As suggested earlier, it proves to be the case that the use of predictive criteria appeals to our 'moral condemnation' of abusers and 'problem families'¹⁵ and as such the reason why it has proved to be so enduring in practice. In this regard, it should be emphasised that the predominant purpose of this chapter is to examine the use of prediction in an attempt to eliminate its consideration in Chapter 9 as a potential vehicle for the utilisation of information gained through schools within the childcare framework.

Prediction and the Identification of Risk

Howitt suggests that many of the incidents, which are currently¹⁶ investigated, are essentially trivial in nature.¹⁷ This is quite a startling observation and would appear to raise a number of important questions in relation to the operation of the childcare framework. In particular, it raises the issue of whether some social groups may be perceived as being more vulnerable than others are. It also links in with any discussion of wrongly identified abusive incidents or those cases of abuse, which go undetected.¹⁸

¹⁵ See: Chapter 3, p62-65.

¹⁶ As stated earlier, this refers to the system prior to the implementation of the new assessment framework.

¹⁷ Op cit, n7, at p30

¹⁸ Could this explain why health visitors have moved away from the 'scoring system' or the survey designed to predict children at increased risk of cot death? The general feeling is that the 'same type' of family always scores highly at the expense of the more middle class version in which abuse would remain undetected. This will be discussed in greater detail in Chapter 6.

For instance, if one takes the role of child protection registers and perhaps more significantly the removal of babies from their mothers at birth, then they tend to incorporate a belief that future abuse is predictable. Child protection registers are taken to represent a centralised register of children who are:

‘...considered to be at continuing risk of significant harm, and for whom there is a child protection plan.’¹⁹

However, a distinction should be drawn between the role of registers under ‘*Working Together to Safeguard Children*’ and its predecessor ‘*Working Together Under the Children Act 1991*’. The previous version of ‘*Working Together*’ recommended that registration should take place if a child has been harmed or there is a ‘*likelihood*’ of harm.²⁰ This has since been altered to cover children who are ‘judged to be at continuing risk of significant harm and in need of active safeguarding.’²¹ Whilst there would appear to be little difference in the wording, there has nevertheless been an attempt to clarify the role of child protection registers within the childcare framework. If one turns to the theoretical framework behind the use of CPR’s then it is not sufficient to identify a stressful family situation and register that family without some evidence in relation to the specific child.²² Indeed, it is quite clear from the guidance notes and case law that the registers are not meant to deal with ‘problem’ families *per se* but rather with abusive or potentially (predicted) abusive families.

However, the reality is not so clear cut. Research evidence indicates that resources are more likely to be allocated if a child is suspected of being abused, and the decision to place a child’s name on CPR is frequently a way of accessing support services for that child.²³ Indeed, resource shortages have meant that many local authorities determine priority access to family support services on the basis of those children ‘*at risk*’, rather than basing their priorities on empirical data about the numbers of children ‘*in need*’.²⁴ However, this approach to the role of registers poses a number of problems. If both families and social workers recognise the fact that resources are more readily available via registers then what are the future consequences for that family beyond the short-term receipt of support? By modelling themselves on the criteria to receive help (i.e. a family with a child at risk of abuse/ a family with a child at continuing risk of significant harm and in need of active safeguarding), are

¹⁹ Department of Health, ‘*Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*’, at 5.99, HMSO, 1999. (This replaced the existing wording which focused upon children who were considered to be at risk of abuse by their parents).

²⁰ *Op cit*, n11, at para 6.39. This may include a serious concern about the treatment of another child in the same household.

²¹ *Supra*, n19, at 5.100

²² See: *R v Hampshire County Council ex parte H & Another* [1999] 2 WLR 359.

²³ See: J.Aldgate & J.Tunstall, ‘*Making Sense of Section 17*’, London HMSO, 1997.

²⁴ See: B.Jordan, ‘*Partnership with Service Users in Child Protection and Family Support*’, in N.Parton (ed.), ‘*Child Protection and Family Support*’, p215, 1997.

they also unwittingly being classified (predicted) as future abusers? It would appear that registration as being at risk of child abuse means precisely that. More importantly, it has a significant impact upon how the 'slightest of evidence and supposition'²⁵ will be interpreted in the future.

In this regard, the wording contained in the latest version of '*Working Together*' would appear to exacerbate this situation. The support of families 'in need', including those with a likelihood of abusing their children has been separated from those 'at continuing risk' of abusing their children. This may very well have been an intentional development in the childcare framework, essentially encouraging both professionals and families to pursue the appropriate lines of local authority support. In other words, to seek family support services through an assessment of their 'need' and the application of those services in a proactive way, as opposed to the allocation of resources on a 'risk' oriented basis. This in turn would appear to place even greater importance upon the proper functioning of the childcare framework and on professionals to amend their approaches/attitudes in line with the new assessment framework and as such in line with the Children Act 1989.

As noted earlier, another important aspect to this discussion is that of the statutory removal of babies from their mothers at birth. This was highlighted by Tredinnik and Fairbairn²⁶ who noted that rates of removal had increased from a situation of virtually zero in the late 1960's, to that of 42 in one year almost a decade later. Whilst this may be viewed as evidence of the growing interventionist ethos at that time,²⁷ it also highlights the growing ideology of prediction, given the fact that new-born babies cannot be removed at birth on the basis of having been abused. Rather removal is based upon the fact that workers felt that the infant was at risk.

This is not to detract from the fact that the child protection workers may very well have had good cause to anticipate future abuse. However, it is important to note that despite extensive research on child abuse, there still does not appear to be any systematic evidence to suggest that future harm can be accurately predicted from one minor past or current abusive incident. Once again this is not to suggest that persistent abuse is uncommon or that serious abuse does not follow on from previous minor abusive incidents. Such instances do exist in practice. However, one must always bear in mind the extent to which a minor event such as a bruise on

²⁵ Op cit, n7, at p30.

²⁶ A.Tredinnik & A.Fairbairn, 'Left Holding the Baby', p22-25, Community Care, 10th April 1980.

²⁷ See: N.Parton, 'Child Abuse, Social Anxiety and Welfare', p391-414, British Journal of Social Work, 11, 1981.

a child (for example due to over-chastisement) is actually predictive of future and possibly more serious abuse.²⁸

Consequently, as these two examples would appear to suggest, whilst the use of a range of 'indicators' may very well aid in the design and implementation of general preventive strategies and/or allocation of resources, their successful utilisation for prediction is still questionable. The reality being that we are still developing the appropriate skills, understanding and knowledge base for such a process to operate accurately and effectively.²⁹ At present such attempts at the use of predictive criteria in practice have been, and continue to be, subject to both '*definitional*' and '*statistical* fallacies.³⁰

Problems with Prediction

The problems associated with 'definitional fallacies' stem from a failure to put into place an agreed definition of what constitutes child abuse.³¹ Whilst the term 'abuse' may on first sight appear relatively straightforward and non-contentious in nature, on closer inspection one appreciates that it performs the role of an umbrella term by linking a range of acts together and labelling them in a particular fashion. For instance, if one refers to the term '*physical abuse*', it not only refers to physically violent acts committed against children, but also has a number of significant assumptions associated with it. Whilst an incident may be labelled as being one of '*chastisement*',³² as soon as it is referred to as being one of '*physical abuse*' then any in-built justification for the incident is removed. As soon as the term 'abuse' is used, there is a tendency to remove the incident from its surrounding circumstances and/or associated justification. Indeed, the particular term used by professionals may very well have significant implications for that particular family and child in the future.³³

This also raises the question as to the actual scope of the term '*abuse*'. As Dingwall points out, the definition has broadened considerably which has in turn had a knock-on effect on the growth and direction of research in the area reflecting:

²⁸ See: P.Pecora & M.Martin, 'Risk factors associated with child sexual abuse: a selected summary of empirical research', in P.Schene & K.Bond (eds.), 'Research Issues in Risk Assessment for Child Protection', (American Association for Protecting Children, Denver: The American Humane Association), 1989.

²⁹ See: N.Parton, D.Thorpe & C.Wattam, 'Child Protection: Risk and the Moral Order', p57, Macmillan, 1997.

³⁰ R.Dingwall, 'Some Problems about Predicting Child Abuse and Neglect', in O.Stevenson (ed.) 'Child Abuse: Public Policy and Professional Practice', p29, Harvester Wheatsheaf, 1989.

³¹ B.Corby, 'Child Abuse: Towards a Knowledge Base', Milton Keynes Open University Press, 1993.

³² These terms suggest that there may be a reason for what is done to the child. For instance it may be 'good' for the child in relation to social behaviour. This issue will be returned to later.

³³ Refer to the earlier discussion on p95 by Howitt as to the 'trivial nature' of incidents which are investigated. Why are some incidents pursued and others not? Are all incidents referred to in the same way not only across local authorities but more significantly within them?

‘...the transformation of original concerns to embrace virtually any problem which may have an adverse impact on a child and can possibly be attributed to some act of commission or omission by an adult’.³⁴

In this respect, it is suggested that a significant driving force behind this process of definitional inflation has been the fact that the term has proved so effective in drawing both attention and concern to a range of adult-child issues. Whilst this has undoubtedly drawn additional resources into these areas of concern, it has nevertheless raised concern in those who feel that this development has been overlooked and as such research has often failed to approach its task in a neutral way. In other words, there is a feeling that attempts have been made to factor in the nature and incidence of particular forms of adult-child interactions as well as their consequences³⁵ rather than questioning whether such interactions should necessarily be accounted for. However, once a study begins to question whether or not certain interactions should be catered for, then the question as to what acts, omissions or adult-child interactions should constitute child abuse is inevitable.

In this regard, Madge identified a list of risk factors that could aid in the identification and prediction of ‘families in difficulty’ in terms of the probability that a particular family will be under stress:

‘Certain areas of family functioning are particularly useful for predictions of this kind. These features of family life - which it should be re-emphasised are indicators of, rather than the reasons for, problems - include the age and maturity of the parents, burdens carried by a family, consistency and change in the lives of children, dynamics and support within the family, and the experiences and characteristics of individual family members.’³⁶

However, it should be stressed that the implications associated with ‘*families in difficulty*’ are qualitatively very different from those associated with abuse families. In essence it may be viewed as the difference between children and their families which are ‘in need’ and those which are ‘at risk’. Consequently, it is of paramount importance that the nature of the product being generated by such predictive studies is clarified precisely. Once again, this will depend upon the definition of ‘abuse’ that is being adopted. On the one hand, if a wide-ranging definition is being utilised then such criteria may very well identify and predict abusive families. However, if we acknowledge the definitional inflation that has taken place, so

³⁴ Op cit, n30, at p29.

³⁵ Op cit, n29, at p58.

³⁶ N.Madge, ‘Identifying Families At Risk’, in N.Madge (ed.), ‘Families At Risk’, p201, London Heinemann, 1983.

grouping children 'in need' together with those 'at risk', then the product generated by such studies should be treated in a significantly different manner.³⁷

If this is applied to the operation of the new assessment framework, then it raises an important consideration. If joint working practices are to be established in order to collate information at a local level for the purposes of identifying families in need, then the research data would tend to support this function. However, the use of such information for purposes, which lie beyond this rather basic level, would appear to be questionable though undoubtedly tempting in nature.

The second area of concern with regards to the use of predictive criteria is that of '*statistical fallacies*'. Research on prediction is frequently criticised on the basis of both its reliability and its validity. In other words the statistical problems associated with '*false negatives*' and '*false positives*'. However, it is worth stressing at this point that whilst these problems are well documented within research studies there is still considerable debate as to the precise meaning to be ascribed to the terms '*false negatives*' and '*false positives*'. Consequently, whilst this section will draw upon the data from a number of studies concerned with the use of predictive criteria in order to highlight the general consensus as to the relatively inaccurate nature of screening instruments, direct comparisons between the data will not be undertaken.

During the mid 1980's, Browne & Stevenson developed a checklist³⁸ of risk factors³⁹ which was used as part of a retrospective study administered by health visitors on all children under the age of five whom had been the subject of a case conference. The data collected was then contrasted with 'control' families from the same area in order to test the procedure's accuracy and effectiveness.⁴⁰ In this respect, the study data highlighted that:

'The screening procedure [was] sensitive to 82% of the abusing families and specifies 88% of the control families as non-abusing.'⁴¹

However, whilst such levels of accuracy would appear on first sight to be impressive, they nevertheless necessarily mean that 18% of abusive families within the sample were overlooked by the procedure and a further 12% of the non-abusing families were categorised

³⁷ This is an issue which will have considerable bearing on the discussion in Chapter 5.

³⁸ The aim of the checklist was to identify families that were considered to be at a 'high risk' in terms of abusing their children.

³⁹ For further details refer to K.Browne & S.Saqi, 'Approaches to Screening for Child Abuse & Neglect', in K.Browne, C.Davies & P.Stratton (eds.), 'Early Prediction and Prevention of Child Abuse', p58, John Wiley, 1988

⁴⁰ The control families were used because they matched the other families in terms of the socio-demographic characteristics highlighted within the checklist.

⁴¹ Supra, n39, at p69.

as being potentially abusive in nature. In this regard, Browne and Saqi state that given these figures:

‘For every 10,000 births screened it would be necessary to distinguish between 33 true risk cases and 1,195 false alarms... [but] a more difficult problem would be to distinguish the 7 missed cases of potential child abuse from the 8,765 correctly identified non-abusers.’

Browne and Saqi subsequently used the same checklist in a prospective research study, which once again was administered by midwives and health visitors.⁴² The data suggested that the procedure was sensitive to 67.5% of abusive families whilst correctly identifying 93.3% of the non-abusing families within the sample. However, conversely these figures once again indicate that 6.7% of the non-abusing families were incorrectly identified as being at a ‘high risk’ of abusing their children. Significantly, they also demonstrate that 32.5% of abusive families were incorrectly identified as being of ‘low risk’, so eluding the screening instrument utilised. As noted above, these factors are cause for considerable concern. In particular, the relatively high level of *false alarms (positives)* within the study sample indicates the potential harm that the application of predictive screening may have upon families.

Whilst the study does not deal with specific methods of improving the accuracy of the screening instrument, the suggestion was put forward that once a sub-group had been initially identified, then a further screening process could be implemented.

‘All families with a newborn child should be screened ... This will identify a target group for further screening. However, the remaining population cannot be considered immune to family stress and child abuse. Any change in family circumstances leading to increased stress should be assessed and if applicable the family added to the target group.’⁴³

However, this raises a number of issues. From a purely resource oriented perspective, such a two-stage process would appear to be rather impractical. However, if one returns to the considerations outlined in Chapter 3, then such an approach could prove to be intrusive and potentially damaging to those families involved.⁴⁴ Indeed, those families, which are incorrectly identified as being high-risk, would also be subjected to an ongoing programme of

⁴² K.Browne, C.Davies & P.Stratton (eds.), ‘Early Prediction and Prevention of Child Abuse’, p73, John Wiley, 1988. (See: K.Browne, ‘Home Visitation and Child Abuse: the British Experience’, p11-31, American Professional Society on the Abuse of Children, 6(4), 1993 in which the checklist was prospectively evaluated.)

⁴³ Op cit, n39, at p80.

⁴⁴ See discussion in Chapter 3.

screening and professional scrutiny. This is reflected in a number of other studies, conducted by Altemeier *et al*⁴⁵ and Lealman *et al*,⁴⁶ which demonstrate high levels of '*false positives*'. Campbell attributes this imprecision to 'the complexity of the phenomenon.'⁴⁷ A notable exception would appear to be the screening instrument developed by Avison *et al*⁴⁸. However, in order to identify 90% of abusive families, a quarter of all other parents would be further investigated, which once again raises the issue of intrusion into family life.

Potential Problems with the Prediction of Abuse:

The solution to such definitional inflation has often been characterised as a matter of obtaining agreement with regard to the definitions of abuse, which in turn would clarify the tasks of studying it and the subsequent development of risk factors/indicators.⁴⁹ However, there is a feeling that this over-simplifies the problem. Whilst everyone acknowledges the fact that abuse exists, the reality is that we are still at a rather rudimentary stage in terms of appreciating child abuse and its true nature.

If one turns back to the medico-scientific approach discussed earlier, then Parton, *et al*⁵⁰ highlight the fact such an approach is dependent upon *positivism*⁵¹ which makes the assumption that human action is either determined or caused by *clearly identifiable factors*. The implication for such studies is that they tend to focus upon an examination of antecedent factors or their indicators, in an attempt to identify them and subsequently modify/stop abuse from arising in the future. Consequently, the temptation would appear to be to reduce any discussion to that of identifying the various factors that cause child abuse and then apply a series of filters in order to identify and/or predict abuse. This would then be curbed through the implementation of preventive action targeted at those families highlighted by these filters. As Chapters 3 and 5 outline, any discussion of child abuse cannot be distilled into a list of factors. It overlooks the dynamics within families by treating individuals as '*neutral mediums*'. In other words, rather than attempting to understand the psychology of caregivers and factoring this into any examination, it tends to regard them as a conduit through which

⁴⁵ W.Altemeier, S.O'Connor, et al, 'Prediction of Child Abuse: A Prospective Study of Feasibility', p393-400, Child Abuse & Neglect, 8, 1984.

⁴⁶ G.Lealman, D.Haigh, J.Phillips et al, 'Prediction and Prevention of Child Abuse: An Empty Hope?', p1423-1424, The Lancet, 1, 1983. (See also: J.Gray, C.Cutler, J.Dean & C.Kempe, 'Prediction of Child Abuse', p45-58, Child Abuse & Neglect, 1977; J.Rowan, 'Possible Early-Warning Signs of Non-Accidental Injury to Children', in 'Abstracts of 2nd International Congress on Child Abuse and Neglect, New York, 1979.)

⁴⁷ M.Campbell, 'Children at Risk: How Different are Children on Child Abuse Registers?', p261, British Journal of Social Work, 21, 1991.

⁴⁸ W.Avison, R.Turner & S.Noh, 'Screening for Problem Parents: Preliminary Evidence on a Promising Instrument', p157-170, Child Abuse & Neglect, 10, 1986.

⁴⁹ See: Howitt, Op cit, n7, at p41-50.

⁵⁰ Op cit, n29, at p65.

these antecedent factors are expressed. When looking at the area of child abuse, it is essential to appreciate that an abusive family is not simply predetermined.

Equally, such an approach assumes that there is an agreement within society as to the actual nature and dimensions of abuse. As we have already seen, this does not exist. Indeed, it is questionable as to where a consensus will actually develop in the near future due to the factors outlined above and in Chapter 1. For instance, professionals within a local authority may very well identify certain situations as being abusive in nature on a moral level. However, when they are faced with limited budgets and public scrutiny, then the temptation to modify their definitional parameters may prove overwhelming. As noted earlier, child abuse is a deeply contested issue predominantly due to the fact that it brings together a wide range of social events under one blanket term.⁵² As Howitt points out:

‘the clear message emerging from the lack of absolutist definitions of ‘child abuse’ concerns the impossibility of separating abuse from the social system which identifies it, regulates it and polices it.’⁵³

Consequently, ‘child abuse’ should be viewed as a product of negotiation and compromise between different social values and perspectives in relation to children, their development and the role/function of parenting.⁵⁴ Indeed, as Dingwall, *et al* point out:

‘Practitioners are [being] asked to solve problems every day that philosophers have argued about for the last two thousand years and will probably debate for the next two thousand.’⁵⁵

In practice moral judgements must be made and it is these ‘snapshot’ decisions that should be considered as opposed to regarding childcare as a process based upon the generation of better checklists or new models of psychopathology.⁵⁶ Everything else is an attempt to ensure that child protection workers get as close to this objective as possible.

⁵¹ Although there are many varieties of positivism, the main concern has been with individual positivism where it is admitted that while different influences might contribute to the creation of the problem, it is in the individual that the crucial predisposition is situated.

⁵² Refer to discussion on p98-100.

⁵³ Op cit, n7, at p5.

⁵⁴ This comes back to the issue discussed in Chapter 3. We should be concerned with helping the child rather than doing what we ‘think’ to be in the best interests of the child. It also comes back to Kitzinger’s suggestion of ‘the ideal victim’ - in order to be recognised a child must fit the characteristics.

⁵⁵ R.Dingwall, J.Eekelaar & T.Murray, ‘The Protection of Children: State Intervention and Family Life’, Basil Blackwell, 1983.

Issues Identified In Public Inquiries.

These problems of identification and prediction have become evident in a number of public inquiry reports which have attempted to address the issue of high risk. The Beckford Report⁵⁷ was critical of the failure on the part of social workers to make use of predictive research in practice. However, quite significantly, whilst it states that it is crucial for social workers to identify instances of 'high risk', the report nevertheless declines to define 'high risk' as 'we think that it is not susceptible to definition.'⁵⁸ Drawing upon the various strands of research presented to it⁵⁹ the report asserted that:

'In answer to the question, can 'high risk' situations be identified in advance, Professor Greenland told us that he could give an answer, 'a cautious yes - in some cases'. He went on to say that it seemed prudent to classify all non-accidental injuries to young children as 'high risk' cases, since 80% of all children unlawfully killed by their parents had been previously abused.'⁶⁰

However, in addition to this failure to define the notion of 'high risk', no indication was provided of how such cases of high risk are to be sifted out of all referrals and/or allegations which social workers encounter in practice. By implication they should all be regarded as high risk cases, which once again raises the issue not only of resources but also of intervention into family life.

By contrast, the Cleveland Report was concerned that assessments should not accuse families on the basis of unproven predictive techniques.⁶¹ A considerable amount of this centred on the significance of the anal dilation test as a sign or indication of sexual abuse.⁶² Eventually, the report concluded that:

'In our present state of knowledge, none of these [signs] in themselves, or in various clusters, establish with reasonable certainty that anal abuse has occurred. All are, or may be, open to alternative explanations.'⁶³

⁵⁶ Supra, n55, at p244.

⁵⁷ London Borough of Brent, 'A Child in Trust: Report of the Panel of Inquiry Investigating the Circumstances Surrounding the Death of Jasmine Beckford', London, 1985.

⁵⁸ Ibid, p288.

⁵⁹ C.Greenland, 'Preventing CAN Deaths: An International Study of Deaths due to Child Abuse and Neglect', Tavistock, 1987.

⁶⁰ Supra, n57, at p288.

⁶¹ Indeed, it has been described as a classic case of the pressure to move theory into practice, with the relatively 'simple' medical test for sexual abuse.

⁶² See: H.Hanks, C.Hobbs & J.Wynne, 'Early Signs and Recognition of Sexual Abuse in the Pre-School Child', in K.Browne, C.Davies & P.Stratton (eds.), 'Early Prediction and Prevention of Child Abuse', p153, John Wiley, 1988.

⁶³ 'Report into the Inquiry into Child Abuse in Cleveland 1987', p189, HMSO, 1988.

Once again this brings us back to the critical issue of the balance to be achieved when using predictive criteria, between on the one hand overlooking some instances of abuse and on the other incorrectly labelling families as being abusive in nature. The fact that we do not currently have the skills or technologies to identify and predict instances of child abuse with any degree of precision means that a choice has to be made. Should one err on the side of caution and attempt to keep false negatives to a minimum, so increasing the likelihood of false positives?

This issue forms the researcher's predominant objection to the use of predictive criteria in childcare work. Our current state of knowledge and our appreciation of the connections between signs and the presence or likelihood of abuse are still too limited. However, this is not to say that the use of signs and/or characteristics should be dismissed totally. Indeed, the hypothesis being tested within this thesis centres upon the collection of data and its subsequent use by professionals within the childcare framework. As will be noted later on in this chapter, the notion of signs/characteristics being used to identify instances of 'need' as opposed to 'risk' sits far more comfortably with both our current state of knowledge and the underlying ethos of the Children Act 1989. Indeed, the introduction of the new assessment framework on 1st April 2001 has reinforced this approach.⁶⁴

Turning back to the Cleveland Report, one of its major deficiencies was that no indication was actually given as to the actual number of children that the 'Inquiry Team' identified as having been abused. In many respects, this continues to undermine some of the weight that the Report carries in terms of being able to compare data with respect to the numbers of children who were actually abused as compared to those who were originally identified as being 'at risk'. However, if we are to view the use of predictive criteria in terms of highlighting 'risk' as questionable and gradually move away from the use of information in this way, towards that of need assessment and family support, then the importance of Cleveland must be acknowledged.

Are Some Families Seen As More Vulnerable Than Others?

It is perhaps worth turning back to Howitt's suggestion that many of the incidents that are investigated are essentially trivial.⁶⁵ This raises the question as to the way in which a child protection worker goes about deciding whether an incident amounts to '*abuse*' or that the

⁶⁴ Refer to the discussion outlined in Chapters 1 and 5.

⁶⁵ Op cit, n7, at p30.

child is *'at risk'* as opposed to a *'problem family'* which is *'in need'*?⁶⁶ In many respects, this may be linked in with the discussion outlined in Chapter 3 concerning Blagg's *'ideal'* victim. In other words, the notions of deserving and undeserving victims and their implications on the operation of the protection process.⁶⁷ Equally, as Lightup comments, the *'operational perspective'* of the parent in such situations may very well have a part to play.

Parton *et al's* research on case files⁶⁸ highlighted the fact that these files centred around whether a specifically alleged event had occurred, as well as the behaviours of caregivers, the state of the home and what other people said. The feeling was that once an investigation was conducted, the question as to whether abuse had occurred was frequently overshadowed by:

'...whether the material and emotional circumstances of a child [were] acceptable to child protection workers.'⁶⁹

This would tend to suggest that professionals assess a *'snapshot'* of the child's circumstances and environment in order to make a decision as to whether the child is safe. This is reinforced by Lightup who notes:

'what was involved was not just the negotiation of a "picture of events" but also a "moral profile" of the people involved in an attempt to establish some sort of fit on a moral dimension between what was seen as "acceptable behaviour" and what was seen as "sanctionable behaviour".'⁷⁰

Both of these studies reinforce the fact that when faced with an incident, professionals make decisions based upon moral evaluations, as opposed to a fixed list of criteria. Indeed, Lightup notes the way in which practitioners react to parents who display an apparent lack of concern in relation to events, categorising previous minor incidents as being indicative of problems:

'which required them [practitioners] to take action at that time in an attempt to prevent further difficulties arising.'⁷¹

⁶⁶ See: D.Thorpe, *'Evaluating Child Protection'*, Milton Keynes: Open University Press, 1994; J.Warner & D.Hansen, *'The Identification and Reporting of Physical Abuse by Physicians: A Review and Implications for Research'*, p11-15, *Child Abuse & Neglect*, 18, 1994.

⁶⁷ See: H.Blagg, *'Fighting the Stereotypes - 'Ideal' Victims in the Inquiry Process'*, in H.Blagg, J.Hughes & C.Wattam (eds.), *'Child Sexual Abuse: Listening, Hearing and Validating the Experiences of Children'*, Harlow: Longman, 1989.

⁶⁸ See: Chapter 3, p64.

⁶⁹ Op cit, n29, at p83.

⁷⁰ R.W.Lightup, *'A Micro-Study of Some Interactional Features of Social Worker - Client Relationships'*, p169, University of Manchester, 1982.

⁷¹ Ibid, at p170.

In this regard, it is suggested that if the parents had shown some degree of regret the outcome may very well have been different with the children remaining with the family.

Whilst one may appreciate why professionals resort to this '*rule of thumb*' approach given our earlier discussion regarding signs/symptoms, the fact remains that if we are to make sense of families and respond appropriately and effectively, we need to understand how and why people behave as they do under stress and difficulty.⁷² As such we must pose the question as to whether this is being accomplished under such an approach. Additionally, we must question the factors which are being included within this picture of the family and whether they have a significant bearing upon the moral decisions being made by professionals.

In particular, it is worth examining the way in which families perceive and subsequently react to this intrusion into their lives. As was noted in Chapter 3, there is the constant danger of prevailing constructs of what we perceive child abusers to be like. There is also the issue of what professionals are looking for in parents who could be potential abusers or in abusive parents before they can be 'helped'. Cleaver and Freeman suggest that:

'...faced with an accusation of child abuse, irrespective of its gravity or the weight of the evidence, parents devise coping strategies, which, as far as possible, will accommodate the accusation and its implications.'⁷³

Such reactions on the part of parents are termed as the '*operational perspective*' of the parent.⁷⁴ In practice, such reactions frequently do not match the operational perspective of the investigator. This is especially true at the commencement of an inquiry and may be attributed to the fact that parents will undoubtedly feel a combination of emotions ranging from anger through to resentment and concern about the future of their child. We have also seen in Chapter 3 that when faced with accusations,⁷⁵ parents will display 'a predictable pattern of emotion and behaviour'⁷⁶ and deny the incident; a coping strategy which is frequently interpreted incorrectly by professionals.⁷⁷ In this regard, Westcott noted that the perceptions of parents and child protection officers in relation to this process were often significantly

⁷² See: D.Howe, 'Attachment Theory for Social Work Practice', p189, Macmillan, 1995.

⁷³ H.Cleaver & P.Freeman, 'Parental Perspectives in cases of Suspected Child Abuse', p95, London HMSO, 1995.

⁷⁴ See: Op cit, n29, at p85.

⁷⁵ See: A.Pellegrin & W.Wagner, 'Child Sexual Abuse: Factors affecting Victims' Removal From Home', p53-60, Child Abuse & Neglect, 1990. Whilst some decision making appeared rational, other predictors included whether the mother was in paid employment and whether she expressed support for her partner and disbelief or criticism of the child as well as the degree of co-operation given to workers.

⁷⁶ W.R.Miller & S.Rollnick, 'Motivational Interviewing: Preparing People to Change Addictive Behaviour', New York: Guilford, 1991.

⁷⁷ J.Kear-Colwell & P.Pollock, 'Motivation or Confrontation: Which Approach to the Child Sexual Offender?', Criminal Justice & Behaviour, 24(1), 1997.

different⁷⁸ with many families commenting on a lack of 'mutual understanding'. Significantly, Westcott states that for child protection officers the quality of a relationship was centred on parents '*acknowledging their problem*'. By contrast, parents often welcomed a professional who was not only 'friendly' but also 'a good listener'.

Consequently, do such 'snapshots' giving a true picture of the family? Is attention focused on presumably 'bad' individuals as the causes of their children's suffering,⁷⁹ at the expense of critically examining the social context supporting or contributing to their behaviour and circumstances? Dingwall *et al* suggest that in practice, investigators appear to rely to a certain degree on 'normal' child-rearing practices when making these assessments.⁸⁰ Howitt refers to this process as that of '*templating*', whereby professionals compare families against a 'template' of what is considered to be normal.⁸¹ This inevitably raises the question as to what may be considered to be 'normal' child-rearing practices. In this regard, Wolfner and Gelles' study highlighted a base rate for minor violence (physical punishment) of 619 out of every 1,000, with a rate of 110 in every 1,000 for severe (abusive) violence.⁸² In many respects, this would appear to be supported by '*Messages From Research*' in so much as corporal punishment was practised by the majority of respondents.⁸³ In addition, Lamb and Coakley's research discusses the level of sexual play for children displayed within a 'normal' family environment.⁸⁴

However, this data raises a certain degree of concern, especially in light of the observation that many of the injuries reported can be quite minor in nature⁸⁵ and that the majority of allegations made to statutory agencies consist of vague information reporting either general concerns or low levels of intrusion.⁸⁶ Given these factors, why do some children come to the attention of statutory agencies whilst others do not? Equally, given the profile of 'normal' families, how are children '*at risk*' to be separated from those who have simply been the subject of 'normal' family chastisement?

⁷⁸ H. Westcott, 'Perceptions of Child Protection Casework: Views from Children, Parents and Practitioners', in C. Cloke & M. Davies (eds.), 'Participation and Empowerment in Child Protection', p45, Pitman Publishing, 1995.

⁷⁹ See: discussion outlined in Chapter 3 (p62-65).

⁸⁰ Op cit, n55, at p55.

⁸¹ Op cit, n7, at p123

⁸² G. Wolfner & R. Gelles, 'A Profile of Violence Toward Children: National Study', p197-212, Child Abuse & Neglect, 17, 1993.

⁸³ Darlington Social Research Unit, 'Messages From Research', HMSO, 1995.

⁸⁴ See: S. Lamb & M. Coakley, 'Normal' Childhood Sexual Play and Games: Differentiating Play from Abuse', p515-526, Child Abuse & Neglect, 17, 1993; (For further information refer to: M. Smith & M. Grocke, 'Normal Family Sexuality and Sexual Knowledge in Children', London: Royal College of Psychiatry, 1995; A. Kinsey, W. Pomeroy & C. Martin, 'Sexual Behaviour in the Human Male', Philadelphia: W.B. Saunders, 1948).

⁸⁵ See: Op cit, n66.

⁸⁶ See: C. Wattam, 'Truth and Belief in the Disclosure Process', NSPCC Research Policy and Practice Series, London: NSPCC, 1991.

Additional concerns centre on the fact that '*templating*' does not cater for the possibility that injury may be due to factors other than abuse.⁸⁷ In this respect, Howitt notes the case of a child who was removed from his parents due to extensive injuries, which were eventually diagnosed as being the result of rickets:

'There was sufficient evidence at the time of intervention that the symptoms were also those of severe rickets. They simply were not construed as that.'⁸⁸

Whilst, this may appear to be a case where a mistake was made for the best possible reasons, there are far greater implications than simple removal of a child from his family. As Chapter 3 noted, one must appreciate the potential impact upon a child's development in terms of his attachments. The concern in this instance centres upon why alternative opinions were not pursued or why a diagnosis of abuse was chosen over that of rickets. In other words, are some families simply viewed as being more likely to abuse than others are?

In many respects, this links in with our earlier considerations of predictive criteria. The use of risk factors may be regarded as a process which risks being self-validating. Howitt poses the example of a factor 'x' being common in child abuse. Every time abuse is detected by child protection workers the presence of factor 'x' reinforces its apparent predictive value. This would constitute 'common-sense' evidence that prediction is possible and that the 'scientific' evidence is valid in terms of everyday actions.⁸⁹ It may be no such thing if factor 'x' is common when abuse has not occurred. If such an approach is utilised in combination with templating then one may suggest that there is a fine line between '*prediction*' and '*prejudice*' in so much as 'it [may] give succour to certain views within society.'⁹⁰ However, this idea of 'abusive tendencies' has been regarded by many such as Montgomery as seriously misleading.⁹¹

Implications for the Role of Prediction

If child abuse could be categorised as a purely medical condition and as such be reliably diagnosed (predicted), then it would be much easier for childcare workers to prevent it from arising. Indeed, as Chapter 5 will outline, preventive intervention may take on a number of

⁸⁷ One area that has been discredited is that of 'brittle-bone' patients. See: C.R.Paterson, 'Unexplained Fractures in Childhood: Differential Diagnosis of Osteogenesis Imperfecta and Other Disorders from Non-Accidental Injury', p254, *Journal of Neurological & Orthopaedic Medicine and Surgery*, 7(3), 1986; C.R.Paterson, 'Bones of Contention', p25-27, *Community Care*, 16th June 1988. (For an up to date discussion on this area refer to 90 FLR (2) 2001).

⁸⁸ Op cit, n7, at p133

⁸⁹ Op cit, n7, at p33

⁹⁰ D.Howitt, 'Concerning Psychology: Psychology Applied to Social Issues', Milton Keynes: Open University Press, 1991.

⁹¹ S.Montgomery, 'Problems in the Perinatal Prediction of Child Abuse', p194, *British Journal of Social Work*, 1982.

forms, which range from providing family support services in an attempt to change family dynamics, to that of changing the family through removal, either of the child, or the potential abuser. However, they all ultimately depend upon the accuracy of data that is collected by various bodies and how it is subsequently utilised. To date such information has been used in order to identify high-risk cases and so target scarce resources specifically at these families. In many respects, as both Chapters 1 and 5 highlight, local authorities have been encouraged to make ‘defensible decisions’ which in practice may not prove to be the ‘correct decisions’. In other words, the focusing of attention and resources on high-risk cases demonstrates the commitment of agencies to the issue of abuse; a process which is accomplished through the relatively straightforward process of screening the local population, as opposed to its continued monitoring over time. As Chapter 5 will discuss, can such ‘defensible’ certainty be attached to primary and secondary prevention; the provision of family support to families in need? This will be linked with the concept of ‘visible success’ and the way in which a local authority may justify its role and work within the childcare framework.

However, as we have seen research into the identification of key risk factors has in general failed to establish any clear causal relationships. Indeed, recent studies have gradually appreciated that abuse is a far more complex issue than initially thought.

‘Not only will the balance of factors vary depending on the severity and type of abuse being analysed, but there appears to be no uniformity in the association found between different sets of factors and different types of abuse.’⁹²

This is reflected in the considerations contained in the new assessment framework, in so much as family difficulties are regarded as a result of multiple interacting factors, which include the caregiver’s parenting capacity, the child’s psychological traits, and the balance of external supports and stresses. Given this acknowledgement as to the complexity of the issue, the future utilisation of checklists in order to identify instances of abuse has been somewhat restricted. Indeed, Margolin captures the issue well when she suggests that:

‘Perhaps the most effective strategy would involve expanded prevention services that would provide education and support to all new parents in regard to child safety.’⁹³

In this respect, it may be suggested that the role of predictive criteria is far more successfully geared towards the identification of potential ‘families in need’ where a percentage or subset of those families will abuse or be at risk of abusing their children in the future. As noted

⁹² Op cit, n29, at p54

earlier, the risk factors utilised in the identification of '*families in difficulty*' resembled those already associated with child abuse and neglect.⁹⁴ It was also argued that whether problems stem from personal shortcomings, the structure of society or from some combination of these two, the focus should always be on the family and upon possible signs that something is likely to be 'wrong'. As such, Madge argues that these items simply assist professionals to establish the probability that individual families will be under stress;⁹⁵ a view that is supported by Parton *et al.* Whilst risk factors may aid local authorities in the formulation of preventive strategies and the associated allocation of resources, they note that we have not yet developed the necessary skills or understanding of what constitutes child abuse in order to undertake a successful process of prediction in practice.⁹⁶

Consequently, if we consider the potential operational direction that the new assessment framework will take, then rather than identifying abusers *per se*, such indicators could be utilised in order to generate a picture of families 'in need', a subset of which may potentially become abusive in nature. Resources and preventive services in the form of family support could be directed at this sub-population (i.e. families 'in need') in an attempt to reduce the probability of abuse occurring. In other words, (if we return to the suggestion in '*Messages From Research*' that the childcare framework should be regarded as a continuum), that a range of services should be provided in order to minimise the number of children progressing through the continuum and becoming children 'at risk'. However, as Chapter 5 will note, the size of these sub-populations will depend upon the stage at which such preventive services are implemented, (i.e. primary, secondary or tertiary) and the issues that we wish to address.

If we are to re-balance the implementation of the Children Act 1989 by focusing upon the concept of 'need' then the way in which the information collected via 'joint working practices' is utilised needs to be determined in line with the considerations outlined above. The collation of information is an essential part, but only in terms of aiding local authorities to allocate resources and provide supportive intervention at an appropriate stage. It should not be used to pursue investigative practices but to provide a case history of family pressures and needs so as to ensure adequate levels of support to children in need. Consequently, when considering the potential role that teachers and the information available through the educational establishment may have to play, it should be directed at highlighting 'need' as opposed to perpetuating 'risk' assessment and predictive approaches to the issue of abuse.

⁹³ L.Margolin, 'Fatal Child Neglect', p318, Child Welfare, 1990.

⁹⁴ For a comprehensive review see: M.Brown & N.Madge, 'Despite the Welfare State: A Report on the SSRC/DHSS Programme of Research into Transmitted Deprivation', London Heinemann, 1982.

⁹⁵ N.Madge, 'Identifying Families at Risk', in N.Madge (ed.), 'Families at Risk', p201, London: Heinemann, 1983.

⁹⁶ See: Op cit, n29, at p57.

CHAPTER 5

THE PREVENTION OF CHILD ABUSE: EMPHASISING NOTIONS OF PERMANENCE, ATTACHMENT, PARTNERSHIP AND 'FAMILY SUPPORT'

'It was perhaps inevitable that differences in value position about the aims of prevention would fragment the profession ... Such diversification posed a threat to the public purse. Once it was recognised that more than individual first aid was required, the growth of preventive measures was likely to be checked, ostensibly on the grounds of its cost, but more fundamentally, on the grounds of its disturbing logic.'¹

So far the importance of prevention has been discussed in so much that as a concept it is well established as a particular approach to addressing problems. As Gibbons states it can be taken as a general principle that the purpose of preventive services is to promote the welfare of children and the well-being of their families.² However, in this respect all forms of treatment with abusing families may be thought of as preventive measures, a fact that in turn reflects our tendency to over-simplify the notion of prevention in practice. Indeed, Hardiker *et al*³ conceptualise all child-care work as being '*preventive*' in nature. Consequently, when examining the new assessment framework and the potential role that information gained through teachers may have to play within it, in terms of supporting families 'in need' and the long term prevention of abuse, it is essential that the aims/goals of such intervention are clarified from the outset.

At an elementary level it may be suggested that the implementation of simple, relatively inexpensive measures at an early stage may avoid the need for more complex interventions later on. In addition, the person receiving the service will be spared a great deal of potential future disruption. Whilst this proposition is very persuasive, it nevertheless raises two important points. First of all, it would appear to rely upon the existence of a known and direct relationship between the problem and the solution being implemented. If one looks more closely at the concept of prevention, it has been suggested that the term can have no meaning unless there is clarity about 'what' is being prevented:

¹ J.Tunstall, 'Family Support Clauses of the 1989 Children Act', in N.Parton (ed.), 'Child Protection and Family Support', p45, Routledge, 1997.

² See: J.Gibbons, 'Purpose and Organisation of Preventive Work with Families: The Two Area Study', Department of Health, 1989.

³ P.Hardiker, K.Exton & M.Barker, 'Policies and Practices in Preventive Child Care', Avebury/Gower, 1991.

'The difficulty with the use of the term 'prevention' ... lies not so much in the intrinsic meaning of the word as in the differences of meaning that arise once an object is placed after the verb ... to prevent WHAT?'⁴

In this regard, Sinclair *et al* suggest that even where there is a clear idea of what is to be prevented, a full understanding of the characteristics of the phenomenon is still required, as well as an in-depth knowledge of any risk factors associated with the subject.⁵ In relation to this latter point, Chapter 4 highlighted the fact that the identification of risk factors is not as clear-cut as it may initially appear. As Farrington pointed out, the identification of which risk factors are causal and which are merely predictive or symptomatic can prove to be a major problem. Equally most risk factors tend to coincide and be interrelated.⁶ Rather, the identification of risk should be seen in terms of probabilities, being neither absolute nor truly predictive in nature. As Parton *et al*⁷ point out, such identification and subsequent intervention at an early stage should perhaps be more ideally viewed as attempting to '*shift the balance of future probability*'.⁸

Secondly, regarding all child-care work as '*preventive*' is too broad a concept for the purposes of this study and requires some degree of division into distinctive components. Whilst there are many commonalties between the various '*potential*' stages of family and child-care work, they also have a number of important and distinct differences. As will be noted later, a failure to separate these could result in significant confusion about both the appropriateness and effectiveness of such interventions within family life.⁹

A slightly different approach is that taken by Parker who suggests that prevention should be regarded as an '*objective*' at all stages of child-care intervention, adding that the overall aim should be to prevent 'family breakdown, rather than to prevent admission to care'. It also includes an appreciation of the distinctions that will inevitably occur in the type of intervention being delivered. For example, the prevention of family breakdown arising as a result of temporary incapacities of the parents will differ from the intervention needed when a child is at 'risk of physical injury, disturbed emotional development or death'.¹⁰ Others such

⁴ Supra, n3.

⁵ R.Sinclair, B.Hearn & G.Pugh, 'Preventive Work with Families', p9, National Children's Bureau, 1997.

⁶ See: D.Farrington, 'Understanding and Preventing Youth Crime', Joseph Rowntree Foundation, 1996.

⁷ See: N.Parton, D.Thorpe & C.Wattam, 'Child Protection: Risk and the Moral Order', Macmillan, 1997.

⁸ By this I mean attempting to reduce the number of children 'in need' progressing through the system and becoming 'at risk' along with the possibility of more drastic intervention such as court involvement. Later in this section I will discuss ways in which social workers may work with children and their families, identifying need and providing support. In the next section a similar discussion will be undertaken in relation to Health Visitors. The underlying thought throughout will be whether teachers may perform a similar or even complementary role within the child-care framework.

⁹ This not only refers to the question of whether the most appropriate type/level of preventive intervention has been implemented, but also the debate as to the way in which the actual effectiveness of preventive intervention may be measured (i.e. visible success).

¹⁰ R.Parker, 'Caring for Separated Children', p44, Macmillan, 1980.

as Fisher *et al*¹¹ argue for the redefining of prevention, rehabilitation and the provision of care, as that of '*assisted parenting*'. The reasoning behind this being to allow for a spectrum of assistance and to maintain a focus on the welfare of the child. In many respects, it may be argued that this is precisely the approach outlined in the Children Act and that is anticipated through the introduction of the new assessment framework.¹² However, just as the concept of 'prevention' is perceived as being too broad, so too the term 'assisted parenting' suffers from its own deficiencies.

It is apparent that ambiguities surround this area, raising questions as to the precise nature of prevention as well as what it exactly entails in practice. More specifically, questions are raised as to the knowledge on which it is based as well as how prevention can be best achieved and at which stage or stages. Further still how can programmes be monitored and measured?¹³ It would appear that if we are to assess the relevance of prevention as a concept, aim and/or medium through which to implement Part III of the Children Act and the new assessment framework, then we need to clarify exactly what is meant by the term 'prevention'.

Childcare Policy

If one refers back to the discussion in Chapter 1 regarding the implementation of the Children Act, it was noted that the maintenance of children within their own families is seen as offering them the best prospects for optimum development.¹⁴ However, this philosophy has been somewhat tempered by the parameters imposed upon childcare work by reports such as the Beckford¹⁵ and Cleveland Reports. Whilst child abuse professionals have been encouraged to 'identify, predict and prevent'¹⁶ child abuse in a diagnostic, scientific fashion,¹⁷ they have also been informed of the importance attached to working in partnership with families. As noted in Chapters 1 and 4, the scientific, diagnostic approach that accompanied the 'disease' analogy of abuse was not only limited to the identification of children 'in need' but also encouraged the investigative interpretation of section 47 in practice. This in turn can prove extremely difficult to marry with a philosophy of partnership.

¹¹ M.Fisher, P.Marsh & D.Phillips, 'In and Out of Care: The Experiences of Children, Parents and Social Workers', Batsford, 1986.

¹² Refer to the discussion outlined in Chapter 1, p8. The Act is quite clear in the fact that local authorities are required to provide a range of services for children in need and anticipates that families will receive support by way of a variety of intermediate services, before any case is referred to the courts.

¹³ Some of the conceptual and methodological problems are discussed by K.Wells & D.Biegel (eds), 'Family Preservation Services: Research & Evaluation', Sage, 1991; Whitaker et al, 1990.

¹⁴ Refer to the discussion outlined in Chapter 1, p9 (See: M.Brandon, 'Attachment in Child Protection Assessments: Implications for Helping', in D.Howe, 'Attachment and Loss in Child and Family Social Work, Avebury/ Aldershot, 1996.)

¹⁵ London Borough of Brent, 'A Child in Trust: Report of the Panel of Inquiry Investigating the Circumstances Surrounding the Death of Jasmine Beckford', London, 1985.

¹⁶ N.Parton, 'Governing the Family: Child Care, Child Protection and the State', p58, Macmillan, 1991.

Consequently, if the childcare framework is to be re-balanced and the new assessment framework is to be interpreted and implemented in an appropriate fashion,¹⁸ families must be approached in a pro-active way with the intention of providing supportive intervention and encouraging partnership with caregivers. This is not only dependent upon family needs and difficulties being recognised for what they are, but also upon an appreciation of the various ways in which they may be addressed, (i.e. the range of intermediate (supportive) services provided by the local authority). As Chapter 3 highlighted, children may initially come to the attention of professionals for a variety of reasons.¹⁹ Some children may be living with parents who are not able to care for them adequately. Such shortcomings in parental care may be temporary or of long standing²⁰ and are likely to stem from a multitude of factors. In some circumstances they may even amount to neglect or maltreatment of the child.²¹ Consequently, professionals must gain a detailed picture of the child's circumstances in terms of the child's welfare; the parents' strengths and weaknesses as well as general needs and then provide a supportive programme tailored to their requirements.

In this respect, if one refers to the Children Act's Guidance notes, they stress that 'the outcome of any service provision under [section 17] should be evaluated to see whether it has met the primary objective, namely to safeguard or promote the child's welfare'.²² Equally, Gibbons suggests that family support provisions:

'have an important part to play in 'buffering' the effects of stress on vulnerable families.'²³

Hence, as Sinclair *et al* suggest, work at this stage should be based around the premise that 'to support the parent is to support the child'.²⁴ Consequently, if the question is posed again as to 'what' we are aiming to prevent, then according to Parker, it should be the prevention of family breakdown rather than admission into care. The significance of this particular objective will become clear during the discussion in relation to the various levels of prevention and associated risk factors.

¹⁷ We have already reviewed the disappointing outcomes of this approach in the previous section.

¹⁸ By this the researcher refers to the fact that this should be interpreted along the lines of a need-based framework as opposed to that of risk assessment (as arose under the previous system).

¹⁹ It was noted in Chapter 3 (p80-82) that if an atmosphere of partnership is to be generated, professionals must recognise the importance of providing support to families.

²⁰ H.Cleaver & P.Freeman, 'Parental Perspectives in Cases of Suspected Abuse', p5, London: HMSO, 1995, in which they state that longitudinal studies, particularly in psychiatry, have shown that abuse in childhood poses risks to healthy development that is every bit as dangerous as serious childhood illness.

²¹ Some of these children will also have problems in their own right; emotional and behavioural problems, which may put them beyond the control of parents at home or teachers at school.

²² Department of Health, 'The Children Act 1989, Guidance & Regulations', Vol. 2, para. 2.6, HMSO, 1991.

²³ J.Gibbons (ed), 'The Children Act 1989 and Family Support – Principles into Practice', p3, HMSO, 1992.

²⁴ Op cit, n5, at p5.

However despite the official rhetoric of '*family support*' there would still appear to be ambivalence with regard to the value of the family environment for all children. As Chapter 4 highlighted, a number of local authorities have prioritised restricted resources so that only children 'in need' of protection are provided with a service.²⁵ A minority of others though have 'refocused' services with the aim of offering a broader base of family support to help maintain children in their families which would appear more sympathetic with the spirit of the Children Act 1989.²⁶ As Aldgate and Tunstill point out:

'family support must have a broad base and not be restricted to services for those already identified as being in serious difficulties.'²⁷

If one considers the focus of the new assessment framework,²⁸ then the latter approach must be the one that is adopted by all local authorities if children are to be supported within their family environment.²⁹ However, this change in emphasis is not made any easier by the Children Act's provisions dealing with prevention and development.³⁰ Whilst the Act emphasises that parents are generally the best people to care for their children, the provision of services to support parents in this task is somewhat limited. This is evidenced by the fact that key elements such as access to housing, health and income support fall predominantly outside of the scope of the Children Act, although section 27 allows the local authority to request the help of agencies³¹ to provide support under Part III of the Act.³² In this respect, Eekelaar³³ points to the shift in meaning attributed to the term '*parental responsibility*' during the early stages of the Children Bill, from being the responsibility of parents to act dutifully towards their children to that of responsibility for child care belonging to parents rather than the state.

²⁵ See discussion in relation to the use of Child Protection Registers in order to gain access to services/ resources, (p96-97). In addition, C.Jones & T.Novak, 'Social Work Today', p195-212, British Journal of Social Work, 23(3), 1993, see the potential of the Children Act 1989 as far less benign than other commentators would have us believe. (Also see: J.Aldgate et al, infra n27)

²⁶ See: J.Packman & B.Jordan, 'The Children Act: Looking Forward, Looking Back', p315-327, British Journal of Social Work, 21(2), 1991, who perceive the 1989 Act as issuing in a period of less 'compulsory intervention' and relatively more 'informal support' for families. (Also see: M.Brandon et al, infra n34, at p97).

²⁷ J.Aldgate & J.Tunstill, 'Making Sense of Section 17', p3, HMSO, 1995.

²⁸ Refer to the discussion outlined in Chapter 1 (p17-21).

²⁹ It was noted in Chapter 1 (p8-10) that a combination of resource constraints and public scrutiny following enquiries has led a number of local authorities to make defensible decisions in so much as child protection procedures are focused upon and followed. By contrast, support services, which may not readily be defended in terms of visible results, have received less attention in terms of resource allocation.

³⁰ It is immediately apparent that those dealing with a child's right to protection are by no means framed as restrictively as those relating to a child's right to the best development are.

³¹ Including the local education authority, housing department and health authority.

³² See: W.Rose, Foreword in J.Gibbons (ed), 'The Children Act 1989 and Family Support – Principles into Practice', p ix-x, HMSO, 1992. In which she states, 'this [section 17] is reinforced in Section 27, with the new duty on other agencies to assist local authorities in the performance of their duties. This is a vital opportunity for local authorities to influence others in the way they work with families (partnership in all aspects) and to encourage multi-disciplinary working and mutual understanding between all agencies.'

³³ J.Eekelaar, 'Parental Responsibility: State of Nature or Nature of the State?', Journal of Social Welfare and Family Law, 1, p37-50, 1991.

It has been suggested that this shift in meaning reflects the fact that whilst the state recognises the importance of the 'family unit' to children, it is not prepared to acknowledge fully the importance that support services may play in achieving this end. In other words, as Brandon *et al* state, it would appear that the care of children remains a largely individualised and privatised responsibility.³⁴ Commentators such as Tunstill have questioned the true intent behind this concept.³⁵

This situation would appear to be compounded by the fact that the general duty to provide family support services is centred on the concept of children who are '*in need*'. As Chapter 1 highlighted, whilst the definition of a child being '*in need*' is widely defined,³⁶ it nevertheless tends to be interpreted more narrowly in practice.³⁷ This interpretation is aided in no small part by the degree of flexibility afforded by the wording of Part III and Schedule 2.³⁸ Indeed, Jordan³⁹ found that most local authorities determined priority access to family support services on the basis of those children '*at risk*', rather than basing their priorities on empirical data about the numbers of children with needs.⁴⁰ Consequently, whilst the Guidance notes state that 'in assessing individual need, authorities must assess the existing strengths and skills of the families concerned and help them overcome identified difficulties and enhance strengths'⁴¹, Jordan suggests that practice centred upon:

'investigations and assessments [which] consumed expensive professional skills, and often resulted in no action, or simply in watchful monitoring ... Child protection conferences focused too narrowly on risks, rather than needs; they were not the best way to link families with services for support.'⁴²

This brings us onto an important point made by Marsh. Without a full picture of the facts (strengths as well as weaknesses), services may be pursued that do not fit the precise needs of a family. Indeed, '*Messages From Research*' recommends that any '*incident*' has to be seen in *context* before the extent of its harm can be assessed and appropriate interventions

³⁴ M.Brandon, G.Schofield & L.Trinder, 'Social Work with Children', p28, 1998, Macmillan Press.

³⁵ Refer to Chapter 1 (p12-24). Op cit, n1, at p56. (Whilst the clause masquerades as one supporting the child in the family, the predominant driving force behind it is the legitimisation of resource rationing).

³⁶ Department of Health, 'The Children Act 1989, Guidance & Regulations', Vol. 2, para. 2.4, HMSO, 1991.

³⁷ See: Colton, Drury & Williams, 'Staying Together: Supporting Families under the Children Act 1989', p34-37, Arena, 1995, in which only half of the 103 social workers interviewed believed the definition is adequate. The argument of those who felt that it was inadequate was that by being so vague it allows SSDs to exclude children from services.

³⁸ Refer to the discussion outlined in Chapter 1, (p12)

³⁹ See: B.Jordan, 'Partnership with Service Users in Child Protection and Family Support', in N.Parton (ed), 'Child Protection and Family Support', Routledge, 1997.

⁴⁰ In terms of the 'trilogy', which we will discuss later, it would appear that preventive intervention has been restricted to tertiary level prevention (services aimed at sub-populations in which the problem has already been identified). If we are to prevent family breakdown and provide family support services, then preventive intervention should be focused upon the provision of primary and secondary services to families with children '*in need*'. (See p123-125).

⁴¹ Department of Health, 'The Children Act 1989, Guidance & Regulations', Vol. 2, para. 2.5, HMSO, 1991.

⁴² Op cit, n39, at p215.

agreed'.⁴³ As such, services may appear *ineffective* whilst in reality they are simply *inappropriate*. As Chapter 3 noted if services are imposed rather than agreed, or introduced at an inappropriate juncture, then they are more likely to go wrong.⁴⁴ This would appear to link in with the final issue of the difficulty associated with measuring certain types of supportive intervention. Even if appropriate and effective services are implemented, how may a local authority measure and subsequently justify the effectiveness of these types of intervention? As will be noted later in this section, a needs based system relies upon pointing towards '*what could have happened and was prevented*' in order to justify its role.⁴⁵

It should also be borne in mind that childcare policies exist within a social context.⁴⁶ Growing income inequality has direct and indirect effects upon children's health and development as well as on their living conditions and access to opportunities.⁴⁷ Beddington and Miles found that children in families with low incomes and substandard conditions were more likely to enter care than other families living in average conditions.⁴⁸ In addition, studies of nutrition have shown that poverty not only stunts children's growth, but also affects their ability to learn.⁴⁹ Consequently, it would appear that children living with parents overwhelmed by their own problems need support and/or protection from outside the family, a factor highlighted in '*Messages From Research*'.⁵⁰ However, in the light of the above discussion regarding the concept of 'need' and local authority decision making, it appears unlikely that poverty will, of itself, convey entitlement to family support services.⁵¹

Consequently, if the aim of the childcare framework is the prevention of family breakdown and 'enrichment' of parenting styles, then the focus should be upon providing the appropriate type of support to families at suitable junctures. In other words, the emphasis should be upon the availability of primary and secondary services to families, the implementation of a proactive rather than a reactive approach.⁵²

⁴³ Dartington Social Research Unit, 'Child Protection: Messages From Research', p20, HMSO, 1995.

⁴⁴ P.Marsh & J.Triseliotis (eds), 'Prevention and Reunification in Child Care', p41, Batsford, 1993.

⁴⁵ Refer to discussion on p128-129.

⁴⁶ Refer to the discussion outlined in Chapter 1, (p12-13). (See: *Infra*, n67; J.Packman, J.Randall & N.Jacques, 'Who Needs Care?', Blackwell, 1986. In which they identified that 40% of children in the South of England entering public care were coming from one-parent families; Department of Social Security, 'Households below Average Income', HMSO, 1992.)

⁴⁷ See: G.Darcy-Smith & J.Morris, 'Increasing Inequalities in the Health of the Nation', p967-969, British Medical Journal, 310, 1994.

⁴⁸ A.Beddington & J.Miles, 'The Background of Children Who Enter Local Authority Care', British Journal of Social Work, 15, p349-368, 1989.

⁴⁹ P.Barclay, 'Joseph Rowntree Foundation Inquiry into Income & Wealth', Vol.1, Joseph Rowntree Foundation, 1995; E.Dowler & C.Calvert, 'Nutrition and Diet in Lone Parent Families in London', London: Family Policy Studies Centre, 1995; ⁴⁹ V.Kumar, 'Poverty and Inequality in the UK: The Effects on Children', National Children's Bureau, 1993.

⁵⁰ *Supra*, n43 at p54. It goes on to suggest that the most deleterious situations in terms of longer-term outcomes are where the primary concern is the 'parenting style'.

⁵¹ See: Gulbenkian Foundation Commission, 'Children and Violence: Report of the Commission on Children and Violence', London: Gulbenkian Foundation, 1995. Using the accepted European definition of poverty as those living on less than half the average income, 4.3 million children out of a total of 11 million children living in England and Wales were found to be in poverty in 1993. See also my earlier discussion of poverty (p10-11).

⁵² See: N.Frost, 'Delivering Family Support: Service Development', in N.Parton, 'Child Protection and Family Support', p195, Routledge, 1997.

Current Weaknesses in the Child Care System.

This is reflected in research studies, which are quite consistent in pointing to two major areas of weakness in present child protection arrangements. First, as Chapter 1 highlighted there is the concern that too many children ‘*in need*’, who are not in need of protection, appear to be drawn into a child protection investigation. Whilst they are quickly ‘evicted’ from the system, they are frequently not provided with alternative forms of support.⁵³ In order to refocus on children in need, a change in the way in which the legislation is interpreted is required.⁵⁴ In this regard, the introduction of the new assessment framework and ‘*Working Together to Safeguard Children*’ go someway towards encouraging this change.

Second, there is a problem in relation to the effectiveness of intervention once children are placed on registers.⁵⁵ Both the NSPCC and Audit Commission support a reappraisal of policy and practice,⁵⁶ so as to provide more priority to family support. However there are different views concerning the direction of potential change. Some argue that policy and practice should develop through a gradual refinement and tightening of procedures in order to prevent children ‘at risk’ from slipping through the protective net. The Department of Health pointed to the need for a more integrated protection and welfare system, which places a greater emphasis on the welfare needs of children who come to attention because of suspected abuse and/or neglect. As such ‘abusive incidents [would] be viewed in a context of general need in which there may be a protection issue.’⁵⁷

Shaw *et al*⁵⁸ argue that there is no necessary conflict between the principles of family support and child protection so long as everyone involved keeps in mind the paramount importance of the children’s welfare and safety.⁵⁹ In this regard, it is perhaps useful to examine the various issues that may provide some indication of the welfare of the child and form the basis for a preventive framework.

⁵³ Refer to the discussion outlined in Chapter 1, (p16-17). See: J.Gibbons, ‘Relating Outcomes to Objectives in Child Protection Policy’, in N.Parton, ‘Child Protection and Family Support’, p88, Routledge, 1997.

⁵⁴ Department of Health, ‘Working Together’, London: HMSO, 1991. The guidance lays heavy emphasis on the dangers of ‘missing’ possible cases of abuse, and therefore encourages an ‘*investigatory*’ approach over too wide a range of concerns about child welfare.

⁵⁵ Supra n53. Whether the outcome measure is avoidance of repetition of maltreatment or outcome is measured in terms of ‘normal’ child development, the results cannot be regarded as satisfactory.

⁵⁶ Audit Commission, ‘Seen But Not Heard: Co-ordinating Community Child Health & Social Services for Children in Need’, London: HMSO, 1994.

⁵⁷ Op cit, n43.

⁵⁸ M.Shaw, J.Masson & E.Brocklesby, ‘Children in Need and their Families: A New Approach. A Guide to Part III of the Children Act 1989 for Local Authority Councillors’, p14, School of Social Work, Leicester University, 1991.

The Notion of Permanence

Maluccio *et al*⁶⁰ conceptualised permanence to include policies and practices that contribute towards the establishment of stability of care within a child's family (domestic environment) as opposed to externally. Triseliotis developed this notion and subsequently defined it as aiming to:

‘promote the child's physical, social and psychological wellbeing through providing consistent care, stable relationships and a social base in life from which to face adulthood.’⁶¹

This raises a number of significant issues. First of all, if the concept of ‘permanence’ requires us to focus upon a child's wellbeing, then we are essentially looking at his development.⁶² As was noted in Chapter 3, a child's development is affected by the nature of his early relationships⁶³ which in turn affect his internal working model. In this respect, Howe states that:

‘The more coherent and consistent are the qualities of the attachment relationship, the more accurate and therefore useful will be the child's ‘working model’. If an infant is ‘modelling’ a relationship, which is regular, consistent and responsive, the model itself will reflect those qualities... Models generated in inconsistent environments, by definition, are not very good at predicting other people's behaviour or the consequences of one's behaviour. These external inconsistencies and contradictions become internalised. The psychological result can be feelings of confusion, anger and despair often expressed as difficult behaviour.’⁶⁴

In the light of this, attention must clearly be paid to these interactions. Rather than seeing the childcare process as predominantly centred on risk assessment and protection,⁶⁵ greater emphasis should be placed upon enhancing a child's environment and as such ‘enriching’ his attachments. If this is not the case, then by the time local authorities intervene in the form of child protection procedures the child is likely to be carrying with him the scars inherited from an abusive environment.⁶⁶

⁵⁹ Op cit, n1, at p 48.

⁶⁰ A.Maluccio, E.Fein & K.Olmstead, ‘Permanency Planning for Children’, Tavistock, 1986.

⁶¹ Op cit, n44, at p5.

⁶² It should be noted that these are precisely the factors which are to be taken into account in the Assessment Framework Triangle. (Refer to Chapter 1, Figure 1.1, p22)

⁶³ See discussion of attachment theory in Chapter 3 (p67-70).

⁶⁴ D,Howe, ‘Attachment Theory for Social Work Practice’, p74, Macmillan, 1995.

⁶⁵ See: Op cit, n16.

Secondly, in trying to promote a 'permanent' environment, it has been noted that care is needed not to set unrealistic expectations of families, particularly with separation, divorce, single parenthood and formal and informal reconstitution being characteristic of many families.⁶⁷ Whilst we saw in the previous section that a combination of these factors may point towards the possibility of children being 'at risk',⁶⁸ Farmer and Parker demonstrate that the majority of children who are returned to their families from care achieve relative stability within continuing changing family circumstances.⁶⁹ Nevertheless, there will inevitably be instances when it would be in a child's best interests for permanence to be sought and achieved outside the original family.⁷⁰

If one refers back to the philosophy behind the Children Act, it is the achievement of permanency primarily within the child's own family, through a combination of measures ranging from supportive services (i.e. family support/assisted parenting) to the provision of 'accommodation' and of care services. This in turn is reflected in the *'Framework for the Assessment of Children in Need and their Families'* which aims to achieve permanency through the identification and subsequent support of children in need and their families. However, as a concept, permanence is still too global for the purposes of this study, requiring division in order to aid specific policy and practice considerations. In this regard, Triseliotis'⁷¹ framework divides the concept of permanence into those parts concerned with permanence within the child's own family and those outside the family of origin.

Achieving Permanence in Practice

Triseliotis describes permanence within a child's family as consisting of a number of strands, which commence with the key assumption that family stability will be achieved in the majority of cases through a combination of the families' own efforts and general social policies without the need for external intervention. Subsequent stages in Triseliotis' model introduce varying degrees of state intervention. The next stage recognises that some families will require additional help in the form of Part III family support services, the provision of accommodation or of relief care. It is posited that the implementation of such services will result in the majority of these children never having to enter the formal care system.⁷² The

⁶⁶ This should certainly form a major consideration when looking at children 'in need'.

⁶⁷ See: J.Haskey, 'Children in Families Broken by Divorce', p34-42, Population Trends, 61, 1990, which states that 4 out of 10 marriages are predicted to end in divorce affecting approximately 150,000 children each year, while a further unknown number experience break-up between cohabiting parents who have never married.

⁶⁸ See the discussion of 'prediction' in Chapter 4.

⁶⁹ See: E.Farmer & R.Parker, 'Trials and Tribulations: Returning Children from Local Authority Care to their Families', HMSO, 1991.

⁷⁰ Such arrangements need not result in the child losing meaningful links with members of its original family.

⁷¹ Op cit, n44, at p6.

⁷² Ibid

third stage provides for the minority of children who may need to be admitted to temporary care for their welfare and protection. However, the ultimate aim is focused on children being reunited with their families. Permanence outside a child's family of origin is reserved for those children who are unable or unwilling to return home.⁷³

Consequently, if a child's wellbeing through the degree of permanence in his life is to be achieved in practice a number of considerations come to the fore. First of all, as noted earlier the capacity of parents to offer consistent care and stable relationships depends upon wider environmental factors as much as on the availability of support services. As Bryant states:

‘Health surveillance on its own may have little effect unless it is accompanied by measures to relieve poverty, poor housing and other environmental stress.’⁷⁴

If we turn back to enriching family interactions, then the provision of universalistic services to all families and children must be seen as an important part of any childcare process.⁷⁵ Certainly, access to locally based services and resources such as crèches and day nurseries, as well as appropriate income support, good quality housing and education is required. In this regard, the degree of success achieved by the new assessment framework will depend to a large extent upon the resources made available, the kind of policies and programmes the local authorities develop as well as the way in which services are delivered to families.⁷⁶ In this respect, Holman observes that:

‘...partnership will not prosper if local authorities cannot supply the kind of open, non-stigmatising services which facilitate rather than restrict family life’.⁷⁷

However, the reality is that demands are likely to prove incompatible with local authority budgetary restrictions⁷⁸ and rationing of resources.⁷⁹

Secondly, the question arises as to whether preventive intervention can have a significant effect in practice. In order to address this issue, the notion of prevention requires some degree

⁷³ This form of permanence may be planned from the start or following the failure of restoration plans.

⁷⁴ G.Bryant, ‘Preventive Health Care for Pre-School Children or Health Surveillance’, p195-206, *Child Care, Health & Development*, 12, 1986.

⁷⁵ This will be discussed from the point of view of ‘health visitors’ both later on in this section and in Chapter 6. It also has an important bearing upon our later examination of teachers.

⁷⁶ In relation to the provision of services to families, it will be noted in Chapters 8 & 9 that schools could play an important role, possibly as an initial gateway to basic support services, programmes (i.e. parenting skills courses).

⁷⁷ R.Holman, ‘Flaws in Partnership’, *Social Work Today*, 20th February 1992.

⁷⁸ See: Ibid, in which he gives the example of Newcastle Social Services Department, which soon after the introduction of the Act had to cut the number of social workers and day care staff to avoid being rate-capped.

⁷⁹ See: R.Gardner, ‘Court in the Act’, p17, *Community Care*, 25th June 1992, who in a review of how the Children Act 1989 is actually working, refers to the disbelief of social workers because ‘these claims on behalf of families imply that there are more services because of the 1989 Act’.

of division into distinctive components, such as that of the 'trilogy' approach. Failure to do so can create a basic difficulty in demonstrating the effectiveness of family support work⁸⁰ which in turn lends greater weight to prevailing constructs and social pressures that have placed strain upon the development of partnership in this area. Consequently, the concept of prevention needs to be understood in terms of the level of the preventive intervention. In many respects this ties in with the issue regarding the types of intervention that should be pursued. In other words, are some of these more effective in comparison to others and does this vary according to the stage of intervention? Once again the adoption of a framework in this regard may prove beneficial.

In considering any preventive framework, it is also worth bearing in mind the issue of partnership discussed in Chapter 3, in so much as for family support services to prove effective they need to be applied correctly at the appropriate point.⁸¹

Levels of Prevention.

There are a variety of methods for describing the various levels of prevention, one of which is the 'disease' analogy referred to Chapter 4. Adopting such an approach enables us to classify preventive strategies as 'primary', 'secondary' or 'tertiary' by focusing on the stage of problem formation.⁸² This in turn suggests an appropriate target population for effective intervention. Whilst this method is by no means the only theoretical framework it does nonetheless provide a useful framework.⁸³

Primary prevention is aimed at the general population (before problems have arisen),⁸⁴ while secondary is targeted more specifically on those considered '*at risk*', in the hope of eliminating or reducing the incidence of the problem.⁸⁵ Tertiary prevention is aimed at sub-

⁸⁰ J.Garbarino, 'Can we measure success in preventing child abuse? Issues in policy, programming and research', p143-156, *Child Abuse and Neglect*, 10, 1986.

⁸¹ Refer to the discussion outlined in Chapter 3, (p80-82).

⁸² D.Gough, 'Approaches to Child Abuse Prevention', in K.Browne, C.Davies & p.Stratton, 'Early Prediction and Prevention of Child Abuse', p105, John Wiley & Sons, 1988. Also see: Op cit, n4.

⁸³ See: C.Coohey & J.Marsh, 'Promotion, Prevention and Treatment; What are the Differences?', p524-538, *Research in Social Work Practice*, 5(4), 1995.

⁸⁴ There have been a number of research projects that have highlighted the failure of attempts to enhance parental competence to produce significant improvements. (See: G.Resnick, 'Enhancing Parental Competencies for High-Risk Mothers: An Evaluation of Prevention Effects', p479-489, *Child Abuse & Neglect*, 9, 1985). One reason for this may be that, once a negative parent-child relationship has begun, it is difficult to reverse the downward spiral. One answer may be to implement such interventions at an earlier stage in the pre-natal or peri-natal period. (See: R.Helfer M.Bristor, B.Cullen & A.Wilson, 'The peri-natal period: A Window Of Opportunity For Enhancing Parent-Infant Communication: An Approach to Prevention', p565-579, *Child Abuse & Neglect*, 11, 1987). If one looks at the work of Cunningham *et al*, then they conclude that it appears easier to promote positive relationships than it is to intervene in negative ones. (See: N.Cunningham, E.Anisfield, V.Caspar & M.Nozyce, 'Infant Carrying, Breast Feeding and Mother-Infant Relations', p379, *Lancet*, 1, 1987).

⁸⁵ These are intervention techniques, which are aimed at the early prediction and identification of potential or actual child abuse and neglect. However, as was noted in Chapter 4 it is difficult to predict the chances of child maltreatment in the family environment, as there will always be instances of parents resorting to violence inconsistently or those who may do so only under extreme stress. As such we noted that far from being able to predict children '*at risk*', it is those who are '*in need*' that are being highlighted by these '*predisposing*' factors.

populations in which the problem has already been identified,⁸⁶ in the hope of avoiding a recurrence in the future.⁸⁷ In addition to this Hardiker *et al*, discuss quarternary prevention, which centres upon work aimed at reducing the impact of intrusive interventions.⁸⁸ Unfortunately, tertiary prevention programmes are by far the most common forms of intervention.

It is also important to appreciate that the various stages of prevention are not mutually exclusive. For instance, in the case of parents, tertiary prevention may also be seen as secondary prevention in the case of children, bearing in mind the inter-generational continuities discussed by Egeland.⁸⁹ Whilst evidence for this 'contagious' element of child abuse is still questionable, there is the consideration that parents will draw heavily on their own childhood experiences of being parented.⁹⁰ If this was harsh or neglectful, then there is the possibility that when faced with a naughty or defiant child, they may find it impossible to sustain a loving relationship.⁹¹

This framework would appear to incorporate a wide range of the work that may potentially be carried out with families within the childcare framework. For example, if one considers primary intervention services, they are not likely to be intensive in nature but will inevitably be spread more widely. Equally, they will not be tied to any particular time frame and preventive effects may emerge in the short, medium or long term.⁹² However, as one advances through these various levels, the intrusiveness of the intervention will increase and as such impact on the degree of control retained by the child or family.⁹³ However, this theoretical construct must be used flexibly in terms of recognising the fact that problems are frequently multi-faceted and as such more than one level of intervention may be required at any one time.⁹⁴ This is highlighted by research on failed interventions, which point towards failure

⁸⁶ Browne states that 'without secondary prevention this will be only after many repeated episodes of child abuse and neglect have occurred and have become established in the family system.' (See: K.Browne, 'The Nature of Child Abuse and Neglect', in K.Browne, C.Davies & P.Stratton, 'Early Prediction and Prevention of Child Abuse', p26, John Wiley & Sons, 1988).

⁸⁷ In terms of child protection work, this could be seen as the in-depth work conducted with a child on the Child Protection Registers, to prevent the need to remove the child from his family.

⁸⁸ See: Op cit, n4.

⁸⁹ Refer to the discussion outlined in Chapter 4, (p93). Also see: B.Egeland, 'Breaking the Cycle of Abuse: Implications for Prediction and Intervention', in K.Browne, C.Davies & P.Stratton, 'Early Prediction and Prevention of Child Abuse', p87, John Wiley & Sons, 1988.

⁹⁰ For further details see: J.Kaufman & E.Zigler, 'Do Abused Parents Become Abusive Parents?', p186-192, American Journal of Orthopsychiatry, 57(2), 1987.

⁹¹ See: Op cit, n34, at p45. See also: J.Belsky, 'Child Maltreatment and the Emergent Family System', in K.Browne, C.Davies & P.Stratton, 'Early Prediction and Prevention of Child Abuse', p267, John Wiley & Sons, 1988. Belsky illustrates how the distorted patterns of parenting that may be identified soon after the birth of a child relate meaningfully to the previous marital relationship and to the parenting experiences of the mother and father when they were children.

⁹² This in itself may explain the difficulties encountered when trying to demonstrate its effectiveness.

⁹³ This takes us back to the discussion on the importance of partnership during such interventions. There is a growing body of evidence to suggest that working in 'partnership' is more effective in terms of success. See: G.Pugh & E.De'Ath, 'Working Towards Partnership in the Early Years', National Children's Bureau, 1989; R.Gardner, 'Supporting Families: Preventive Social Work in Practice', National Children's Bureau, 1992.

⁹⁴ In the past there has been a tendency for social work agencies to prescribe a single type of therapeutic intervention for all their cases, irrespective of the different characteristics and circumstances with which their clients present. (See: P.Dale & M.Davies,

arising from a mismatch between key characteristics and the level of prevention.⁹⁵ In this respect, Wells and Biegel state that they had:

‘reason to believe that brief, intensive in-home services can effect measurable change in the environment, attitudes and behaviours of at least some severely stressed dysfunctional families.’⁹⁶

Benbenishty *et al*⁹⁷ also identified gains from a similar form of intervention, going on to suggest that staff should be given more power to allocate resources, especially with younger families.⁹⁸ This tends to support the view that a highly intensive, short-term form of focused work which combines empowerment, networking and counselling is more appropriate compared to more episodic, emergency responses or to open-ended forms of intervention.

Gibbons *et al* advocate a strategy of neighbourhood based family support services delivered by independently run voluntary and informal groups.⁹⁹ This would then leave local authorities to intervene in situations where serious problems had already been identified. Indeed, it is worth noting at this point that the research data analysed in Chapters 8 and 9 revealed that a number of schools within the sample area were involved successfully in these types of initiative.¹⁰⁰

Relating Preventive Intervention to the Needs of Children.

How does this discussion of prevention relate to our focus upon the welfare of the child? It was noted earlier that a child must be seen as an individual¹⁰¹ rather than just a passive recipient of parenting or an object of concern.¹⁰² Consequently, as a child progresses through

⁹⁵ ‘A Model of Intervention in Child Abusing Families’, p449-455, Child Abuse & Neglect, 9, 1985). As we will see though, a more flexible individualised approach to treatment is now being explored.

⁹⁶ J.Fischer, ‘Is Casework Effective: A Review’, p1-5, Social Work, 17, 1973. (Fischer points to the lack of success in the 1960’s and 1970’s with unfocused support, where in fact the problems being addressed appeared to require some degree of secondary or tertiary intervention).

⁹⁷ D.Nelson, ‘The Public Policy Implications of Family Preservation’, in K.Wells & D.Biegel (eds) ‘Family Preservation Services’, p207, Sage, 1991.

⁹⁸ R.Benbenishty, A.Ben-Zaken & H.Yekel, ‘Monitoring Interventions with Young Israeli Families’, British Journal of Social Work, 21, p143-155, 1991.

⁹⁹ It is suggested that the allocation of monetary resources to users should be part of the strategy of prevention. However, there are several accounts of the abuse of such services. See: M.Hayes, ‘Child Protection: From Principles and Policies to Practice’, CFLQ, 10(2), p131, 1998, in which she states ‘... with hindsight it can be seen that L was only using those services which advanced her own needs rather than the needs of her children. She almost certainly placed the children with a child-minder so that she could engage in prostitution.’ Rather than regarding this solely as a potential pitfall in the allocation of monetary resources, it perhaps also an illustration of our earlier discussion in relation to the provision of services (p82 & p118) – whilst they may initially appear *ineffective*, they are in reality simply *inappropriate*.

¹⁰⁰ J.Gibbons, S.Thorpe, P.Wilkinson, ‘Family Support and Prevention’, HMSO, 1990.

¹⁰¹ It will be suggested that schools could potentially provide a gateway to basic support services for children and families in need. (Refer to Chapter 9 & the Conclusion).

¹⁰² A generalised understanding of the needs of children and their families must not conflate the particular needs of each child and family. Each child is unique as is his family situation.

¹⁰³ For further discussion see: (p62-65).

his phases of development so his specific needs/demands will change with age.¹⁰³ Equally, the requirements of his parents in meeting these needs which arise at different ages and stages will alter.¹⁰⁴ In the light of this, the type of service being provided and objective of the specific intervention being provided will also have to alter over time, being sensitive to the specific circumstances and needs of the child and family. In this regard, commentators such as Jones argue for a 'preventive maintenance' approach:

'The implications of such an approach are that intensity can rise and fall based on the needs of the case; the service boundaries are permeable so families can easily enter, leave, and re-enter; and the emphasis of the service programme is on 'being there', providing continuity, and serving as a resource to the family, rather than upon providing a time-limited, goal-oriented service, and closing the case.'¹⁰⁵

Consequently, if such an approach is combined with the earlier discussion of '*permanence*' as being one of the goals of intervention, then it is the nature and quality of parenting that is important. This in turn may need the provision of different types of support over time, which under such a flexible system may be readily available.¹⁰⁶ The result could go a long way towards attaining the overall aim outlined by Parker earlier, that of preventing family breakdown rather than admission to care.¹⁰⁷ For example, an infant will be sensitive to the emotions of his parents. Research has illustrated how a mother's facial expressions will not only provoke different reactions from a baby¹⁰⁸ but will also affect its ability to play with toys.¹⁰⁹ If that mother is depressed, preoccupied, or simply unable to cope with the increasing demands, then this will inevitably have a bearing upon the child's wellbeing.

Equally, children between the ages of 1-3 frequently persist in demands or disobey parents in an attempt to develop a degree of autonomy. In this instance it is important for parents to respond to the child in whatever way will make him feel more capable.¹¹⁰ However, if a parent perceives such behaviour as a challenge to their authority and are unable to tolerate it, this too will have an impact upon development.¹¹¹ In addition, it has been demonstrated that

¹⁰³ In the welfare checklist (Section 1.3) and throughout the Children Act 1989, the expression 'according to the child's age and understanding' is used, as a test for determining how much weight should be given to a child's wishes and feelings when decisions are made.

¹⁰⁴ As we saw in Chapter 3, it is not simply a matter of the neglect/abuse being terminated. Rather it is an issue of the way in which the behaviour is curtailed and the indirect effects that this has upon the development of the child.

¹⁰⁵ M.Jones, 'A Second Chance for Families: 5 Years Later', p112, Child Welfare League of America, New York, 1985.

¹⁰⁶ See: R.Schaffer, 'Making Decisions About Children', Blackwell, 1990.

¹⁰⁷ See discussion on p113.

¹⁰⁸ J.Haviland & M.Lelwica, 'The Induced Affect Response: 10 week old infants' responses to 3 emotional expressions', *Developmental Psychology*, 23, p97-104, 1987.

¹⁰⁹ P.Harris, 'Children and Emotion: The Development of Psychological Understanding', p23, Oxford: Blackwell, 1989.

¹¹⁰ V.Fahlberg, 'A Child's Journey Through Placement', p67, London: BAAF, 1994.

¹¹¹ Crittenden's research revealed that neglected children suffer more severe psychological damage than do physically abused children. In addition, there are many more of them. Furthermore, she concluded that neglectful parents are less responsive to intervention than abusing parents, but fewer resources are devoted to them because their neglect is not life-threatening to the

children who witness domestic violence will receive messages that will encourage them to fear or distrust the environment in which they find themselves.¹¹²

In these particular situations it may be seen that some degree of *need* exists and support may be implemented through the provision of a variety of services such as initiatives to support and enhance the parenting task¹¹³ or that of child health surveillance programmes.¹¹⁴ However, care should be taken as to how families are approached and services applied. As noted in Chapter 3, when parents have few positive bases for self-esteem other than their parenting role, then if this is questioned and undermined it may actually compound their parenting problems.¹¹⁵ We should also bear in mind Crittenden's comments that neglectful parents are often less responsive to intervention than are abusing ones.¹¹⁶ As Nicol states:

‘The difficulty is that some parents have spent a life on the receiving end of a chronically low reinforcement schedule, or on one governed by punishments and attempts to escape punishment rather than by rewards.’¹¹⁷

Partnership is essential in this regard, as is any reinforcement of the parents' efforts by those professionals involved.¹¹⁸ In this respect, it would appear that the new assessment framework provides an ideal basis for the achievement of this in practice. Social workers are required to take account of the family's parenting capacity, the child's developmental needs as well as social factors that may have an impact upon the child's welfare.¹¹⁹ As such, a picture is gained of the family's strengths as well as its weaknesses enabling appropriate levels of intervention to be implemented by the childcare framework.

Local Authority Services, Partnership and Family Preservation

The discussion so far has highlighted the importance of keeping the family network relatively intact. It has also been noted that this involves the provision of services designed to positively

child. (See: P.Crittenden, 'Family & Dyadic Patterns of Functioning in Maltreating Families', in K.Browne, C.Davies & P.Stratton, 'Early Prediction and Prevention of Child Abuse', p161-187, John Wiley & Sons, 1988).

¹¹² This is an aspect that has often been underestimated by social workers. See: M.Brandon & A.Lewis, 'Significant Harm and Children's Experiences of Domestic Violence', *Child & Family Social Work*, 1, p33-42, 1996.

¹¹³ See: Belsky, *Op cit*, n91. In which he not only proposes that child abuse is normal parenting gone awry but also demonstrates that the family processes identified in child abuse operate also in non-abusing and advantaged families.

¹¹⁴ This will be discussed in Chapter 4, as part of my analysis of the role of Health Visitors.

¹¹⁵ See: Gough, *Op cit*, n82 at p117.

¹¹⁶ *Op cit*, n111, at p161.

¹¹⁷ See: R.Nicol, 'The Treatment of Child Abuse in the Home Environment', in K.Browne, C.Davies & P.Stratton, 'Early Prediction and Prevention of Child Abuse', p221, John Wiley & Sons, 1988.

¹¹⁸ See: Pugh & De'Ath, *Op cit*, n93; Nuffield Health Unit, 'Preventing Unintentional Injuries in Children and Young Adolescents', *Effective Health Care*, 2, 1996; C.Willow, 'Children's Rights and Participation in Residential Care', National Children's Bureau, 1996.

¹¹⁹ Refer to the discussion outlined in Chapter 1, Figure 1.1, p22

support families, sometimes referred to 'assisted parenting'.¹²⁰ The practical detail of such intervention involves basing the services on consent whenever possible, building on family strengths, allowing users to have their say about the use of resources, and recognising the range of partners that may be involved in child welfare work.

Nevertheless, the reality would still appear to be somewhat different. In response to the growing proportion of work and concern about child protection, professionals have increasingly concentrated on the assessment of risk to a child. As pointed out in Chapter 1, this appears to dominate their perception of the role they have to play:

'As far as I can see, we have a very clear boundary between services we have to offer and those that are optional. Obviously, we have to deal with child abuse referrals but if another comes in to ask for help with her marital problems we are not interested.'¹²¹

It is also clear that with finite resources available, choices have been made to cover the work that is most pressing.¹²² In part this may be attributed to the discussion raised in Chapter 1 regarding 'defensible decisions' and the fact that these require a certain degree of visible success. However, a need-based framework, which emphasises the implementation of primary and secondary preventive intervention within family life, is difficult to measure in terms of visible results and as such definitive facts and figures.¹²³ By contrast to the relative safety that tertiary intervention provides in the form of '*what has happened and has been done as a result*', primary and secondary levels of preventive intervention do not always provide the same raw data.¹²⁴ Nevertheless, as the preceding chapters have indicated, it is precisely the latter types of intervention that may prove to be the most effective in terms of improved parenting (domestic environment), increased permanence and as such the welfare of a child. It is perhaps the fact that one cannot point towards '*what has happened*' that proves to be both the most significant advantage and disadvantage of these levels of preventive intervention. In this respect, confidence must be restored in the ability of the childcare framework to identify

¹²⁰ M.Fisher, P.Marsh & D.Phillips, 'In and Out of Care: The Experiences of Children, Parents and Social Workers', Batsford, 1986.

¹²¹ J.Aldgate & J.Tunstill, 'Making Sense of Section 17', p37, HMSO, 1995.

¹²² See: S.Holtermann, 'Investing in Young Children: Reassessing the cost of education and day care services', National Children's Bureau, 1995, in which it is concluded that more could be done to enhance the wellbeing of children, but that it would need a willingness to increase public expenditure and taxation. If we look at research conducted by the NSPCC, then it is suggested that preventive programmes may in fact prove to be more economical than undertaking legal action later on when a child is deemed to be 'at risk'. See discussion in Chapters 1 & 4.

¹²³ J.Garbarino, 'Can we measure success in preventing child abuse? Issues in policy, programming and research', p143-156, Child Abuse and Neglect, 10, 1986.

¹²⁴ Refer to the discussion earlier in this Chapter, p118.

domestic pressures at a sufficiently early stage for appropriate supportive intervention to be implemented and to prevent their culmination in abuse or neglect.¹²⁵

Nevertheless, constraints on public spending underline the necessity of demonstrating not just the potential social benefits¹²⁶ of primary and secondary services (i.e. parent education and family support programmes), but also their cost effectiveness.¹²⁷ However, it would appear that empirical evidence alone is not enough, for:

‘if social policies and welfare arrangements were conflict-free, it might be relatively easy to develop a continuum of family support services in line with the enabling philosophy underlying the Children Act 1989. Unfortunately this is not the case.’¹²⁸

In many respects, this brings us back to the relative safety provided by tertiary intervention (i.e. child protection procedures). Until recently, there was little incentive for professionals to move away from an investigative oriented system without the appropriate government guidance to lead the way. Whilst, the implementation of *‘Working Together to Safeguard Children’* and the *‘Framework for the Assessment of Children in Need and their Families’* would appear to provide this impetus to refocus attention and resources on supportive types of intervention, a great deal depends upon how they are implemented in practice.¹²⁹

It is also worth noting that the current emphasis on tertiary intervention has led to a number of detrimental effects in terms of families ‘in need’ attempting to gain support in their parenting role. As Chapter 4 highlighted, parents have sometimes indicated the likelihood of abuse in order to access services.¹³⁰ Whilst this may have become an accepted practice within certain local authorities, it may very well have detrimental implications in terms of the way in which these families will be perceived, approached and/or treated in the future.¹³¹ Indeed, given the change in emphasis brought about by the latest version of *‘Working Together’* and the new assessment framework these detrimental effects could be exacerbated. Access to support services (i.e. primary and secondary intervention) for children and families in need is intended to be provided through the new assessment framework, whilst Child Protection Registers are

¹²⁵ In this respect, the early detection system played by schools would appear to be a central element in the re-balancing of the childcare framework. Equally, one must acknowledge that political support is an essential component in this process. (Refer to the discussion outlined in Chapters 1 & 9).

¹²⁶ See: Op cit, n99.

¹²⁷ D.Utting, ‘Family and Parenthood: Supporting Families, Preventing Breakdown’, p79, Joseph Rowntree Foundation, 1995.

¹²⁸ P.Hardiker, ‘Mind the Gap’, p18, Community Care, 16th April 1994.

¹²⁹ Refer to the discussion outlined in Chapter 9 and the Conclusion.

¹³⁰ C.Brown, ‘Child Abuse Parents Speaking’, School for Advanced Urban Studies, University of Bristol, 1984; M.Monaco & J.Thoburn, ‘Self Help for Parents with Children in Care’, University of East Anglia, 1987; Fisher, et al, Op cit, n20; J.Packman, J.Randall & N.Jaques, ‘Who Needs Care?’, Blackwell, 1986.

¹³¹ Refer to the discussion outlined in Chapter 4 (p96-97) regarding the shift in emphasis under the new assessment framework in so much as access to services is intended to be based upon the assessment of need rather than on risk.

to be reserved for instances of abuse and child protection (i.e. tertiary and quaternary intervention).¹³²

In many respects, one could suggest that the concept of children ‘in need’ must be appreciated for what it is intended to mean and implemented as such in practice.¹³³ If one looks at the legislation, then the notion of ‘family support’ replaced that of ‘prevention’¹³⁴ in an attempt to generate a more open-ended approach to intervention (i.e. by reducing the role of targeting).¹³⁵ As Frost points out, the concept of ‘need’ was intended to be *proactive* in nature and to promote the development and delivery of services to families.¹³⁶ This concept is also qualitatively different from the other two in terms of its specific delineation within the Children Act 1989. The definition of ‘need’ and further details contained in guidance notes and regulations underline the fact that it is as much an operational concept as a theoretical one.¹³⁷ Consequently, the Act’s services for children ‘*in need*’ are intended to be a positive support for the family. However, this does not appear to have been translated into practice. As stated in Chapter 1, by skewing the implementation of the Act and favouring protective intervention over preventive/supportive intervention, then a great deal of the potential for partnership with families in terms of proactive support is lost. If services are to be a positive support to families, then professionals must acknowledge the intention behind the concept of ‘need’, the way in which this may be linked with the various types/levels of preventive intervention and feel confident in pursuing these services in practice.

Considerations for Future Practice

The reasoning behind this section has been to not only emphasise the significance and importance of prevention, but also the complexity of this concept. If one refers to the Children Act, then although it places issues such as protection within the context of all activity on behalf of children ‘in need’, this has not been translated into practice.¹³⁸ Whilst the concept of children ‘in need’ has significant potential with regards to preventive intervention into the lives of vulnerable families, practice has maintained a bias towards the use of protective intervention. Rather than placing the predominant emphasis upon supporting families with

¹³² As noted in Chapter 4, this subtle change in emphasis must be appreciated by professionals and accompanied by suitable changes in practice in order to provide children and families in need with the appropriate type of intervention.

¹³³ See: J. Tunstill, ‘Children in Need: The Answer or the Problem for Family Support’, p651-664, Children & Youth Services Review, 17(5/6), 1996.

¹³⁴ Which provided the conceptual framework for work with children in their families until 1970s.

¹³⁵ In so much as ‘prevention’ was thought to suggest the identification of a real or perceived ‘risk’.

¹³⁶ See: Op cit, n52.

¹³⁷ Op cit, n1, at p47.

¹³⁸ Perhaps a better way of envisaging the role of ‘protection’ is as one piece within the larger jigsaw, which goes to form activity on behalf of children ‘in need’.

children 'in need', professionals have waited until an *identifiable* sub-population of children 'at risk' has arisen before attempting to intervene.¹³⁹

Whilst there are numerous justifications for this development, ranging from resource constraints to that of public opprobrium it nevertheless remains an inappropriate approach. If one considers Belsky's suggestion that 'abuse' is normal parenting gone awry¹⁴⁰ then this highlights the significance of providing early preventive intervention, (i.e. training and support with parenting) so as to enhance a child's welfare. It is for these reasons that the notion of 'permanence' proves to be of such significance to our analysis of prevention. As noted earlier, permanence is a state that aims to promote a child's wellbeing through the provision of consistent care.¹⁴¹ In terms of attachment theory and child development,¹⁴² this points towards the key importance which the quality of parenting has to play on a child's welfare. This is where Section 17 and Part III of the Children Act 1989 should play a positive supporting role to the family in question. However, if the concept of '*need*' is interpreted in a narrow fashion which focuses upon the identification of those most '*at risk*', then professionals may lose a great deal of the potential for prevention.

However, by superimposing the notion of permanence onto that of a child being 'in need', we regain a great deal of this potential. It is clear that the capacity of parents to offer consistent care and stable relationships can be enhanced greatly by the provision of primary and secondary preventive interventions. One example of this will be examined in greater detail within the next section in relation to the role of health visitors in the childcare framework.¹⁴³ Indeed, it would appear that for the new assessment framework to be implemented effectively, then this wider interpretation of children 'in need' must be accepted and put into practice on a day to day basis.

It would seem that we are moving towards a position that emphasises the importance of viewing child maltreatment in the context of the family, community and wider society, rather than emphasising only individual characteristics and stresses.¹⁴⁴ Child abuse has thus moved away from the concept of a symptom of an individual disorder towards seeing it as an extreme disturbance of child-rearing which itself is part of a wider context of other serious family

¹³⁹ Unfortunately, tertiary prevention programmes after the child has been maltreated are by far the most common forms of intervention at present.

¹⁴⁰ Belsky, *Op cit*, n91 at p267

¹⁴¹ *Op cit* n59.

¹⁴² Refer to the discussion outlined in Chapter 3.

¹⁴³ In particular, we will look at research studies, which have evaluated how effectively health visitors can use behavioural management techniques to extend their involvement with the families of young children. For further detail also see: J.Stevenson, V.Bailey & J.Simpson, 'Feasible Intervention in Families with Parenting Difficulties', in K.Browne, C.Davies & P.Stratton, 'Early Prediction & Prevention of Child Abuse', p121, John Wiley, 1988.

family problems such as that of poverty. As our appreciation of abuse changes, so our perception of prevention must also alter. Rather than focusing upon the identification of 'risk factors' and subsequent prevention of abuse, the present climate requires us to emphasise 'family support', 'assisted parenting' and essentially the prevention of family breakdown. The Children Act was intended to facilitate this development, though as we have noted this has not been entirely successful up to this point.

As such the question should be posed as to how well service planners and practitioners understand the needs of those families who may benefit from their services.¹⁴⁵ Services must be appropriate to families, not only in terms of the level of prevention and the nature of problem, but more importantly in relation to the needs of parents and their children.¹⁴⁶ Equally, professionals must also be capable of identifying and appreciating the changing needs of families over time, and be prepared to modify support services accordingly.¹⁴⁷

¹⁴⁴ See: J.Belsky, 'Child Maltreatment: An Ecological Integration', p320-335, *American Psychologist*, 35, 1980; D.Wolfe, 'Preventing Physical and Emotional Abuse of Children', New York, 1991.

¹⁴⁵ There are examples within the statutory and voluntary sector of agencies who involve their clients in determining the nature of the service they are to receive. See: Family Services Unit, 'Family Involvement in the Social Work Process', FSU, 1982; B.Holman, 'Putting Families First: Prevention and Child Care', 1988.

¹⁴⁶ E.Ferri & A.Saunders, 'Parents, Professionals and Pre-School Centres: A Study of Barnardo's Provision', National Children's Bureau, 1991; C.Cannan, 'Changing Families, Changing Welfare: Family Centres and the Welfare State', Harvester Wheatsheaf, 1992. Both studies found disparity between social workers who thought parents should have parenting skills training, and parents who wanted child care, time off from their children, and someone to talk to.

¹⁴⁷ However, this would appear to be accompanied another significant concern at the forefront of professionals' minds, that of how to meet the needs of all children, whilst at the same time focusing sufficiently to meet the particular needs of the most vulnerable children which will inevitably permeate through the system. In many respects, this reflects the importance of viewing the childcare framework as a continuum, in so much as a family will work its way through the system and eventually receive tertiary intervention (i.e. child protection). Child protection and childcare should not be viewed as separate and distinct activities.

CHAPTER 6

AN EXAMINATION OF THE CHANGING ROLE OF HEALTH VISITORS IN FAMILY LIFE

‘Many mothers with young children find themselves ill equipped to deal with the problems of raising young children. Such mothers are not restricted to groups traditionally recognised as ‘at risk’; indeed many young teenage mothers and mothers who were themselves in care as young children cope very successfully with their parenting role. However, many other mothers do feel themselves inadequate to cope with difficult behaviour in their pre-schoolers and often the health visitor is the only person to whom they can turn for advice and support.’¹

The literature review so far has highlighted the dilemma that currently exists within child protection work between the security² provided by tertiary intervention and the potential benefits (i.e. child welfare) to be derived from greater utilisation of primary and secondary intervention. In this respect, an examination of the health visiting profession provides an ideal example of the way in which this has been played out in practice. Whilst health visitors have been traditionally associated with primary intervention in terms of focusing upon new mothers and families with young children, this role has nevertheless been the subject of changing demands. Initially, this chapter will focus upon the traditional role of health visitors as part of the primary health care team and the potential impact that this may have upon families in need.³ The change in emphasis within the health visiting profession will then be examined along with the greater utilisation of screening instruments in order to identify families at risk of abusing their children. Finally, the Child Development Programme will be discussed in terms of its reinforcement of the traditional primary prevention role of health visiting and its implications for the new assessment framework.

Health Visiting and the ‘Health Visitor Cycle’

‘Health visiting is an aspect of nursing which concentrates upon preventive care’,⁴ aiming to improve community health⁵ by informing and encouraging people to remain healthy and by

¹ J.Stevenson (ed), ‘Health Visitor Based Services for Pre-School Children with Behaviour Problems’, p2, Association for Child Psychology & Psychiatry, 1990.

² In other words defensible decisions made by professionals following fixed procedures.

³ A.Symonds, ‘Health Visiting: Past and Future’, p175-176, Health Visitor, 1993.

⁴ C.Robertson, ‘Health Visiting in Practice’, p1, Churchill Livingstone, 1991.

⁵ Health visitors are mainly concerned with 3 aspects of community health. First of all in their educational role, they attempt to promote positive health and to prevent the occurrence of disease by increasing people’s understanding of healthy ways of living and their knowledge of health hazards. It is basically a facilitative and empowering role, rather than one, which merely distributes knowledge. Secondly, health visitors undertake health surveillance, aiming to discover difficulties at an early stage and through

enabling them to make the best use of health and/or social services. Whilst historically, it was based in education and family visiting, education and teaching is still seen as the primary function of the profession.⁶ However, it is the strategically important position that health visitors have with families that is of particular importance, in so much as they visit families routinely and are part of a non-stigmatising primary care service. Indeed, they remain the only professional group,⁷ which regularly sees pre-school children at home.

In line with this philosophy of supportive intervention, the health visitor/client relationship is used to fulfil a number of functions:

‘... to collect data, identify problems, formulate a plan and set both short-term and long-term goals with the client’s assistance.’⁸

More importantly though, this relationship is regarded as a therapeutic vehicle for the provision of care and advice to families; a ‘problem solving partnership’. The early support and advice which health visitors provide is undoubtedly an invaluable asset in terms of empowering families in their parenting role and providing the groundwork for permanence within a child’s environment. However, Ashton and Seymour⁹ identified three types of health education which they felt should ideally form a part of this process:

- A basic knowledge of the human body and how to maintain it in good health.
- Consumer information on services and benefits available.
- Strategies to combat the issues of unemployment or housing which impact on health.

It has been suggested that the traditional role of health education tended to focus on the first of these elements.¹⁰ If one considers initiatives such as the Child Development Programme though, then it is apparent that this traditional focus has been extended to include a significant part of the second element as well.¹¹ However, as noted throughout the literature review, the

prompt attention, to prevent irreparable damage. This includes concern with families’ environmental, physical, mental/emotional and social aspects of health. This information plays an important part in the construction and keeping up to date of caseload health profiles. It helps to guide ideas for the provision of relevant, acceptable and accessible services, which enable early attention to incipient problems. Finally, where established conditions or situations already exist, health visitors can help to prevent further deterioration at an individual family level by giving supportive care. This is often by employing their listening skills to help their clients understand and take a positive approach to their problems.

⁶ A.Symonds, ‘Angels and Interfering Busybodies: Social Construction of two occupations’, *Sociology of Health & Illness*, 1993.

⁷ All health visitors are required to have a three-year general nursing qualification and a one-year specialist health-visiting course (i.e. This includes topics such as psychology, social policy and sociology). They will also receive specialist training in recognising symptoms/signs of abuse and neglect (though this is variable depending upon the individual course) which is of particular interest in terms of health visitors recognising, approaching and dealing with potential problems.(For further details see: D.Bedingfield, ‘The Child In Need’, p226, *Family Law*, 1998.

⁸ K.Luker & J.Orr, ‘Health Visiting: Towards Community Health Nursing’, p154, Blackwell, 1992.

⁹ J, Ashton & H.Seymour, ‘The new public health’, Milton Keynes: Open University Press, 1990.

¹⁰ Op cit, n3, at p176.

¹¹ See: K.Billingham, ‘New Ways of Working’, p40-43, *Health Visitor*, 1991

childcare framework cannot be separated from wider social concerns such as poverty or unemployment.¹² If the childcare system is to be re-balanced these three elements must be developed not only in the health visiting profession but also in other aspects of the childcare framework.¹³

The '*Health Visitor Cycle*' (Figure 6.1) illustrates the range of information sources that may be utilised at various stages in this relationship.¹⁴ It also highlights the ever-changing pattern of information on which health-visiting decisions may be founded. The first three information sources form the basis for assessing a child and family's health needs as well as for the planning and implementation of health care at the initial visit. The fourth source subsequently provides the basis upon which later encounters may be planned, aiding the formulation of both longer-term and short-term objectives. These objectives then form the basic programme for further work with the family, being modified as additional information becomes available between visits.¹⁵ This is then a continuous cycle of drawing together information, planning, action and assessment.

If one considers Belsky's¹⁶ proposition that 'abuse is normal parenting that has gone awry', then it is precisely the process outlined by the '*Health Visitor Cycle*' that may prove to have the greatest impact on a child's current and future welfare.¹⁷ As Howe and Fearnley state:

'...if the quality of caregiving repeatedly fails to offer comfort, protection and understanding, the child experiences prolonged periods of unregulated emotional distress.'¹⁸

Indeed, research suggests that a mother who does not have a close family or intimate friends, to whom she can turn on a regular basis, is more vulnerable and unlikely to cope effectively with the normal challenges of child rearing.¹⁹ Equally, commentators have pointed to the

¹² In particular refer to the discussion outlined in Chapter 4.

¹³ In this regard, the data analysed in Chapter 8 highlights the close liaison that exists between schools and health visitors within the research study area and the effectiveness of this relationship in terms of supporting children and families in need.

¹⁴ The cycle illustrates the four main sources of information required in the provision of a 'good' health visiting service.

¹⁵ Refer to the discussion outlined in Chapter 5.

¹⁶ See: J.Belsky, 'Child Maltreatment and the Emergent Family System', in K.Browne, C.Davies & P.Stratton, 'Early Prediction and Prevention of Child Abuse', p267, John Wiley & Sons, 1988. It is argued that abuse is normal parenting which has gone awry, due to social and economic stresses rather than any 'predisposition' to abusive behaviour.

¹⁷ See: discussion on p124 & p131, in which we see that Belsky demonstrates that the family processes identified in child abuse operate also in non-abusing and advantaged families.

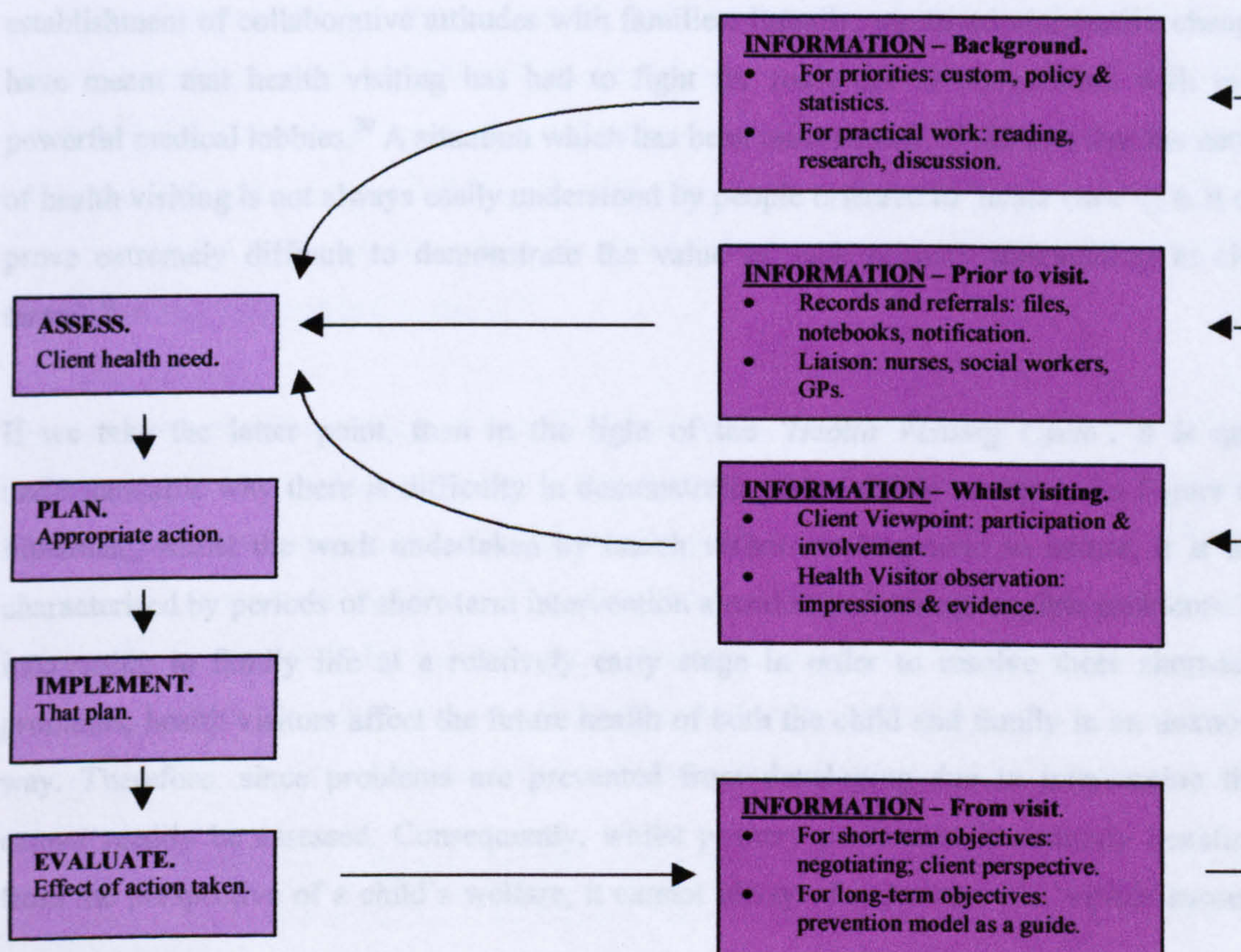
¹⁸ D.Howe & S.Fearnley, 'Disorders of Attachment and Attachment Therapy', p20, Adoption & Fostering, 23(2), 1999.

¹⁹ Refer to the discussion outlined in Chapters 8, Section 5 in which the research data highlighted the situation where a number of communities are becoming characterised as 'fragmented classes'. In other words, the data suggested that families no longer have the support of relations (i.e. extended family) or community support (i.e. no focal point/ resources). In this regard, several schools had extended their traditional roles within communities to provide support to children and families in need.

effect of low self-esteem as a central factor in situations leading up to abuse,²⁰ where paradoxically the attempted exercise of power²¹ by abusing parents goes hand in hand with that lack of self-esteem.²² Whilst a wide range of services has developed in order to meet these needs,²³ (such as the use of community based resources),²⁴ it is in these situations where health visiting has a pivotal role to play through the provision of primary and secondary intervention. Indeed, it may be suggested that this may go some way towards addressing Barker *et al*'s observation, that whilst abuse stretches across all social classes,

'it is most manifest among families facing social and other stresses, which make the normal problems of child-rearing almost impossible to deal with.'²⁵

Figure 6.1: The Health Visitor Cycle:²⁶



²⁰ See: J.Court, 'Psycho-social factors in Child Battering', p99-104, Journal of the Medical Women's Federation, 52, 1970; P.Stratton & R.Swaffer, 'Maternal Causal Beliefs for Abused and Handicapped Children', p201-216, Journal of Reproductive & Infant Psychology, 6, 1988.

²¹ Where the parent attributes a very high level of control to their children.

²² See: R.Burgess & J.Garbarino, 'Doing What Comes Naturally? An Evolutionary Perspective on Child Abuse', in D.Finkelhor, R.Gelles, G.Hotaling & M.Straus (eds), 'The Dark Side of Families', Sage, 1983. This study identifies social isolation of the family, particularly isolation of the mother-infant relationship as a universal threat, which increases the risk of rejection for those involved. This leads to unprecedented stress in the lives of young mothers.

²³ For instance, see: G.Pugh & E.De'Ath, 'The Needs of Parents: Practice and Policy in Parent Education', Macmillan, 1984.

²⁴ Op cit, n1, at p2. The NEWPIN approach is a good example where other mothers living locally provide support and advice to mothers experiencing difficulties.

²⁵ W.Barker, R.Anderson & C.Chalmers, 'Child Protection: The Impact of the Child Development Programme', p2, Early Childhood Development Unit, University of Bristol, 1992.

²⁶ Op cit, n4, at p14.

The establishment of such a relationship as a vehicle for employing strategies and achieving goals is regarded as facilitating a feeling of trust²⁷ between health visitor and client. However, this particular basis for the health visitor/client relationship has, to varying degrees, been challenged. Health visiting is intended to be based upon a respect for the individual nature of families and the diversity of environmental and social situations which they are likely to present.²⁸ There is also the feeling that a health visitor cannot force anything on the client but must instead recognise that frequently a family will have different standards which should be observed.²⁹ Consequently, although health visiting essentially tries to prevent the development of problems by identifying them at a relatively early stage, it is undertaken within the parameters of respect for the family coupled with support in addressing these problem areas. However, the demands being placed upon professionals as a result of the childcare system's bias towards child protection have placed considerable strain on the establishment of collaborative attitudes with families. Equally, recent administrative changes have meant that health visiting has had to fight for resources in competition with more powerful medical lobbies.³⁰ A situation which has been exacerbated by the fact that the nature of health visiting is not always easily understood by people oriented to '*acute care*' (i.e. it can prove extremely difficult to demonstrate the value of such primary intervention in clear terms).³¹

If we take the latter point, then in the light of the '*Health Visiting Cycle*', it is quite understandable why there is difficulty in demonstrating its 'visible success'. As Figure 6.1 illustrates, whilst the work undertaken by health visitors is long-term in nature, it is also characterised by periods of short-term intervention aimed at addressing tangible problems. By intervening in family life at a relatively early stage in order to resolve these short-term problems, health visitors affect the future health of both the child and family in an unknown way. Therefore, since problems are prevented from developing due to intervention they cannot readily be assessed. Consequently, whilst primary prevention is certainly beneficial from the perspective of a child's welfare, it cannot always demonstrate its 'visible success'

²⁷ See: Wiedenback & Falls, 1978, who define trust in this context as 'the connection with one another, and to have a firm belief in each others honesty, reliability and accountability'.

²⁸ Op cit, n8, at p107.

²⁹ S.Cowley, 'Achieving Real Value for Money', p166-168, Health Visitor, 1993, in which she says that the health visiting approach requires the ability to function in a way that is open, flexible and opportunistic, as well as planned, goal-oriented and purposeful. Also refer to the discussion outlined in Chapter 3 regarding the importance of partnership. If the childcare framework is to support families then professionals must appreciate the individual nature of families.

³⁰ See: M.Murphy, 'Working Together in Child Protection', p96, Arena Publications, 1995. Health visitors before 1990 invariably worked directly for local authorities. Now a proportion of health visitors are 'purchased' by GP's on the internal market. Murphy has pointed out the problems this might cause; GP's will transfer all responsibility for child protection work onto the health visitor. GP's might also see this part of their service as unimportant, when compared with the other aspects of the practice, and therefore look to health visitors first when looking to cut expenses. Murphy has also shown that the newer 'skill mix' teams of health visitors in fact simply mix less qualified nurses within teams of health visitors, primarily in order to cut costs. The effect on child protection is obvious, if difficult to prove with any certainty.

³¹ Refer to the discussion outlined in Chapter 5.

and this can detract from the importance of health visiting in terms of child welfare and the degree of permanence to be achieved.

In many respects this may be linked with the demands being placed upon the profession from a child protection perspective. Health visitors not only have access to all pre-school children, but they are also in an ideal position to gain a picture of a child's domestic circumstances in terms of the physical environment or the family's parenting style.³² However, it is precisely access to this type of information which has led to a considerable degree of concern. Demands for '*visible success*' coupled with considerations as to the extent to which services were provided to those who needed them most, led many to lose sight of both the purpose and value of health visiting.³³ Consequently, during the profession's period of self-examination in the late 1970's which focused upon what the profession hoped to achieve as well as the significance that could be attached to the various aspects of their work, more formal methods/techniques were considered.³⁴ In many respects, this period of critical self-review was beneficial in terms of ensuring that health visiting no longer 'unthinkingly [followed] traditional patterns of practice'.³⁵ However, the perceived need for some degree of formalisation led to the greater utilisation of screening instruments and the adoption of the disease analogy outlined in Chapter 4.³⁶

The result was that the concept of screening parents for their '*vulnerability*' or potential for committing child abuse became widely pursued, both officially and unofficially.³⁷ However, this change in approach placed health visitors in a position of considerable role strain,³⁸ as the adoption of a 'single-minded focus'³⁹ on the identification and treatment of abuse distorted their traditional function. By encouraging a movement away from this position, to one of '*screening*' clients for potential abuse, this had a dual effect upon the work undertaken. Not only did it diminish the significance that an appreciation of the variety of family dynamics

³² P.Appleton, 'Interventions By Health Visitors', in J.Stevenson (ed), 'Health Visitor Based Services for Pre-School Children with Behaviour Problems', p20, Association for Child Psychology & Psychiatry, 1990.

³³ E.Birchall & C.Hallett, 'Working Together in Child Protection: Studies in Child Protection', p218, HMSO, London, 1995.

³⁴ Op cit, n4, at p326

³⁵ Ibid

³⁶ Refer to the discussion outlined in Chapter 4, (p93). It is also worth noting that the lack of resources coupled with the demand for 'success' mentioned in Chapter 5 make the adoption of the disease analogy used for screening purposes attractive in so much as it tends to distance child abuse from other more contentious and resource intensive issues (i.e. poverty, divorce, unemployment). If these issues are eliminated from the 'child protection' picture then success is dependent upon the accuracy of the screening instrument and the procedures that implement that identification process. By contrast, if these wider concerns are highlighted, considered and placed into public eye then it may act as a Pandora's Box. In other words, the health visiting profession raises the issue of preventable problems which require attention and solutions. However, a lack of resources is seldom accepted by the public as a reason for failure to address these issues, and as such the profession must justify why these problems have not been resolved following their identification.

³⁷ As was noted in Chapter 4 the use of 'predictive criteria' in order to identify children 'at risk' was less than successful. It was suggested that checklists were in fact geared towards the identification of potential 'problem families' where a percentage of those families will abuse or be 'at risk' of abusing their children. Indeed, health visitors have moved away from their use precisely because they are inherently geared towards the identification of vulnerable/problem families and repeatedly pointed towards a similar sub-population (i.e. young, single working class parents).

³⁸ O.Stevenson, 'Neglected Children: Issues and Dilemmas', p87, Blackwell Science, 1998.

³⁹ M.Lynch, 'Child Protection: Have We Lost Our Way?', p17, Adoption & Fostering, 16(4), 1992.

have to play in the provision of primary/secondary prevention and as such its effectiveness.⁴⁰ It also encouraged its replacement by professionals' *concepts* of client's problems and what the professional believed was required.⁴¹

As we will see later, this is a particularly worrying development when one considers the possible implications to a family for whom domestic strains have either already become or are becoming too great.⁴² Whilst it is easy to classify a parent who is clearly vindictive and cruel as being abusive in nature, most cases involve 'grey areas' and as such are far from being clear-cut.⁴³ Inevitably there are guidelines, but the reality remains that decisions frequently have to be based upon a value judgement.⁴⁴ Sometimes non-accidental injuries will come to the notice of health visitors because parents confide in them. In other cases, they may be initially based upon suspicions, due to factors such as:

- The child has bruises, which show a particular pattern.
- There is an inadequate explanation of the injuries, such as inconsistencies in the account.
- There has been a delay in seeking care, perhaps the mother treated the injury and it was seen with another injury.⁴⁵

However, as noted earlier, caution should be exercised in such situations as inexperience in the differentiation between accidental and non-accidental injuries can also lead to similar problems.⁴⁶ Equally, an inadequate knowledge of ethnic minorities may lead to misdiagnosis of child abuse.⁴⁷ Consequently, there is the possibility that if a family is incorrectly identified as 'at risk', they may 'get stuck' at a certain point within the childcare framework because the agencies with which the family interacts have 'over-reacted'.⁴⁸ The solutions may then become part of the problem spiral, in so much as the provision of services are sometimes dependent upon a family being given a certain label. For instance, Chapter 4 highlighted the fact that putting a family on the Child Protection Register frequently accessed family support

⁴⁰ See discussion in Chapter 5.

⁴¹ In many respects, this takes us back to the discussion in Chapter 3 (p62-65) of prevailing concepts and constructs of 'ideal victims' or 'abusive parents', which have affected child care work.

⁴² Op cit, n4, at p211.

⁴³ The issue of 'grey area' cases will be raised in Chapters 8 & 9 in relation to the research study data. The study revealed the fact that a number of CPLTs within schools were quite prepared to make decisions/ classifications regarding whether information about a child should be passed on to another school if they considered it to be a 'grey area' case or a 'one-off' incident. Once again the question arises as to the basis upon which such decision-making is grounded.

⁴⁴ See Chapter 4 (p102-103) and the discussion with regards to professionals assessing a 'snapshot' of the child and his family in order to make a decision. In addition it is interesting to note that a small study found the relative seriousness of various theoretical incidents of child mistreatment were categorised by health visitors and social workers in a remarkably similar way. (See: S.Fox & R.Dingwall, 'An Exploratory Study of Variations in Social Workers' and Health Visitors' Definitions of Child Mistreatment', p467-477, British Journal of Social Work, 15, 1985).

⁴⁵ Additional factors may include apprehension by the child and disturbed parental behaviour.

⁴⁶ See discussion in Chapter 4. (This may also include a failure to recognise certain medical conditions).

⁴⁷ See: M.Chan, Chinese & Vietnamese Families', p1588, British Medical Journal, 290, 1985; J.Black, 'Misdiagnosis of Child Abuse in Ethnic Minorities', p48-53, Midwife Health Visitor & Community Nurse, 22, 1986.

services for them.⁴⁹ However, it was also noted that this may have a number of detrimental implications in terms of future encounters with professionals.⁵⁰

In many respects, this highlights the dilemma faced by the profession. If health visitors are used in a child protection role, then there is the concern that they are being drawn into the role of 'gate-keepers' to a system which encourages the labelling of families in terms of being 'abusive' rather than 'in need'. However, if their traditional preventive care role is maintained then whilst they are still faced with anxieties,⁵¹ their function is predominantly one of working 'with' parents in an attempt to address problems and establish a permanent environment for the benefit of the child.

The remaining part of this chapter will examine this issue from two directions. First of all, in line with the discussion in Chapter 4, the use of screening instruments will be analysed in terms of predicting abuse and subsequently using this information to intervene and/or focus greater resources on these potentially abusive families. This will then be contrasted with the approach advocated by the Child Development Programme, which recognises the importance of early family support and intervention.⁵² These are simply two examples of health visiting initiatives and considerable discussion still surrounds the form that intervention should take.⁵³ However, as Barker et al state, whatever programme is utilised, it is essential that the unique role which health visitors have to play in terms of child welfare is emphasised:

'parents who increase their sense of control over their lives are more capable of dealing with fractious children and finding ways in which to enjoy rather than resent the work of child-rearing.'⁵⁴

Identification and Selection – 'Good Intentions Gone Awry'?

According to Robertson the process of identification and selection of vulnerable people might '*loosely be considered screening*'.⁵⁵ The justification being that the process does not reveal immediately verifiable cases of abuse, or 'pre-symptomatic stages' which will result in

⁴⁸ See: V.Coulshed & J.Abdullah-Zadeh, 'The Side Effects of Intervention', p479-486, British Journal of Social Work, 15(5), 1985.

⁴⁹ See discussion in Chapter 4 as to the possible implications for the family in the future.

⁵⁰ Refer to the discussion outlined in Chapter 4, (p96-98)

⁵¹ In so much as they attempt to weigh up the relative risks of physical injury against the less immediately visible risks of emotional injury due to separation from the family. (See: J.Moore, 'For the Children's Sake', p19-20, Nursing Times, 81, 1985)

⁵² The issue of child welfare will be considered in terms of the development of a child during its first few years and how families may be supported in their 'parenting' tasks, in an attempt to emphasise the importance of the profession's primary health care role.

⁵³ See: Op cit, n4, at p329

⁵⁴ Op cit, n25, at p5

⁵⁵ Supra, n53, at p207

abusive behaviour if untreated.⁵⁶ Whilst many or possibly most of the selected families will have no major problem, the purpose is seen as drawing attention to those most likely to be 'at risk'. As Robertson points out:

'These schemes provide a rather crude tool for selection. They need to be used with circumspection and to be given a great deal of thought about what is really being picked out.'⁵⁷

This is reflected in the wide range of screening instruments, risk factors and signs/symptoms, which have been identified by researchers over the years. In the 1970's Kempe and Kempe's research highlighted a cycle of abuse in which poorly parented children grew up to become parents who in turn cared badly for their children, and so on through generations.⁵⁸ In this regard, they noted four key factors which were implicit in child abusing families, some aspects of which they said could be sensed from parental reaction to the new-born baby.⁵⁹ Similarly, Lynch and Roberts⁶⁰ produced a list of *significant factors*, which they stated could be gathered from midwifery notes, and which identified the existence of bonding failure.⁶¹ Yet another example by Ounsted *et al* focused upon 'identifying' parents during pregnancy in order to promote good bonding after delivery.⁶²

Dean *et al* took a slightly different approach and examined whether health visitors' assessments of mother-child interactions could be used to reveal the vulnerable families.⁶³ The results indicated that whilst families with emotional difficulties were 'sensed' they were frequently discounted in favour of those families displaying more physical 'mothering skills' problems. They concluded that if health visitors had the '*courage of their own convictions*', they could identify the families most likely to be in need of extra help. Indeed, two thirds of the families, which were coded as causing health visitors moderate or great concern, later

⁵⁶ The difference in emphasis should be noted between this description of screening and that discussed in Chapter 4. In particular, refer to the discussion regarding health visitor screening instruments.

⁵⁷ Op cit, n4, at p207

⁵⁸ These are frequently referred to as 'intergenerational continuities' However, as noted in Chapter 4, the evidence for this is questionable. (see p93).

⁵⁹ The four factors were those of (i) potential for abuse – acquired over the years (i.e. lack of mothering imprint/ isolated – cannot trust of use others/ spouse passive/ unrealistic expectations of the child); (ii) child appears different to parents (i.e. hyperactive, retarded, suffers from a defect); (iii) crisis or series of crises (i.e. cannot cause, but precipitates abuse); (iv) life-link lacking (i.e. no one to turn to in a crisis and to tell about feelings and problems). See: R.Kempe & C.Kempe, 'Child Abuse', Fontana, 1978.

⁶⁰ M.Lynch & J.Roberts, 'Predicting Child Abuse: Signs of Bonding Failure in the Maternity Hospital', p624-626, British Medical Journal, 1977. Five factors from midwifery notes were those of (i) Mother under 20 for first baby; (ii) Referral to maternity hospital social worker; (iii) Baby admitted to special care unit; (iv) Emotional disturbance recorded; (v) Recorded concern over mother's inability to cope.

⁶¹ It should be noted that research has challenged the instant 'superglue' model of bonding and suggested that the development of a parent's feelings for a child is a gradual process See: W.Sluckin, M.Herbert & A.Sluckin, 'Maternal Bonding', Oxford Blackwell, 1983.

⁶² C.Ounsted, J.Roberts, M.Gordon & B.Milligan, 'Fourth Goal of Perinatal Medicine', p879-882, British Medical Journal, 284, 1982.

⁶³ J.Dean, I.MacQueen, R.Mitchell & C.Kempe, 'Health Visitor's Role in Prediction of Early Childhood Injuries and Failure to Thrive', p1-17, Child Abuse & Neglect, 2, 1978.

suffered accident or injury.⁶⁴ The relative 'success' of this research encouraged the establishment of pilot schemes⁶⁵ such as that conducted by Johnson in which 22 checklist factors were selected.⁶⁶ Once again from the perspective of those endorsing such 'screening', results were encouraging in so much as around two thirds of the families selected through this scheme had one or two episodes of suspected or actual non-accidental injury, neglect or emotional deprivation during the year of study. However, it necessarily follows that a third did not but were still placed under additional scrutiny. In this particular instance, all of the selected families had a yellow sticker placed on their file, including the third that never had any problems. Whilst it may be argued that such an approach may prove advantageous in terms of drawing the attention of new health visitors to potential problem families, there is also the ethical problem of 'labelling' a family.⁶⁷ As Barker argues, innocent families, which are flagged by such screening instruments, may very well feel 'hounded' by professionals and as such either react negatively towards professional intervention or view the childcare framework with suspicion.⁶⁸

If one considers Kempe and Kempe's research, then one of their basic premises was that, '*abusive parents come from all walks of life*'.⁶⁹ However, as noted in Chapter 4 the process of screening would appear to contain an element of uneven selection and classification slanted towards lower class parents.⁷⁰ In part, this may also be linked with our earlier discussion of 'psychological reactance' and the possibility that parents who resist inspection,⁷¹ or where the family's circumstances have ceased to be private and have become public knowledge, may fall foul of such selection.⁷² In this respect, Dingwall *et al* suggest that this:

'would seem to filter moral character in such a way as to hold back some, upper, middle, and 'respectable' working class parents, members of ethnic minorities and mentally incompetent parents while leaving the 'rough' indigenous working class as the group proportionally most vulnerable to compulsory measures.'⁷³

⁶⁴ Once again, it is interesting that the relative success of screening instruments was focused upon rather than the 1/3 of families that were incorrectly identified and subjected to closer scrutiny. (Refer to the discussion outlined in Chapter 4 p98-102).

⁶⁵ See: J.Woods, 'A Practical Approach to Preventing Child Abuse', p281-283, *Health Visitor*, 54, 1981; I.Waterhouse, 'A Bar on Abuse', p1302-1303, *Health & Social Services Journal* XCI, 1981; A.Fort, 'The Spider's Web', p558-559, *The Health Service Journal*, 96, 1986.

⁶⁶ C.Johnson, 'Identifying Children at risk: A system for Health Visitors', p195-196, *Health Visitor*, 58, 1985. Special weighting was given to items shown by earlier research to be important. The scoring system chosen seemed to be successful in making it possible to identify the vast majority of parents who would need help.

⁶⁷ There is also the possibility of discrimination within the system.

⁶⁸ W.Barker, 'Practical and ethical doubts about screening for child abuse', p14-17, *Health Visitor*, 1990.

⁶⁹ R.Kempe & C.Kempe, 'Child Abuse' p22, Fontana, London, 1978.

⁷⁰ See: R.Dingwall, J.Eekelaar, T.Murray, p101, 'The Protection of Children. State Intervention and Family Life', Basil Blackwell, 1983.

⁷¹ See Chapter 3 (p81-82) in connection to the 'client's perspective'.

⁷² R.Dingwall, 'Child Abuse - The Real Questions', p67-68, *Nursing Times*, 79, 1983.

⁷³ Op cit, n70, at p101.

Proponents of screening consider that the justification of being able to provide these selected families with extra time and support,⁷⁴ or facilities such as preferential day nursery places for families under stress⁷⁵ outweigh any potential concerns surrounding the process. Certainly, there is a significant advantage to be gained from being able to channel help where it is most needed, (though this is dependent upon there being sufficient resources to provide additional help and/or nursery places). Equally, such a process could prove instrumental from a planning perspective, making it possible to estimate the number of ‘*at risk*’ families within an area and as such indicating the relative demand for resources (i.e. services as well as staffing levels). However, to suggest that these considerations outweigh the disadvantages of the screening in the light of the discussion in Chapter 4 is somewhat blinkered. Not only is there the very real concern surrounding the potential process of ‘labelling’ but it also makes the presumption that support services *can* be provided for these families.

Instead, Barker proposes that a more positive approach would be to provide all parents with adequate support and encouragement in the first year or two of their infant’s lives. Consequently, this takes us back to the importance of primary and secondary preventive intervention, in so much as disadvantaged or less capable parents are provided with self-esteem boosting support, information and encouragement.

Appreciating the Task of Parenting and Intervening in Family Life.

Turning back to the issue of child development, touched upon in Chapter 3, then the importance of parenting style/quality and in particular its support by various sources, becomes apparent. From the age of 1 to 3 a child’s development is characterised by a movement away from dependency towards that of establishing a degree of autonomy. In other words, the child will make and want to make choices within the safe boundaries of his environment. In this regard, Fahlberg states that it is important for parents to respond to the child in whatever way will make that child feel more capable.⁷⁶ As the process of psychological separation begins, the child may experience anxiety about physical separation and as such will need to make greater use of the attachment figure as a secure base⁷⁷ in potentially contradictory ways:

⁷⁴ J.Powell, ‘Keeping Watch’, p15-19, Nursing Times Community Outlook, 81(2) 1985.

⁷⁵ See: J.Aldgate & J.Tunstall, ‘Making Sense of Section 17’, HMSO, 1997. (Also see discussion on p48-49).

⁷⁶ V.Fahlberg, ‘A Child’s Journey Through Placement’, p67, London: BAAF, 1994. As we saw in Chapter 1, the pattern of relating develops into an ‘internal working model’. Here the child has a model of self, others and the relationship between them that carries over into future relationships inside and outside the family. (See: D.Howe, ‘Attachment Theory for Social Work Practice’, Macmillan, 1995).

⁷⁷ See discussion in Chapter 3. In particular the ‘Arousal-Relaxation Cycle’.

'The 20-month-old child who is one day demanding the freedom to choose what to wear, may the next day demand to be spoon-fed'.⁷⁸

From the parental perspective, part of the tension between dependency and autonomy tends to express itself in defiant or negative behaviour. Whilst this process of assertiveness is a natural part of a child establishing himself,⁷⁹ a defiant toddler can represent a challenge to certain parents.⁸⁰ Parents will draw heavily upon a number of different sources, such as their own experiences of being parented or advice from friends and family.⁸¹ Consequently, if a person's childhood was harsh, then they may find it particularly difficult to sustain a caring relationship with a child whom they perceive as a challenge to their authority.⁸² If this is the case, then rather than responding to the normal assertiveness of the child in an understanding manner as described by Fahlberg, the parent may very well experience this interaction 'as being deliberately hurtful'⁸³ and respond accordingly. In extreme cases, this may lead to rejection in the form of shutting a 'naughty' child in his bedroom or by attempting to control the child through physical punishment. In this regard, Chapter 3 noted that where a child is subjected to persistently negative responses, he may become more stressed and negative⁸⁴ towards his parents.⁸⁵ Consequently, in terms of child welfare, there is a clear role for the provision of advice and support to parents both in general terms and by focusing on vulnerable families.

This would also appear to highlight the importance of providing health visitors with some form of theory or set of skills on which advice such as behavioural management for mothers can be based. In this respect, the Child Development Programme has provided health visitors in a number of areas with educational material centred on behavioural management lines.⁸⁶ It has shown significant achievements, particularly in raising both the confidence levels of

⁷⁸ M.Brandon, G.Schofield & L.Trinder, 'Social Work with Children', p45, 1998, Macmillan Press.

⁷⁹ Establishing himself as a separate individual with ideas of his own, by testing the limits and boundaries imposed by the world around him.

⁸⁰ J.Dunn, 'The Beginning of Social Understanding', p15, Oxford: Blackwell, 1988. Dunn found that the majority of 2-3 year olds persisted in demands.

⁸¹ However, this latter source of information is not always readily available. As the NSPCC note 'Little help is available to prospective parents. The support and advice of close family members or friends to help parents develop child care skills may not be so available to today's parents.' (See: NSPCC, 'Policy Priorities for the Protection of Children', Policy Document, 28-06-1990).

⁸² See discussion on p80. (Also see: J.Kaufman & E.Zigler, 'Do Abused Parents Become Abusive Parents?', p186-192, American Journal of Orthopsychiatry, 57(2), 1987).

⁸³ Op cit, n78

⁸⁴ This may very well prove to be a useful link to the next section and the potential role of teachers in the child care framework. If one turns to Brandon *et al*, they state that 'It is often at the point that the child enters school that deficits in these areas of development, which may have gone unaddressed in the home, become a barrier to learning and appropriate development in the primary school years'. Sharp and Cowie go on to note that 'one in three teachers' reported being disturbed by students displaying disruptive behaviour. Certainly there is an argument that such levels of development/behaviour could potentially be noted by teachers. (See: Ibid; S.Sharp & H.Cowie, 'Counselling & Supporting Children in Distress', p112, Sage, 1998)

⁸⁵ See: D.Bugental, S.Mantalya & J.Lewis, 'Parental Attributions as Moderators of Affective Communication to Children At Risk for Physical Abuse', in D.Cicchetti & V.Carson (eds), 'Child Maltreatment', Cambridge University Press, 1989.

⁸⁶ Child Development Project, 'The Child Development Programme', Early Child Development Unit, University of Bristol, Bristol, 1984.

young parents and their ability to provide a good environment for their children.⁸⁷ As we will see, the aim is to draw out and to develop the dormant potential in parents, rather than to make them dependent on the advice of the health visitor.⁸⁸

In addition, Sanger *et al*⁸⁹ described the running of a support group for health visitors which was organised so that, after an initial introduction to behavioural modification, the health visitors could meet regularly together with a child psychiatrist to discuss their management of clients' problems using behavioural techniques. Initially, the group's focus was concentrated upon sleep disturbances in young children but gradually extended the range of problems taken on by the health visitor.⁹⁰ Indeed, the argument for greater involvement of health visitors in dealing with psychological problems has been recognised for some time.⁹¹

The success of these initiatives coupled with the concerns surrounding the effectiveness of screening have contributed to a change in the direction of health visiting towards the traditional role of collaborating with parents. The importance of providing parents with an appropriate level of support and advice during the early years of a child's life has been recognised once again. Indeed, this is even more significant when it is appreciated that such support is no longer as readily available from family and friends as used to be the case.⁹²

The Child Development Programme.

The Child Development Programme (CDP) is perhaps one of the most significant developments within the area of health visiting.⁹³ In many respects it represents a return to their traditional role within the community in so much as it recognises the importance of early family support and aims to reinforce the preventive care role of health visiting.⁹⁴ The programme has developed an approach based upon that of collaboration and the use of focused work with families. Essentially there are four basic elements to the programme:

⁸⁷ For further details, see: W.Barker & R.Anderson, 'The Child Development Programme: An Evaluation of Process and Outcome', Early Child Development Unit, University of Bristol, 1988; Op cit, n25.

⁸⁸ As we will see, in the second stage of the project, these health visitors were assigned solely to this particular work. The aim was to ensure that sufficient time for preventive and developmental work.

⁸⁹ S.Sanger, K.Weir & E.Churchill, 'Treatment of sleep problems: the use of behaviour modification techniques by health visitors', p421-414, Health Visitor, 54, 1981.

⁹⁰ There have also been other examples of behaviourally oriented training courses and collaborations between psychologists and health visitors. See: J.Bowler & P.Watson, 'A Child Behaviour workshop', p302-303, Health Visitor, 57, 1984; Perkins & Linke, 1984; C.Sutton, 'The behavioural approach in health visiting', p95-97, Health Visitor, 54, 1981.

⁹¹ A.Maxwell, 'The health visitor's role in community psychiatry', p74-76, Nursing Mirror, 139, 1974; J.Haldane, J.Smith & J.Henderson, 'Training Nurses in Child, Adolescent and Family Psychiatry', p37-40, Nursing Times, 67, 1971.

⁹² Refer to the discussion outlined in Chapters 8 & 9.

⁹³ See: Barker & Anderson, supra, n87.

⁹⁴ See: K.Billingham, 'New Ways of Working', p42, Health Visitor, 1991.

- It focuses on influencing the immediate environment of the child as opposed to working directly with the child.
- Both mothers and fathers are encouraged to consider their own solutions to the problems of child rearing with help and advice from the health visitors, (rather than direction).
- The strategies that are utilised are simple and relevant to parents.
- Changes have been made to the structures and functioning of the health visitors involved.

The Child Development Programme is not intended to combat child abuse as such, rather it is designed to form a part of the '*normal*' health visiting service provided for all new parents living in particular residential areas or belonging to particular GP practices. It is an ideal example of primary intervention in that it is not meant to be aimed at any particular sub-population which is any more vulnerable or 'at risk' than the rest of the population. Its purpose is to provide advice and support to all families within a 'catchment area'.

If we look more closely at the training that these health visitors are given,⁹⁵ over and above that normally received, then its predominant feature is the endorsement of flexibility when approaching parents. As such, whilst visitors will invariably discuss methods of stimulating a child's development or how any development problems may be overcome,⁹⁶ there are no formal lists of behavioural goals for either the parent or the child. The focus is upon support and advice as opposed to trying to alter family behaviour in order to fit some predetermined model. Another significant development was the decision to allow some health visitors to become '*first-parent visitors*' so as to enable them to concentrate full-time on the support, education and guidance of first time parents.⁹⁷ The 'first-parent' health visitor then visits antenatally and post-natally at monthly intervals⁹⁸ and hands over the family to the generalist health visitor at around 8 months. Evidence suggests that up to half the families are kept on for a further period,⁹⁹ if it is judged that they need continued support. Where possible, families which are handed over receive three-monthly support visits from the general health visitor.¹⁰⁰

The main programme content centres on the support and guidance of all first-time parents in the participating areas. The subsidiary programme then offers support and guidance to a

⁹⁵ This comprises of an initial nine-day training course, followed by individual and group discussion of cases and additional in-service training.

⁹⁶ See: Op cit, n8, at p145

⁹⁷ Other health visitors would then undertake other family visiting and carrying out structured intervention visits with multiparous families facing particular difficulties.

⁹⁸ Or more frequently if necessary in the early months.

⁹⁹ A minority for up to 3 years.

¹⁰⁰ This appears to have proved successful in practice, however I would suggest that there is a question as to the benefits to be derived from such specialisation. Whilst 'first-parent visitors' are allowed to spend greater proportions of their time with new

selection of those parents who are bringing up two or more children in the face of serious social or other problems. The health visitor is provided with a structured framework within which she can work and adapt to individual circumstances. For example, she will be provided with substantive material, such as a home-visiting manual on the concepts of parent support, which contains background material in each area of the programme.¹⁰¹ Each health visitor is also provided with a large range of cartoon material¹⁰² along with accompanying guides covering the particular areas involved.¹⁰³ This material is intended to promote discussion between the parents and health visitor.



For parents of infants, toddlers and pre-school children there are cartoons covering the seven main areas of the programme.¹⁰⁴ The cartoon material is intended to set out sensitive issues in a clear and humorous manner, such as alcohol consumption or the role of the grandmother, as well as providing material across the whole spectrum of family health and development.

parents, what are the effects for other general health visitors. Do they have full access to such training? What are the effects once parents are handed over?

¹⁰¹ See: Op cit, n8, at p147

¹⁰² See: Ibid, at p239

¹⁰³ These cartoon sequences cover a variety of typical situations faced by parents from which the health visitor can select and order sheets of cartoons.

¹⁰⁴ The seven fields of development are: (i) language, (ii) social development, (iii) cognitive development, (iv) pre-school educational development, (v) nutrition, (vi) health, (vii) general development.

Health visitors are encouraged to focus on areas which may need extra stimulation.¹⁰⁵ The emphasis is upon seeking solutions to problems, which are both acceptable to the mother in her environment and developmentally useful to the child.¹⁰⁶ As Robertson points out, 'the service is provided in [the] first, most critical period of parenthood',¹⁰⁷ which is crucial in terms of child welfare, but also in supporting families in their parenting tasks.

The health visitor will complete a record of social and health conditions as well as the extent to which the mother has carried out the developmental tasks agreed at the previous visit. A new set of developmental tasks is discussed during the visit, with the mother¹⁰⁸ being encouraged to put forward her own ideas for the coming months. The agreed tasks are recorded and given to the mother to remind her of what has been planned.

Implications for the Future

The key feature of the CDP is that it is not intended to combat child abuse. Its success in terms of reducing rates of abuse may be attributed to two main factors. First of all parents have been supported, encouraged and empowered to become better parents. This in turn has reduced the stresses and tensions of parenting, especially in situations where economic and social disadvantages add to the parenting burdens. Secondly, parents perceive the programme as part of the 'normal' health visiting service provided by their health authority for all new parents living in particular residential areas. Consequently, concerns which may be prevalent in a specific preventive intervention programme,¹⁰⁹ are reduced.

'Statistical evidence and a wealth of anecdotal details about the effects of the programme in reducing rates of child abuse have to be seen as a by-product, however important in itself, of a general support programme which focuses on improving every area of parent and child functioning, including nutrition, health, language, social and cognitive goals, early education and emotional development.'¹¹⁰

Barker *et al* state that statistical evidence indicates that children whose parents are involved in the programme can expect to have a 41% lower rate of registration on the Child Protection Register, and a 50% lower rate of physical abuse, compared with the adjusted levels in the same health authorities.¹¹¹ This is a considerable achievement, especially as it is based largely

¹⁰⁵ Areas which need extra stimulation may very well be identified through the 'health visiting cycle' discussed above.

¹⁰⁶ Op cit, n8, at p146

¹⁰⁷ Op cit, n4, at p81

¹⁰⁸ Equally, this could also be the father.

¹⁰⁹ Such as that of behavioural management techniques

¹¹⁰ Op cit, n25, at p5

¹¹¹ Ibid, at p40

on one ante-natal visit and eight or more semi-structured post-natal visits to a family, each visit lasting up to an hour. Nevertheless, it does appear to support the notion that the phenomenon of child abuse is fundamentally related to the stresses of parenting in family situations which damage or destroy the parents' self-esteem and cause them to lose belief in their capacity to cope with those stresses.¹¹²

It is also important to recognise that the programme cannot be used as a selective instrument to target 'vulnerable' parents or those whom professionals consider have a strong chance of becoming abusers. Any attempt to do otherwise would fail, as new parents selected for visiting would quickly recognise the fact that they were being offered the programme because they have been identified as potential abusers and not simply because they are located in a particular region.¹¹³

If one returns to Belsky's proposition discussed earlier, then this is precisely where the programme can have its greatest impact on the prevention of child abuse. As 'abuse' is a problem which occurs on the margins, then initiatives such as the CDP do not require a vast input of health visitors time to move this margin further in the direction of enabling parents to learn how to cope and deal with the 'impossible behaviours' of their children. However, it is important that such health visitor input is targeted at the key issues of self-esteem and empowerment of parents, rather than surveillance and advice in order to achieve these ends.

Health Visitors and Behavioural Management Techniques.

Prior to the development of the Child Development Programme, a number of evaluations of primary prevention initiatives involving mother's groups and treatment in day centres demonstrated a relative lack of success in improving mothers' mental state and child behaviour problems. Stevenson and Bailey's study of postnatal mothers' groups showed that only one third of mothers attended when offered such a facility, whilst only 15% of the sample attended regularly. In addition, follow-up studies at eight months and three years identified few significant differences between attenders non-attenders and controls.¹¹⁴

These results were taken to suggest that a more effective approach might be found in the secondary prevention of these problems. Secondary prevention in this context was taken to involve the identification of parents with a relatively specific difficulty and to subsequently

¹¹² The vast majority of parents living in those circumstances cope with the stresses without abusing their children.

¹¹³ Supra, n110, at p41

¹¹⁴ J.Stevenson & V.Bailey, 'A controlled trial of post-natal mothers' groups as psychological prevention: II Evaluation of outcome', 1987.

act to prevent the worsening of this difficulty. In this respect, the intention was to evaluate how effectively health visitors could use behavioural management techniques to extend their involvement with the families of young children¹¹⁵ in terms of addressing problems associated with parenting difficulties and halt the progression of family processes¹¹⁶ that lead to the physical/psychological abuse of children.¹¹⁷ Stevenson *et al* argue that interventions designed to equip parents with a framework within which to develop their parenting behaviour helps both directly by generalising to their coping with later parenting issues and indirectly by improving the parents self-esteem.¹¹⁸ This indirect effect prevents the continuation of the cycle of parents feeling unable to cope, leading to a further lowering of self-esteem and subsequent greater inability to cope.¹¹⁹ By providing parents with alternative approaches and strategies for dealing with their children's difficult or non-compliant behaviour, it may be possible to reduce the likelihood of their resorting to physical punishment or other forms of violent retaliation against the child.

It is felt that a number of strategic advantages may be derived from such a secondary prevention approach.

- This approach is not based on an 'at risk' screening procedure. Consequently, it does not place reliance upon the use of predictive 'at risk' procedures, whose validity is questionable due to statistical and definitional fallacies.¹²⁰
- The success of primary health care is dependent upon the potential for delivery of the service to all members of the relevant target population and the use of the health visiting profession ensures this.¹²¹
- Finally, health visitors are in an ideal position to observe difficulties in context and as such implement the appropriate strategies needed by the family.¹²²

Stevenson *et al* suggest that such an approach may help to prevent instances of abuse that stem from the breakdown of parenting skills when faced with problematic behaviour from a

¹¹⁵ For further discussion see: D.Offord, 'Prevention of behavioural and emotional disorders in children', p9-19, *Journal of Child Psychology and Psychiatry*, 28, 1987.

¹¹⁶ These intra-familial processes result from the transactions between parental characteristics, child behaviours and social stresses impinging on the family.

¹¹⁷ J.Stevenson, V.Bailey & J.Simpson, 'Feasible Intervention in Families with Parenting Difficulties', in in K.Browne, C.Davies & P.Stratton, 'Early Prediction and Prevention of Child Abuse', p121, John Wiley & Sons, 1988.

¹¹⁸ Refer to the discussion outlined in Chapter 5.

¹¹⁹ *Supra*, n117, at p123

¹²⁰ Refer to the discussion outlined in Chapter 4, (p98).

¹²¹ *Supra*, n117, at p124

¹²² See (p82 & p118) which discusses the issue of services which may appear to be ineffective, when in reality they are simply inappropriate to the needs of the family. Equally, it may also create problems when trying to demonstrate the effectiveness of family support. See Chapter 5 (p120).

child.¹²³ Many mothers find themselves ill equipped to deal with the problems of child rearing and as Chapter 4 noted these individuals are not restricted to groups traditionally recognised as being 'at risk'. Indeed, many young teenage mothers¹²⁴ or mothers who were themselves in care as young children¹²⁵ cope very successfully with their parenting role. However, there are other mothers who are unable to cope and the health visitor is often the only person to whom they can turn for advice and support.¹²⁶ Equally, if family and friends are available, mothers may still feel reluctant to discuss their difficulties with close relatives for fear of criticism.¹²⁷

Can These Techniques Be Effectively Used In Practice?

Whilst the study generated initial findings which were considered encouraging in terms of the impact on behavioural problems in children and on parenting measures,¹²⁸ a more extensive analysis of the data failed to establish any significant effects of the training of health visitors in behavioural management techniques.¹²⁹ Indeed, this is not the only study with health visitors that failed to establish a significant impact of behaviour management training. Sanger *et al*'s initial results of these measures being applied to instances of sleep disturbance were encouraging.¹³⁰ However, the subsequent controlled trial failed to generate a significantly greater improvement in the families aided by trained health visitors than in control families.¹³¹

In this regard, it perhaps worth posing the question as to whether every health visitor necessarily wants to become involved in what they see as a didactic approach to providing professional advice. It may prove more effective to move towards a greater specialisation in the roles of health visitors.¹³² Nicol *et al* adopted an approach whereby certain health visitors within a clinic would take on the role of providing management advice to parents whilst others pursued their more traditional roles.¹³³ Equally, it is important that this type of work is

¹²³ We will see that this mirrors a great deal of the work undertaken by the 'C'mon Everybody' project based in the research study area. Whilst it is centred around children aged between 5-8 with behavioural problems, it nevertheless involves both parents and children in coping and dealing with these problems. See discussion in Chapter 7.

¹²⁴ S.Kruk & S.Wolkind, 'A longitudinal study of single mothers and their first children', in N.Madge (ed.), 'Families at Risk', Heinemann, London, 1983

¹²⁵ See: D.Quinton & M.Rutter, 'Parenting behaviour of mothers raised 'in care'', in A.Nicol (ed.), 'Longitudinal Studies in Child Psychology and Psychiatry: Practical Lessons from Research Experience', Wiley, 1985.

¹²⁶ Refer to the discussion outlined in Chapter 8 in terms of the development of a 'fragmented class.'

¹²⁷ Op cit, n117, at p125

¹²⁸ See: J.Stevenson, 'Developing parenting skills through health visitors', Paper presented at the Developmental Section, British Psychological Society, Annual Conference, 19-22 September 1986, University of Exeter, 1986.

¹²⁹ Supra, n127, at p134

¹³⁰ Op cit, n89

¹³¹ There are a number of possible reasons for these disappointing results. First of all, the number of health visitors taking part in the study was small and there was considerable variation in the extent to which they subsequently used their training in their contacts with families. Second, the health visitors were relatively unsupported in their subsequent work with families. Finally, the context did not encourage the health visitor to alter her established style of contact with families. It was suggested that the use of these management techniques with groups of mothers possibly at a health clinic might be more effective.

¹³² If we look back at the Child Development Programme, then this is exactly what has occurred with the introduction of 'first parent visitors'.

¹³³ A.Nicol, D.Stretch, I.Davison & T.Fundudis, 'Controlled Comparison of three interventions for Mother and Toddler Problems', p488-491, Journal of the Royal Society of Medicine, 77, 1984.

valued, respected and supported.¹³⁴ Once again this brings us back to the skewed implementation of the Children Act in so much as the predominant focus is upon tertiary preventive intervention and/or child protection. However, as we have noted there is a clear-cut role for earlier intervention, which may not only prove effective in reducing the number of children '*in need*' progressing through the system to the point of being '*at risk*', but may also prove more satisfactory from the perspective of a child's welfare.

Implications for the Role of Health Visitors.

The overriding message from our discussion would appear to be that health visiting shares the problems inherent in the evaluation of any primary/secondary preventive techniques or programmes; namely that if something does not occur because it has been prevented then how may it's effectiveness be measured or demonstrated? As Chapter 5 highlighted, this is the issue that lies behind a general reluctance to undertake more extensive primary and secondary preventive intervention, namely a lack of 'visible success'.

However, this situation is compounded by Lave and Lave's observations that the adage '*an ounce of prevention is worth a pound of cure*', is misleading since it places a wide variety of programmes and initiatives into one single category.¹³⁵ Consequently, whilst there are potentially a wide variety of preventive opportunities within the childcare framework, a failure to distinguish between them, their objectives or their effects has led to them being placed under one umbrella term, 'prevention'. This in turn leads to a situation where if one avenue of preventive intervention is viewed negatively, then the majority of preventive interventions are similarly viewed with scepticism.

However, if the childcare framework is to be re-balanced in an attempt to emphasis the Children Act's family support provisions, then preventive intervention must be revisited. As noted in the previous chapters, the new assessment framework has gone some way towards establishing an environment in which prevention, family support and assisted parenting may take place. However, professionals also need to feel confident in the benefits to be derived from focusing upon a child's welfare as opposed to that child protection. In this respect, the health visiting profession may play a central part in terms of demonstrating the effectiveness of working in partnership with families from a very early stage.

¹³⁴ See: Op cit, n30, at p93-97; J.MacFarlane & U.Pillnay, 'Who does what, and how much in the pre-school child health services in England', p851-852, British Medical Journal, 289, 1984.

¹³⁵ See: J.Lave & L.Lave, 'Measuring the Effectiveness of Prevention', p273-289, Milbank Memorial Fund Quarterly 'Health & Society', (Spring) 1977.

Promoting health in children means taking a broad view of the needs of the child and his family, (i.e. social problems, issues of poverty, poor housing or wider public health and environment issues).¹³⁶ It also means recognising the important part that is played by providing support to families, for instance through day care and drop in centres.¹³⁷ These are precisely the issues which should play a more central role in the childcare framework so as to reinforce the significance of Section 17 and Part III of the Act. In this regard, the latest Joint Working Party report made two important recommendations.¹³⁸ First of all a greater focus on primary prevention, especially through active child health promotion and secondly, a more explicit emphasis on working in partnership with parents. The report also called for further research, especially in relation to the need to view a child in context. Indeed, this latter point is supported by studies of children's health conducted by Blackburn¹³⁹ and Mayall¹⁴⁰ who have argued that whilst all parents share similar goals for their children, material constraints affect their ability to recognise their goals.

If one looks at Greenland's¹⁴¹ study of child abuse and neglect deaths, it highlighted the fact that more than half of the victims died during their first year of life, a quarter died in their second year and fewer than 5% after the age of five. By providing support, advice and help to families at a sufficiently early stage, then there is a greater probability that family stresses will not culminate in such abusive behaviour.

An additional factor would appear to be the way in which such programmes are essentially 'sold' to parents. Our discussion so far has highlighted the fact that services are only effective if professionals and families work in partnership with one another. In other words, working *with* rather than *on* parents.¹⁴² This is reflected in the success of the Child Development Programme, which endeavours to empower parents by encouraging them to accept part of the responsibility for resolving possible problem areas.

An additional consideration when looking at the provision of early preventive strategies, such as the one endorsed by the NSPCC,¹⁴³ is that of cost effectiveness. The NSPCC¹⁴⁴ cites research, which shows that for every £4 spent on foster and residential care, only £1 is spent on preventive work. Bearing in mind the Children Act's objectives, this in itself would appear

¹³⁶ Exactly the issues that were discouraged through our 'disease' analogy.

¹³⁷ R.Sinclair, B.Hearn & G.Pugh, 'Preventive Work with Families', p28, National Children's Bureau, 1997.

¹³⁸ J.Butler, 'Child Health Surveillance in Primary Care: A Critical Review', HMSO, 1989.

¹³⁹ C.Blackburn, 'Parenting and Health: Working with Families', Open University, 1991;

¹⁴⁰ B.Mayall, 'Keeping Children Healthy', Allen & Unwin, 1986.

¹⁴¹ C.Greenland, 'Preventing Child Abuse and Neglect Deaths: The Identification and Management of High Risk Cases', p205-206, Health Visitor, 59, 1986.

¹⁴² J.Sutton, C.Jagger & L.Smith, 'Parents' views of health surveillance', p57-61, Archives of Disease in Childhood, 73(1), 1995.

¹⁴³ One aspect of which is the objective of helping to improve the quality of relationships between children and parents and between parents themselves.

to be an unacceptable situation. However, there is also the suggestion that the NSPCC's prevention alternative could prove to be more economical than the substantial costs of dealing with abuse when it occurs. Even a modest reduction in the rates of abuse would in the long-term result in large savings in the service time currently devoted to dealing with families where abuse has occurred.¹⁴⁵ Consequently, it would seem from a resource perspective that once the need for 'visible success' is put to one side, the provision of early preventive intervention could potentially prove more economical.

Whilst plans have been made for an alternative programme to that of the Child Development Programme,¹⁴⁶ which specifically focuses on parents whose children are on the Child Protection Register,¹⁴⁷ similar approaches have also been developed within the Education Services. One such example is that of the '*C'mon Everybody*' initiative which is based in the research study area. In many respects it mirrors the approach taken by the CDP, in so much as it caters for children with behavioural problems and aims to support and educate both parents and children so as to address potential problem areas.

The research data in Chapter 8 also highlighted the existence of a close relationship between schools within the study area and the health visiting profession. In addition, the data revealed a number of supportive initiatives based within schools which involved the utilisation of the health visitors. In this respect, it would appear that health visitors not only have a significant part to play in terms of supporting pre-school children and their families, but also in the continued welfare of children once they have progressed to school age.

It should also be noted at this point that if schools are to be integrated into the childcare framework in order to fulfil the role of an early detection system (in much the same way that health visitors do for pre-school children), then contact between the professions is essential. The information gained by health visitors during their work with children and families 'in need' could prove to be a useful starting point for schools in terms of collecting a case history of children.¹⁴⁸ However, this is reliant upon health visitors being supported and encouraged in their role of working in partnership with families, as outlined in the Child Development Programme, rather than the screening of families for the potential of abuse.

¹⁴⁴ NSPCC, 'Policy Priorities for the Protection of Children', Policy Document, 28-06-1990.

¹⁴⁵ Op cit, n25, at p4

¹⁴⁶ See: Ibid, at p41

¹⁴⁷ Known as the Family Support Programme, it operates as a separate initiative of the Early Childhood Development Unit and offers strategies, resources and an enabling philosophy which combine the skills of social workers with the experience and insights of mature parents recruited from the same communities.

¹⁴⁸ Refer to the discussion outlined in Chapters 8 & 9.

CHAPTER 7

ANALYSIS OF SCHOOL STRUCTURES, TEACHERS, CHILD PROTECTION AND SUPPORT PROGRAMMES

‘Teachers ... working with children must have enough confidence to know how to respond. That means proper training for those who come into contact with children.’¹

‘I feel that schools tend to develop their own culture in this [child protection] regard.’²

The discussion so far has focused on the need to re-balance the application of the Children Act in terms of prioritising section 17 and Part III of the Act. However, it has already been suggested that this shift in emphasis is dependent upon the establishment of a more effective early detection system. As earlier chapters have outlined, such a system would aim to identify potential domestic problems at a sufficiently early stage to ensure that the implementation of family support services takes place when difficulties are arising and may be overcome. Nevertheless, as Stern points out, the current framework would appear to be somewhat restricted in this regard:

‘The weakness in our ability to detect child abuse lies in our failure to establish reliable ways of monitoring *all* children.’³

If we turn back to the hypothesis outlined at the beginning of this study, then a number of professions were outlined, which might prove able to undertake the role of child observers.⁴ Aside from social workers the only other profession, which was identified as having a considerable degree of contact time with children, was that of the teaching profession. This choice was reinforced by the suggestion that teachers are capable of looking at children in terms of their physical state and/or behavioural development and of placing these observations within a known context of ‘normality.’⁵ Indeed, as this section will outline, the detection of abuse⁶ is already one of a teacher’s pastoral duties.

¹ Margaret Thatcher, ‘NCH George Thomas Lecture’, London: National Children’s Homes, 1990.

² School C, para 74.

³ C.Stern, ‘The Recognition of Child Abuse’, in P.Marsh (ed), ‘Child Abuse: The Educational Perspective’, p37, Basil Blackwell, 1989.

⁴ In this regard we have already discussed the current role that health visitors have to play within the childcare framework, as well as the potential for greater impact through the establishment of programmes such as the CDP.

⁵ This will extend beyond simply that of educational development. Refer back to the discussion of a child’s development contained in Chapter 3.

⁶ It will be noted later on in the study data that the term ‘abuse’ varies to a considerable extent between the various educational establishments studied. (See Chapter 8 for further details).

It should also be pointed out that any discussion regarding the potential role of schools should encompass staff as a whole rather than simply focusing upon teachers. This will necessarily include an examination of the roles played by school nurses and education welfare officers, which a number of studies suggest are more important than commonly appreciated.⁷

However, as highlighted in the literature review, there has been little academic discussion regarding the potential role of schools in cases of neglect. This is despite frequent examples of teachers' concerns regarding neglected children or instances where primary schools have attempted to supplement poor care at home through 'unofficial' aid relating to hygiene and/or provision of food.⁸

In order fully to appreciate the study data collected and analysed in Chapter 8 it is necessary to examine the structure of schools in terms of their educational level and/or position within a pyramid of schools. However, it is also important to appreciate the structure of management which exists within schools and the way in which this alters between schools.

In this regard, our analysis will be divided into an examination of primary and secondary schools with the role of head-teachers, CPLTs and other teachers involved in management and/or information distribution being discussed within these settings. Consequently, stylised models of both primary and secondary schools will be generated in order to provide a general overview of the internal workings/dynamics of schools.⁹ Discussion of management roles and structures as well as information sharing processes within schools will also be of a stylised nature, drawing upon the research data in Chapter 8 and from the pilot study data.¹⁰ This will be followed by a discussion of the role that may be played by other professionals within the wider educational establishment. Finally, other considerations will also be noted, including educational targets, league tables and funding. Once again it must be appreciated that schools are entrusted with the role of nurturing a child within an educational environment. Whilst there may very well be links between educational performance/development and a child's wider social environment, a school's predominant emphasis is upon that of 'educator'.

However, it is precisely this aspect of the study, which raises a significant question that will be discussed in greater detail within Chapter 8. It raises the question as to whether a clear

⁷ See: P.Maher, 'Child Abuse: The Educational Perspective', Blackwell, Oxford, 1987.

⁸ See research data discussed in Chapter 8.

⁹ The intention being to generate a framework within which to examine, analyse and subsequently interpret the research data contained in Chapter 8.

line can be drawn between a school's educational concerns and wider community related issues. As the study data will highlight, the response to this question will depend to a large extent upon the internal procedure that has been implemented by the school in question and by the individuals who are responsible for formulating that framework.¹¹

A Stylised Model of the Primary School System

The Head-teacher:

The management structure of a Primary School may in general be taken to be that illustrated in Figure 7.1. As may be noted from the diagram, the head-teacher remains in an extremely influential position, being responsible for a wide variety of issues, which range from the welfare of pupils, delivery of the National Curriculum, the finances of the whole establishment to that of the policies established by the school. It is this latter point which is of particular significance to this study. Through the exercise of control in relation to policies established and pursued within the school, the head-teacher may influence and direct the empathy of that school. In general, no policy, action or procedure may be taken forward without their permission.

One should also bear in mind the significant role which league tables have to play for schools and in turn the head-teachers of those schools. Not only are head-teachers concerned with the publication of examination results but also with the way in which the school is perceived by the local and/or wider community. The school's promotion and wellbeing ultimately depends upon this wider perception. Consequently, it would appear that whilst a head-teacher may exercise considerable influence within the Primary School structure, this is subject to a variety of conflicting interests.¹²

The academic wellbeing of pupils will inevitably remain a head-teacher's top priority. Considerations relating to the financial stability of the school – (balancing teaching staff with pupil numbers and limiting extra staff input for special needs to a minimum) - may very well follow this. However, with regards to the focus of this study, the question arises as to where child protection considerations feature within this list of priorities and the extent to which they influence the focus of this balancing act.

¹⁰ Refer to the discussion outlined in Chapters 2 & 8.

¹¹ With regards to how this framework is formulated, a great deal will depend on the mind-set of the head-teacher and CPLT (if the designated teacher is someone other than the head-teacher). The study data in Chapter 8 will attempt to highlight the degree to which individual schools are free to formulate their own internal frameworks.

¹² Can a head-teacher and/or governing body be blamed for neglecting an area that might be perceived as relating to a small number of pupils, if they are busy worrying about the cost of buildings, materials, external services and staff?

'Often teachers' personal ambivalences are resolved through discussions with their principals. Depending on their response, principals can turn minor concerns into a full-fledged case, they can dismiss the teachers' suspicions as so much nonsense, or they can choose some middle ground between the two.'¹³

A great deal would appear to depend upon an individual school's response to the following question. *'Should time and resources be devoted to purely educational concerns or is there an argument that wider community pressures have a knock-on effect upon a child's educational development?'*¹⁴ Whilst, every school is required to produce a school policy for tackling child abuse,¹⁵ these policies are potentially subject to variation. Local Education Authorities (LEA) will initially distribute both policies and guidance documentation to schools within their area. However, it remains up to the individual school to decide whether it wishes to adopt these policies unaltered or whether it wishes to tailor them to the school's specific (perceived) needs and requirements. If the latter route is pursued, (as the research data tended to indicate), then such policies may very well be unique to that particular school.¹⁶ Consequently, the standard of intervention may very well vary between schools within the same LEA. As Stevenson points out, the increasingly competitive emphasis in school on tests and results, coupled with the judgements made about schools upon their basis, work against the creation of a climate in which children 'in need'/'at risk' can be nurtured appropriately.¹⁷ This debate is considered in greater detail within Chapter 8, but the data suggests that responses to the above question vary considerably between schools.¹⁸

¹³ R.Tite, 'How teachers define and respond to child abuse: The distinction between theoretical and reportable cases', p600, *Child Abuse & Neglect*, 17, 1993

¹⁴ Refer to the debate arising out of the study data examined in section 4 of Chapter 8 and Chapter 9.

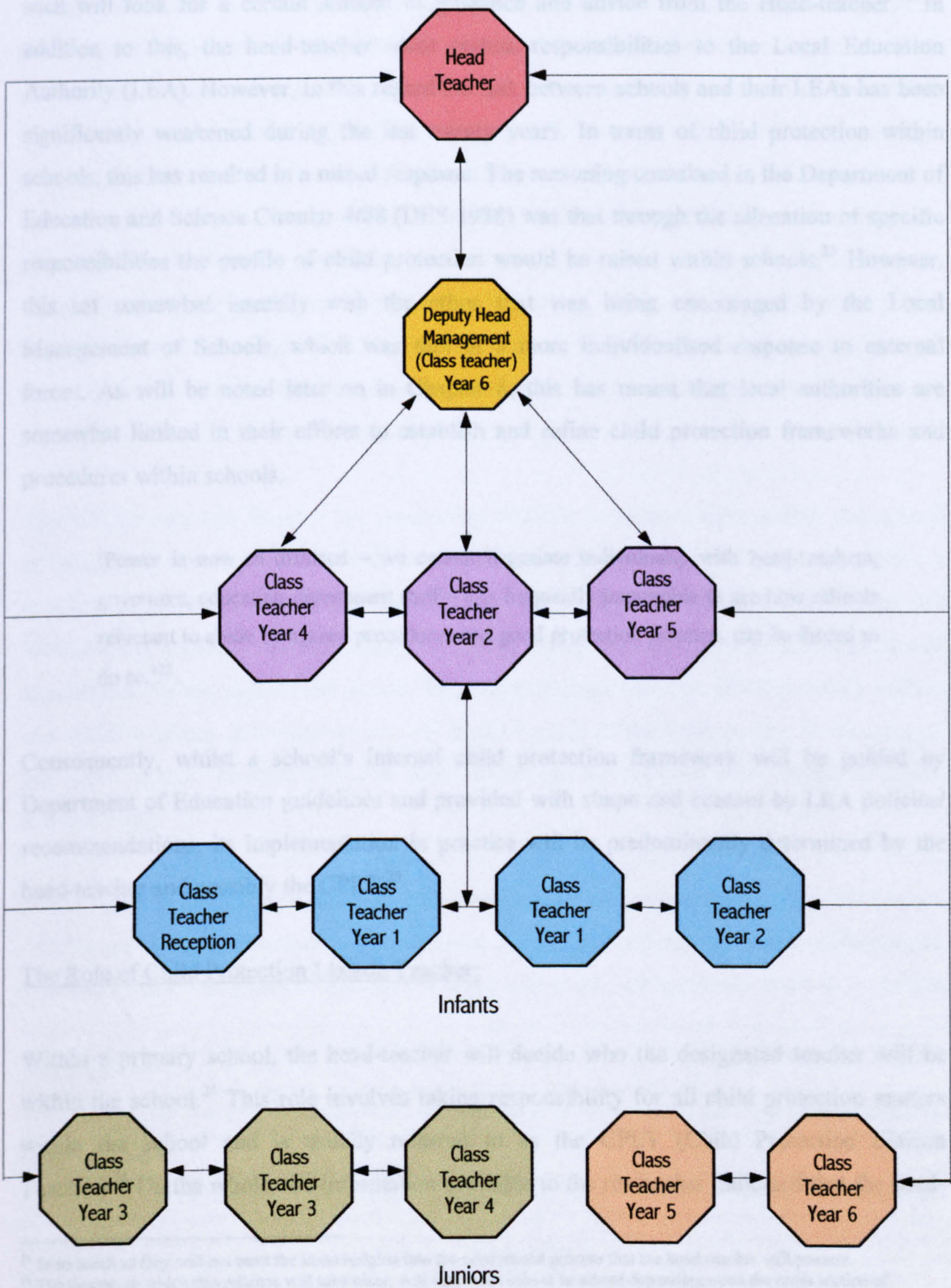
¹⁵ This will outline the internal procedures for the reporting and recording of concerns, action to be taken when necessary and feedback to all concerned. Every member of staff needs to be aware of this document and feel that they have access to it at all times.

¹⁶ Shaped to a large extent by the head-teacher of that school.

¹⁷ See: O.Stevenson, 'Neglected Children: Issues and Dilemmas', p64-81, Blackwell Science, 1998.

¹⁸ Consequently, it must be borne in mind throughout an examination of the study data that the respondents do not consciously make a distinction between issues of child protection and family support (i.e. between children 'at risk' or those 'in need').

Figure 7.1 Example of the Management Structure in a Primary School



However, it would appear from the literature review conducted in Chapters 3-5 that these terms are themselves subject to various interpretations.

In terms of accountability, the head-teacher remains ultimately responsible to the school's Board of Governors. However, in reality, many governors will not be educationalists¹⁹ and as such will look for a certain amount of guidance and advice from the Head-teacher.²⁰ In addition to this, the head-teacher owes certain responsibilities to the Local Education Authority (LEA). However, in this regard the link between schools and their LEAs has been significantly weakened during the last twenty years. In terms of child protection within schools, this has resulted in a mixed response. The reasoning contained in the Department of Education and Science Circular 4/88 (DES 1988) was that through the allocation of specific responsibilities the profile of child protection would be raised within schools.²¹ However, this sat somewhat uneasily with the ethos that was being encouraged by the Local Management of Schools, which was that of a more individualised response to external forces. As will be noted later on in Chapter 8, this has meant that local authorities are somewhat limited in their efforts to establish and refine child protection frameworks and procedures within schools.

'Power is now so diffused – we cannot negotiate individually with head-teachers, governors, education department staff – it is frequently impossible to see how schools reluctant to abide by agreed procedures and good protection practice, can be forced to do so.'²²

Consequently, whilst a school's internal child protection framework will be guided by Department of Education guidelines and provided with shape and content by LEA policies/recommendations, its implementation in practice will be predominantly determined by the head-teacher and possibly the CPLT.²³

The Role of Child Protection Liaison Teacher:

Within a primary school, the head-teacher will decide who the designated teacher will be within the school.²⁴ This role involves taking responsibility for all child protection matters within the school and is usually referred to as the CPLT (Child Protection Liaison Teacher).²⁵ On the whole, the information available to the researcher indicated that the head-

¹⁹ In so much as they will not have the same insights into the educational process that the head-teacher will possess.

²⁰ The degree, to which this reliance will take place, will vary from school to school depending upon the cross section of personnel on the Board and their experience.

²¹ Circular 10/95 reinforced this by clarifying child protection responsibilities within schools.

²² D.Hinchcliffe, 'Child Protection under Threat', London: Labour Party Publications, 1993.

²³ Refer to the discussion outlined in section 3 of Chapter 8.

²⁴ According to information gained from the local authority education department in the research study area, there have been cases where a head-teacher has wanted either a childcare assistant or a probationary teacher to take on the role of CPLT as they were 'keen'. These requests were refused.

²⁵ Refer to section 3 of Chapter 8 for details of training courses, which CPLTs will undertake. Circular 4/88 states that 'such training should provide awareness and recognition of child abuse, detailed knowledge of the procedures for dealing with

teacher would normally adopt the role of CPLT for a number of reasons.²⁶ If one refers to the Department of Education guidelines dealing with child protection frameworks, they require the role of CPLT to be undertaken by a senior member of staff who has both the experience and the time for the task. In this regard, it may be felt that due to the demanding nature of the job that the head-teacher should undertake the role in order to ensure that the task is performed properly.²⁷ Alternatively, the view may be adopted that '*two-heads*' are better than one in this regard and that the role should be shared with a colleague.²⁸ Equally, the role may be considerably heavier in a larger school than that of a small local one, which may also play a part in the decision making process as to whom should undertake the role. The issue of which member of staff should undertake the role of CPLT will be explored in greater depth in Chapter 8. However, it is important to keep in mind the fact that a head-teacher will not only seek to ensure that the role is performed satisfactorily but also that the name and reputation of the school is maintained.²⁹

The CPLTs role will involve the monitoring of child protection work within the school, advising and assisting other members of staff and the gathering of information from a number of different sources either within the school or which are attached to it.³⁰ These will include class teachers, dinnertime supervisors, auxiliary staff and parents. However, it will also include liaison with school nurses, Education Welfare Officers (EWOs), health visitors and social workers. A central record will then be made of this information. In this regard, one CPLT noted, 'we have a central filing system and the information is limited to myself and the Head.'³¹

If one refers to the Local Education Authority guidelines³² within the research study area, CPLTs are currently required to collect child protection information in its broadest sense. However, due to the ambiguous nature of this requirement, the approach adopted by schools

individual cases, and the identification of those officers within the statutory agencies with whom the teacher may need to liaise.' (DES 1988).

²⁶ Information drawn from the study data; pilot study data and meetings with the LEA in the study area.

²⁷ This may be due to the time and administration involved in the task, or the belief that as the head-teacher they can bring some degree of authority/influence to the role. (However, it should be noted that such decision making is undertaken by the head-teacher of the school).

²⁸ Both views were encountered within both the pilot-study and study data. See Chapter 8 for further discussion.

²⁹ This latter concern may be accomplished in a number of ways. First of all it may be achieved through the implementation of a far-reaching child protection philosophy within the school which ensures that children and families are supported from an early stage. (Though there is the risk that such a school may be labelled as being associated with child abuse/neglect due to the number of cases that it deals with). Alternatively, a school may attempt to maintain an outward appearance of not encountering such child protection issues, due to the narrow scope being adopted by the schools internal framework. See study data in Chapter 8 for further discussion of this point.

³⁰ The issue of training for CPLTs will be examined within section 3 of Chapter 8. However, it is important to note that training programmes are unique to LEAs and as such vary between local authorities. However, in this regard, the Child Protection Co-ordinator within the sample area was a member of CAPE (Child Abuse & Protection in Education) which is a regional forum for local authorities to share practice and formulate documentation together. In this regard, the local education service Co-ordinator has found it to be of particular use.

³¹ School E.

³² CPLTs are provided with guidelines which are formulated by the local education authority in response to legislation. (This is ultimately a regional response to central government initiatives).

towards information collection has been subject to variation in practice.³³ Indeed, the research data in Chapter 8 highlights the fact that there is a considerable degree of variation which would appear to be driven more by the school's internal policy towards child protection and the individual CPLTs attitude towards their role than that of the LEAs guidance.³⁴ This situation would appear to be exacerbated by the fact that there would appear to be very few avenues through which a school may be compelled to modify its approach towards this role.³⁵ Indeed, the considerable degree of autonomy which schools appear to display is reflected in other aspects of the CPLT role within schools, such as that of levels of intervention and the interpretation of concepts such as that of '*need to know*'.³⁶

If one looks back at the LEA's guidelines in the study area, the minimum standard that it sets down for intervention by a school is when that school has evidence of a child suffering significant harm. Whilst this statement is supported by the fact that a CPLT may discuss any potential concerns with the Child Protection Co-ordinator at the local education authority or approach other professionals, it nevertheless poses a number of problems with regards to referrals by schools. This issue will be analysed later on in terms of the data collected in the research study. However, it is apparent that this minimum standard has been interpreted in a wide variety of ways resulting in a piecemeal application of child protection in practice within the sample area.³⁷

Equally if one turns to the central concept of '*need to know*', considerable variations were highlighted by the study data in Chapter 8. Indeed one CPLT commented that, 'We don't have to say anything [about child protection matters to teachers]'³⁸ despite the fact that Circular 10/95 states that teachers should be kept informed about child protection issues on a need to know basis. Equally, it would appear that LEA recommendations to CPLTs during their training courses and in their guidelines are also being interpreted in a variety of ways. In a response to these variations between schools, the Area Child Protection Committee (ACPC) is currently in the process of conducting an audit regarding the type of records that schools keep and how those schools deal with children on the 'at risk' register. Ultimately

³³ In other words, it would appear that schools do not make a distinction between the notions of 'need' and 'child protection'. The implications of this approach will be discussed in greater detail within Chapter 8.

³⁴ This state of affairs was highlighted at an early stage in the research process, (i.e. pre-pilot and pilot study data) and was catered for later on in the final interview design. See Chapter 2 for further details.

³⁵ The only real threat which a school is faced with is that of being sued for not collecting information and/or following guidelines. However, the question is posed as to who would actually pursue this?

³⁶ This degree of autonomy is an issue which will be discussed in Chapter 9. If we are to consider the integration of schools into the childcare framework in order to provide information, then a certain amount of consistency will be required in practice.

³⁷ Once again we return to the fact that schools have a considerable degree of discretion (exercised by the head-teacher) with regards to their interpretation and application of child protection guidelines and procedures. Equally, there the LEA has very little power in terms of enforcing standards, except that of recommending certain approaches and/or practices.

³⁸ School K.

though, as with the other issues listed above, the application of these notions and frameworks into practice will depend upon the internal policy adopted by the school.

'Framework for the Assessment of Children in Need and their Families':

If one turns to the *'Framework for the Assessment of Children in Need and their Families'* which came into force on 1st April 2001, this has had a number of implications for the current system of child protection within schools.³⁹ To date the local authority has been provided with very little guidance on the new framework. As such, in formulating its guidance documentation for CPLTs it is very much a local response to the new procedures.

The question inevitably arises as to whether a greater degree of variation will exist under the new framework. Whilst the Local Education Authority (LEA) is currently writing new guidelines for CPLTs (90+ pages to date) it is faced with a number of difficulties.⁴⁰ If one refers back to the minimum standard of intervention under the current framework, then there is essentially a baseline from which a school may begin to formulate its internal child protection procedures. However, once the concept of 'need' is introduced (in terms of appreciating the effects of need on children and the potential implementation of support),⁴¹ the concept of a minimum standard may no longer be effectively applied. Rather, it is the researcher's opinion that the operation of child protection procedures within schools will evolve to an even greater extent into a product of the individual school that is responsible for its implementation, resulting in even greater disparity between schools.

In many respects, the LEA is attempting to pre-empt this situation by including into its guidance documentation various parameters of neglect. In other words, it is attempting to provide CPLTs with a model of what particular circumstances may be equated to which tier of neglect.⁴² The authority's joint planning group has adopted a four-tier model for assessing need and delivering services (see Figure 7.2) and this was distributed to CPLTs prior to 1st April 2001.

³⁹ For further discussion see: B.Lindley & M.Richards, 'Working Together 2000: How will Parents fare under the New Child Protection Process?', p213, *Child & Family Law Quarterly*, 12(3), 2000.

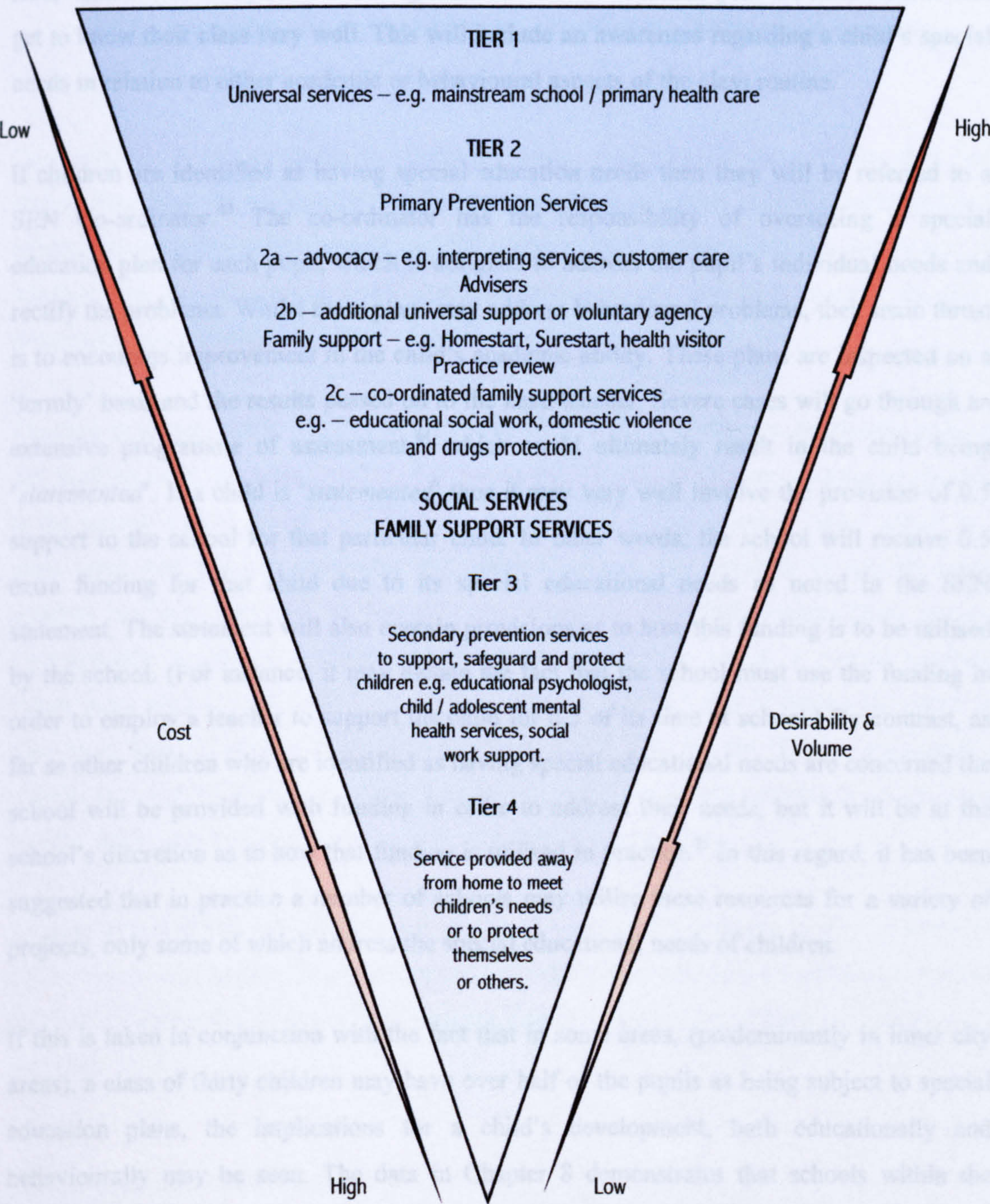
⁴⁰ As stated earlier, the Child Protection Co-ordinator within the sample area is a member of CAPE (Child Abuse & Protection in Education). However, in addition to this, the LEA is liaising with other cities within the geographical region in an attempt to generate a 'Regional Procedure' for the new framework.

⁴¹ These are two provisional headings contained in the new LEA guidance documentation for CPLTs.

⁴² The model adopted by the multi-agency group reflects the discussion of prevention and the various forms that it may take, which was examined in Chapter 5.

Figure 7.2: A Tiered Model Of Need

The Joint Planning Group within the research study area has adopted a four-tier model for assessing need and delivering services. This is represented by the inverted triangle illustrated below.



Class Teachers:

In general primary school class teachers may find themselves in charge of a class ranging from around twenty to thirty children for the period from September to the following July. During this time, their prime responsibility is to deliver the National Curriculum for that particular age group. Within primary schools, this now includes delivery of both a '*Literacy Hour*' and a '*Numeracy Hour*'. During the course of the academic year the class teacher will get to know their class very well. This will include an awareness regarding a child's special needs in relation to either academic or behavioural aspects of the class routine.

If children are identified as having special education needs then they will be referred to a SEN Co-ordinator.⁴³ The co-ordinator has the responsibility of overseeing a special education plan for each pupil, which is designed to address the pupil's individual needs and rectify the problems. Whilst these plans may address behavioural problems, their main thrust is to encourage improvement in the child's academic ability. These plans are inspected on a 'termly' basis and the results passed on to the head-teacher. Severe cases will go through an extensive programme of assessment,⁴⁴ which could ultimately result in the child being '*statemented*'. If a child is '*statemented*' then it may very well involve the provision of 0.5 support to the school for that particular child. In other words, the school will receive 0.5 extra funding for that child due to its special educational needs as noted in the SEN statement. The statement will also contain provisions as to how this funding is to be utilised by the school. (For instance, it may dictate the fact that the school must use the funding in order to employ a teacher to support the child for 0.5 of its time at school.) By contrast, as far as other children who are identified as having special educational needs are concerned the school will be provided with funding in order to address their needs, but it will be at the school's discretion as to how that funding is utilised in practice.⁴⁵ In this regard, it has been suggested that in practice a number of schools may utilise these resources for a variety of projects, only some of which address the special educational needs of children.

If this is taken in conjunction with the fact that in some areas, (predominantly in inner city areas), a class of thirty children may have over half of the pupils as being subject to special education plans, the implications for a child's development, both educationally and behaviourally may be seen. The data in Chapter 8 demonstrates that schools within the sample varied considerably in terms of their responses to such needs. This raises a number of

⁴³ Special Educational Needs

⁴⁴ Other issues may be tied in with these assessments such as that of a disability affecting the child.

⁴⁵ However, having discussed the matter with the Child Protection Co-ordinator for the Local Authority Education Service in which the study was conducted, I was informed that this state of affairs was currently in the process of being tightened up.

questions. First of all, is such variation an acceptable situation for all concerned, (the local authority, children and the educational establishment as a whole)? Secondly, if a school formulates an internal framework, which does not prioritise the issue of special needs, then will it necessarily provide the support for a teacher to make such an observation and then relate this information to the head-teacher or SEN Co-ordinator?

‘This extra workload, paperwork and monitoring often persuades a harassed teacher not to pursue some worrying signals because it rebounds to become even more red tape.’⁴⁶

Consequently, it would appear that teachers might only pass on cases, which they feel require investigation or where they believe that something is wrong. If such an attitude exists or characterises the internal environment of a school, then one may pose the question as to whether this has an impact upon that particular school’s approach towards its child protection responsibilities.

The area of special needs within schools has been the subject of change. As already pointed out, until recently, the identification of too many SEN cases could prove counter-productive to the schools overall image.⁴⁷ However the introduction of the notion of ‘value added’ has gone some way towards redressing this state of affairs. The numbers of special needs children are now included on league tables alongside a school’s examination results. Consequently, examination results are effectively assessed in terms of overall numbers minus those with special needs.⁴⁸ In addition, account will be taken of progression rates in relation to those children with special educational needs. This has the effect of encouraging schools to accept children with special educational needs rather than refusing to accept them into the intake due to wider considerations of results and league tables.

Another aspect to this discussion is the degree of training that teachers receive in terms of child abuse and/or neglect. Many young staff will have received some information regarding child abuse during the course of their training.⁴⁹ In this regard, it was noted within the study data that:

⁴⁶ Pilot study data. (Interview with Deputy Head-teacher at Infant & Junior School – June 1999).

⁴⁷ In terms of results being displayed in league tables.

⁴⁸ If a school has 100 pupils and 30 of those children are classified as having SEN then the examination results of the school will be assessed out of 70 on the league tables.

⁴⁹ Whilst a significant amount of input centres on pastoral care, the time spent on initial teacher training on issues of child abuse varies from institution to institution. In this regard, there is a variation in opinion between professionals who feel that input is more than adequate and others who find themselves ill equipped for their role in the child protection system and would welcome a greater degree of continuity in training.

‘There may be more awareness of issues amongst younger staff than the older ones. This may be due to the training that they receive.’⁵⁰

However, it has also been suggested that some of them may be ‘so overwhelmed when they actually have to run a classroom on a daily basis’⁵¹ that they do not identify or mention potential cases to the CPLT or head-teacher.⁵² Nevertheless, it was also pointed out that:

‘One young teacher found the way that some young families live quite disturbing. She needed to be supported through this realisation and that some families do indeed live in this way.’⁵³

If one examines the age-range and training of current members of staff within primary schools, then there are a considerable number of teachers who entered the profession without receiving similar information regarding the identification of child abuse.⁵⁴ Consequently, there may be instances where they have concerns relating to the welfare of their pupils but have a minimal appreciation of what action should be taken. Equally, there may be a fear of looking foolish in front of other members of staff. However, there is also the other side to this argument. As one school within the data sample pointed out:

‘There are a number of long established teachers at the school who have taught the parents of the present intake of children, so are very aware of what is going on.’⁵⁵

As such, it may prove to be the case that whilst more senior members of staff may lack the specific training, they nevertheless have a great deal of experience of such concerns, coupled with an insight into and appreciation of community issues. (This is an area that is examined in greater depth within Chapter 8.) This links with the issue of whether increased training should be provided for teachers so as to raise their awareness of child protection issues. However, a number of respondents in the study felt that:

‘Some people in the school have very limited experiences of life and so by giving them a little bit of information you may start alarm bells ringing and looking for things that are not there.’⁵⁶

⁵⁰ School B.

⁵¹ Pilot Study data. (Interview with Deputy Head-teacher at Infant & Junior School – June 1999).

⁵² See: Daily Mail, p27, Saturday, December 30th, 2000. An article by Tony Halpin (Education Correspondent) stated that the NUT had identified that up to 1,400 young teachers either resigned or failed to complete their induction year after entering schools from training colleges last year.

⁵³ School B.

⁵⁴ Reference is made to the schools visited during the research study.

⁵⁵ School C.

Sources of Information:

In some schools the CPLT will be provided with time during the school day so as to visit classrooms. This may be guided by information that has already been collated, in so much as children who are known to be the subject of domestic pressures and/or who may display problems, may be focused on. In addition the CPLT may question class teachers regarding any signs of problems or abuse. However, this process will, and does, vary in practice from school to school as well as between LEAs.

Another forum for the potential identification of abuse or neglect is during the process of changing for games. This will often reveal cuts, bruises or other marks, which a child has suffered. Equally, a child's refusal to get changed may very well alert members of staff to a possible problem. Once again though, there is the question as to whether a younger or inexperienced member of staff would necessarily be alerted in such instances. Without the appropriate training or guidance, (possibly from the CPLT), is there the possibility that they may believe a story designed to cover up this reluctance to get changed? This is also an ideal forum for a school to liaise with its school nurse. The study data revealed the fact that if a CPLT is concerned about the bruises that a child has sustained, then the school nurse may be invited to '*pop in*' at a time that coincides with the child changing for games.

The physical state of a child on a daily basis in terms of their general cleanliness, (clothes, hair, hands and face) may indicate that the family is not functioning well.⁵⁷ Equally, persistent lateness at school, crisps/sweets for breakfast, and absences from school such as half-day disappearances are areas of concern and need to be followed up. This not only relates to the fact that signs of concern need to be pursued but also the fact that unless an incident is immediately followed up, a family may very well attempt to cover up any problem with a credible excuse. As one school noted:

'If a child is being abused at home then it is going to affect attendance also performance. They are going to be unhappy, perhaps with behaviour problems.'⁵⁸

This is also an area in which the school and especially the CPLT can liaise with other professionals attached to the school. In particular, the Education Welfare Officer (EWO) can

⁵⁶ School K.

⁵⁷ Frequently, the birth of a new baby or family illness may prove to be the cause.

⁵⁸ School K.

prove to be a valuable resource in this respect.⁵⁹ As will be noted in Chapter 8, the EWO can play an important role in the gathering of information regarding a child's domestic situation:

'The EWOs do home visits and then try to explain to the school what the child's home environment or situation is like.'⁶⁰

In addition, reported conversations between children or between a child and a member of staff may often reveal problems. Equally, as one teacher noted that complaints by

'A parent about bullying or attacks by other children are sometimes made to cover up bruises or injuries received at home.'

As we noted in Chapter 3, both a silent withdrawn child and an aggressively behaved child display areas for concern.⁶¹ However, there is always the risk that some teachers will take the view that child abuse does not exist in their class and/or does not exist in their experience. In these cases a great deal of training and support is needed.⁶²

Professionals Attached to Primary Schools:

The EWO works within an area team visiting several primary schools and carrying out home visits in response to attendance problems. As mentioned above, the EWO may prove to be an invaluable resource for the school, in so much as the EWO should be able to collect information from the area team relating to older members of a family so as to assess any perceived problems. In practice this would appear to have mixed results. Nevertheless, an experienced EWO can prove to be invaluable in terms of their relationship with families and ability to enter their homes.⁶³

If a child is thought to have problems then the School Nurse⁶⁴ will also be involved.⁶⁵ This may involve the researching of any medical records she may hold, a check on the physical condition of the family members, or the arrangement of a family appointment to see the school doctor. In this regard, the study data indicated that primary schools liaise to quite a

⁵⁹ The Education Welfare Officer service has undergone a change in role and orientation in so much as it has refocused its attentions onto wider social work considerations as opposed to simply being concerned with school attendance.

⁶⁰ School G.

⁶¹ However, the question remains as to whether teachers appreciate fully the reasons why such behaviour should prove to be a cause for concern. See Chapters 3 and 8.

⁶² See: R.Dingwall, J.Eekelaar & T.Murphy, 'The protection of children, state intervention and family life', Oxford: Basil Blackwell, 1983, in which they refer to the rule of optimism. This is discussed later in section 3 of Chapter 8.

⁶³ They sometimes have contact with the parents who never come into school.

⁶⁴ The school nurse will screen all children within the school and may also address them about issues relating to personal health.

⁶⁵ The school nurse provides a link between the Health Service, the child, family and the school.

considerable extent with school nurses, stating that they can be 'a tremendous strength to have'⁶⁶ in place.

'The school nurse has been good at contacting families. Also helping us to have a look at children if we suspect something.'⁶⁷

However, whilst the nurse may distribute such appointments, the family in question is not obliged to attend. In many respects, this is where other professionals within the childcare framework can help to supplement the avenues open to a school. As was noted in Chapter 6, health visitors carry out home visits to younger children. In some instances, these visits may very well overlap with the introduction of a Nursery School into a child's life. If we turn to the data collected in Chapter 8 then it may be seen that a considerable amount of co-operative work is undertaken between health visitors and nursery school staff or schools in general. However, it should also be acknowledged that health visitors frequently have excessive workloads of their own which limits their ability to conduct such multi-agency work.

Finally, if a family has already been identified as being vulnerable or 'at risk' then they may very well have a Social Worker attached to them. However, as will be noted in Chapter 8, the potential for discussion between schools and the social services has been severely affected by resource considerations.

Stylised Model of Management in a Primary School.

The Senior Management Team within a primary school will normally meet on a weekly basis in order to discuss issues such as school policies, staffing, curriculum delivery and training. As may be noted from Figure 7.3, the team will usually comprise of the head-teacher, deputy-head and one or more senior staff within the school.

Other issues discussed by the Senior Management Team may include a review of the pupil attendance figures which are monitored quite closely due to the fact that they now form part of the information published in the league tables.⁶⁸ However, issues relating to child protection matters will not usually be discussed within this forum. These issues will either be raised in Team Meetings or be discussed between the head-teacher, CPLT and possibly the

⁶⁶ School A.

⁶⁷ School F.

⁶⁸ The Education Welfare Officer would either be informed about specific cases so as to report back or follow up any specific problems, or may be invited to attend such reviews from time to time.

class teacher who initially raised the concern.⁶⁹ Consequently, it would appear from an examination of the structure of Management Meetings shown in this chapter that knowledge and awareness of the extent of child protection issues/concerns within the school might prove to be very limited within this form. If the head-teacher is also the CPLT, then there is no guarantee that the deputy-head and other members of the management team are aware of the extent to which child protection issues are a concern within the school.

If class teachers have any concerns regarding the welfare of one of their pupils then they will either discuss the matter directly with the CPLT or with a senior member of staff, (class teacher with post of responsibility). These forums are illustrated in Figures 7.4.to 7.6. In some respects, a teacher may feel more comfortable with raising concerns about a child within such a meeting for a number of reasons. First of all, the other members of staff at the meeting are colleagues with whom the teacher works on a day-to-day basis. Secondly, as the teams are formed around age groupings within the school, then other colleagues within the meeting will have had some contact with that particular child, either having taught them the previous year or through other school activities. Consequently, the other members of the team may very well be able to clarify the child's circumstances before the concern is either passed on to or raised with the CPLT. Finally, if a concern is raised within such a forum, then in general, the senior teacher (class teacher with post of responsibility) would be responsible for passing on such concerns to the CPLT.

Whilst this may prove beneficial due to the fact that the concern may be taken more seriously having progressed through this 'filtering process', it may also pose a number of disadvantages. If the senior teacher decides not to pursue the concern, then there may be a delay before the class teacher feels sufficiently confident to raise the issue directly with the CPLT. If a class teacher is based with a team, which does not provide adequate support or guidance in relation to child welfare concerns, then the teacher may feel discouraged from raising such issues in the future, or indeed pursuing such concerns directly. In this regard, training, awareness and the provision of support would appear to be a significant element of a schools internal policy.

Following a team meeting, the senior member of staff will usually convey these concerns to the CPLT and the information will be discussed by them with regards to whether any action should be taken or not. For instance, a child with behavioural problems would be referred to an Educational Psychologist.⁷⁰ Action may be recommended within the school or in more

⁶⁹ It should be noted that forums/personnel involved in this process will vary from school to school.

⁷⁰ However they usually have extensive waiting lists.

extreme cases a referral may be made to either a special unit or to a programme such as *C'Mon Everybody*. If a child is identified as potentially having learning difficulties, then an assessment would be made and a Special Education Plan would be drawn up as noted above.

Once a class teacher has passed on their concerns, the degree of feedback that they can expect to receive will vary from school to school. In some instances, they may be unaware of any action being taken. As one school stated:

‘This is on a need to know basis... In theory they [class teachers] are not supposed to know anything.’⁷¹

By contrast other schools feel that ‘information feedback is essential for the sake of the teacher.’⁷² In many respects, this approach towards feedback is also present within the schools’ internal policy towards the provision of background information on children who may have problems at home.

‘As a CPLT I find that teachers will come and ask if I have anything on file for a child. I may say yes, but that I can’t tell you what it is, but if you have any concerns please tell me.’⁷³

This is a debate that will be examined in greater depth within Chapter 8. Would the provision of such information colour a teacher’s perception of that particular child? Is the supply of this information unnecessary for a class teacher effectively to carry out their role as educator? Is a teacher capable of fulfilling their wider pastoral responsibilities if they are unaware of a child’s circumstances? If we return to an earlier point, then a busy teacher may not make himself or herself available when a child wants to talk. They may not worry about absences, information may not be exchanged and time will be lost.

⁷¹ School K.

⁷² School L.

⁷³ School E.

Figure 7.3 Example of a Management Meeting in a Primary School

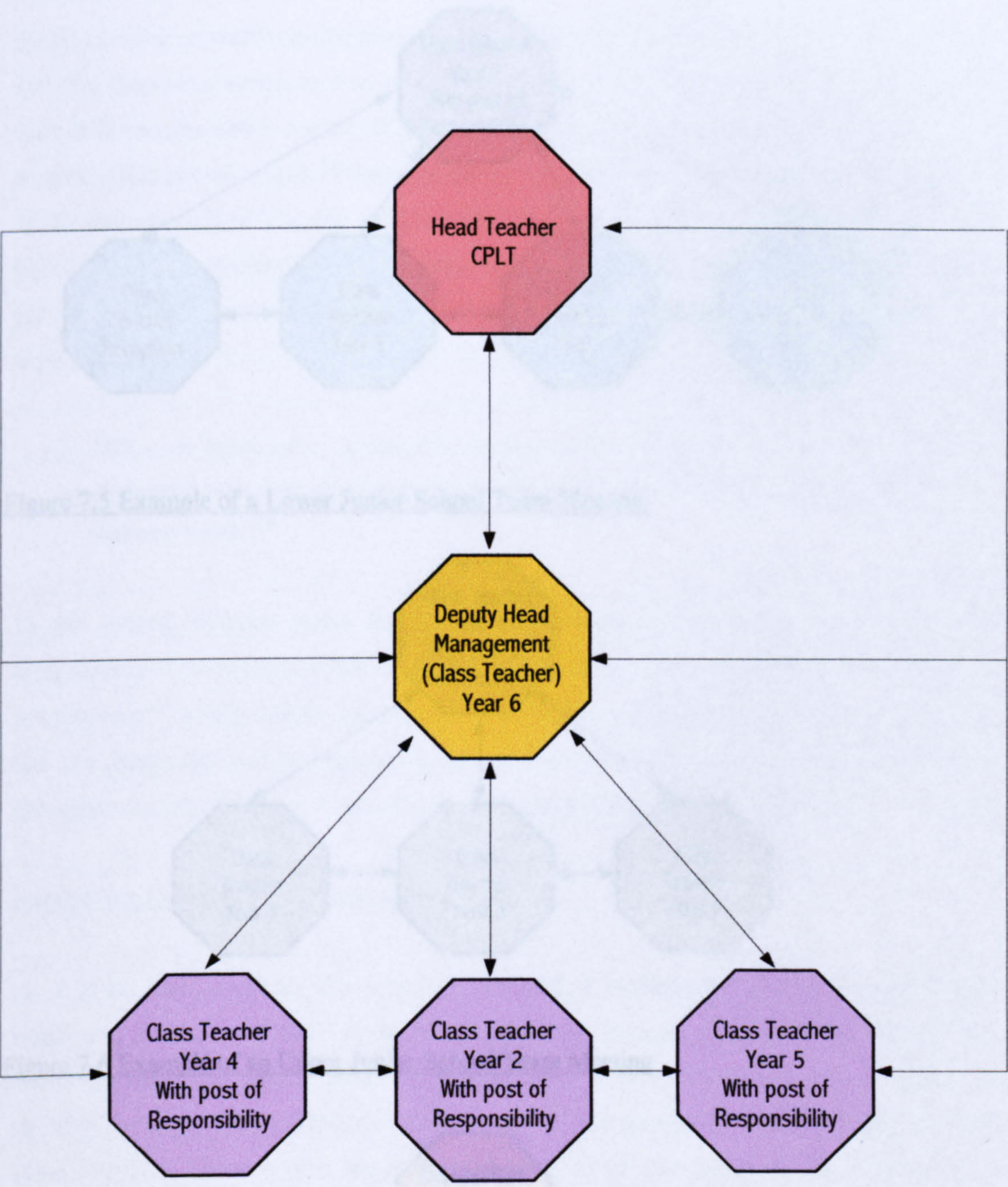


Figure 7.4 Example of an Infant School Team Meeting

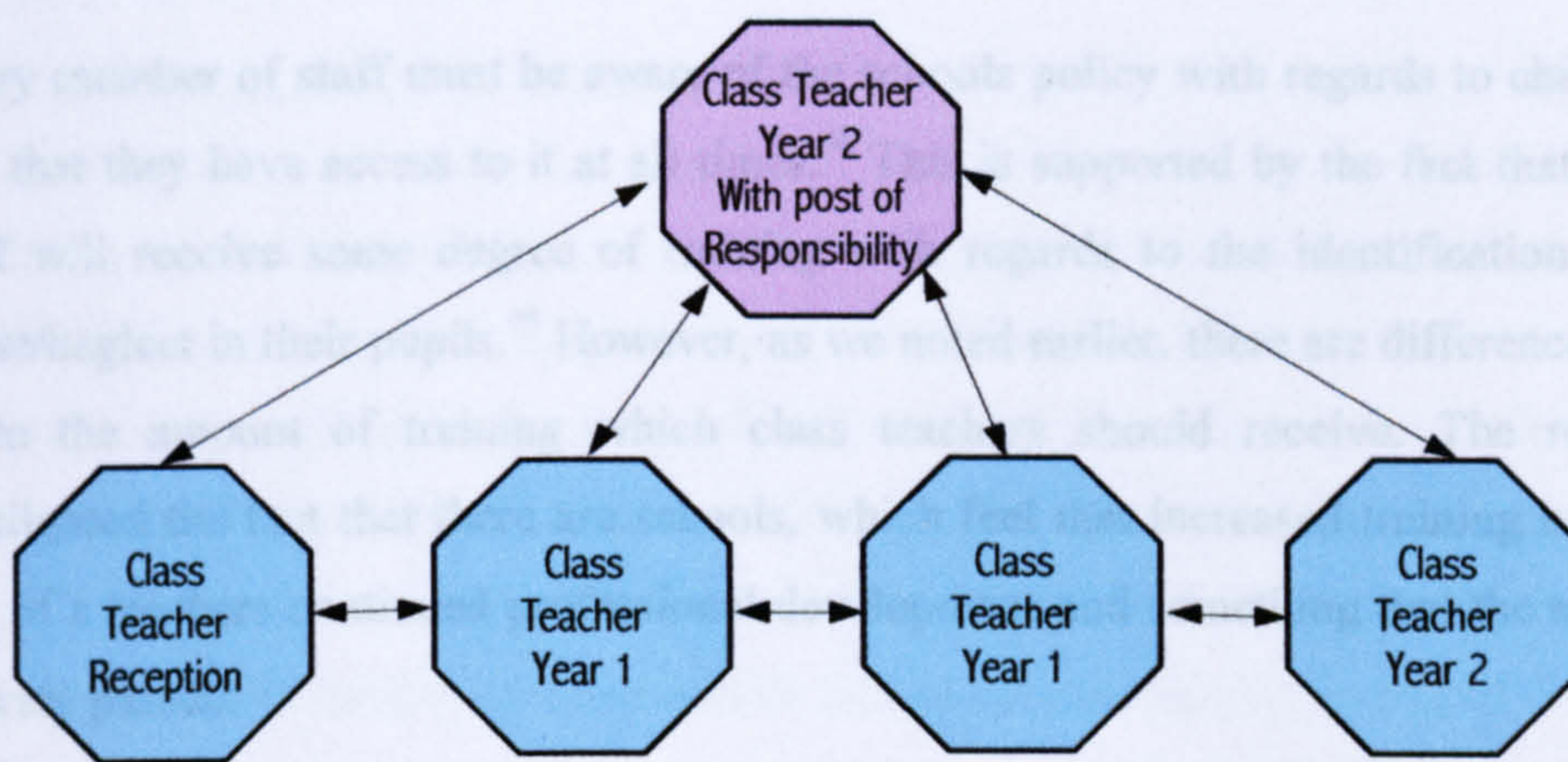


Figure 7.5 Example of a Lower Junior School Team Meeting

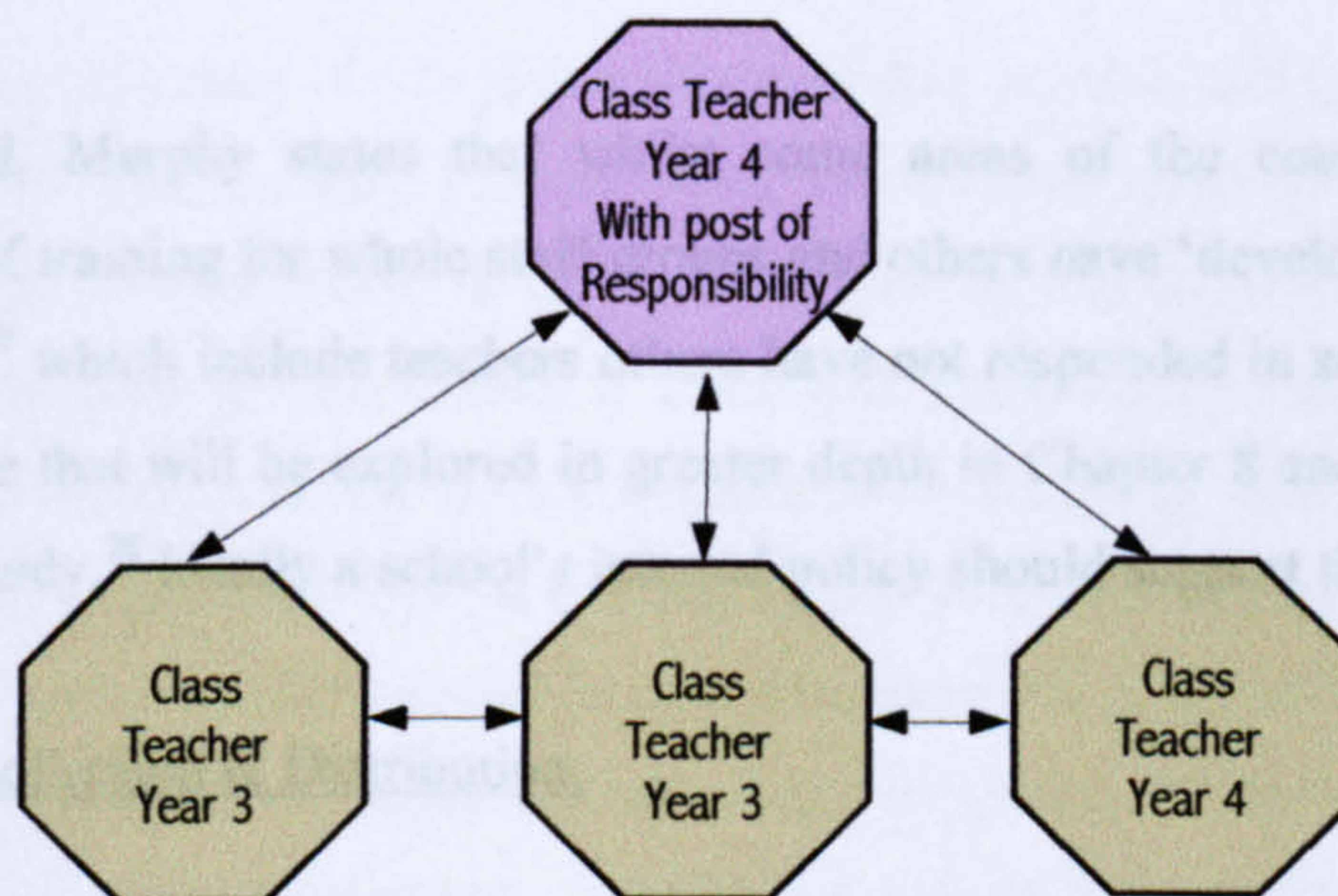
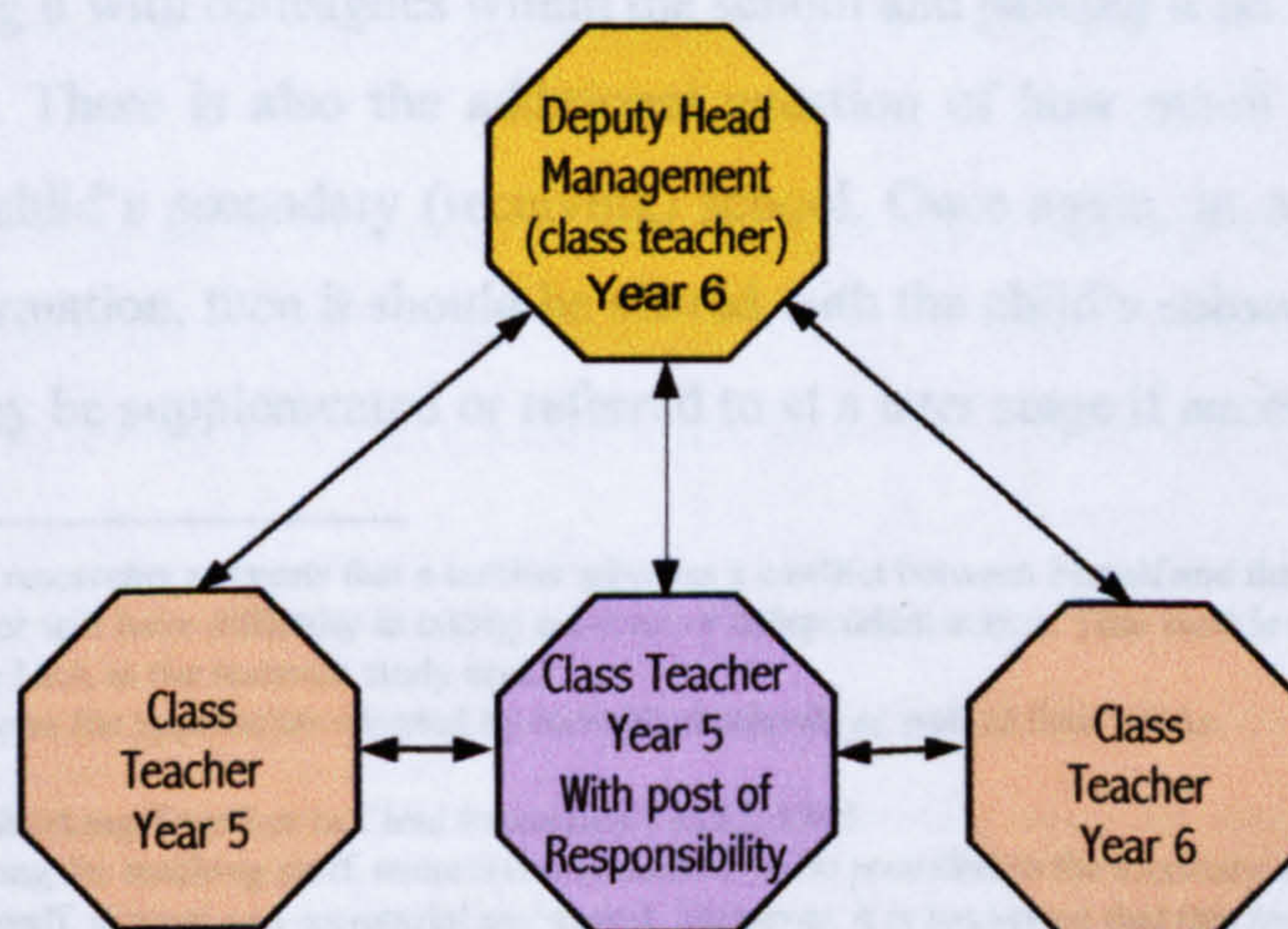


Figure 7.6 Example of an Upper Junior School Team Meeting



Training of Class teachers:

Every member of staff must be aware of the schools policy with regards to child abuse and feel that they have access to it at all times.⁷⁴ This is supported by the fact that all teaching staff will receive some degree of training with regards to the identification of signs of abuse/neglect in their pupils.⁷⁵ However, as we noted earlier, there are differences of opinion as to the amount of training which class teachers should receive. The research data highlighted the fact that there are schools, which feel that increased training is an essential part of a teachers continued professional development and something that the school should actively pursue.

‘What we try to do as a school is to keep up to date. [Name of local authority personnel] came into school last year and did some sessions with staff. Obviously this was very useful.’⁷⁶

In this regard, Murphy states that whilst some areas of the country have established programmes of training for whole staff groups and others have ‘developed multi-disciplinary programmes’⁷⁷ which include teachers others have not responded in such ways. Once again, this is a debate that will be explored in greater depth in Chapter 8 and the data gained from the research study.⁷⁸ Ideally a school’s internal policy should support this work.

Information Collection & Distribution:

As will be highlighted by the data in Chapter 8, a considerable amount of information relating to children and their domestic circumstances may be gathered within the primary education sector. However, the question remains as to how this information is utilised, in terms of sharing it with colleagues within the school and passing it on to professionals within other agencies. There is also the additional question of how much of this information is shared with a child’s secondary (receiving) school. Once again, in order to make effective use of this information, then it should be shared with the child’s subsequent schools so that a case history may be supplemented or referred to at a later stage if necessary.⁷⁹

⁷⁴ In this respect, the researcher suggests that a teacher who has a conflict between herself and the head-teacher in relation to a child protection matter will have difficulty in taking separate or independent action. This view is drawn from discussions with both teachers and the LEA in the research study area.

⁷⁵ This will depend upon the approaches adopted by individual schools as well as their LEAs.

⁷⁶ School F, para 26.

⁷⁷ See: M.Murphy, ‘Working Together in Child Protection’, p117, 1995.

⁷⁸ In addition to training for teaching staff, some training could also be provided to the auxiliary staff: (e.g. Lunchtime supervisors, kitchen staff, general and secretarial assistants). However, it is suggested that this training should be tackled in a different way, as many of these people either live in the area, or have children in the school and there is always the possibility of gossip. The issue of confidentiality would be a paramount consideration.

⁷⁹ The Department of Education guidelines in this respect will be discussed in section 2 of Chapter 8.

A Stylised Model of the Secondary School System:

The Head-teacher & Senior Members of Staff:

Whilst the head-teacher within our model of a Primary School will generally adopt the role of CPLT, the situation in Secondary Schools is somewhat different. In a secondary school the head-teacher will normally delegate⁸⁰ the responsibility to a senior member of staff and allocate time in their work schedule so as to enable them to carry out their duties as a CPLT.⁸¹ This may be attributed to the fact that as the school will inevitably be a far larger establishment then the head-teacher will be tied up with the administration of the school. It is the head-teacher's responsibility to monitor the day-to-day running of the school and to oversee organisational and legislative changes, which are introduced and subsequently affect the school.⁸²

Due to the size and extent of this task many secondary schools will typically have a Deputy head-teacher and two Assistant head-teachers.⁸³ In addition, they may also have two senior teachers. All of these members of staff will to varying extents have a lighter than normal teaching load in order to enable them to assist with activities such as that of running of the school and providing support to class teachers in terms of dealing with problems of discipline. Whilst this may alleviate some of the pressures arising from the day-to-day administration of a secondary school, it may also have the effect of placing a greater strain on colleagues. There is the concern that as a larger percentage of staff are relieved to varying degrees of their teaching duties there will be a knock-on increase in the size of classes. In some respects, this situation should be offset through the provision of funding to schools, taking into account the administrative needs of the establishment as well as ensuring that class sizes do not increase beyond reasonable levels. However, the question remains as to whether and to what extent this actually takes place in practice.⁸⁴

Within this structure, either a senior teacher or deputy head-teacher will normally take on the role of being the school's designated teacher (CPLT). Whilst their responsibilities will be identical to those within a Primary School, the situation will be complicated not only by the

⁸⁰ Whilst this approach was certainly present within the research data analysed in Chapter 8, there may be a few instances where this is not the case.

⁸¹ Nevertheless, it should be noted that a secondary school head-teacher retains the same degree of influence over internal school matters as that of a primary school head-teacher.

⁸² These changes have brought a new focus to the system that does not fit easily with wider pastoral concerns that include child abuse. This being the case, child protection work cannot be seen by most head-teachers as a top priority and, in a small number of cases, can be seen as a downright threat or nuisance.

⁸³ Once again structures may very well vary from school to school, but the fact remains that every secondary school will need a structured system of senior staff to assist in the running of the school.

⁸⁴ Certainly there are varying opinions on this particular subject.

size of the establishment and number of children involved, but also the management structure within that establishment.

Stylised Model of Management in Secondary Schools:

The overall management structure of a Secondary School may in general be taken to be that set out in Figure 7.7.⁸⁵ If this is broken down into its various component parts, then as with a Primary School there will be a Senior Management Team that will meet on a weekly basis. This team will discuss issues relating to school policies, staffing, curriculum delivery and training. As may be noted from Figure 7.8, the team will usually comprise of the head-teacher, deputy-head, assistant head-teachers and one or more senior staff within the school.⁸⁶ However, this is where the similarities between the two systems come to an end. Further down this hierarchy, the structure of management essentially splits into two pathways.

The first route is concerned with pastoral issues and operates through the Head of Year meeting shown in Figure 7.9. A great deal of the information which is discussed within this forum is gained from a series of Head of Year Form meetings, which are conducted by the Heads of Years in conjunction with the Form Tutors within that year. These are illustrated in Figure 7.10. Consequently, if a form teacher has concerns regarding the welfare of a child, the first port of call would be to the year tutor and would generally be raised during these weekly meetings. The year tutor would then decide upon the most appropriate action to be taken which could involve monitoring the situation, conducting further enquiries, or even a discussion with the pupil. If the situation appears to be serious then the matter would be referred up the line of management to the Deputy Head and/or CPLT who would in turn liaise with the head of year and possibly the form teacher. However, as the data in Chapter 8 highlights, the degree to which child protection issues will be discussed with form teachers or class teachers will vary considerably between schools. This in turn may have a significant impact on the degree of information that may be collected by teachers with day-to-day contact with children.

The second management route is that of the Head of Department meeting which is shown in Figure 7.11. The information discussed within this forum would predominantly centre on academic issues as opposed to pastoral ones. However, if a child is being disruptive in class⁸⁷

⁸⁵ This is intended to represent a simplified view of the management structure in a secondary school.

⁸⁶ Variations between schools will inevitably arise.

⁸⁷ See discussion in Chapter 3 regarding attachment theory.

the subject teacher may raise these concerns with the Head of Year via either the Head of Department or Deputy Head.

This is a simplistic view of the structure that exists in secondary schools. However, it nevertheless highlights the stark contrast that exists with the line of management present within Primary Schools. Referrals would rarely go directly to the head-teacher or CPLT. Instead, they would be passed through the line of management outlined above. However, given the size of secondary schools and inevitable complexity of their management structure, there is a real concern that children may fall through the net (either pastoral or academic) as the current system is inadequate for the purposes of dealing with children's personal needs. Within a secondary school a child will come into daily contact with a number of subject teachers, unlike the primary sector where normally one teacher is in sole charge of teaching a child throughout most or all of the day.⁸⁸ However, due to the unwieldy nature of the management structure in a secondary school concerns may not be relayed to the appropriate members of staff or potential signs may be overlooked and situations may be left to develop needlessly.

'All of the information is kept by me. In terms of the school, it is shared with the Head and apart from that it is very much on a need to know basis. That will be the Head of Year, they will know the problems even if they don't know the detail.'⁸⁹

Consequently, as the discussion in Chapter 8 will indicate, there is a growing argument that teachers require increased training and development of their awareness in relation to child welfare issues. This is particularly significant given the focus of the new framework.

⁸⁸ It may be argued that some subject teachers are better placed to detect signs of child abuse and/or neglect than other teachers due to the way that the subject is taught - on a one-to-one basis as opposed to that of group work.

⁸⁹ School A.

Figure 7.7 Example of the Management Structure in a Secondary School

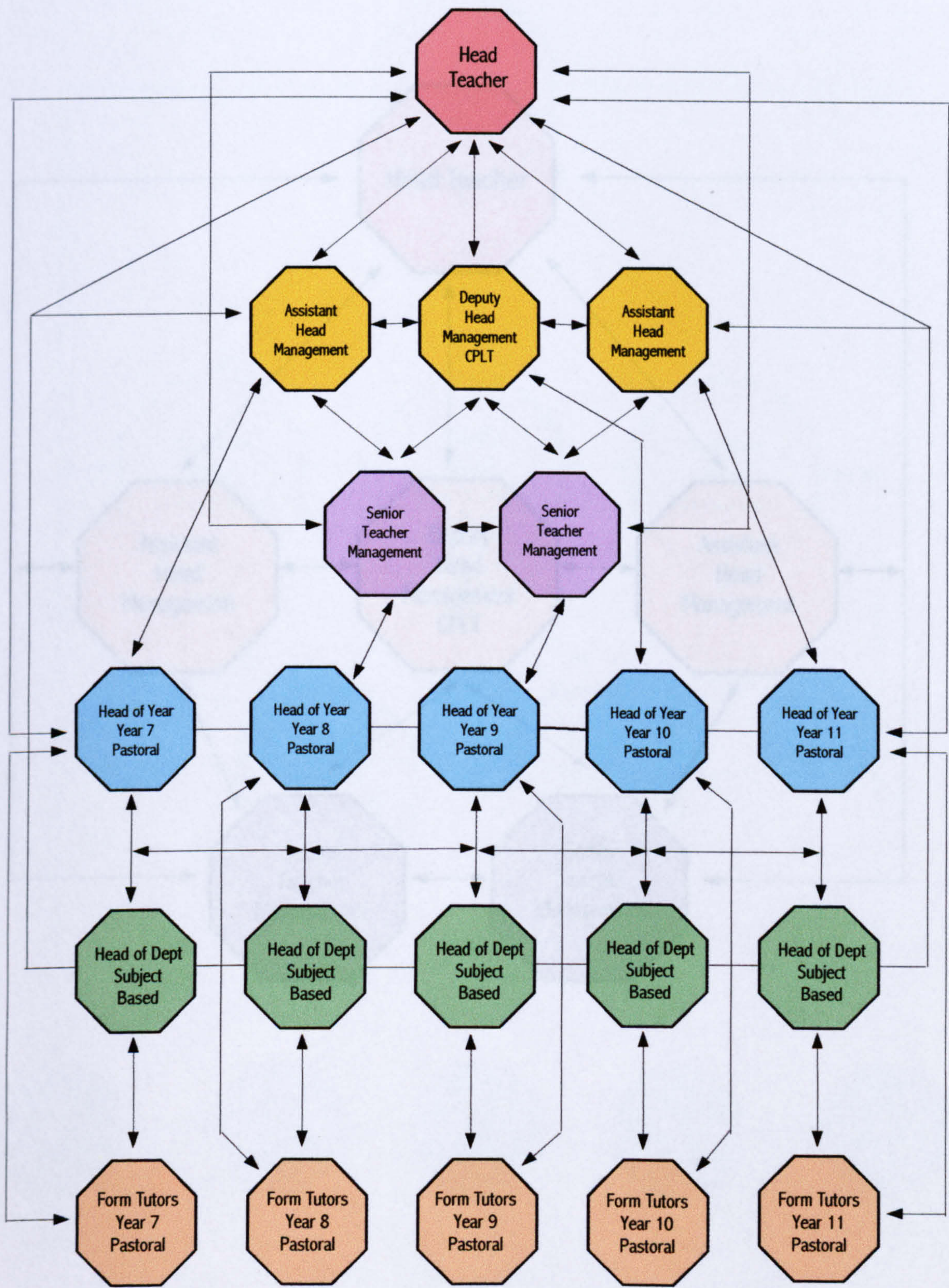


Figure 7.8 Example of a Management Meeting in a Secondary School

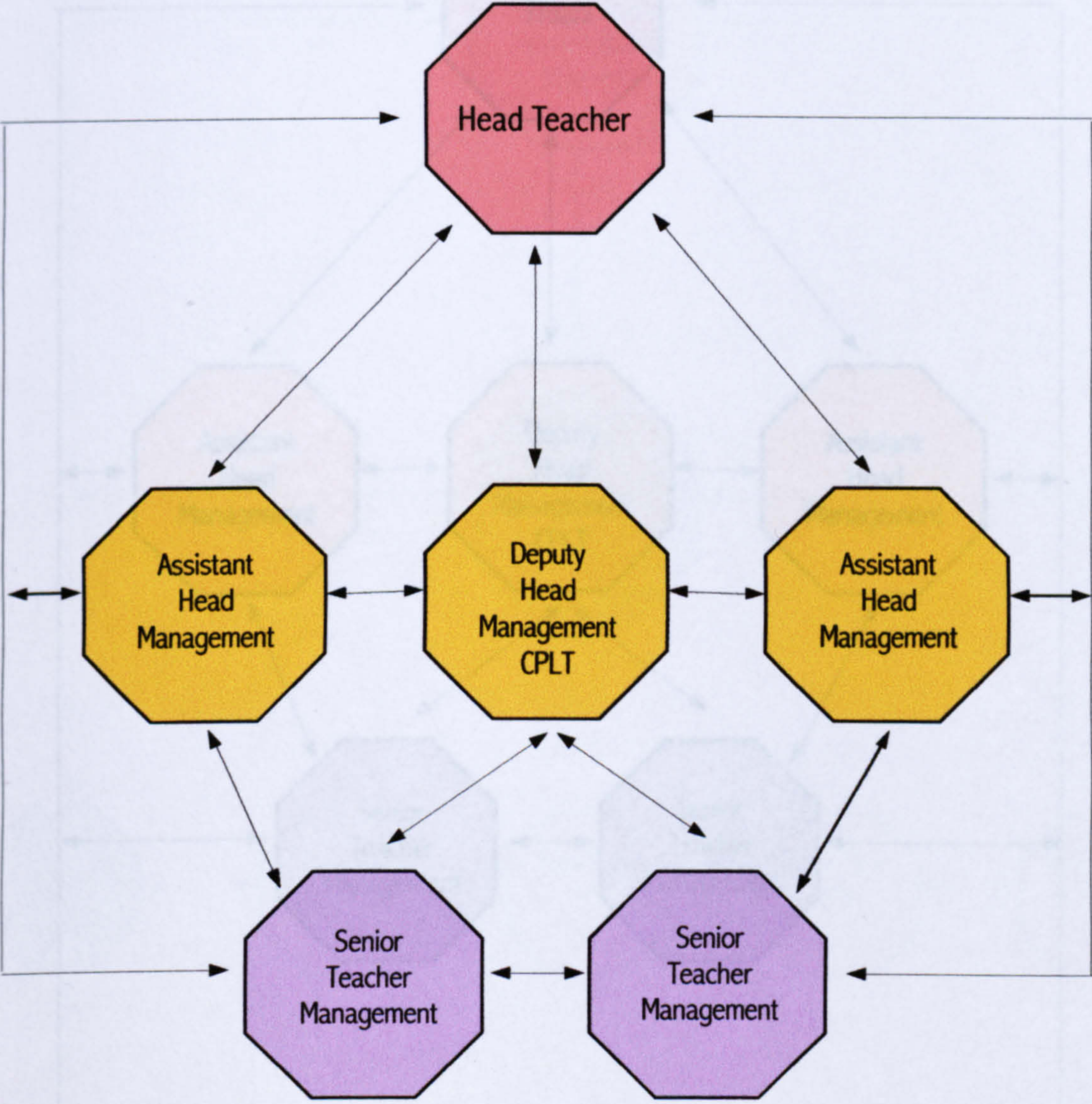


Figure 7.9 Example of a Head of Year Meeting in a Secondary School

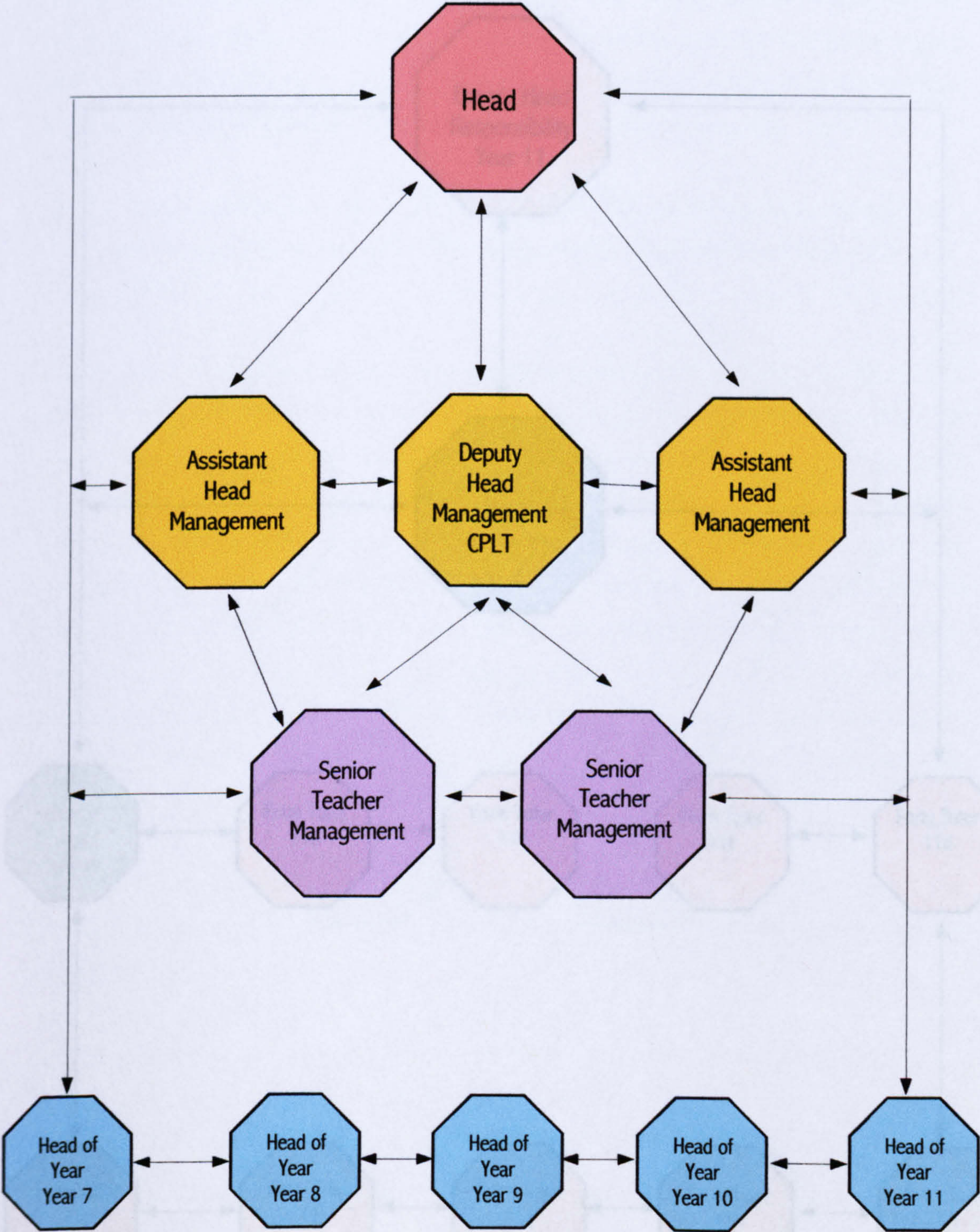
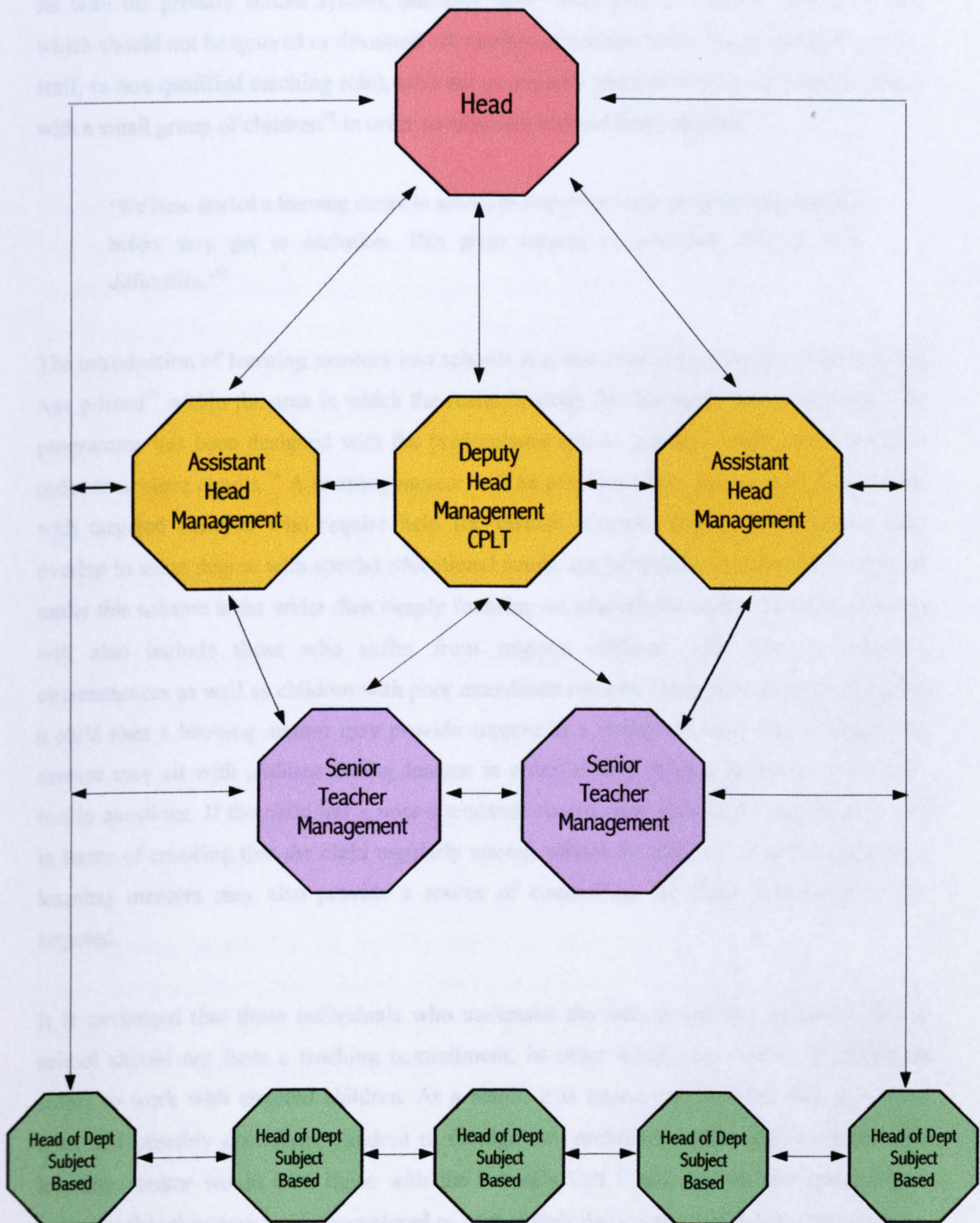


Figure 7.11 Example of a Head of Department Meeting in a Secondary School



Other Professionals & Learning Mentors:

As with the primary school system, ancillary staff⁹⁰ may play a valuable supporting role which should not be ignored or devalued. A number of schools have also introduced support staff, (a non-qualified teaching role), who act as support teachers within classrooms, sitting with a small group of children⁹¹ in order to reinforce and aid their learning.

‘We have started a learning centre in school to find other ways of supporting children before they get to exclusion. This gives support to individual children with difficulties.’⁹²

The introduction of learning mentors into schools is a new central government initiative and was piloted⁹³ within the area in which the research study for this thesis was conducted. The programme has been designed with the predominant aim of getting money into schools in order to achieve results.⁹⁴ A learning mentor will be employed by a school in order to work with targeted children who require help for various reasons. Whilst these reasons may overlap to some degree with special educational needs, the potential scope for those targeted under this scheme is far wider than simply focusing on educational needs. Targeted children will also include those who suffer from neglect, children with difficult domestic circumstances as well as children with poor attendance records. Once the school has targeted a child then a learning mentor may provide support in a variety of ways. For instance, the mentor may sit with children during lessons in order to help them understand material or tackle questions. If the child has a poor attendance record, then assistance may be provided in terms of ensuring that the child regularly attends school. In addition, it is envisaged that learning mentors may also provide a source of counselling for those children who are targeted.

It is envisaged that those individuals who undertake the role of learning mentor within a school should not have a teaching commitment. In other words, the mentor is employed solely to work with targeted children. As a result, it is hoped that mentors may gain their trust and possibly encourage children to divulge any problems or concerns to them. The learning mentor would then liaise with the school’s CPLT and discuss any problems or concerns that they may have encountered as part of their daily contact with targeted children.

⁹⁰ This will include the school nurse, support staff, office staff and dinner ladies.

⁹¹ Some of these children will have been identified as having learning difficulties, whilst others may be ‘statemented’. (See earlier discussion as to the provision of resources).

⁹² School A, para 123.

⁹³ Learning mentors have already been in secondary schools for 1 year and are being introduced into primary schools from September 2000.

⁹⁴ As will be noted later on in this section, the term ‘results’ has been interpreted in a number of ways by schools.

However, whilst this initiative would appear to have a great deal of potential for helping children within schools, there are a number of possible restrictions in its effectiveness. First of all, it should be appreciated that the specific role that a learning mentor undertakes within a school will be dictated by the head-teacher. Consequently, as with other aspects of child protection work within schools, the specific focus will vary considerably between schools and will reflect the internal policy which the school has put into place.

Secondly, the criteria laid down for those individuals who wish to undertake this role are extremely wide. Consequently, the current intake has included education social workers, lunchtime assistants, health workers, ex-pupils of the school, youth workers, mothers and a few teachers. When this is coupled with the fact that the training course run by the local education authority for these learning mentors is not compulsory in nature, then a number of reservations arise as to the effectiveness of the current system. If learning mentors are to play an effective role within schools both in terms of working with children and liaising with CPLTs, then a certain minimum standard of training must be ensured. Equally, if mentors are expected to counsel targeted children about domestic difficulties or abusive incidents, then appropriate compulsory training should be put into place.

Thirdly, if a learning mentor develops concerns about a child or a disclosure is made to them, their first port of call is the school's CPLT. Consequently, whilst a child may feel more comfortable in divulging problems to a learning mentor as opposed to a teacher or CPLT, the information ultimately comes back to the school's designated teacher. This in turn means that the information will be processed in accordance to the school's internal child protection policy, which as noted earlier, will inevitably vary from school to school.

Nevertheless, the potential for learning mentors to play a central role in the childcare framework remains, especially in light of the focus of the new framework for the assessment and support of children in need. However, this will be discussed in greater depth following the analysis of the research data in Chapter 8.

The 'C'Mon Everybody' Project:

If we turn back to Chapter 5, then it was suggested that the Children Act was intended to facilitate the development of an environment which emphasises 'family support', 'assisted parenting' and essentially the prevention of family breakdown.⁹⁵ This was explored within Chapter 6 in terms of the Child Development Programme. The '*C'Mon Everybody*' project

within the study area is a similar family support initiative which has been developed within the Education Sector.

The format of the project is based upon a model developed by Carolyn Webster-Stratton in the United States of America and based upon the research findings of Farrington and Patterson, *et al.* Farrington suggested that children from certain types of families are at a particularly high risk of developing conduct disorder. These families are characterised by factors such as low income, poor education, high levels of stress or a general lack of support.⁹⁶ Patterson, Capaldi and Bank⁹⁷ suggest that children whose parents' discipline approaches are inconsistent and erratic, physically abusive, highly critical or lacking in warmth are also at a high risk of developing conduct disorder. They also perceive children whose parents are disengaged from their children's school experiences and provide little instruction regarding pro-social behaviour as being at risk.⁹⁸

The interesting point with regards to this underlying theoretical basis is that it identifies a number of the issues already discussed within the earlier literature review. Equally, the factors identified by Patterson, *et al* mirror those laid down in '*Messages From Research*'. Whilst it would be unwise to read too much into this, it does nevertheless highlight the fact that such factors are widespread and have been the subject of a range of initiatives.

The '*C'Mon Everybody*' project attempts to address risk factors such as a lack of parenting skills and a lack of support networks and to build up '*protective factors*' which may help buffer some of the adverse effects of poverty and its accompanying stresses. This is pursued through the establishment of a partnership philosophy between parents and the group trainer.⁹⁹ It is felt that the implementation and utilisation of a collaborative approach is more likely to increase parents' confidence and perceived self-efficacy than other therapeutic approaches.¹⁰⁰ The project's goal is to empower parents so that they feel confident about

⁹⁶ As opposed to concentrating upon the identification of 'risk factors' within families and the subsequent prevention of abuse.

⁹⁷ D.P.Farrington, 'Explaining the beginning, progress and ending of anti-social behaviour from birth to adulthood', in J.McCord (ed), *Facts, Frameworks & Forecasts: Advances in Criminology Theory*, p253, Vol 3, 1992

⁹⁸ See: G.R.Patterson, D.Capaldi & L.Bank, 'An early starter model for predicting delinquency', in D.J.Pepler & K.H.Rubin, 'The development and treatment of childhood aggression', p139, 1991

⁹⁹ See also: G.R.Patterson, M.Stouthammer-Loeber, 'The correlation of family management practices and delinquency', p1299, *Child Development*, 55, 1984; J.Reid, P.Taplin & R.Loeber, 'A social interactional approach to the treatment of abusive families', in R.Stuart (ed), '*Violent behaviour: Social learning approaches to prediction management and treatment*', p83, New York: Brunner/Mazel, 1981

¹⁰⁰ The partnership philosophy is felt to give back dignity, respect and self-control to parents who due to their problems may be in a vulnerable time of low self-confidence, guilt and self-blame. (This was examined within Chapter 1). For further discussion of this point see: A.Spitzer, C.Webster-Stratton & T.Hollinsworth, 'Coping with conduct problem children: Parents gaining knowledge and control', p413, *Journal of Child Clinical Psychology*, 20, 1991

¹⁰⁰ Moreover, it is felt that this collaborative model is more likely to increase parents' engagement in the intervention. In this regard Meichenbaum & Turk suggest that the collaborative process has the multiple advantages of reducing attrition rates, increasing motivation and commitment, reducing and giving parents and the therapist a joint stake in the outcome of the intervention. (See: D.Meichenbaum & D.Turk, '*Facilitating treatment adherence: A practitioner's guidebook*', New York: Plenum, 1987).

their parenting skills and about their ability to respond to new situations that may arise when the trainer is not there to help them. This is justified on the grounds of Bandura's research, which examined the 'efficacy expectations' of parents and its role as a mediating variable.¹⁰¹ In other words, a parent's conviction that they can successfully change their own and their child's behaviour and the use of this conviction to link knowledge with practice. Consequently, if a parent has a high efficacy expectation then she will be more determined to ensure that strategies, which she has learnt during the course of the programme, are put into practice later on, as opposed to reverting back to previous behaviour patterns/responses.

The project aims to empower parents by strengthening their knowledge and skill base as well as enhance their self-confidence, rather than perpetuating a sense of inadequacy and creating dependence on the therapist.¹⁰² In other words, to enable them to become better managers of their children. It is also felt that greater parental engagement with the programme may also have a beneficial effect for 'insular' parents, (i.e. parents who are socially isolated with little support and few friends).¹⁰³ In this regard, Webster-Stratton states that 'insular' parents frequently report feeling:

'Criticised and rejected in their relationships with relatives, professionals, case workers, spouses and girl or boyfriends.'¹⁰⁴

The project attempts to create an 'empowering environment' for these parents, through the use of parent groups, so decreasing their insularity and giving them new sources of support.¹⁰⁵ It is felt that within the parent group, parents learn how share their feelings of guilt, anger and depression, as well as experiences that involve mistakes. These discussions are felt to serve as a powerful source of support as parents no longer feel alone in their problems and that many of them are normal occurrences.

Role-playing and modelling of newly acquired behaviours are also utilised on the programme. Once again, it is felt that they can prove to be effective in producing behavioural changes by evoking sequences in behaviour and so enabling parents to anticipate situations more clearly.

¹⁰¹ See: A.Bandura, 'Regulation of cognitive processes through perceiver self-efficacy', p729-735, *Developmental Psychology*, 25, 1989; A.Bandura, 'Self-efficacy: Towards a unifying theory of behavioural change', p11-215, *Psychological Bulletin*, 84, 1977

¹⁰² C.Webster-Stratton, 'Parent Training with Low-Income Clients – Promoting Parental Engagement through a Collaborative Approach', p17, 1995

¹⁰³ Refer back to the discussion in Chapter 3. (See also: R.G.Wahler, 'The insular mother – Her problems in parent-child treatment', p207-219, *Journal of Applied Behaviour Analysis*, 13, 1980).

¹⁰⁴ Supra, n102.

¹⁰⁵ Similar schemes elsewhere report figures of 87.7% of participants as indicating that group discussion was a useful method of training. (See: Supra, n102, at p18).

The '*C'Mon Everybody*' project is still very much in its infancy, but has nevertheless received positive feedback from both the Local Education Authority and schools within the study sample. Whilst the majority of referrals come from the Social Services (approximately 50% of families), this is closely followed by both schools and local GPs. Responses have by no means all been complimentary, with a number of CPLTs questioning its effectiveness. However, it does remain a useful example of a potential strategy, which could be modelled and/or adopted by schools in the future.¹⁰⁶ In many respects it mirrors the approach taken by the Child Development Programme¹⁰⁷ and illustrates how this philosophy ('family support') may be transferred into subsequent stages of a child's development.

Continuing Thoughts:

The role of schools has often been a central aspect of public inquiries.¹⁰⁸ Initially, this involved the rather basic recommendation that a school should express concern about children who may show signs of abuse. This was subsequently accompanied by the proposal that schools should monitor children who are in the care of the local authority and on the child abuse register. Whilst the 'Beckford' inquiry sought to impress on all social agencies the value of the school as a part of the management of the child abuse system,¹⁰⁹ the 'Cleveland' inquiry went on to add a third function to this list. Raising the awareness of children in relation to their rights to personal safety. However, despite these high profile recommendations, the role of schools within the child care framework has remained somewhat limited and consequently under-utilised. There would appear to be the impression that schools remain on the edge of childcare work; involved when necessary but nevertheless lying outside the established format of childcare professionals.

If one turns back to the various inquiries, the underlying consensus was that schools need to be able to recognise instances of child abuse and above all be aware of how to report any such concerns.¹¹⁰ Nevertheless, the 'Richard Fraser' inquiry noted that not all school staff had a real understanding of what procedure should be followed in the case of suspected injuries.¹¹¹

¹⁰⁶ The basic format of the programme is a 20 week course (i.e. the length of a school term). The initial 4 weeks are dedicated to a parent group so that rapport is established within the group before their children are introduced to the sessions. This initial programme is supported by 4 week booster courses if parents feel that they need additional support in the future.

¹⁰⁷ In so much as it aims to support and educate both parents and children so as to address potential problem areas.

¹⁰⁸ Refer to the earlier discussion contained in Chapter 1.

¹⁰⁹ London Borough of Brent, 'A Child in Trust: Report of the Panel of Inquiry Investigating the Circumstances Surrounding the Death of Jasmine Beckford', London, p155, 1985

¹¹⁰ London Borough of Brent and Greenwich and Brentley Health Authority, 'Lucy Gates Inquiry', at 18.15, 1982

¹¹¹ London Borough of Lambeth, Inner London Education Authority, Lambeth Southwark and Lewisham Area Health Authority (Teaching), 'Richard Fraser', p88-93, 1982.

In many respects, this proved to be an ideal starting point for the research study in terms of:

- **Examining the internal frameworks within schools;**
- **Staff awareness of both procedures and recognition of abuse/neglect;**
- **Communication within schools in terms of child welfare issues; and**
- **School/staff perceptions as to their role in the overall childcare framework.**

CHAPTER 8

AN EXAMINATION OF TEACHERS' PASTORAL ROLE IN THE CHILDCARE FRAMEWORK. ARE THERE IMPLICATIONS FOR THE FUTURE?

'We would discuss the case and most of what had happened with the Head, Head of Year and class teacher. It would only be a small number of people within a confidential setting... There is a balancing act to be performed between sharing information and the risks of confidentiality and labelling of children... It would be made quite clear that the information was confidential and was to go no further. However it is essential, in so much as those teachers would be expected and required to keep an eye on that child and monitor the situation.'¹

The discussion so far has centred on the importance of re-emphasising Part III of the Children Act 1989. Indeed, the prevailing message to come out of Chapter 3 was that it would undoubtedly prove more beneficial for both child and 'abuser', if we could identify vulnerable families at a far earlier stage.² This would allow us to minimise the psychological implications for the child and possibly increase the success of motivational therapy with the caregiver in question.³ It was then proposed that an essential element in the re-balancing and associated restoration of confidence and change of perspective, would be the development of a more effective early detection system.⁴ Such a system would aim to identify potential problems at a sufficiently early stage to ensure that family support services actually arrive in time to help vulnerable families overcome their difficulties.

The question was then posed as to whether one could find a body capable of fulfilling this role. A preliminary hypothesis was proposed that the daily involvement of schoolteachers and their pastoral role with children placed the educational establishment in an ideal position to identify cases and make referrals.⁵ Whilst this has been recognised to a limited extent in the form of a designated teacher within each school, an examination of public inquiries⁶

¹ School L.

² See discussion in Chapter 3, (p67-71).

³ See discussion in Chapter 5 related to 'assisted parenting', which involves basing services on consent and building upon family strengths, (p114).

⁴ See discussion in Introduction & Chapter 1, (p9).

⁵ If one takes the example of France, their teachers are directly connected to the child protection system through the school Health Service and Department of Education. The connection within Britain would appear to be less direct in nature. See: R.Tite, 'How teachers define and respond to child abuse: the distinction between theoretical and reportable cases', *Child Abuse & Neglect*, 17, p591-603, 1993. Different definitions of what serious abuse actually is can either lead to child protection referrals from the Education Service not being properly processed or to them not being made in the first place. See also: M.Murphy, 'Working Together in Child Protection', p108, Arena, 1995, in which he states that if we are to 'take serious steps towards the future prevention of child abuse, this preventative work must take place with the child population at large, within the school context.'

⁶ London Borough of Brexley and Greenwich & Brexley Health Authority, 'Lucy Gates Inquiry', at 18.15, 1982; London Borough of Brent, 'A Child in Trust: Report of the Panel of Inquiry Investigating the Circumstances Surrounding the Death of Jasmine Beckford', London, p155, 1985.

suggested that their role was somewhat underestimated.⁷ Indeed, it was suggested at the end of the 1980's that the education welfare role in relation to social services, 'needs further consideration at a national level.'⁸

As stated in Chapter 7 it was on this basis that an investigation was undertaken into the educational establishment. This encompassed teachers' pastoral role within schools, the role of CPLTs, the role of other agencies within schools as well as the degree of liaison undertaken both within and between schools in a pyramid.

A variety of issues were highlighted during the course of the study. The first was that a reasonably well developed structure exists within schools for the collection of child protection information. Secondly, there would also appear to be a framework in existence for the forwarding of child protection information between feeder schools and their receiver schools, be that infant to junior or junior to secondary level. Thirdly, an analysis of the data collected, identified a wide range of ways in which CPLTs interpret their role in respect of the first two points, an issue that would appear to have a number of underlying reasons to its existence and which will be explored in depth later on. Finally, co-operation between schools and other professionals such as EWOs, school nurses and health visitors takes place quite successfully, but co-operation seems to work to a lesser extent with social services.

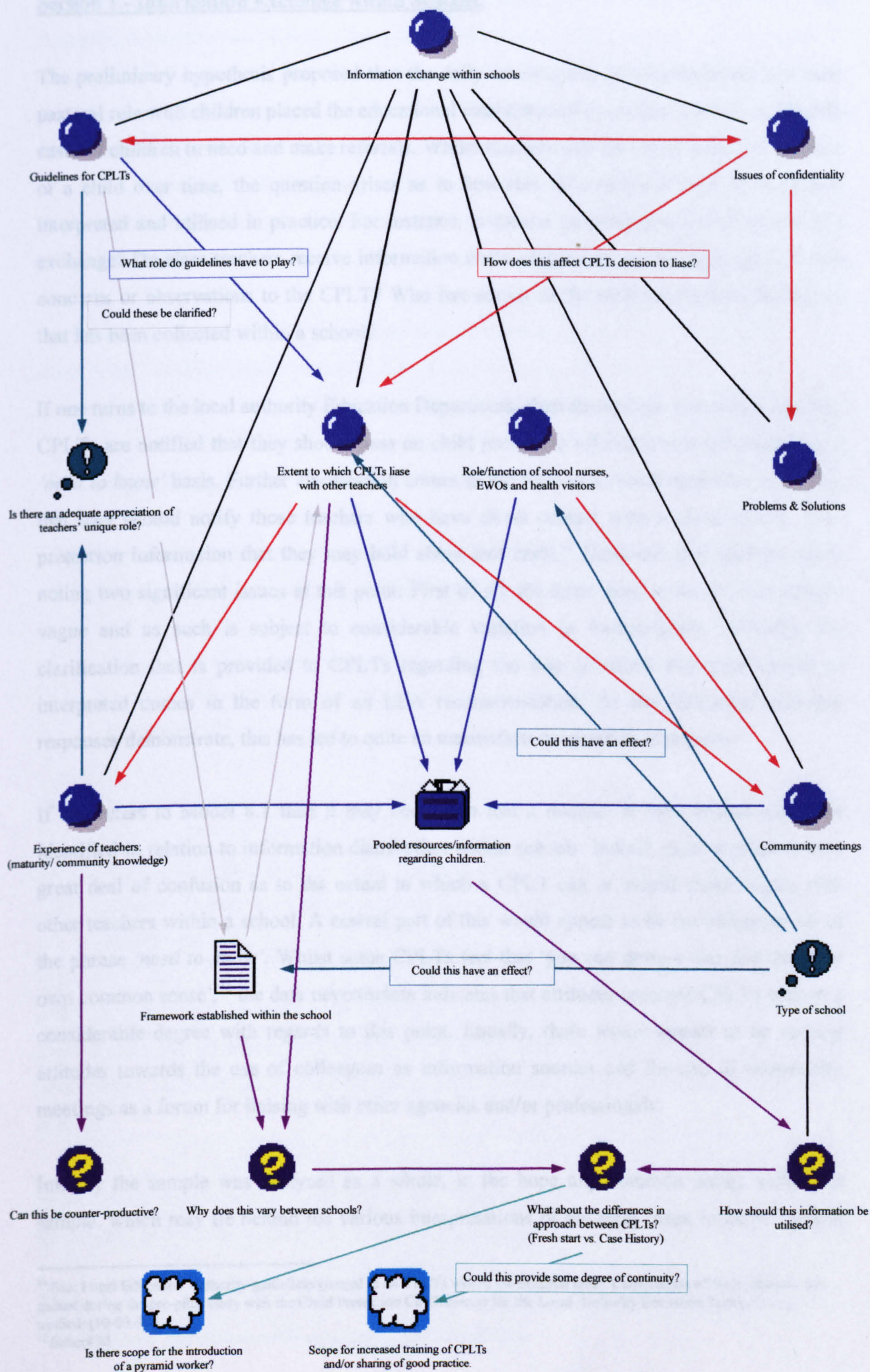
The following chapter is divided into five parts, each one of which deals with a specific area highlighted within the study. Each part will commence with a model which has been generated from the data collected. This in turn maps out the data collected; looks at links within the study to other models; considers questions which arose during the process of examination; considers potential underlying themes and/or considerations as well as possible ways forward. The model will then be examined in greater depth along with a final consideration of the material. These considerations will then be brought together in the final part of the chapter, where the preliminary hypothesis will be addressed.⁹

⁷ Until the publication of the Department for Education and Science Circular 4/88 (DES 1988) on child protection, the issue had generally been a low-priority task for all denominations of staff. It was thought that through the allocation of specific responsibilities, that the profile of child protection would be raised within schools. However, this was introduced at a time when Local Management of Schools was encouraging a more individualised response to external forces. See: D.Hinchcliffe, 'Child Protection under Threat', London: Labour Party Publications, 1993. In a survey of child protection systems '50% of the 48 authorities responding said that they feared the introduction of LMS ... would weaken the child protection service.'

⁸ Department of Health, 'Child Abuse: A Study of Inquiry Reports 1980-1989', p18 at 1.4, HMSO, 1991

⁹ Refer to the discussion outlined in Chapter 9

Model 8.1 – Information Exchange within Schools



Section 1 - Information Exchange within Schools.

The preliminary hypothesis proposed that the daily involvement of schoolteachers and their pastoral role with children placed the educational establishment in an ideal position to identify cases of children in need and make referrals. Whilst teachers will inevitably build up a picture of a child over time, the question arises as to how this information is actually collected, interpreted and utilised in practice. For instance, is there a two-way process of information exchange? Do class teachers receive information about children as well as pass on their own concerns or observations to the CPLT? Who has access to the child protection information that has been collected within a school?

If one turns to the local authority Education Department, then during their mandatory training, CPLTs are notified that they should pass on child protection information to colleagues on a '*need to know*' basis. Further clarification comes in the form of a recommendation to CPLTs that they should notify those teachers who have direct contact with a child, of any child protection information that they may hold about that child.¹⁰ However, it is perhaps worth noting two significant issues at this point. First of all, the term '*need to know*' is extremely vague and as such is subject to considerable variation in interpretation. Secondly, the clarification that is provided to CPLTs regarding the way in which this term should be interpreted comes in the form of an LEA recommendation. As the following interview responses demonstrate, this has led to quite an unsatisfactory variation in practice.

If one refers to Model 8.1 then it may be seen that a number of inter-related issues are identified in relation to information distribution within schools. Indeed, there appears to be a great deal of confusion as to the extent to which a CPLT can or indeed should liaise with other teachers within a school. A central part of this would appear to be the interpretation of the phrase '*need to know*'. Whilst some CPLTs feel that 'you can draw a line and use your own common sense',¹¹ the data nevertheless indicates that attitudes amongst CPLTs vary to a considerable degree with regards to this point. Equally, there would appear to be varying attitudes towards the use of colleagues as information sources and the use of community meetings as a forum for liaising with other agencies and/or professionals.

Initially the sample was analysed as a whole, in the hope any common issues within the sample, which may lie behind the various interpretations of the term '*need to know*', would

¹⁰ See: Local Education Authority guidelines (issued to all CPLTs within the research area). Clarification of the guidelines was gained during the pre-pilot study with the Child Protection Co-Ordinator for the Local Authority Education Service being studied: (10-03-99).

¹¹ School M

be highlighted. This initial analysis was then linked with a preliminary hypothesis from the researcher's examination of data relating to the distribution of information within a pyramid of schools. This postulated that CPLTs who restricted the flow of information to receiver schools, also restricted the flow of information within their own schools. This process was then followed by an analysis of the sample according to the various types of school within it (i.e. infant, junior, secondary). It was hoped that this would identify any correlation which might exist between the level of education and the distribution of child protection information within those schools.

An analysis was then made of the various approaches towards information collection within educational establishments. Initially this focused upon schoolteachers, but was then broadened to include other professionals and possible forums for information exchange.

CPLT approaches in general.

The data indicated a wide range in the attitudes of CPLTs regarding the information that they felt capable of passing on to colleagues. On the one hand some schools would state that:

‘Information feedback is essential for the sake of the teacher to whom a child has disclosed, otherwise there is a feeling of *‘what have I started?’* and *‘what is actually happening?’*’¹²

By contrast, other CPLTs felt that:

‘This is on a need to know basis. Sometimes they do not need that information. However, in theory they are not supposed to know anything at all... We don't have to say anything.’¹³

This would appear to be quite a stark contrast in approaches. Whilst one must bear in mind the fact that the guidelines provided to CPLTs are open to interpretation, they have all nevertheless attended the same mandatory LEA training course and received the same portfolios.

Whilst specific provision is made within the Department for Education guidelines for the distribution of information between feeder and receiving schools,¹⁴ it would appear that little

¹² School L.

¹³ School K.

¹⁴ For further detail, refer to the discussion outlined in Section 2 of this Chapter.

guidance is provided for such information exchange within schools themselves. Indeed, according to the local authority, whilst recommendations are made to schools, it is eventually down to the discretion of the Head or CPLT within a particular school as to how child protection information is dealt with. 'At the end of the day it is up to the internal guidance of the school.'¹⁵

This may very well account for the variation in practice. However, the question may be posed as to whether this factor alone could account for the degree of variation displayed in the study, or whether there are other underlying issues which may account for this result. A closer look at the responses of CPLTs who are in favour of sharing information within schools, highlights a number of reasons for schools to pursue this approach.

'If a child has disclosed to a member of staff then I feel that it is correct that they know what has happened even if they are not informed with subsequent detail.'¹⁶

Indeed, both this and the CPLTs response from School L would appear to suggest that feedback to a teacher who has direct contact with the child is necessary from a support perspective. If a child has disclosed to a teacher and this is subsequently passed on to the CPLT, then it is clearly felt appropriate to notify that teacher of what has occurred.¹⁷ This is reflected in the data collected from other CPLTs, though for additional reasons.

'I would tell them [the teacher] that I had seen the mother or father and that they had said the following. I would then tell them to keep an eye on the child and inform me of events... I wouldn't give all the information. What I want is for a class teacher to know that I have taken the matter seriously and that it has been followed up. They also need to feel supported, as cases of child protection can be very draining.'¹⁸

It is the former point made by this CPLT, which would appear to be a crucial consideration when a school is formulating an internal policy with regards to the way in which child protection information is to be distributed. The fact that teachers who have direct contact with children also have the opportunity to monitor a child and keep the CPLT informed of events is

¹⁵ Pre-pilot study with the Child Protection Co-Ordinator for the Local Authority Education Service being studied: (10-03-99). See: M.Murphy, 'Working Together in Child Protection', p113, Arena, 1995, in which he states that since the increase of parent and governor power at the expense of the local authority, headteachers have effectively been less controlled by the centre. Consequently, the headteacher's approach towards child protection work 'can be vital in determining the school's attitude towards the problem.' He goes on to state that 'some headteachers can deny that child abuse touches the children or families that they work with (this is sometimes called the 'leafy suburbs syndrome'), falsely presuming that child abuse does not affect the middle classes.' This may be linked with Dingwall, Eekelaar & Murphy's 'rule of optimism' whereby all potential signs of abuse will be reframed as having a legitimate explanation. (See: R.Dingwall, J.Eekelaar & T.Murphy, 'The protection of children, state intervention and family life', Oxford: Basil Blackwell, 1983).

¹⁶ School A.

¹⁷ Refer to the discussion outlined in Chapter 9

¹⁸ School B.

central to this framework. It is not only necessary to support a teacher through information feedback, but also to encourage them to maintain an eye on the child.

However, there are also other aspects to notifying teachers with direct contact to children about such information. This may be approached from two perspectives. The first is that pointed out by the CPLT at School M, who felt that ‘it is important that a child is treated normally within the school environment.’¹⁹ The second is concerned with the way in which teachers may treat a child within the classroom:

‘I tend to tell staff nearly everything. I treat them as professionals and feel that it does not build a very good team if they feel that I am holding something back from them. If you have a child in your class who is defiant, then knowing the circumstances about that case will enable you to be more sympathetic and effective with the development of that child.’²⁰

This is reiterated by the CPLT at School G, who stated:

‘I know of children who have to sort themselves out in the morning, perhaps check whether their mother is still breathing due to drugs. Then there is very little incentive for that child to make regular attendances at school. It then only takes a small incident at school, perhaps from a peer or from a teacher to make them think that school isn’t a nice warm safe place and then they are out on the streets.’²¹

As may be noted, the need for teachers to be informed about child welfare matters extends beyond that of support or the need for continued monitoring, it also impinges upon a teacher’s educational role.²² Whilst a child may need to be treated normally within the school environment, a teacher must also be made aware of a child’s circumstances in order to enable him to react in an appropriate manner.²³ Nevertheless, there are still instances where the distribution of child protection information is somewhat restricted. It has already been noted that this is partially due to the fact that internal liaison is subject to the internal framework formulated by the school in question. However, there are a number of additional underlying reasons for the use of this discretion by CPLTs:

¹⁹ School M, para 32.

²⁰ School D.

²¹ School G, para 30.

²² This point will be discussed later on in this section, (see p198).

²³ See: N.Abrahams, K.Casey & D.Daro, ‘Teachers’ knowledge, attitudes and beliefs about child abuse and its prevention’, *Child Abuse & Neglect*, 16(2), 229-238, 1992. The authors suggest that teachers may play a pivotal role in child abuse prevention in a number of ways. ‘First, strong teacher-student relationships provide an opportunity to teachers to offer guidance and support to children in crisis ... Finally, preventing child abuse involves a teacher’s own behaviour in the classroom... through modelling non-violent conflict resolution.’ This point will be discussed later on in this chapter.

‘There are instances, one off instances, which I feel teachers do not need to know about. I base my decision upon whether it is an on-going issue. Children on the ‘at-risk’ register will definitely be notified to the teacher.’²⁴

‘As a CPLT I find that teachers will come and ask if I have anything on file for a child. I may say ‘Yes, but that I can’t tell you what it is. However, if you have any concerns please tell me.’’²⁵

The first response is more frequently associated with the distribution of information between feeder and receiving schools.²⁶ However, the second response would appear to interpret the notion of ‘need to know’ in its most restrictive (conservative) form. This inevitably means that a situation develops where information is collected, but retained at a central level.

Consideration of the Material

In many respects, the adoption of a restrictive interpretation of the term ‘need to know’ may be appreciated if it is felt that a child has been the subject of a ‘one-off’ situation. There will be a tendency for the CPLT to feel that in such circumstances a class teacher does not ‘need to know’. However, on closer inspection the decision to restrict the flow of information may prove counterproductive for a variety of reasons.

First of all, it is worth posing the question as to how a CPLT knows at that point in time that a particular concern is a ‘one-off’.²⁷ In many respects, this may be a product of the individual CPLT’s interpretation of instances which he is expected to highlight. However, it also raises a number of significant considerations. For instance, is this actually a ‘one-off’ abusive event? Is the child still in an environment, which would categorise him as being ‘in need’? Should the categorisation of an incident as a ‘one-off’ lead to a situation where that child is not going to be monitored in case there is a recurrence of the situation?

Secondly, it would appear that a restrictive approach to information distribution could be counterproductive to the support of teachers in their information-collecting role. A teacher may feel reluctant to approach the CPLT with such concerns within an environment which does not openly deal with such issues. By contrast, if child protection issues are openly

²⁴ School H.

²⁵ School E.

²⁶ Refer to the discussion outlined in Section 2.

²⁷ See discussion with regards to ‘one-off’ situations later on, p216-217.

acknowledged²⁸ then staff may feel more comfortable in broaching such issues with the CPLT. 'If any teacher is concerned about the welfare of a child, then they are encouraged to come and speak to me or the Head about their concerns.'²⁹ There is also the fact that when a teacher raises an issue with the CPLT he will be concerned as to whether he has acted appropriately and/or that the child is being helped as a result.³⁰

Finally, the notification of information to staff with direct contact with children may be desirable from an educational perspective.³¹ Children who are suffering abuse or who are currently 'in need' may perceive their school as a safe haven where they can put their domestic circumstances behind them and be treated 'normally'. However, if a teacher is unaware of this particular child's situation, then it may be that they are unable to provide as much support within the classroom as potentially they could.³² Whilst there is concern as to the potential labelling of a child, the benefits to be derived from notification far outweigh this potential risk. Equally, one should pose the question as to whether labelling would actually take place in practice. As one CPLT notes:

'I feel that the only way that a teacher would react would be to make excuses for the child and to empathise with that child rather than labelling him in an adverse manner.'³³

In the light of these considerations, it is worth considering whether CPLTs formulate restrictive practices within schools in order to retain child protection information at a central level. Whilst this may not be directly identified within the data, it is worth considering the fact that firm retention of such information may be seen as the predominant consideration. This may be due to the fact that certain schools do not wish to be associated with child protection matters and as such do not encourage the discussion of such issues within the school. Equally, it may be that certain CPLTs do not feel confident in passing on such confidential information to their colleagues. In other words, certain CPLTs may not trust other individuals to interpret

²⁸ In so much as staff are made aware of the internal framework by which child protection issues are to be dealt with, or receive regular training courses dealing with such issues.

²⁹ School F, para 80.

³⁰ See quotes from Schools A, B and L above.

³¹ See: M.Colton, C.Drury & M.Williams, 'Children in Need', p126, Avebury, 1996, in which the views of children who formed part of social workers caseloads were explored through an 18-item questionnaire in relation to satisfaction, participation and information. One of the key areas of unmet needs was that of school related services. The situation of a 14-year-old girl is discussed. '[She] said that she had been suspended from school for bad behaviour the day before she was to make a video explaining how she had been raped as a child. Her story was confirmed by the grandmother who was angry that the school had not retracted the suspension on being informed of the situation and did not willingly make allowances, offer any psychological counselling, or even show much interest in the child. The grandmother had asked the social worker to intervene with the school and was also angry that the social worker did not appear to have done so.' In addition to this five other children expressed the fact that they believed 'that they were disliked by their teachers and two said that their parents had arguments with the teacher on their behalf, which only made things worse.' These responses would appear to go some way towards reinforcing the fact that where schools are not informed about events or where schoolteachers are not adequately informed by their CPLTs then there is the possibility of adverse consequences for children in need.

³² Refer to the discussion outlined in Chapter 9

or utilise information in an appropriate manner. In this regard, the researcher compared the sample results for CPLT attitudes towards information sharing within schools and information exchange between schools in order to identify any correlation between the results. The results are contained in Table 8.2 below.³⁴

Table 8.2.

School	Approach Adopted Towards Information Distribution Within Schools	Approach Adopted Towards Information Distribution Between Schools
A	Open	N/A
B	Mixed	Mixed
C	Restrictive	Restrictive
D	Open	Open
E	Restrictive	Restrictive
F	Restrictive	Mixed
G	Restrictive	N/A
H	Restrictive	Restrictive
I	Mixed	Restrictive
J	Restrictive	Restrictive
K	Restrictive	N/A
L	Open	N/A
M	Open	Mixed
N	Open	Open

Whilst it would be impossible to draw any firm conclusions from such a basic comparison of the data, the results are nevertheless quite interesting if one removes all of the secondary schools from the table, (Schools A, G, K and L). The remaining schools would appear to demonstrate that CPLTs adopt a similar approach in relation to information distribution within their own schools and that of information being passed on to the next school in a pyramid.

However, when one divides the sample into types of school (i.e. infant, junior, secondary), there would appear to be no correlation between the level of education and the distribution of child protection information within those schools.

³³ School M, para 32.
³⁴ In many instances the school could be placed into a rather rudimentary category of either being open towards information distribution or restrictive in nature. There are however one or two instances where it was impossible to place the school into either category, these are referred to as being ‘mixed’ in their approaches.

The Issue of Confidentiality.

The above discussion may also be linked with the issue of confidentiality, in so much as this may be another consideration when deciding upon the extent to which information should be distributed to colleagues. However, when looking at the responses given, the issue of confidentiality was never specifically linked with whether other schoolteachers should be notified of child protection information.

‘I am very aware of confidentiality and this type of thing is not staff room gossip and I would be very upset if I thought that occurs.’³⁵

‘If I felt that the information was going to be misused then I would not pass it on to them. So far I have not been let down by my colleagues. When I tell them something then I do it in such a way that it is confidential, within his room and under the presumption that it will not be discussed within the context of the staff room. I trust them to be professional and to respect the issue of confidentiality done in the best interests of the child.’³⁶

Rather it was mentioned in relation to the storage of child protection information within the school and the people who were permitted access to it.

‘We have a central file and filing system and the information is limited to myself and the Head.’³⁷

‘We have written records, but they are not open to parents, though the police can have access. Others within the school cannot have access unless they are told to.’³⁸

Perhaps the only CPLT specifically to connect the issue of confidentiality with that of distribution of information was at School A, though as noted in Table 8.2 there is still an open policy towards information distribution within that specific school.

‘All of the information is kept by me. In terms of the school, it is shared with the Head and apart from that it is very much on a need to know basis. That will be the Head of Year, they will know the problems even if they don’t know the detail.’³⁹

³⁵ School B.

³⁶ School D.

³⁷ School E.

³⁸ School H.

³⁹ School A.

In many respects this was a rather unexpected result given the degree to which information is either restricted within schools or filtered between schools.⁴⁰

Information Sources (I) - Teachers.

If schools are to be considered capable of fulfilling the role of an early detection system within the childcare framework, then a significant part of this depends upon whether teachers can provide an adequate information source. If the study's hypothesis is to be demonstrated as viable, this would not only include the current supply of child protection information to CPLTs but the collation of information regarding children in need as well.⁴¹

As noted earlier, a certain degree of liaison already takes place between CPLTs and teachers who have direct contact with children. 'All class teachers will keep notes about concerns that they may have.'⁴² Another CPLT stated that:

'I always ask my staff to verbalise their concerns to me if it is an emergency and they don't have time to write things down, then to go away and write down the details.'⁴³

In this regard, the question was posed to CPLTs as to whether mature teachers or teachers who had been in a catchment area for a significant period of time, could prove useful in terms of keeping them informed about children and families. A few schools stated that in their experience mature teachers were usually a useful source of information for them in their child protection role.

'There are a number of long established teachers at the school who have taught the parents of the present intake of children, so are very aware of what is going on.'⁴⁴

'I have recently experienced a few younger teachers coming to me with potential crisis situations. I have had to explain to them that they have not been crisis situations yet. This comes from experience though.'⁴⁵

⁴⁰ This issue has already been discussed in relation to the training that CPLTs receive and the guidelines, which they are provided with.

⁴¹ Depending upon the role eventually adopted by CPLTs or teachers more generally, it may be that further guidance upon what type of information should be collated within a school would need to be put into place.

⁴² School B.

⁴³ School M

⁴⁴ School C.

⁴⁵ School D.

However, there were also CPLTs who disagreed with this proposal, stating that they found younger teachers to be more astute in their dealings with children due to their increased awareness of such issues.

‘The more mature teachers are more reluctant to identify or recognise the symptoms of child abuse or neglect... I tend more towards the enthusiasm of youth than the older jaded teachers.’⁴⁶

‘One young teacher found the way that some young families live quite disturbing. She needed to be supported through this realisation and that some families do indeed live in this way... There may be more awareness of issues amongst younger staff than the older ones. This may be due to the training that they receive.’⁴⁷

Significantly though, the majority of responses though indicated that all teachers were perceived as being of equal use to CPLTs, regardless of age, sex or teaching experience. ‘I don’t think age is a factor in cases like this nor do I feel that sex is an issue either.’⁴⁸

Consideration of the Material

In many respects, this was an unexpected response. One of the preconceptions that the researcher had carried into this study was that awareness of child protection issues coupled with an appreciation of the community pressures would increase with age. This is not to suggest that younger teachers are not capable of fulfilling such a role, simply that more mature teachers could prove more effective in this role if they are able to draw upon past experiences or a knowledge base regarding family circumstances.⁴⁹ In order to test this result, the sample data was examined in terms of CPLT attitudes towards their colleagues as information sources and their approaches that they had adopted in practice towards the internal exchange of information with those colleagues. The results are shown in Table 8.3.

Once again, whilst it would be impossible to draw any firm conclusions from such a basic comparison of data, the results are still quite interesting. Those schools which appear to adopt a restrictive approach in relation to information distribution within their own schools also tend to appear to perceive all teachers as being equally as useful to them as sources of information. On the other hand, those schools, which either displayed a mixed or open approach towards information, vary considerably in their views regarding which of their colleagues are most

⁴⁶ School H.

⁴⁷ School B.

⁴⁸ School I.

⁴⁹ This may be derived from having taught elder siblings or even in some cases the parents themselves.

useful. Despite the fact that there is insufficient data to pursue this analysis further, it is perhaps worth posing the question as to whether CPLTs who have adopted a restrictive internal policy, have actually utilised their colleagues to their full potential so as to gain a true impression.

‘Some people in the school have very limited experiences of life and so by giving them a little bit of information you may start alarm bells ringing and looking for things that are not there... Sexual abuse is a different matter as not all staff could deal with that in all its guises.’⁵⁰

Table 8.3.

School	Approach Adopted Towards Information Distribution Within Schools	Teachers Considered To Be ‘Better’ Sources Of Information: (Age Grouping)
A	Open	Everyone
B	Mixed	Younger
C	Restrictive	Mature
D	Open	Mature
E	Restrictive	Everyone
F	Restrictive	Everyone
G	Restrictive	Everyone
H	Restrictive	Younger
I	Mixed	Everyone
J	Restrictive	Everyone
K	Restrictive	Everyone
L	Open	Everyone
M	Open	Younger
N	Open	Mature

Information Sources (II) - School nurses and EWOs.

The interviews highlighted a close connection between schools and other professionals/ agencies, in particular school nurses and Education Welfare Officers (EWOs). As one CPLT stated, ‘If you are working in a preventative way then this means working with the EWO, school nurse or social workers.’⁵¹ Though this was somewhat tempered by the admission that ‘This is an idealistic approach... resources are where this approach will currently fall down.’

⁵⁰ School K.
⁵¹ School K.

Nevertheless, there is still a clear indication that CPLTs work closely with a number of different professionals. In particular, school nurses appear to form an important part of the work undertaken at every level of a pyramid; perceived as being able to ‘get to the nub of the problem.’⁵² Their prime concern is with preventative and reactive healthcare for all children of school age, having a general recognition and referral role within child protection.

‘Our school nurse is very good but she has only been in the area about 3 or 4 years. Previously we had a nurse that knew the families and had been in the area for ages. She was talking to us about the family problems that were around. It is a tremendous strength to have this in place.’⁵³

‘The school nurse has been good at contacting families. Also helping us to have a look at children if we suspect something.’⁵⁴

School nurses are seen as a useful link to families, in so much as they are able to get into people’s homes, talk to parents and then relay information back to the school. This flow of information means that a CPLT can approach a school nurse regarding a concern and expect to receive feedback as to the situation that the child may be encountering at home. It may be that this alleviates child protection concerns or confirms that something needs to be done for that child. In either case, the school is utilising the information available to it and passing it on to a professional whom they feel will act.

In many ways this also links in with the fact that school nurses are involved in a number of initiatives which extend beyond basic health care for children within schools. One nursery school CPLT noted that:

‘The school nurse has been running a parenting course down at the local library. She would be quite happy for it to be run at the school, it is just that there is no room here... The school nurse tends to be far more effective than social services as she will make a home visit and actually find out if there has actually been a problem; what that problem is; and how they may be supported... With one particular case, the nurse got the family support in the form of after school care, play group support and it has made a lot of difference. This would not have been obtained through the social services. I know this because I, the nurse and the health visitor all contacted the social services and not even a visit was made.’⁵⁵

⁵² School D.

⁵³ School A.

⁵⁴ School F.

The study indicated that a similar situation exists in relation to EWOs. Every school in the sample stated that they work closely with the Education Welfare Officer in their particular area. 'The EWO is excellent, very proactive and sometimes we have decided that he will work with some children whilst the social services are contacted in order to deal with others.'⁵⁶

This relationship with schools complements that of the school nurse. The EWO is part of the Education Service that seeks to extend the concern of the school beyond the school environment (boundaries) and into a child's domestic circumstances. Traditionally an EWO would go into the community and follow up any concerns which the school may have raised. However, in recent years this role has undergone a shift in emphasis, extending its scope beyond that of school attendance towards a wider social work role with families.⁵⁷

'The EWO will give us information as to what the household is like and her visits to the children's home... They [EWOs] are not viewed as the nit-nurse prying into the home and its condition. The EWO are not as likely to get the door slammed into their face I expect.'⁵⁸

'The EWOs do home visits and then try to explain to the school what the child's home environment or situation is like... If the EWO left and a new one came into the area, there is no way of passing on all of the information that she has built up over the years.'⁵⁹

Consequently, the school may gain a greater appreciation of a child's home environment through the utilisation of the EWO than it would if it contacted the social services.⁶⁰ In many respects this may be attributed to the establishment and maintenance of community links that the CPLT at School K noted:

'The EWO is excellent. She has worked with us for 3 to 4 years and has been in the area for a number of years and is very good at her job. I feel that continuity is very important as it builds up dialogue and experience.'⁶¹

⁵⁵ School N.

⁵⁶ School C.

⁵⁷ It should be stressed that EWOs have taken on a far wider social work role than the traditional stereotype of the 'truant officer' would suggest.

⁵⁸ School F.

⁵⁹ School G.

⁶⁰ In many respects this links in with other issues such as the general distrust that many vulnerable families have towards authority figures such as 'social workers' who are linked with negative aspects of local authority intervention (i.e. removal of children). Through the utilisation of a neutral professional, or someone who has links with a specific community, then a greater amount of information and/or insight into a child's domestic environment may be gained.

⁶¹ School K.

In addition, the data highlighted the fact that the scope of an EWOs role within a community may extend beyond the day to day concerns associated to a particular school. A number of schools noted the fact that EWOs may actually provide a link with other schools both within a particular community setting as well as from other areas of the country.

‘At present I talk with the EWO quite a bit. In some ways he provides a link with the junior school and secondary schools. If a child moves from another area, then he will get in touch with the other EWO and enquire about any possible problems.’⁶²

As will be noted in Section 5 of this chapter, the increased mobility of certain sections of the population can make it difficult for schools or other professionals to keep track of families and their children or indeed to access information about those children.⁶³ However, by professionals working together and utilising one another’s links and/or information the probability of being able to trace such children and families may be greatly increased.

Consideration of the Material.

There are additional avenues which have been explored by schools. For instance the data revealed that a number of nursery and infant schools find that their nursery staff provide a useful link with families from a very early stage. Whilst they will initially go into a child’s home in order to meet the parents on ‘their own terms’ they also note a considerable amount of information about families at that time. In this regard, the CPLT at School N noted:

‘Things are inevitably flagged up from that very early stage so that you are essentially building up a file from that first meeting... They have very strong links with the health visitors, who in many cases contact the school and ask whether they have got a place for a child which they feel needs to be out of the house for a while during the day.’⁶⁴

Nursery staff may also provide a useful link with other professionals such as Health Visitors. As School H stated, ‘the nursery works very well with the health visitors. The information is a very good natural link.’⁶⁵ This raises a number of interesting possibilities. First of all, turning back to our discussion in Chapter 6, it was noted that Health Visitors invariably build up relationships with certain families over a number of years.⁶⁶ Not only do they have information about the family but also an insight and appreciation of the pressures being faced by those particular families. These are essential elements for the school to gain access to if

⁶² School B.

⁶³ See discussion p 269-272.

⁶⁴ School N.

⁶⁵ School H.

they are to continue to provide appropriate support for both the child and its family. Equally, it is essential from the perspective of the school being able to liaise effectively with other agencies such as Health Visitors. If they have the appropriate information and links with Health Visitors from a nursery school level then it is quite possible that future contact between them may be far more effective.⁶⁷

In many respects, the research data highlighted the development of such links within the majority of Nursery and Infant schools. It also revealed the fact that liaison between schools and Health Visitors extends beyond this basic level, towards that of active co-operation in a number of instances.

‘If they [health visitors] are working with families, especially with the Nursery being attached, then the school will have contact with them. Usually, the health visitor will contact the school and where the school can’t make home visits, then the health visitors will undertake this role if they are asked to do so... They can go into homes in a way that the school cannot.’⁶⁸

As such, the sample highlighted the fact that the level of co-operation between some schools and Health Visitors involved the use of school facilities in order to help alleviate family pressures, as well as an aspect of role sharing between the two professions. This was highlighted by the CPLT at School D who stated that the school had encouraged the establishment of a number of projects, one of which was operated by Health Visitors.

‘We also have the Sure Start project in the area. It is run by the health visitors who will be setting up different small venues around the area where parents will be taught good parenting. I feel that it will have a big impact on the area and help to raise achievement.’⁶⁹

This is a prime example of a school which has adopted a pro-active approach towards child welfare within it’s community and is an issue that will be dealt with later on in Sections 4 and 5 of this Chapter. It should also be noted that School D has found the initiative to be beneficial to those families involved.

⁶⁶ In particular I make reference to the greater utilisation of the Child Development Programme. See Chapter 6, (p145-149).

⁶⁷ Refer to the discussion outlined in Chapter 1 (p17-22) regarding the new assessment framework and inter-agency liaison at a community level.

⁶⁸ School B.

⁶⁹ School D.

Finally another source of information that was identified by CPLTs within the study sample was that of dinner ladies.

‘Dinner ladies are often a good source of information because children will go and hold their hand at dinner time and talk to them about their worries. The staff will come and tell me of their concerns and what they have heard.’⁷⁰

Whilst these members of staff will not be qualified teachers, they are nevertheless privy to a great deal of child welfare information. Indeed, in practice a child may initially feel more comfortable talking to a dinner lady than to their class teacher. However, it was noted by every school that all members of staff, whether a class teacher or dinner lady, are reminded about the confidential nature of such information, in so much as concerns should be notified to the Head-teacher or CPLT but were not for general discussion with other people.

Information Sources (III) - Community Meetings

The notion of community meetings was something that was raised during a discussion with the local authority Education Department prior to the commencement of the study.⁷¹ It was noted that certain schools within the area had organised regular meetings between their CPLT, Head, school nurse, EWO, social services and sometimes the community policeman. The purpose behind them was to collect any possible concerns that teachers may have about children and to then discuss these issues with other professionals who may be involved with those particular children. As such, it enables the school to meet individuals within other agencies as well as to appreciate the fact that a family or child may be receiving aid from a variety of sources.⁷² As Schools D and E noted, this enables the school to provide an appropriate response from the educational perspective:

‘I have set up inter-agency meetings every half term, where we have the EWO, school nurse, CPLT and social services... I go around every class, make notes and then we will progress through all of the problems on the list. It proves interesting what different people are doing with the families and we gain an overall picture.’⁷³

‘We have half termly meetings of the various professional bodies, EWOs, social workers and health visitors... I often find that I can button hole a person if I have been finding difficulty in contacting them. The school nurse is able to put forward her point

⁷⁰ School I.

⁷¹ Pre-pilot study with the Child Protection Co-Ordinator for the Local Authority Education Service being studied: (10-03-99).

⁷² In other words, it allows each piece of the potential jigsaw to see one another as well as the overall picture.

⁷³ School D.

of view and things can get done... We have found the multi-agency meetings to be very successful and they have been taking place for a number of years now. I believe it is the way forward.'⁷⁴

Another factor, which was raised during the study, was the fact that community meetings also enable schools to put together a collective response with regards to a child that they are concerned about. In this way, a co-ordinated approach is made by the various participants to the social services so as to emphasise the circumstances surrounding that child.⁷⁵ 'Sometimes we feel that we cannot do enough ourselves and make a joint referral to social services which hopefully carries greater weight.'⁷⁶ In some instances, this has proved decisive in helping a family and child in need.

When this initiative was opened up to other CPLTs who did not currently pursue such a policy, there was a predominantly positive response to the suggestion.⁷⁷ 'We don't have them but it's a good idea. The only time that this tends to happen is if we have a case discussion or a case conference.'⁷⁸ Another CPLT stated:

'I think that it is a very good way of working... I think that multi-agency work is a good idea. In the past we used to have multi-agency meetings in the school. Psychologist, medical, social workers, police and we had these as a regular occurrence. We talked about children that were giving us a problem or cause for concern. These meetings began to disappear because social services were not at the meeting for various reasons.'⁷⁹

Indeed, it is this latter point that was most frequently noted in conjunction with the notion of arranging community meetings. Whilst virtually all of the CPLTs interviewed gave a positive response, it was usually coupled with an appreciation that social services would probably not participate in such an initiative. 'I think that this would be extremely valuable but social services seem to have gone counter to that by removing the area team and going back to a central team.'⁸⁰ In some cases CPLTs were talking from experience of being unable to tie social workers into the project.

⁷⁴ School E.

⁷⁵ This may take the form of a joint letter to the social services or alternatively a co-ordinated effort to bring the case to their attention through repeated referrals.

⁷⁶ School D.

⁷⁷ The only CPLT to demonstrate a negative approach to the notion was at School F, who stated, 'I have never experienced the feeling that we need to go into that really.' In another interview the CPLT at School C stated that she felt that they already did this but in stages, 'We have the weekly meeting between the Head, EWO and school nurse, where we all pool our resources. I also have contact with the SENCO and Educational Psychologist who come into the school and with whom I will talk.' Nevertheless, the general feeling was that such meetings could prove beneficial to schools.

⁷⁸ School K.

⁷⁹ School B.

⁸⁰ School A.

‘This type of initiative had been started here but we quickly found that not all agencies could attend... There were no fixed agencies who refused to attend, it varied... It can prove to be a beneficial forum for sharing information.’⁸¹

In one or two instances, this was also linked with resource considerations, in terms of the time commitment on the part of the CPLT. ‘We had started to use these, but when they began to run for 4 hours, it became too much of a demand on resources.’⁸² By contrast, other CPLTs felt that the demands were not too onerous, ‘You are only talking of three hours every half term.’⁸³

Consideration of the Material

There are obvious benefits to be derived from the establishment of community meetings. As the data indicates, such meetings may prove to be useful forums for encouraging the co-operation of different agencies within a community setting. It may also prove useful in so much as a greater appreciation may be gained of the demands and constraints being placed upon those other agencies. Once communication has been established then the co-ordination of various efforts may be facilitated in the future.

However, perhaps the most useful element that could potentially develop within such a framework would be a movement back towards an appreciation of community pressures or problems as opposed to dealing with these issues on a case by case basis.⁸⁴ This is something, which a number of CPLTs would like to see develop in the future.

‘What is happening is that resources are allocated on a family by family and crisis by crisis basis. Nobody is actually talking to the workers in order to identify a certain number of common issues. For example, single parent women who find it difficult to raise their children through adolescence for whatever reason. This is not a judgmental issue, simply highlighting a certain problem that exists for a number of our families.’⁸⁵

Nevertheless, a number of CPLTs perceive the minimal participation of social workers in such meetings as a bar to their usefulness. However, the data would tend to suggest that those schools, which have continued with them despite the minimal involvement of the social services, have still found them to be a productive forum. The very fact that child protection

⁸¹ School L.

⁸² School G.

⁸³ School E.

⁸⁴ Refer to the discussion outlined in Chapter 9.

⁸⁵ School G, para 96.

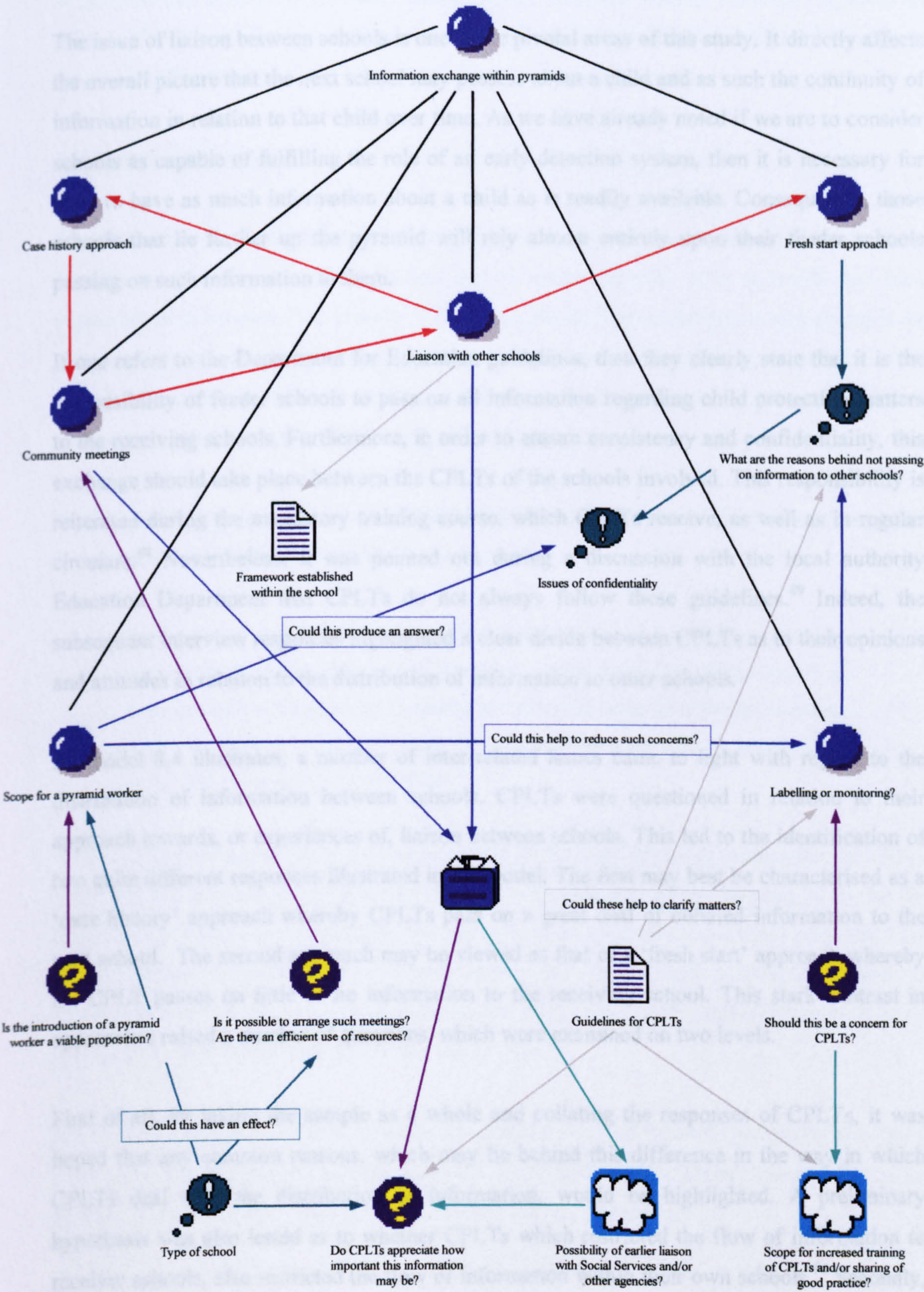
issues are being discussed on a community level with those professionals which are working at a community level, means that there is a greater appreciation of the problems being encountered by families and the needs that are being generated.⁸⁶ Equally, it should be noted that the latest proposal within the sample area is the reorganisation of the social services into four area teams as opposed to the current centralised system. Consequently, community based participation by social workers could become more of a reality in the future.

If schools are to be integrated into the childcare framework, then meeting with other professionals in such a forum may enable them to appreciate the importance of the information that they are collecting as well as the significance of passing on concerns at a sufficiently early stage to these professionals.⁸⁷

⁸⁶ See Section 4 of this Chapter for further discussion in relation to community issues.

⁸⁷ Indeed, if one refers to the new assessment framework, then liaison between professionals at a community level is expected.

Model 8.4 – Information Exchange within Pyramids of Schools



Section 2 - Liaison between CPLTs within a Pyramid of Schools.

The issue of liaison between schools is one of the pivotal areas of this study. It directly affects the overall picture that the next school may possess about a child and as such the continuity of information in relation to that child over time. As we have already noted if we are to consider schools as capable of fulfilling the role of an early detection system, then it is necessary for them to have as much information about a child as is readily available. Consequently, those schools that lie further up the pyramid will rely almost entirely upon their feeder schools passing on such information to them.

If one refers to the Department for Education guidelines, then they clearly state that it is the responsibility of feeder schools to pass on all information regarding child protection matters to the receiving schools. Furthermore, in order to ensure consistency and confidentiality, this exchange should take place between the CPLTs of the schools involved. This responsibility is reiterated during the mandatory training course, which CPLTs receive, as well as in regular circulars.⁸⁸ Nevertheless, it was pointed out during a discussion with the local authority Education Department that CPLTs do not always follow these guidelines.⁸⁹ Indeed, the subsequent interview responses highlighted a clear divide between CPLTs as to their opinions and attitudes in relation to the distribution of information to other schools.

As model 8.4 illustrates, a number of inter-related issues came to light with regard to the distribution of information between schools. CPLTs were questioned in relation to their approach towards, or experiences of, liaison between schools. This led to the identification of two quite different responses illustrated in the model. The first may best be characterised as a 'case history' approach whereby CPLTs pass on a great deal of collated information to the next school. The second approach may be viewed as that of a 'fresh start' approach whereby the CPLT passes on little or no information to the receiving school. This stark contrast in approaches raised a number of questions, which were examined on two levels.

First of all, by taking the sample as a whole and collating the responses of CPLTs, it was hoped that any common reasons, which may lie behind this difference in the way in which CPLTs deal with the distribution of information, would be highlighted. A preliminary hypothesis was also tested as to whether CPLTs which restricted the flow of information to receiver schools, also restricted the flow of information within their own schools.⁹⁰ Secondly,

⁸⁸ It was noted in the discussion with the Child Protection Co-Ordinator that s/he had written to all CPLTs at Easter in order to remind them of their responsibility to pass on all child protection information to the receiving schools.

⁸⁹ Pre-pilot study with the Child Protection Co-Ordinator for the Local Authority Education Service being studied: (10-03-99).

⁹⁰ Refer to Table 8.2 above.

by taking the sample divided into individual pyramids, it was hoped to identify any instances of good or bad practice within that framework. Of particular interest were the responses of schools further up the pyramid as to whether they were satisfied with the quality of information that they currently receive.

CPLT approaches in general.

The interviews highlighted the fact that whilst some pyramids were characterised by close relationships between a receiving school and its feeder schools, other pyramids had little communication between their schools.⁹¹ However, this lack of uniformity would appear to be quite unexpected, given the uniform training and guidelines that CPLTs are provided with. Equally, if taken against the established background of academic records being passed between schools this variety of approaches is perhaps even more unusual.

Two quite different responses were identified from the data collected. The first was that of the 'case history' approach. As one CPLT said:

'I will pass on everything. At the end of the academic year as the children are about to move up to the junior school, both the Head and CPLT from the junior school will come and talk to me about the children and I will go through all of the material that I have with them... I will go through the record of concerns that we have had and explain the circumstances to the others.'⁹²

Whilst this would appear to be an ideal example of the Department for Education guidelines being put into practice, it was nevertheless a minority response within the sample. By far the majority of schools chose to modify this approach by imposing certain criteria upon the flow of information between schools. Consequently, the 'fresh start' approach appears to encompass a variety of reasons and justifications which have been imposed by schools so as to modify the guidelines with which they are provided.

The first of these justifications includes the consideration of 'one-off' situations and 'grey area' cases where nothing has materialised.⁹³ The CPLT is then asking the question as to whether such information should be passed on to the receiver school.

⁹¹ Refer to examples on p218-220.

⁹² School N.

⁹³ In some respects this mirrors the discussion in Section 1.

‘Where I am aware of the parents being into drugs or that the mother was into prostitution, then I would pass on the information because the family situation has not changed and the child is still at risk... However I believe that you should not pass on information where it is a one-off situation.’⁹⁴

‘There appears to be a grey area with regards to children where nothing has materialised. Should there be a fresh start for these children at the next level of schooling? ... If you had to pass on every little bit of information about every child then it would be a farce. You would lose sight of the real issues.’⁹⁵

The second justification behind the restriction of information exchange would appear to centre on the possibility of a child being labelled.

‘It would depend upon the particular case. At my last school I had a mother who had been an alcoholic and was worried that this information would follow her child all the way through the school system. I took advice on this and hung onto the file and was very reluctant to pass this on to the next school. There was no clear guidance though.’⁹⁶

The third main reason for restricting the flow of information between schools may be characterised as the ‘clean slate’ philosophy, whereby a CPLT⁹⁷ will decide not to pass on information so that the child may start at a new school without any historical baggage in relation to his family environment.

‘No, we don’t pass on very much [information] at all. One parent made it known that he didn’t want anything passing on as he wanted his son to have a fresh start. We have said that if social services contact us, then we will pass on any information they require.’⁹⁸

Consideration of the Material

Whilst one can appreciate that there will inevitably be ‘one-off’ situations or even ‘grey area’ cases, taking such issues into consideration when deciding what information should be passed on to the next school clouds the real issue. Indeed, it would appear that a clarification of the

⁹⁴ School B

⁹⁵ School H.

⁹⁶ School C.

⁹⁷ Sometimes with a little encouragement from parents

⁹⁸ School E.

CPLTs role is required in this regard.⁹⁹ Taken at a basic level, a CPLT is the designated teacher within a school who is responsible for co-ordinating child protection cases, collecting information and passing on concerns to other professionals such as the social services. Nevertheless, aside from a basic two-day training course, these individuals have been trained as teachers and as such this is where their expertise lies. Consequently, in the light of these decisions and the experience/background of most CPLTs, a number of questions are raised.

The first question mirrors that already discussed in Section 1. How does the CPLT know at that point in time that a concern is a 'one-off' incident? The fact that something has not reoccurred whilst the child has been under her care does not guarantee the fact that it will not happen again in the future. If it does reoccur whilst the child is at the next school then there is always the possibility that the next CPLT will treat also it as a 'one-off' unless she has background information. The same reasoning may be put forward for 'grey area' cases. The fact that nothing may have materialised at that point does not necessarily mean that it will not occur in the future. As one CPLT stated, the likelihood of contacting a feeder school after several years regarding a child are virtually none.

'We very rarely go back to the feeder schools for information even though there is very often not sufficient detail there. Some of them believe in the child being given a fresh start at the new school, choosing not to pass on all details.'¹⁰⁰

If the Department of Education guidelines are followed, it is for the receiving school to determine what is to be done with the information in the light of any relevant concerns that may have been expressed by the feeder school CPLT at that point of exchange.¹⁰¹

In many respects, this may be linked with the second area of concern in relation to this decision making process, the fact that some CPLTs within the sample do not fully trust others to interpret and/or utilise the information that has been passed on to them. This may take the form of feeling that a CPLT may label a child after reading his file; that their judgement will be coloured by access to that information; or that the information may be made common knowledge amongst colleagues. However, a number of CPLTs expressed concern at the fact that feeder schools may take such considerations into account when deciding whether to pass on information to them.

⁹⁹ Refer to the discussion outlined in Chapter 9.

¹⁰⁰ School L.

¹⁰¹ This will be linked with an examination of relationships between schools within pyramids.

‘If there are concerns then it is the child’s welfare that they are concerned about and not a label ... These things are confidential and teachers are professional enough not to label. If you are building up a picture of a child and his family over time, then you need to pass that information on to the next school. It is then up to them to do what they want with that information.’¹⁰²

‘Because you have the background information about a child doesn’t mean that you are not giving the youngster a fresh start... It is not appropriate to think that schools will not give children a fresh start even with the information being passed on to them.’¹⁰³

Indeed, if we look back at our examination of the training that CPLTs receive coupled with our earlier discussion of attachment theory, then the importance of information being passed on to the next school is demonstrated.¹⁰⁴ As one CPLT goes on to say:

‘It is in many ways a wish list to say that without the information being passed on, then you hope that the child will have a fresh start. It is not a realistic scenario. If a child is going to be successful, then that child will have a lot of baggage and as such they need to be helped and supported with that, not just turned loose.’¹⁰⁵

Thirdly, it is possible that some CPLTs view their responsibilities as coming to an end once the child has moved on to another school. Once again this may potentially be linked with a number of other issues. For example, as we have already noted there are concerns amongst CPLTs as to the time and resources, which may be allocated to this task. Consequently, once a child has moved on to another school, then they have progressed beyond their remit. This decision may be all the easier to make if the CPLT does not fully appreciate the information’s importance. One comment made by the local authority Education Department was that whilst CPLTs attend the mandatory courses, they may very well listen with their heads but not with their hearts.¹⁰⁶ In other words, they may be aware of the importance of passing on information, but they may not actually appreciate its importance when they actually do it in practice.

So far we have focused upon the importance of passing on child protection information to the next school. However, there is still the consideration of whether those CPLTs, which adopt the fresh start approach, are more astute in their dealings with such information. Could the

¹⁰² School N.

¹⁰³ School K.

¹⁰⁴ Refer to the discussion outlined in Chapter 9

¹⁰⁵ School K.

¹⁰⁶ Pre-pilot study with the Child Protection Co-Ordinator for the Local Authority Education Service being studied: (10-03-99).

exchange of information between schools prove to be detrimental for the child? In many respects this takes us back to our earlier discussion in relation to the training of CPLTs and issues of confidentiality. Given their mandatory training on collecting, interpreting and utilising child protection information, concerns related to the labelling of children or providing them with a clean slate should not be an issue for CPLTs. Indeed, if we turn back to the reasons and justifications for a fresh start, then perhaps we should pose the question as to whether such issues should actually be a concern for CPLTs.

Given the fact that CPLTs are grounded in teaching¹⁰⁷ and are provided with clear guidelines as to the information that should be passed on to the next school, the question arises as to whether they should filter the information that is being passed on to the next school. More specifically, how are they filtering this information? Which guidelines/benchmarks are they using for this purpose? Are they adopting a similar restrictive approach within their own schools as to the information that should be passed on to their colleagues, in particular class teachers?¹⁰⁸

CPLT Approaches within Pyramids.

If one divides the sample of schools into their respective pyramids, then it may be seen that whilst there are examples of CPLTs taking the time to pass on a considerable amount of child protection information to their receiving school, it is not a universal approach within that pyramid. Consequently, whilst an infant school may say that, 'both the Head and CPLT from the junior school will come and talk to me about the children',¹⁰⁹ the secondary school may also be stating that 'issues such as neglect may be included in the information passed on to us but it can be very sparse.'¹¹⁰ Indeed, this disparity is reflected in a number of other pyramids.

Within pyramid one, the CPLT at School B felt that she had a good working relationship in terms of exchanging information, not only would she liaise with the other CPLT but her class teachers would get together and pass on information. In many respects, this would appear to be an ideal example of information exchange in practice. However, when the CPLT at School C, (the receiver school for school B), was asked about her experiences of information exchange she stated that historically this had not taken place beyond the supply of information relating to children with special needs. She went on to say that, 'since taking over as Head I

¹⁰⁷ Their knowledge base in relation to child protection matters, which they will draw upon to make such decisions, will be limited.

¹⁰⁸ If we turn back to the examination of CPLT liaison with teachers within schools, then it may be noted that such a link does appear to exist.

¹⁰⁹ School N.

¹¹⁰ School L.

am going to try and improve the situation.’¹¹¹ Whilst it is beyond the remit of this study to question the accuracy of the two views being expressed, this disparity in accounts does nevertheless raise a number of important issues. First of all, the fact that both CPLTs have different views as to the quality of information being exchanged between their schools places a question mark over the closeness of their working relationship. Secondly, we are faced with the question of how they are measuring the quality of information being exchanged. Each CPLT obviously has a standard in mind that they are measuring exchange against but it would appear that they do not match. Is this related to the guidance given to them as CPLTs?

As noted earlier, the Department for Education states that all child protection information should be passed on to the receiving school. In many respects, School B appears to have abided by this,¹¹² though tempered by School C’s observation. If one considers School C and the CPLT’s attitude towards the information that she is prepared to pass on to the secondary school, she clearly states that ‘it would depend upon the particular case.’¹¹³ However, this would appear to be somewhat contradictory in the light of her earlier criticism of the amount of information that she receives from School B. It would appear that whilst she would like to improve the amount of information that is passed on to her by the feeder school, she nevertheless feels obliged to filter the information that she passes on to the secondary school.

Pyramid two (containing Schools E,¹¹⁴ F and A) reflects this mixed attitude. In this respect, the CPLT at School F stated that she received:

‘Very little background from the infant school... [though] I pass information on to the secondary school, to the CPLT there.’¹¹⁵

However, when the CPLT at School A (the receiving school) was approached, she reiterated the piecemeal approach identified in pyramid one:

‘There is still some information that doesn’t filter down to me but on the whole this is much better than in the past.’

As may be noted from these two pyramids, liaison within any structure is dependent upon the adoption of a uniform approach to the distribution of information. Whilst there are examples of close liaison between some schools, there are nevertheless a greater number of CPLTs who

¹¹¹ School C.

¹¹² Supra, n94

¹¹³ Supra, n96

¹¹⁴ Supra, n98

¹¹⁵ School F.

decide not to pass on varying degrees of information. In many respects, this may have a wider impact than would initially appear to be the case in so much as the chain of exchange within a pyramid is being interrupted and sometimes broken.¹¹⁶

In this regard, three potential ways forwards were proposed to CPLTs in an attempt to encourage greater exchange of information. The first was increased training for CPLTs along with the possibility of sharing of good practice in an attempt to achieve greater continuity in relation to the guidelines. Such training may focus upon enabling schools to put into place internal frameworks designed to increase information exchange both within and between schools. This may be coupled with increased training, which deals with raising awareness amongst CPLTs of the importance of collecting and distributing child protection information.¹¹⁷

The second proposal involved the use of community meetings, which a number of schools already utilise for internal child protection matters. Whilst the community meeting is more ideally suited to clarification of internal child protection matters, it could nevertheless prove beneficial on an inter-school basis. If one school is reluctant to pass on information, then other professionals and/or agencies are in a position to inform the next school as to what has occurred. Equally, exposure to such a multi-agency environment may demonstrate the importance of the information being collected by CPLTs and as such the need to pass such information on to the receiving school.¹¹⁸ If one refers back to the study's hypothesis and the utilisation of schools as an early detection system, this is precisely the environment which should be encouraged to develop on both a community level and in relation to pyramids of schools.¹¹⁹

The third proposal concerned the possible introduction of a pyramid worker.¹²⁰ Whilst this proposition is still at a rather rudimentary stage in terms of resource and organisational considerations, it nevertheless received a very favourable reception from those interviewed. 'I can see a great deal of value in that approach.'¹²¹ The suggestion involves the introduction of an individual¹²² being affiliated to a pyramid of schools who would then ideally fulfil a variety of functions in much the same way that resident social workers used to.

¹¹⁶ Refer to the discussion outlined in Chapter 9.

¹¹⁷ For further discussion see p226-232.

¹¹⁸ This goes back to the comment that whilst some CPLTs may be aware of the importance of such information, they perhaps don't actually appreciate its importance.

¹¹⁹ It would also appear to fit in with the new assessment framework. Refer to the discussion outlined in Section 1 of this Chapter as well as Chapter 1, (p17-22).

¹²⁰ This was a suggestion that I encountered during the pilot study. I subsequently incorporated it into the structure of the remaining interviews.

¹²¹ School E.

¹²² The individual could be someone who has existing social work experience, or even from another childcare agency.

‘We used to have a resident social worker about 15 years ago and she did a wonderful job. If we had any of these concerns then we would refer them to her and because she had the clout of a social worker, then she could refer them on to support agencies.’¹²³

This initiative would enable a worker to gain the in-depth knowledge of families and communities that many social workers appear to lack since centralisation has taken place. It would also enable them to gain the trust and rapport with families within their district that EWOs and health visitors possess, as opposed to the negativity attached to the social services.

‘That person would then appreciate and understand the community, which the school is a part of and this would make life easier as that community would accept them.’¹²⁴

Finally, it would enable the worker to gain an impression of children and families as they progress through the pyramid of schools and may go some way towards alleviating the problems caused through an inconsistency in information exchange between schools.

‘This would be a great help, especially in passing information between schools.’¹²⁵

Equally, if a CPLT had a concern or query then it could be discussed with the worker as opposed to being delayed due to an inability to contact the social services.

‘It would be nice to have somebody who could generally just provide advice as to where to turn, what to do or simply where to go in order to get something. Frequently, the school is the first port of call for many parents and if you had this extra element it would be extremely beneficial.’¹²⁶

‘I like the idea and social services have talked about this idea, but you need the quality of social workers to undertake the job... Following their [social services] procedures takes time and can sometimes be too late. A social worker attached to a pyramid of schools could improve this process.’¹²⁷

In addition, the pyramid worker could brief CPLTs on progress in relation to a school’s referrals. This is of particular relevance in terms of providing support to CPLTs.¹²⁸

¹²³ School G.

¹²⁴ School L.

¹²⁵ School M.

¹²⁶ School B.

¹²⁷ School D.

¹²⁸ Refer to Section 4 later in this Chapter.

However, it should also be noted that a small minority of CPLTs reserved judgement on the initiative. This was due to the organisational considerations mentioned earlier in relation to the integration of pyramid workers into the overall childcare framework.

‘I don’t see that happening. I think there is a need for social services being more adequately funded and for them to carry out their particular job... I feel that the initiative should come from them.’¹²⁹

In many respects, the suggestion is simply that, a suggestion. However, it should be noted that during discussion with the local authority Education Department, the issue of reorganisation of the social services within the area was raised.¹³⁰ As the CPLT at School A commented:

‘When you had local area bases you got to know the team leader and the team of workers in your area. When it disappeared into a central pool, it became less easy to contact a team. Now it feels much more divorced from our day to day systems here... I feel that the area approach would make matters much better.’¹³¹

Summary of Findings.

The preceding section raises a number of inter-related issues. Liaison between schools is one of the pivotal areas of this study in so much as it may directly affect the picture that the next school possesses regarding the circumstances of a particular child. This in turn affects the continuity of information in relation to that child. If we are to consider the educational establishment as being capable of fulfilling the role proposed by the study’s hypothesis then it is necessary for schools and CPLTs to gain as much information about a child as is readily possible. This in turn will depend upon the information transfer dynamics within a pyramid.

An analysis of the data highlighted the fact that information distribution varied considerably within the sample ranging from the adoption of a case history approach to that of a fresh start philosophy. However, despite this disparity in approaches, it was noted that a the majority of CPLTs would feel comfortable undertaking closer liaison and information exchange with a ‘pyramid worker’. As state earlier, this proposal is still at a rudimentary stage. Nevertheless, the positive response that it received raises a number of questions. First of all could the introduction of such a worker help to encourage a greater degree of continuity between CPLTs in terms of information exchange? Furthermore, could it promote uniformity not only

¹²⁹ School K.

¹³⁰ Refer to the discussion outlined in Section 1 of this Chapter.

¹³¹ School A.

within pyramids but also across the city in terms of schools following a similar information exchange blueprint?

Secondly, could such an initiative also provide a bridge between schools and other agencies, such as the social services? As the final section will note, the majority of CPLTs find particular difficulty in contacting the social services. Could a closer liaison with a professional already linked with other childcare agencies facilitate a more efficient path of communication and case referral than exists at present? This in turn links with the third issue of whether it could provide the source of support and information exchange that many CPLTs and schools are looking for from social services?

In many respects, these are questions that cannot be fully addressed by the data collected within this research sample. However, it is perhaps worth further consideration.

Section 3 - Training for CPLTs and Other Teachers.

Training is one of the central elements to child protection within schools. The study so far has demonstrated the existence of a considerable variation in CPLT approaches to the distribution of information both within and between schools as well as perception of their roles within the school environment.¹³² In this regard a number of questions arise as to the quantity and quality of training that CPLTs receive and the degree to which this is either supplemented or reinforced through the provision of guidelines and support from the local authority and Department for Education.

The starting point would appear to be the framework that is supplied to CPLTs in the first instance; the procedures and/or guidelines which they are expected to follow in the course of their responsibilities as the designated teacher within a school. This may then be linked with the mandatory course which CPLTs are expected to attend. The discussion will then turn to a consideration of issues such as the possibility of increased awareness training for both CPLTs and other schoolteachers; refresher courses and multi-agency training for CPLTs.

As the previous two sections have highlighted, there would appear to be some disparity between policy and practice. Whilst the Department for Education and LEA both provide clearly defined guidelines for schools in relation to the distribution of information within and between schools, they have nevertheless received varying degrees of compliance. If one refers to the Department for Education and Science Circular 4/88, it was intended to raise the profile of child protection within schools. However, the fact that it coincided with the introduction of Local Management for Schools detracted from its influence. In essence, child protection was expected to take place within an environment that was subject to a combination of resource considerations and increased decision-making freedom within schools. A situation which led one local authority respondent to comment that:

‘Power is now so diffused – we cannot negotiate individually with headteachers, governors, education department staff – it is frequently impossible to see how schools reluctant to abide by agreed procedures and good child protection practice, can be forced to do so.’¹³³

¹³² Within the confines of the school, the designated teacher’s role is to monitor child protection work within the school, to advise and assist other staff members with child protection work, to disseminate appropriate information to the staff group and to liaise with external agencies.

¹³³ Hichcliffe, Op cit, n7.

If this is compared to the data collected within the sample, then it would appear that this trend has continued. Whilst a framework is provided by the Department for Education, there would appear to be a considerable amount of variation from this by schools as a result of the exercise of their discretion in relation to the particular policy that they wish to pursue. As one CPLT noted, 'I feel that schools tend to develop their own culture in this regard.'¹³⁴ Nevertheless, if a CPLT does not agree with this variation she may also draw upon her mandatory training. The question though is the extent to which this may affect the attitudes of CPLTs towards the exercise of their responsibilities.

Given the variation in practice between schools, the question may be posed as to whether these differences are predominantly governed by the existing internal frameworks that have already been put in place within schools, or whether they are the result of CPLTs individually interpreting their training/guidance and putting that interpretation into practice? In this respect, Model 8.5 illustrates that a variety of inter-related issues came to light during the study in relation to training. Training will inevitably affect the way in which information is distributed within and between schools. However, it may also have far wider implications, for instance upon the day to day interpretation and implantation of a school's internal framework.¹³⁵ Training will also have implications for the way in which child protection issues are approached,¹³⁶ the allocation of time and resources to such issues and possibly the school's relationship with other agencies operating within that community. Consequently, the question should be posed as to whether greater continuity between CPLTs could be achieved via increased training, or exchange of good practice.¹³⁷

Scope for Increased Training.

The data highlighted the fact that CPLTs were generally very happy with the training that they had initially received. However, the situation in relation to the availability of further training over time was somewhat different. As one respondent pointed out, '[The LEA Child Protection Co-ordinator] would be the first to admit that she has not done as much training as she would have liked to.'¹³⁸

In this respect, the study indicated that all CPLTs would welcome some form of additional training, perhaps in the form of a 'refresher course' stating 'Yes. I would find this type of

¹³⁴ School C, para 74.

¹³⁵ Whilst this may be driven to a significant extent by the internal discretion of the school, training of CPLTs will nevertheless have some degree of influence upon the implementation of such strategies.

¹³⁶ Refer to Section 4 of this Chapter and the different approaches taken by schools (i.e. education centred or community aware).

¹³⁷ Greater training may enable schools to put into place frameworks designed around information exchange both within and between schools.

thing useful.’¹³⁹ Indeed, it is this aspect of the training regime that CPLTs were most critical about, in that following their mandatory training there was little provision for updating their knowledge or developing their abilities to deal with child protection issues.¹⁴⁰ As one designated teacher pointed out:

‘Courses on child protection will only be offered to new CPLTs. They tend to be based on checking up on things, the legal aspects of the system ... I would definitely welcome some type of refresher course.’¹⁴¹

This was a feeling reflected by the majority of the CPLTs interviewed, stating that the current training courses were either aimed at new CPLTs who had no prior experience of the role or were not suitable to their needs.

Whilst it is quite understandable that experienced CPLTs would find it inappropriate to attend such introductory courses, it should also be noted that very few of them had actually attempted to address this perceived deficit in their training.¹⁴² Taking the sample as a whole, there were only two instances where CPLTs had sought out other avenues of training in order to supplement their existing knowledge of child protection issues. The first of these CPLTs felt that up to date training was an essential part of her child protection role within the school and had decided to pay for additional training out of the school budget.

‘I go to the course run by the University. I feel that as a professional I don’t want to do anything, which is incorrect... I think that it should be a compulsory element of the job and provided by the authority during school time.’¹⁴³

The second CPLT attended multi-agency-training courses, which she found useful from the perspective of meeting professionals from other agencies and widening her appreciation of the system beyond that of the school’s role.

‘I go on the multi-agency training courses... you get to appreciate the other side of the story and people get to know you. All essential factors.’¹⁴⁴

¹³⁸ School K, para 99.

¹³⁹ School B, para 54.

¹⁴⁰ The question arises as to how this relates to the fact that Department of Health, ‘Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children’, p15, HMSO, 1999, states that ‘staff with designated responsibility for child protection should receive appropriate training.’

¹⁴¹ School I, para 96.

¹⁴² It is perhaps worth noting that the two CPLTs who had sought out other avenues of training, were also the head teachers of those schools. Consequently, they were in a position to allocate the monetary resources necessary to fund such training. Perhaps this could be a reason for other CPLTs not undertaking additional training.

¹⁴³ School I, para 139.

Both CPLTs would appear to have benefited from additional training, although possibly for slightly different reasons. However, they both illustrate the fact that the current training regime is somewhat lacking for established CPLTs in terms of up to date information about the childcare framework, and multi-agency training and/or liaison. For example, when CPLTs were questioned about their understanding of the Children Act 1989, very few appreciated the fact that it was based upon the notion of children 'in need' and the concept of prevention.¹⁴⁵

'I am amazed that the Children Act is based upon prevention, I thought that was the old system.'¹⁴⁶

Whilst it may be argued that CPLTs currently deal with child protection issues within schools and as such do not need to concern themselves with the notion of children 'in need', this is by no means the case. It is precisely this misconception of the nature of the Children Act 1989 that affects the way in which CPLTs approach their role and as such the information that is passed on to other agencies. For instance one CPLT noted that:

'It may come to light that there is no food in the house due to the mothers drug problem, but this will be a general beginning of something. It may be 2 or 3 years along when something abusive may drag other agencies into the picture. When social services come into schools, they are provided with the history of a case.'¹⁴⁷

This would appear to demonstrate the fact that schools may collect a great deal of information about children and their families over time. However, in a number of instances this 'history' is only passed on to other agencies, such as the social services, when an abusive event takes place to bring them into the picture. This raises a number of issues. First of all, it would appear that a number of schools within the study possess information about children and families 'in need' at a far earlier stage than it is actually brought to the attention of other agencies.¹⁴⁸ Secondly, a number of CPLTs would appear to perceive their role as that of relaying quite a narrow interpretation of 'child protection information' on to other agencies. In other words, concerns related to families and children in need fall outside of this role and are perhaps dealt with by the school nurse, EWO or not at all. By contrast, we have seen that a few schools take a rather different interpretation of 'child protection', which encompasses children 'in need' as well as those who are either 'at risk' or potentially 'at risk' of abuse.¹⁴⁹

¹⁴⁴ School H, para 10.

¹⁴⁵ Refer to the discussion outlined in Chapter 9

¹⁴⁶ School H, para 102.

¹⁴⁷ School M, para 36.

¹⁴⁸ This point will be discussed further at the end of this Chapter as well as in Chapter 9.

It is this contrast in approaches, which could be utilised within a training forum, such as that of sharing good practice with their colleagues. Indeed, this suggestion was put to CPLTs within the study. The majority of respondents could see some value in sharing experiences with colleagues, stating that 'It can be very useful to just stand back, pause and look at things from a different angle.'¹⁵⁰ However, there were also a number of reservations attached to this initial positive approach to the idea as well as those who were opposed to the idea of such a training initiative.

'I would like to attend refresher courses and it is always useful to see what other people do, even if you feel that you can't implement that particular strategy within your own school.'¹⁵¹

'I wouldn't find sharing good practice very helpful as it is not a major concern to the school.'¹⁵²

These responses would appear to take us back to our initial examination of the way in which child protection work is often subject to the individual culture which has developed within a school. To state that sharing good practice would not be 'very helpful' due to the fact that child protection is not a major concern for the school demonstrates the fact that it is all the more necessary for CPLTs to undertake further training. Indeed, this would appear to be a prime example of the '*leafy suburbs syndrome*' and Dingwall, et al's '*rule of optimism*'.¹⁵³ It is precisely this type of attitude that can potentially lead to a situation whereby potential signs of abuse are 'reframed as having a legitimate explanation.'¹⁵⁴ As another CPLT quite accurately pointed out:

'What I have learnt is that people who think that neglect or problems are purely focused on areas of deprivation are wrong because net curtains can hide a host of problems.'¹⁵⁵

Equally, if schools continue in their reluctance to look at the way in which other establishments approach the task of child protection work then it will result in the fact that the current divide in practice will continue to exist until challenged at some point.

¹⁴⁹ Refer to the discussion in Section 4 of this Chapter as well as Chapter 9.

¹⁵⁰ School K, para 103.

¹⁵¹ School N, para 31.

¹⁵² School J, para 26.

¹⁵³ See: Dingwall, *et al*, *Op cit*, n15.

¹⁵⁴ *Ibid*. Equally, it may be suggested that such an approach towards child protection work by a designated teacher does not comply with Department of Health, 'Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children', 3.14, HMSO, 1999. This states that 'all school and colleges should have a designated member of staff with knowledge and skills in recognising and acting upon child protection concerns.'

¹⁵⁵ School I, para 27.

The concept of ‘attachment theory’ was also raised within the study.¹⁵⁶ When asked whether they would find additional training in such areas, there was a distinct divide in the responses given. On the one hand, the majority of CPLTs within the sample stated that increased awareness of such issues would be very useful for them.¹⁵⁷

‘I think it would be fascinating – you having just explained what it is – but I didn’t know it was called attachment theory. It is definitely there.’¹⁵⁸

‘This is precisely the type of thing that I and the other teachers are identifying... However there is a danger not to go over the top in their identification of signs.’¹⁵⁹

On the other hand, as the second comment indicates, a number of them were somewhat sceptical as to the extent to which it should form part of the training received by other teachers within their schools. As one CPLT noted:

‘There is always a danger that if you introduce something new into the training of teachers that you will be faced with a sudden rush of suspected cases.’¹⁶⁰

Such responses may be interpreted in a number of ways. In the light of the previous two sections, then if a school has adopted a restrictive framework towards internal information exchange, the question may be posed as to whether the CPLT would necessarily find it desirable for all teachers to receive in-depth training in relation to child protection. This may be based upon a number of the justifications discussed in Section 1.

In addition, a closer examination of the actual training that schoolteachers receive clarifies this picture. Whilst it is generally agreed that ‘every teacher who meets a child needs to know about child protection and child protection issues’¹⁶¹ the extent to which this is supported within schools would appear to vary to a similar extent as other aspects of child protection work. That is to say that a great deal is dependent upon the internal culture that has developed in relation to this area of the schools responsibilities, ‘it is really the amount of emphasis that you as senior management put on child protection.’¹⁶² In this regard, the data indicates a wide

¹⁵⁶ For further discussion see Chapter 3.

¹⁵⁷ The CPLT at School D noted that, ‘some parents are very limited in their range of emotions. They either love you or hate you and any child within that environment is going to be very insecure.’ (para 37). In many respects this links in with the discussion in Chapters 3 & 6, where parents draw upon their own experiences when raising their children, which may continue this cycle of insecure attachment.

¹⁵⁸ School K, para 134.

¹⁵⁹ School M, para 39.

¹⁶⁰ School L, para 84.

¹⁶¹ School M, para 21.

¹⁶² School M, para 7.

variety of attitudes towards this aspect of continued professional development. One school within the sample had just undergone a LEA staff training session.

‘What we try to do as a school is to keep up to date. [The LEA Child Protection Co-ordinator] came into school last year and did some sessions with staff. Obviously this was very useful. As a result, this year we have adopted a new policy.’¹⁶³

Indeed, a number of schools follow a similar policy towards staff development. ‘Every three years or so all staff have updated training.’¹⁶⁴ However, in one particular case, the CPLT stated that staff training went beyond this basic framework. In her particular school, new members of staff work alongside her in order to gain a greater appreciation of how child protection work is conducted within the school.

‘Part of their induction is to work alongside me on procedures. We also spend time on situations like this and discuss what would be appropriate action.’¹⁶⁵

By contrast, another CPLT could not recall when her colleagues had last received child protection training:

‘I can’t remember when they were trained last, but many of them have been here for so long that they know the procedures.’¹⁶⁶

Indeed, this latter response was reiterated by a number of other CPLTs when the issue of staff development was raised. When pressed on the issue, other considerations were raised alongside the fact that teachers were well versed in school procedures.

‘If they were to receive training of this type it would be useful but it is a matter of priorities and this would take up time when they could be spending time on other matters.’¹⁶⁷

In many respects this links in with the discussion in Section 4 regarding potential conflicts between a school educational and community concerns, in so much as little provision is made in terms of time and resources for schools to carry out such responsibilities.

¹⁶³ School F, para 26.

¹⁶⁴ School L, para 64.

¹⁶⁵ School I, para 155.

¹⁶⁶ School B, para 75.

Consideration of the Material

So far it has been noted that a greater sense of continuity must be achieved in the way that child protection issues are approached and dealt with in schools. The question though is whether such continuity may be achieved via increased training, or exchange of good practice. A great deal depends upon the internal frameworks, which are established within schools and which would appear to be dependent upon the approach of headteachers and CPLT towards child protection work.¹⁶⁸ However, it is worth posing the question as to whether it is necessarily beneficial for a school to have the headteacher act as the CPLT?

Table 8.6.

School	Approach Adopted Towards Information Distribution Within Schools	Approach Adopted Towards Information Distribution Between Schools	Teachers Considered To Be 'Better' Sources Of Information: (Age Grouping)	Head, CPLT, or Both
A	Open	N/A	Everyone	CPLT
B	Mixed	Mixed	Younger	Both
C	Restrictive	Restrictive	Mature	Both
D	Open	Open	Mature	Both
E	Restrictive	Restrictive	Everyone	CPLT
F	Restrictive	Mixed	Everyone	CPLT
G	Restrictive	N/A	Everyone	CPLT
H	Restrictive	Restrictive	Younger	Both
I	Mixed	Restrictive	Everyone	Both
J	Restrictive	Restrictive	Everyone	Both
K	Restrictive	N/A	Everyone	CPLT
L	Open	N/A	Everyone	Both
M	Open	Mixed	Younger	CPLT
N	Open	Open	Mature	Both

Table 8.6 lists all of the schools that took part in the study, along with a brief description of the approaches that they have adopted towards information distribution within their own establishment and with regards to their receiving schools. In addition, there is a brief description of the CPLTs attitude towards their colleagues as information sources. As with previous comparisons, it is impossible to draw any firm conclusions from such a rudimentary comparison of the data. However, from an examination of the table it would appear that there is no relationship between a school's attitude towards information distribution or teachers as

¹⁶⁷ School F, para 44.
¹⁶⁸ Refer to the discussion outlined in Chapter 7, (p157-158)

information sources and whether or not the headteacher is also the CPLT within that establishment.

Indeed, it may be suggested that there are advantages to be derived from having a head teacher who is also the CPLT. A factor that will be examined in greater detail within Section 4 relates to the adequate provision of time and resources for child protection work and the position of CPLT within a school. In many instances, it may be that the headteacher is the only person within a school who has the flexibility that enables them to devote time to child protection work. As one CPLT noted:

‘Child protection does take up a huge amount of time and resources. In some instances it can add up to around 45% of your time. When this is mentioned though during inspections, then it may be that they are viewed as excuses... Cases can take a lot of time but I have a Y6 class and am paid to reach targets with that class.’¹⁶⁹

In the light of the above data, it is worth pursuing the consideration as to whether increased training could influence the construction and future development of internal frameworks within schools. For example, if one focuses upon the way in which a CPLT may proceed if she has a concern, then the data reveals the existence of differing views as to when information should be passed on to other professionals. As one CPLT stated:

‘There are times when I have gut feelings that there is something wrong but I haven’t got any hard evidence. Everything is saying that there is a problem but no one is saying anything.’¹⁷⁰

This brings us back to the fact that many CPLTs have a skewed perception of the intentions behind the Children Act 1989.¹⁷¹ This may be due to a combination of factors, ranging from the training that they currently receive, to the literature that they are provided with. As such these CPLTs are either waiting to build up a fuller picture so as to obtain hard evidence or attempting to deal with the situation through professionals such as the school nurse or EWO.¹⁷² This is not to say that the latter approach is incorrect or ineffective. However, if the childcare system is to be re-balanced so as to prioritise Part III of the Children Act 1989, then a greater awareness of the intentions behind the Act are essential. The question arises though as to the point at which the CPLT will pass on such information to the social services.

¹⁶⁹ School M, para 43.

¹⁷⁰ School H, para 77.

¹⁷¹ See discussion on p227-228.

¹⁷² See discussion on p223-238.

‘As teachers you are not expected to make any type of judgements. You are simply expected to pass information along. Parents and students know that if we do report something, then this is what is going to happen.’¹⁷³

As another CPLT noted, ‘if a child has been bruised or whatever, we still have to continue to work with the family.’¹⁷⁴ Consequently, consideration must also be given to the schools future relationship with these families and children.¹⁷⁵ In this regard, greater guidance needs to be provided to CPLTs as to the exact scope of their duties.

In many respects, this links in with the collation of child protection information within schools and the subsequent accessibility of that information to other members of staff. Every school within the study had established a central recording system, whereby everything related to child protection is written down and stored over time.¹⁷⁶ ‘Everything is written down if there is a concern so that I have some form of hard evidence before I contact the social services.’¹⁷⁷ This record is referred to and added to as child protection issues arise over a child’s stay at that particular school.¹⁷⁸

‘I have a book, the contents of which the deputy and myself are the only people who know what is in it. Everything is in there ... Professional litigation is very important now. If I was to have a conversation with a child, I never set up a conversation with a child where I think that it could lead them in any way. I always make sure that there is someone here with me at a time like that.’¹⁷⁹

However, as already noted, attitudes towards the accessibility of this information vary quite considerably. Whilst some schools (School E) maintain close control of these records¹⁸⁰ others believe that teachers with direct contact with children should be made aware of the situation, as they will be expected to monitor the situation in the future and alert the CPLT as to any potential concerns.

‘I would normally allow the class teacher to read the notes which I had made over the phone and keep them up to date on what is occurring. It would be made quite clear that the information was confidential and was to go no further. However it is essential

¹⁷³ School L, para 31.

¹⁷⁴ School A, para 35.

¹⁷⁵ For further discussion see Section 4 of this Chapter, (p238).

¹⁷⁶ This information on children is precisely the material that should be passed on to the next school. However, as we have already seen, attitudes towards the distribution of this information varied considerably within the study.

¹⁷⁷ School J, para 13.

¹⁷⁸ Refer to the discussion outlined in Chapter 9

¹⁷⁹ School I, para 75.

¹⁸⁰ *Supra*, n25.

in so much as those teachers would be expected and required to keep an eye on that child and monitor the situation.’¹⁸¹

At present there would appear to be too great a scope for the personal opinions of CPLTs and/or headteachers to dictate the way in which a schools child protection framework will operate.

Other Aspects to CPLT Training

CPLTs raised a number of other issues in relation to the training that they currently receive and any potential developments, which they would find useful. The first point related to the amount of support, which CPLTs receive in their role. A number of respondents were very aware of the need for confidentiality and the fact that they could not discuss such matters with other teachers, except perhaps the Head. However, it was also made clear that in the course of their role, they occasionally feel the need to discuss problems or concerns with someone else.

‘There is very little help provided for CPLTs who get involved in child protection cases... Help in the sense of being able to talk things through.’¹⁸²

In this respect, it was acknowledged that the local authority Education Department was always very helpful and would spend time discussing areas of concern. However, there was also the fact that it was one person, who was responsible for the entire area and as such was not always available to talk to. This need for support linked in with the earlier suggestion of a ‘pyramid worker’ who could possibly be connected to a cluster of schools. In the majority of instances the responses received were positive.¹⁸³

The second issue related to the fact that there did not appear to be any mechanism for self-reflection. In other words, if a CPLT had identified a situation and passed on her concerns to other agencies such as the social services, but this process had ultimately been ineffective, there did not appear to be a process whereby questions could be asked about the situation.

‘There is no mechanism that lets us look at a situation like this and allows us to ask what has gone wrong. That worries me a great deal. We spotted the signs and pushed and pushed until something was done, but in this case it was ineffective.’¹⁸⁴

¹⁸¹ School L, para 62.

¹⁸² School L, para 71.

¹⁸³ See discussion on p220-222.

¹⁸⁴ School I, para 34.

Summary of Findings

The data indicates that CPLT training is one of the central elements to child protection work within schools. Whilst study responses were positive in relation to the initial training that CPLTs had received, it also highlighted the fact that many CPLTs would welcome increased training in the form of refresher courses. In many respects, this may account for the general impression that CPLTs in the sample area adopted to one degree or another an 'individualistic' approach towards their roles as opposed to that of sharing a 'collective' mentality towards child protection work.¹⁸⁵

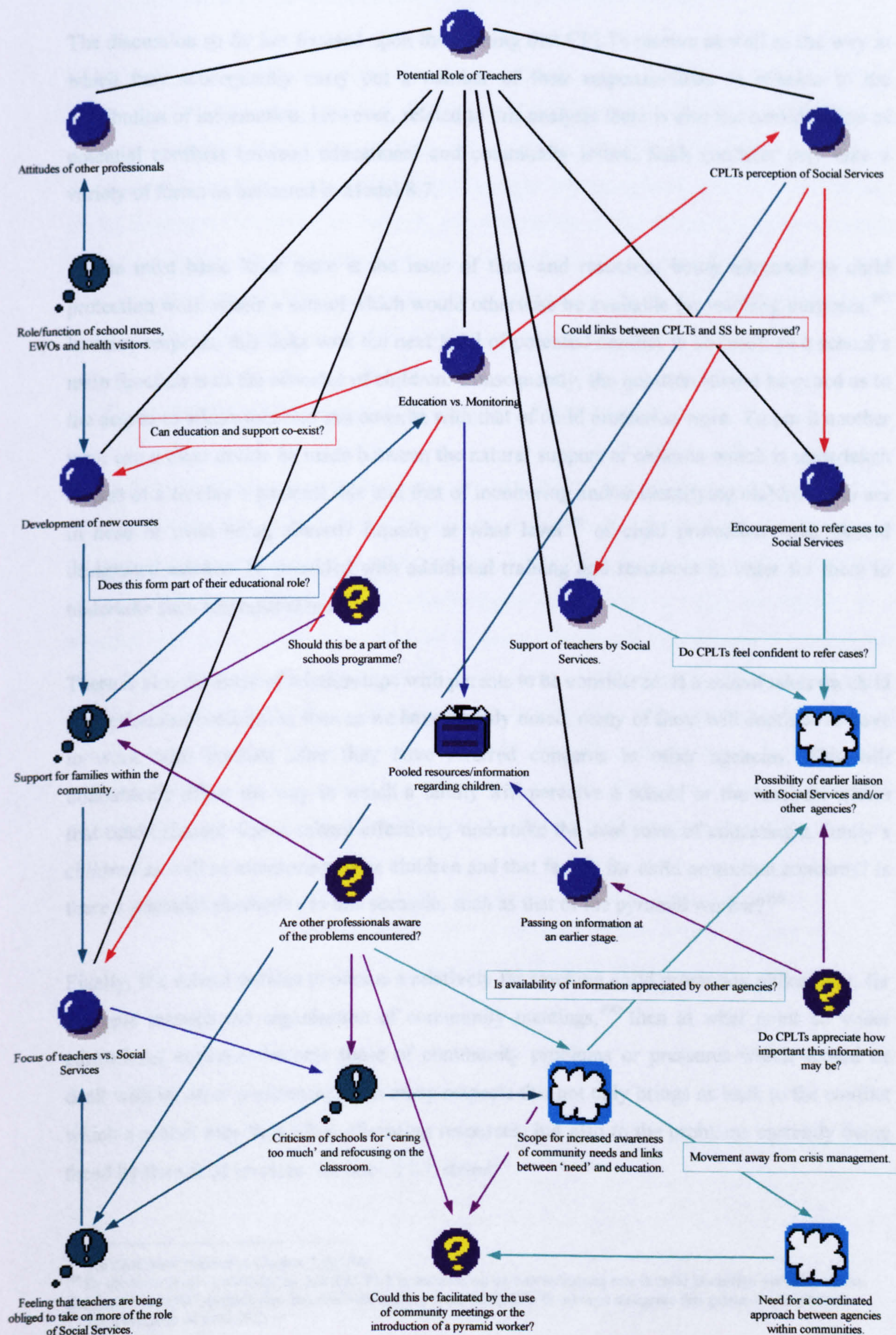
These concerns raise a number of questions. First of all, could a closer liaison with the Local Authority Education Department help to clarify some of the above matters? Equally, in the previous section the notion of a pyramid worker was discussed. Could such an initiative facilitate greater conformity as well as the actual exchange of information in practice?

One final consideration with regards to CPLT training, is the issue of whether there should be a vetting process for those who wish to take on the role within a school. The analysis so far indicates that there is considerable variation in the way in which CPLTs perceive their role. Whilst this will be dictated to a certain degree by the internal framework adopted by the school, it also raises the question as to whether individuals carry their own beliefs/prejudices into their role as school CPLT? (i.e. stating that their colleagues could not deal with all of the facts; that exchange is on a need to know basis; that the child deserves a fresh start; that other schools may label a child).¹⁸⁶

¹⁸⁵ As an example of this, see discussion on p218-220.

¹⁸⁶ This issue will be discussed in greater depth in Chapter 9.

Model 8.7 – Potential Conflicts between Educational & Community Issues



Section 4 - Potential Conflicts between Educational and Community Issues.

The discussion so far has focused upon the training that CPLTs receive as well as the way in which they subsequently carry out a number of their responsibilities in relation to the distribution of information. However, related to this analysis there is also the consideration of potential conflicts between educational and community issues. Such conflicts may take a variety of forms as indicated in Model 8.7.

At the most basic level there is the issue of time and resources being allocated to child protection work within a school which would otherwise be available for teaching purposes.¹⁸⁷ In many respects, this links with the next level of potential conflict in so much as a school's main function is as the educator of children. Consequently, the question should be posed as to the degree to which this role can co-exist with that of child protection work. To put it another way, can a clear divide be made between the natural support of children which is undertaken as part of a teacher's pastoral role and that of monitoring and/or identifying children who are in need or even being abused? Equally at what level¹⁸⁸ of child protection work should designated teachers be provided with additional training and resources in order for them to undertake such responsibilities?

There is also the issue of relationships with parents to be considered. If a school takes on child protection responsibilities, then as we have already noted, many of them will continue to have to work with families after they have referred concerns to other agencies. This will undoubtedly affect the way in which a family will perceive a school or the teachers within that establishment. Can a school effectively undertake the dual roles of educating a family's children as well as monitoring those children and that family for child protection concerns? Is there a potential alternative to this scenario, such as that of the pyramid worker?¹⁸⁹

Finally, if a school decides to pursue a relatively far reaching child protection philosophy, for example through the organisation of community meetings,¹⁹⁰ then at what point do wider educational concerns become those of community problems or pressures which should be dealt with by other professionals? In many respects this not only brings us back to the conflict which a school may face when allocating resources, but also to the problems currently being faced by the social services. As one CPLT stated:

¹⁸⁷ See discussion outlined in Chapter 7, (p158).

¹⁸⁸ By the term 'level', I mean to say that if a CPLT is undertaking an ever increasing role in child protection work (as will be discussed within this section), then shouldn't the training received by CPLTs increase alongside this greater responsibility.

¹⁸⁹ See discussion on p220-222.

‘In many respects we are monitoring all of the families in the area that we consider to be having problems. We are effectively doing the job of social services.’¹⁹¹

Consequently, by taking the sample as a whole it was hoped to highlight a number of these issues. First of all, it was hoped to examine the perceptions of CPLTs as to their role as designated teacher and what it actually encompasses. This inevitably linked in with an examination of the development of additional courses through schools, which are specifically aimed at parents. Secondly, an analysis was undertaken of the sample’s attitudes towards potential conflicts between educational and community issues in the course of carrying out their responsibilities.¹⁹² Finally, an examination was then made of CPLT perceptions of the degree of support that they received from other agencies such as the social services.

The Focus of CPLTs: Education, Pastoral Support & Monitoring?

If one looks at the *‘Framework for the Assessment of Children in Need and their Families’* then the role of the education service is set out as that of ‘assisting the social services department by referring concerns and providing information for section 47 child protection enquiries.’¹⁹³ In many respects, this would appear to be rather a vague description of a school’s role and if anything would tend to focus educational establishments towards the latter end of the childcare framework.¹⁹⁴ If one turns to *‘Working Together to Safeguard Children’*¹⁹⁵, then whilst the above description is reiterated, reference is also made to a school’s pastoral responsibility towards its pupils. As well as the fact that an educational establishment can play a part in the prevention process through its ‘own policies and procedures for safeguarding children.’¹⁹⁶ However, significantly, the document states:

‘Through their day to day contact with pupils, and direct work with families, education staff have a crucial role to play in noticing indicators of possible abuse or neglect, and in turn referring concerns to the appropriate agency.’¹⁹⁷

¹⁹⁰ See discussion on p208-210.

¹⁹¹ School D, para 85.

¹⁹² This included an examination of concerns related to time and resources.

¹⁹³ Department for Health, *‘Framework for the Assessment of Children in Need and Their Families’*, p71, HMSO, 2000. The guidance goes on to state that ‘schools and colleges may on occasions be asked by a social services department for information about a child for whom there are concerns about their health or development, abuse or neglect.’

¹⁹⁴ In other words, it would appear that schools are pigeonholed as providing information for child protection cases as opposed to information, which may facilitate a greater degree of prevention to be undertaken by agencies such as the social services.

¹⁹⁵ Department of Health, *‘Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children’*, HMSO, 1999.

¹⁹⁶ Ibid, at p15. However, it should be noted that a school’s policies and procedures for child protection are subject to a great deal of discretion on the part of the head-teacher and/or CPLT. The question should be posed as to whether this situation is truly appreciated by the Department of Health when it wrote this guidance document and whether such an ad hoc basis towards prevention is an adequate foundation upon which to base child protection work within schools.

¹⁹⁷ Supra, n195, at 3.11.

This section may be interpreted in a number of ways. Given the nature of this study's hypothesis, it may be argued that the guidance is worded in such a way that it enables CPLTs to monitor children, note any potential concerns and then refer these concerns to the appropriate agency. Not only would this enable schools to inform agencies at a stage that could possibly allow them to undertake preventative work, but it would also fit in with some of the work already undertaken by a few schools within the study. For example, the establishment of community meetings as well as close liaison with schools nurses, EWOs and even health visitors.¹⁹⁸ The key to this argument is the use of the phrase '*noticing indicators of possible abuse or neglect*'. Unlike the description contained in the '*Framework for the Assessment of Children in Need and their Families*' it would appear to accommodate the fact that schools may be able to raise concerns at a far earlier stage when abuse has not necessarily yet taken place.¹⁹⁹ It would also tend to indicate that a greater degree of training might be required if CPLTs are effectively to take note of such '*indicators*'.²⁰⁰

An alternative interpretation of this section is that it is simply meant to clarify the initial description of a school's role within the childcare framework. In this regard, the referring of concerns to other agencies is precisely the role undertaken by the majority of CPLTs at present. Indicators are noted by teachers and collated by CPLTs until it is felt that abuse or neglect is possibly taking place. However, clarification as to whether or not abuse has taken place does not occur until the appropriate agency has carried out an enquiry into the family's circumstances. This argument is supported by the fact that the social services, at least within the sample area, cannot currently respond in a preventive fashion.

'On our estate you tend to have families where there is a network of prostitution and drugs. Schools are aware of this but it is a matter of collecting the evidence and prioritising the priorities.'²⁰¹

If this discussion is then superimposed on our analysis of CPLT perceptions as to their role as designated teacher and what it encompasses, then it may be seen that both interpretations have been accommodated within the sample. Whilst a number of schools have maintained an '*education centred*' philosophy towards their child protection responsibilities in terms of learning and behavioural support through various courses and initiatives for children and parents, others, have built upon this foundation and developed more of a '*community aware*'

¹⁹⁸ See discussion outlined in Section of this Chapter.

¹⁹⁹ Refer to the discussion outlined in Chapters 1 & 9.

²⁰⁰ For further discussion of increased awareness in relation to issues such as Attachment Theory, see p230-231.

²⁰¹ School B, para 14.

philosophy through the establishment of community meetings and close liaison with other agencies at a community level.

In many respects, the essence of this variation would appear to centre on a school's interpretation of what its concerns should and should not include. For instance, where do educational needs end and community problems and pressures begin? Where does support for children either educationally or behaviourally end and support for the families of these children begin? As one CPLT pointed out:

'If a child is being abused at home then it is going to affect attendance as well as performance. They are going to be unhappy, perhaps with behavioural problems. These are very much school focused things that we are dealing with.'²⁰²

Consequently, the question should be posed as to whether a definitive line can be drawn in these and other instances. Furthermore, should such a line be drawn? In this regard another CPLT noted the dangers of a school extending its areas of concern:

'I know of some secondary schools which have been criticised for being too sympathetic to that side of children's difficulties and education should come first.'²⁰³

At first sight, it would appear that a balancing act might be required. However, this is not aided by the fact that educational issues frequently blur with those addressed by other agencies and that in some instances these agencies are unable adequately to fulfil their responsibilities.²⁰⁴ Could it be that current perceptions regarding the role of schools should be revisited so as to take account of such considerations?²⁰⁵

At a basic level all CPLTs within the sample agreed that information regarding possible child abuse or neglect would be passed on to another agency such as the social services.²⁰⁶

'Our line has always been to parents that if a child makes an allegation we have no option but to pass it on. We cannot choose, we are not judges, it is our job to pass it on to people with more experience to deal with those issues.'²⁰⁷

²⁰² School K, para 48.

²⁰³ School A, para 123.

²⁰⁴ See discussion in Section 6 of this Chapter.

²⁰⁵ Refer to the discussion outlined in Chapter 9 in relation to the potential role that schools may play as a gateway to support services.

²⁰⁶ See discussion in Sections 1 & 6 of this Chapter.

²⁰⁷ School A, para 34.

However, as one respondent stated, ‘I am aware that there is a temptation to step outside of my role too much.’²⁰⁸ This ‘role’ though will vary depending upon the prevailing attitudes within the school in which the CPLT works. A closer look at the ‘*education centred*’ approach highlights the fact that these schools appear to tailor their child protection work closely with that of their pastoral care responsibilities and the education of children. As one CPLT noted:

‘There is a conflict between devoting time and resources to achieving targets and those of looking after children... Child protection issues are sometimes seen as an excuse for poor targets.’²⁰⁹

If this statement is considered further, then it is worth posing the question as to whether there is actually a conflict between the two. It may be true to say that time and resources, which are allocated to looking after children are no longer available for purely educational purposes. However, as another CPLT noted:

‘We have families that are at risk of allowing their children to become disaffected with the school system. We work with them... We provide support from an educational perspective.’²¹⁰

Consequently, the allocation of resources in this respect can in fact support a child’s education and so reinforce the school’s main function, as noted by School K above.²¹¹ Indeed, other schools have followed a similar approach to working with children.

‘One of the thrusts for excellence in cities, (a government initiative based in this school), [helped to] employ M and F who are learning mentors. D runs the learning support unit. They are firmly targeted at children who have multiple barriers to learning, many of whom are very vulnerable children. What we have said is that as the school has refocused very clearly on learning, then some children have become even more marginalised and we only want to succeed as a school if we can take those children with us.’²¹²

‘We started a learning centre in school to find other ways of supporting children before they get excluded. This gives support to individual children with difficulties’²¹³

²⁰⁸ School H, para 15.

²⁰⁹ School H, para 5.

²¹⁰ School K, para 42.

²¹¹ Supra, n 202.

²¹² School G, para 18- (Refer to the discussion of learning mentors outlined in Chapter 7, p184-185).

However, even this has not been without its criticisms. Whilst the latter initiative was intended to support children and as such reinforce their education, it was not perceived as being within the remit of the school when they were inspected.

‘When the HMI came in a few weeks ago he said that he would not want to see therapy sessions running in this unit in the future. We should be dealing with education... David Blunket comes into school regularly as we are in his constituency and he is very much interested in what is going on. Some of the things that he is talking about do not seem to fit in with what the HMIs are demanding of us.’²¹⁴

Consequently, it would seem that the former Education Minister feels that such initiatives are an interesting development and beneficial to children unlike the HMI. This disparity between the attitudes of the former Education Minister and the school inspectors would appear to highlight the fact that there are varying degrees of appreciation of the difficulties being faced by schools in their roles as educators. On the one hand, schools are told to refocus upon teaching and to leave other social aspects of a child’s life to the appropriate agencies. On the other hand, these other social aspects not only come to the attention of teachers and CPLTs but also impinge upon a child’s education. This is further compounded by the fact that agencies such as the social services are unable to deal with these social aspects of a child’s life until they become concerns as to risk as opposed to need. This is a state of affairs, which was highlighted by the CPLT at School G.

‘As they have shrunk to a crisis management situation I feel that there has been an attempt to push CPLTs further into the social work field whilst the government and local authority are very firmly saying that we have to refocus upon learning and teaching as this is our main business. The children are being left in the middle of all of this.’²¹⁵

This had led to situations where CPLTs feel that they are perhaps being asked to progress too far beyond the basic level of passing on information without necessarily making any judgements, to a situation where they are being asked to make assessments about children.

‘There has been a significant change, especially in the last 5 years, from a response situation... to a situation where I am being asked to assess children way past my expertise.’²¹⁶

²¹³ School A, para 123.

²¹⁴ School A, para 123.

²¹⁵ School G, para 16.

²¹⁶ School G, para 6.

Quite obviously, the CPLT in question refused to carry out such an assessment, admitting that her training and experience was insufficient to make such judgements about children. However, this does introduce an issue which will be discussed in greater depth later on in this section, namely that of CPLT perceptions of the social services. It also raises the debate as to the amount of training, which a CPLT should receive as well as the question of whether there is a need for someone such as a pyramid worker.²¹⁷

Turning back to educational support for children, then a school may choose to employ a variety of professionals within the school, which may complement teachers in their educational role. School L mentioned the fact that they had employed a counsellor.

‘What this school has actually done is appoint someone who does part teaching and part counselling.’²¹⁸

Access to the expertise of such a professional may be of particular use in instances such as those described by School G.

‘Girls have told me that they are worried about the amount they are drinking. When I ask them why they are drinking, then they reply ‘*to forget*’. It pushes it away for a while... Yet it is all about the pressure and the social problems building upon the kids and there is no one for me as a CPLT to phone and talk to about these problems.’²¹⁹

Another possibility is the use of behavioural support teachers within a school. Whilst the emphasis is still on the child, such initiatives begin to include families into the support process.

‘In an educational setting, there are things which could be done such as getting in a Behavioural Support Teacher. They could talk to the parents about ways of coping with that child.’²²⁰

Such professionals are widely used within the schools contained in the sample. Nevertheless, their use needs to be supported from other perspectives and by other agencies. In this regard a number of schools have built upon this framework and pursued other complementary initiatives, adopting more of a ‘*community aware*’ approach to child protection work.

²¹⁷ For further discussion refer to Chapter 9

²¹⁸ School L, para 56.

²¹⁹ School G, para 36.

²²⁰ School B, para 27 – (Refer to the discussion of the C’Mon Everybody programme & learning mentors discussed in Chapter 7, p184-187).

This philosophy would appear to focus upon the establishment and maintenance of an early relationship with parents. As one CPLT stated, ‘the key is starting to build up a relationship with parents right from the very beginning and then maintaining that link throughout the child’s time at school.’²²¹ Indeed, this view was reiterated by a number of other schools.

‘Intervention work should be put in place in the first schools. This would in turn prevent further problems with the children when they come into the secondary school. If they can sort out the problems at that stage it makes our job a great deal easier.’²²²

Whilst it would appear to make sense to implement such initiatives at an early stage and then to try and maintain these links throughout a child’s education, there are nevertheless certain resource constraints which need to be taken into consideration.

‘It comes back to the basic dilemma that the school is there to help children to learn. By devoting time and resources to other elements such as parenting courses, you may detract from that purpose. How do you resolve this problem?’²²³

Despite these reservations there are a number of CPLTs who feel that the ‘pay-off’ to be gained from the implementation of such courses is substantial for both children and their families.

‘Although it costs time and money, I like to catch the young parents on a regular basis when they bring their children to the nursery and offer them various courses. These may involve courses on parenting skills or how to play with their children... This makes them feel supported from the very beginning but also educates them and may possibly break this cycle of poor parenting.’²²⁴

‘I feel that the pay-off would be substantial and once courses are run, then both parent’s self esteem and knowledge are increased, In fact we have had quite a good success rate of people who have gone on to pursue college courses.’²²⁵

This approach would appear to be reinforced by the observation that, ‘at the end of the day some parents need someone or somewhere that they know and trust where they are able to get advice.’²²⁶ As we have noted before, whilst families and communities generally have a good working relationship with professionals such as EWOs and school nurses, there is a great deal

²²¹ School J, para 56.

²²² School A, para 139.

²²³ School J, para 57.

²²⁴ School B, para 31.

²²⁵ School B, para 33.

of suspicion attached to any dealings with the social services.²²⁷ Schools are in a position whereby they can not only provide²²⁸ parents and families with support, which is not necessarily associated with the negative aspects of the social services, but also facilitate the implementation of a number of early preventive initiatives.²²⁹ Equally, depending upon the level of education and age of the child, a variety of programmes may be utilised by schools.

At the base of the educational pyramid, one nursery and infant school had established a mother and toddler group.²³⁰ Significantly, the CPLT pointed out that this not only provides parents with help but also supplies a focal point for the community:

‘We have a mother and toddler group here that is run by some fully trained play group leaders. This takes place every morning and is very popular... There is a demand for a focal point. Unlike other areas, which have received funding this catchment area hasn’t got that many facilities for parents. This early support can help to prevent stresses from culminating in neglect or even abuse further down the line.’²³¹

The issue of communities needing a focal point for families will be explored in greater depth within the next section. However, it is worth noting that the CPLT highlighted the importance of providing early support to parents in an attempt to prevent stresses from culminating in neglect or abuse; an issue discussed in both Chapters 5 and 6. In this respect, it was interesting that the CPLT supported this preventative approach and appreciated the value of helping families at an early stage.

‘It provides hope to people. Many of my parents are hopeless and whilst they may very well be nice people they don’t necessarily have the support. By encouraging them to undertake training and suggesting other possibilities then they may feel they can progress... At present they have nothing to look forward to.’²³²

This introduces the notion of providing parents with an alternative outlet for their time and attention other than that of their children. As will be noted later on, there is a feeling that in order to benefit a child, there is sometimes a need to refocus its parent’s attention in another

²²⁶ School E, para 103.

²²⁷ See discussion in Section 1 of this Chapter, (p203-208).

²²⁸ Provision of services may include those initiatives which are established, funded and operated by the school itself, or alternatively by co-operating with other initiatives which operate within the sample area, providing either the facilities within the school or by referring families on to them. An example of the latter may be the C’mon Everybody which was discussed in Chapter 7, (p185-187).

²²⁹ Refer to the discussion in Chapter 9 regarding the potential role of schools in the provision of basic support services to families in need.

²³⁰ This also links in with the discussion in Section 1 – the use of nursery staff as an initial information source regarding a child’s domestic environment.

²³¹ School B, para 40.

²³² School B, para 43.

direction.²³³ If we turn back to the area of trying to help and support parents in their role of caregiver, then another scheme, which has been established within the sample area, is that of the 'Sure Start' project. As School D noted in Section 1, the emphasis of this programme is to provide families with advice and support related to 'good parenting' at a relatively early stage.²³⁴ In many respects, this could provide a continuation to the Child Development Programme.²³⁵ An analysis of schools further up the educational pyramid, indicates that a number of other programmes had been utilised by these schools.

'We run a number of different groups with the nursery such as 'Early Years' groups, 'Family Literacy' groups and the 'C'mon Everybody' programme. We also have another group which is the 'Gimme Five' programme where we have parents working in the school and talking to behavioural support workers and nursery teachers about good parenting.'²³⁶

As noted in Chapter 7, a number of these programmes such as the 'C'mon Everybody' initiative, are designed to help parents cope with the demands and stresses associated with raising children. In many respects, it aims to provide the support which parents may need as well as the opportunity to discuss problems with other parents who are in a similar position. Indeed, as the CPLT went on to note:

'The parents who have attended them regularly and taken it seriously have benefited from this project... It is vital that early work is done in the nursery.'²³⁷

Another CPLT noted that they too had adopted both the 'C'mon Everybody' programme as well as other courses for parents.

'We are now linked with the C'mon Everybody programme. Some parents really take to it and some don't... I think that often parents want practical advice. We are also negotiating links with [Name] to run courses for parents in the school building.'²³⁸

The data indicated that parents not only benefited from such programmes but also in some instances returned to the school in order to provide their support. It was this latter aspect, which one CPLT felt was particularly important from the perspective of making these programmes a success with parents.

²³³ See discussion outlined in Chapters 3 & 5.

²³⁴ Refer to the discussion outlined in Section 1, supra n 68.

²³⁵ See discussion in Chapter 6, (p145-149).

²³⁶ School D, para 13.

²³⁷ School D, para 19.

²³⁸ School E, para 39.

‘Two or three years ago we ran a parenting group and some of these people have come back to give their support... This can be very powerful coming from their peers.’²³⁹

Consideration of the Material.

It would appear that the additional help and support which the majority of schools provide to children as a part of their ‘*education centred*’ approach towards their child protection responsibilities proves to be of benefit. However, it would also appear that those schools that have chosen to extend this framework and to support families as well as their children have achieved a considerable degree of success. In many respects, this links in with the feeling expressed by the CPLT at School I that:

‘I can direct parents towards support and counselling services but I feel that they are apprehensive about this because of their own self-esteem and pride.’²⁴⁰

However, if a parent can attend a course, which is operated through or in conjunction with a school, then there is perhaps not the degree of stigma attached to it. Equally, if the school can draw upon other parents, who have attended such courses in the past, to come along and provide support, then it may carry greater weight with individuals. This in turn benefits both the parents and the child, which hopefully should go some way towards reinforcing the development and education of that child.

One surprising occurrence which was highlighted by a couple of CPLTs was the fact that families may decide to approach schools in order to try and gain access to other agencies such as the social services.

‘Some families who can’t get help ask schools to approach social services on their behalf. There is often no one else for these families to turn to for help or advice.’²⁴¹

This may be due to the fact that families feel wary of approaching the social services directly. Equally, it may prove to be that schools can act as a focal point within a community, especially if there are no facilities available to people within those communities.²⁴² It may also be a result of building up a relationship with parents from a very early stage:

²³⁹ School D, para 23.

²⁴⁰ School I, para 153.

²⁴¹ School K, para 54.

²⁴² See discussion outlined in Section 5 of this Chapter as well as Chapter 9.

‘We have a good liaison with parents and in many cases this starts before they come into the nursery in the form of home visits.’²⁴³

By contrast to these situations, another school commented that relations with parents were rather less favourable.

‘It may be a historical factor, but many parents are very suspicious when they come to the school. They can also be very unfriendly with me in so much as I will say hello and either receive a scowl or a look of surprise.’²⁴⁴

In this regard it is worth noting that the school in question did not pursue a ‘*community aware*’ philosophy in relation to its child protection work. The head teacher, who was also the CPLT, was new to the area and admitted that she had made a number of mistakes, such as ending the sale of crisps due to the amount of litter that it caused; a decision to which parents reacted ‘quite badly’.²⁴⁵ This may perhaps be due to the fact that she had moved from a school situated in a different type of community (middle class) and did not yet fully appreciate the specific needs of that school. The CPLT at the infant school next-door also experienced a certain amount of distance between the school and the families of its children, when she first arrived there. However, her approach had been quite different to that of School C in that she was attempting to reverse this trend and establish a closer relationship with parents.²⁴⁶

‘When I first moved to the school, parents were very much kept at arms length. I am trying to reverse this trend by encouraging a closer relationship between the school and their families within the community.’²⁴⁷

Once again it would seem that a great deal depends upon the internal framework established by the school and the attitudes of the head teacher and CPLT.

On a slightly different note, one school made the rather interesting point that the cases, which come to the attention of a CPLT, may vary according to the age group of the children involved. The suggestion was that infant and junior schools will encounter cases of neglect and the need for support for families, whilst secondary schools will predominantly deal with disclosures by children.

²⁴³ School N, para 55.

²⁴⁴ School C, para 58.

²⁴⁵ School C, para 62.

²⁴⁶ The question arises though as to whether this relationship will be maintained once children move on to the junior school, given the differences in approach adopted by the head teachers.

²⁴⁷ School B, para, 48.

‘This may very well be an age issue in so much as cases of neglect or support for families will naturally take place at an earlier stage when schools have greater contact with parents. Whereas in secondary schools a lot of the cases are disclosures by children.’²⁴⁸

It is difficult to challenge this suggestion given the limitations of the data in this sample. On the one hand, it would appear to make sense in so much as a family may very well still be struggling with domestic stresses whilst the child is still relatively young. However, by the time that a child has entered secondary education, then domestic patterns may have taken shape in the form of abuse as opposed to neglect or general ‘need’. On the other hand, such an analysis of the situation would appear to oversimplify an extremely complex situation. Whilst this may very well be the experience of the CPLT in question, circumstances will inevitably vary between families and communities.

An examination of the attitudes of schools towards the type of child protection work that they carry out and the types of courses and/or support mechanisms which they have adopted leads on to concerns surrounding the social services. Taking the sample as a whole, every CPLT expressed concern at the current state of the social services and the level of support which the school, children and families could expect to receive.²⁴⁹ As one school noted:

‘The key to helping children and their families is to be supportive and proactive. If the social services come in so late, then they have to be punitive in nature. It is crisis intervention rather than working with families and developing professional relationships.’²⁵⁰

Another school reiterated these concerns, stating that families should be supported from an early stage so that any potential problems do not become insurmountable. Unfortunately, the feeling was that the social services were currently unable to pursue such an approach; adopting a reactive rather than a proactive stance with children and families.²⁵¹

‘Close monitoring could resolve many problems before they become insurmountable. At the end of the day the school does its best but it is a worrying time knowing that it

²⁴⁸ School L, para 11.

²⁴⁹ Refer to the discussion outlined in Chapter 9.

²⁵⁰ School D, para 61.

²⁵¹ This is by no means implying that the social services do not wish to pursue a proactive programme with families, simply that they are currently unable to do so. Indeed, a number of schools commented on the fact that they had talked with social workers who were themselves dismayed with their current state of affairs and would like nothing better than to go back into the community and work with families.

may be days or even weeks before social services act. The child is going back into a problem that may not be resolved.’²⁵²

This has had the knock-on effect of placing schools and CPLTs in a position where they feel that they are being asked to take on more of a social work role as opposed to that of information gatherers who pass on any concerns to other agencies. Indeed, one or two CPLTs were quite forthright in their assessment of the current situation.

‘There can be conflicts and we must remember that our primary role is that of educators... However since the shift in funding within [the study area], I have found that there is a danger that schools will start to do social work.’²⁵³

‘I know that one or two heads have said that it feels like a conspiracy that they are trying to do away with social services all together, putting more pressure on the schools.’²⁵⁴

This has led to a number of pressures being placed upon schools. Aside from the fact that in some instances CPLTs are being asked to make assessments regarding the children they are referring, there are also the considerations relating to relationships with parents. Returning to one of the basic functions of a CPLT, that of passing on any concerns that they may have in relation to a particular child, then they do so without making any judgements as to the situation. This is then supported by the agency, which has received the referral in so much as they look into the circumstances of the child and make the necessary assessments. However, the situation is somewhat complicated if the agency, to which the referral has been made, no longer provides this support to the referring school. As one CPLT stated:

‘If a child has been bruised or whatever we still have to continue to work with the family. Those relationships have been made easier where social services have been clear about our role and their role with parents. The less response there is from them, the more difficult it will make those conversations with parents in school.’²⁵⁵

Consequently, there is a danger that the relationships, which some schools have been at pains to establish with parents, may be affected by the current response system. Indeed, the CPLT at School B noted that:

²⁵² School E, para 85.

²⁵³ School D, para 51.

²⁵⁴ School A, para 31.

²⁵⁵ School A, para 35.

‘On the occasions that you do contact social services, they may rush in and say that the school has sent them and take the children for a medical examination. Then the parents will come into school and threaten either the teachers or myself... I’ve been told that I don’t know their family and that I’m dead for interfering.’²⁵⁶

In this respect, the data indicates that there needs to be a greater degree of clarification as to the relationship between schools and the social services in terms of the referral process and subsequent feedback of information to schools. It would also appear to suggest that the current role of the social services should be re-evaluated in terms of the services which they are providing to families. This brings us back to the study’s hypothesis that schoolteachers are in an ideal position to identify cases of children in need and make referrals.²⁵⁷ Despite the dismay expressed by CPLTs at the current performance of the social services, the majority of schools still felt that they would be able to liaise with them at an earlier stage than at present.

‘The information is potentially there from schools for children in need. It is usually neglect that teachers encounter most of the time... In some schools this may very well cover the majority of children attending.’²⁵⁸

‘I am sure that we could work in partnership with social services at a much earlier stage... Any problem that is approached as an early stage is more likely to be resolved than one which is of long standing.’²⁵⁹

However, as another CPLT pointed out, in order to achieve this ‘education desperately needs social services to be working alongside them.’²⁶⁰ As such it is worth examining the responses of CPLTs as to the degree of support that they feel they receive from the social services.

Teachers’ Perception of the Support Received from the Social Services

One particular aspect regarding social service support which was highlighted within the sample was the feeling that schools were not receiving sufficient feedback after they had made a referral. The reasoning behind this was not so much grounded in the fact that they wanted to be kept up to date with events, (though this was an important factor), but rather that they needed this feedback in order to justify their position with the child’s family.

²⁵⁶ School B, para 17.

²⁵⁷ See discussion on p190.

²⁵⁸ School M, para 59

²⁵⁹ School F, para 135.

²⁶⁰ School A, para 83.

'I was left in position of having to explain to the mother what I had told the social services... Some years ago I wouldn't have had to deal with that in school, that would have been dealt with by the social services teams talking to the mother outside school.'²⁶¹

'I don't get as much feedback as I did before [centralisation] ... This is a concern as the school can be under attack from parents.'²⁶²

This feeling was reiterated by another CPLT who noted the fact that if the social services do not provide feedback or respond to referrals, then this can in fact jeopardise the referring school's relationship with parents.

'If social services do not prioritise matters and are not responding, then it makes parents feel that you are interfering. Equally if you do not get the feedback from social services then you cannot justify your position.'²⁶³

Consequently, there is a feeling that if schools and CPLTs are going to continue to refer cases to other agencies, especially the social services, then they require a greater degree of support than they are currently receiving. As one school pointed out, 'A few individuals have reservations about teachers poking their noses in where it is not wanted.'²⁶⁴ This could have the knock-on effect of encouraging schools to delay referrals until they have some 'hard evidence' upon which to justify their position and base their concerns.²⁶⁵ This would in turn mean that a greater emphasis was once again being placed upon children 'at risk' as opposed to those 'in need'.²⁶⁶

Returning to the need for greater feedback, then the vast majority of schools within the sample felt that they were constantly being obliged to chase the social services department for information. As one school noted, 'I feel that I have to chase them up for follow-up information.'²⁶⁷ This was highlighted by a number of other schools within the sample.

'I would say that there could be better feedback in what happens eventually.'²⁶⁸

²⁶¹ School A, para 33.

²⁶² School H, para 13.

²⁶³ School A, para 39.

²⁶⁴ School I, para 11.

²⁶⁵ See discussion on p233 and quote from School H, (Supra, n170).

²⁶⁶ One possible solution to this situation might be the introduction of the pyramid worker, which could go some way towards ensuring a two-way information flow.

²⁶⁷ School J, para 14.

²⁶⁸ School F, para 70.

'I am concerned that I cannot get hold of people and have to leave voice mail messages. Then they don't get back in touch with me. I would like to have greater feedback without having to chase the social services for it... There is the feeling that you are on your own.'²⁶⁹

In many respects this approach towards information feedback has led to the feeling that schools are sometimes on their own. As noted earlier, schools have responded to this situation in a variety of ways. Whilst some have decided to adopt more of a '*community aware*' approach, whereby the school not only organises support programmes, but the CPLT also liaises with various professionals at a community level, other schools have taken a more restrictive approach towards their responsibilities.²⁷⁰

The second point is related to the fact that the social services appear to be in a situation of crisis management. This is a theme which has been encountered at various points throughout the study and one which appears to have a significant impact upon the role of CPLTs. The perception is that referred cases are prioritised according to their degree of urgency.

'Because of the number of cases that they are involved with they will deal with the most urgent first and not the ones that are in the category of early cause for concern... Things often do get too far down the line before they are dealt with. One particular abuse case I had to work and work for 18 months before anything actually happened.'²⁷¹

This has a number of effects upon the childcare system. Whilst it is only natural to prioritise cases that are referred, the gradual movement of the agency towards that of 'crisis management' has meant that there is a sense of '*prioritising the priorities*'. As CPLTs have pointed out, this means that cases which could have been addressed quite straightforwardly are being left until they have progressed further down the continuum of potential abuse.²⁷² Equally, due to the current resource constraints being faced by the social services, they appear to be unable to deal with cases which fall within their Part III responsibilities. This has meant that a number of schools have felt obliged to turn elsewhere in order to gain support for

²⁶⁹ School B, para 19.

²⁷⁰ An additional consideration at this point is that if a CPLT does not feel confident about the information that has been collected about a child, or about whether a referral should be made to an appropriate agency, then this may lead to a more conservative attitude towards child protection work. Whereas if a CPLT has built up experience and a knowledge base, then they may be prepared to contact other agencies at an earlier stage or undertake a more extensive programme of child protection work within that school.

²⁷¹ School I, para 45.

²⁷² In other words, cases of families and children in need have been allowed to progress to a situation of risk or potential risk of abuse.

families.²⁷³ However, as one CPLT noted, this state of affairs may also prove embarrassing for the school, which has made the referral:

‘When you are in a child protection meeting and the school has raised the concern then it has put itself in a vulnerable position with that family. This is especially so if the social services turn round and say that at the moment there is insufficient information for them to act at that time.’²⁷⁴

In many respects this may be linked with the issue of schools feeling that they are not being supplied with sufficient information feedback regarding referrals. If a school has made the referral and the decision is made not to pursue the concern, then once again this can place the school and CPLT in a very awkward position with regards to the child’s family. Indeed, when this issue was raised with the local authority Education Department, they hoped that this situation would be somewhat eased by the introduction of the *‘Framework for the Assessment of Children in Need and their Families’*²⁷⁵ whereby it is intended to refocus attention on need rather than risk.

The third issue, which was raised within the data, was concerned with schools being informed by the social services of any children with which they might already be involved. This gained mixed responses from the CPLTs within the sample. On the one hand, a number of schools felt that they were sometimes kept in the dark about whether a child or its family was already being dealt with by the social services. As such, they felt that they were perhaps not in the best position to monitor the child and pass on any concerns that they may have.

‘Where the system falls down is the fact that if social services are dealing with a family, then the school doesn’t always know about it. It would be nice to know if there were children in our catchment area with whom the social services are involved. We would know what types of things to expect and be able to react accordingly.’²⁷⁶

By contrast, a couple of other schools felt that they were kept adequately informed as to whether there were children, which they should perhaps monitor.

²⁷³ This may be in the form of other agencies or support programmes for families.

²⁷⁴ School M, para 58.

²⁷⁵ (Also refer back to the concerns expressed by School M on p233).

²⁷⁶ School L, para 33.

'If there is a really high risk and there is a social worker attached to the family then we usually get to know about that. Either the social worker or the previous school will get in touch.'²⁷⁷

In many respects, this raises an interesting issue. At the beginning of this section it was noted that under the *'Framework for the Assessment of Children in Need and their Families'*²⁷⁸ and *'Working Together to Safeguard Children'*²⁷⁹, schools should refer any concerns to the appropriate agency. However, no mention is actually made of whether agencies such as the social services should notify schools as to whether there might be any possible concerns. If CPLTs were notified, schools may be in a better position to put into place a framework in order to monitor such children. In an ironic way, this mirrors the situation in a number of schools within the sample, whereby class teachers are not notified by the CPLT as to the possibility of any concerns that they may encounter.²⁸⁰

Finally, an interesting point that was made by two CPLTs was the fact that they felt that it was easier to deal with the social services if, as a CPLT, they were known to them.

'When phoning the social services, it is much easier when you know the social worker and trust them to act. The most dangerous occasion is when you are told to phone the duty team and then it is completely out of your hands.'²⁸¹

'By and large because you are known in the system you can sometimes get a better response.'²⁸²

This raises a number of issues. First of all it would appear that if a CPLT has built up a working relationship with professionals in other agencies, then this proves to be an advantage when making a referral. Secondly, if this is the case, then could increased training for CPLTs, perhaps in a multi-agency forum prove to be of benefit to them when making referrals, but also the system as a whole by making the process more efficient? Thirdly, should the social services make such distinctions between the referrals of CPLTs?²⁸³

²⁷⁷ School B, para 62.

²⁷⁸ Department for Health, *'Framework for the Assessment of Children in Need and Their Families'*, HMSO, 2000.

²⁷⁹ Department of Health, *'Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children'*, HMSO, 1999.

²⁸⁰ Similarly, the arguments surrounding confidentiality and the potential for labelling a child are the same as those already discussed earlier.

²⁸¹ School D, para 10.

²⁸² School A, para 41.

²⁸³ In many respects this links in with the situation where CPLTs feel that they are being vetted on the switchboard by the receptionist and then cases are being prioritised for social workers to deal with. If you have a CPLT who is new or virtually unknown then could this exacerbate this state of affairs?

Consideration of the Material

If one takes the sample as a whole, then a number of themes become apparent. When CPLTs were asked to express how they felt other agencies, such as the social services, perceived their contribution to the child care framework, then there was a virtually unanimous positive response.²⁸⁴ In this regard, the CPLTs at Schools A and C stated:

‘I feel that the social services view us as a fairly important player in it really.’²⁸⁵

‘I feel that teachers are valued as an information source, at least from my recent experiences.’²⁸⁶

However, it is interesting to note that in both instances, the CPLTs went on to qualify their initial statements.

‘If they are made aware that you have an empathy with what they are doing, then I think you are going to get a lot further.’²⁸⁷

‘In the situation of case conferences or core group meetings, then I feel that the teacher’s contribution is appreciated and valued.’²⁸⁸

In the first instance, School A appears to acknowledge the fact that if a CPLT expresses a certain degree of camaraderie with other agencies such as the social services, then those agencies will be more receptive and/or inclined to provide help. However, School C qualifies its initial statement by identifying certain forums in which its contribution is valued. This may be a subtle distinction. However, School A does not restrict or more importantly perceive a restriction on its potential contribution to the childcare framework or the way in which its contribution is valued by other agencies. It’s qualifying statement addresses the way in which relationships with other agencies may be eased, a view reiterated by School M:

‘The way in which teachers are viewed will depend upon individuals and the relationship that you have with the multi-agencies and how that is developed over time.’²⁸⁹

²⁸⁴ In many respects, this response had been anticipated. In so much as a CPLT would not be expected to express the view that their contribution to the child care framework was perceived by other agencies as being ‘minor’ or even ‘worthless’ in nature.

²⁸⁵ School A, para 8.

²⁸⁶ School C, para 5.

²⁸⁷ School A, para 51.

²⁸⁸ School B, para 21.

However, could this sense of empathy between child care professionals account for the stark contrast in responses received from School I and School J?

‘When you are dealing with cases of a very distressing nature – neglect or abuse – other professionals, social services or police now respect us all as we see children for a large proportion of the day.’²⁹⁰

‘I don’t feel that social services take me seriously... There is always the impression given that everything will be okay and not to worry, but I wouldn’t be contacting them if I wasn’t worried.’²⁹¹

School I would appear to reinforce this view. However, can School J’s experience be accommodated into this framework? On the one hand it may be suggested that the CPLT has to date been unable to build up a satisfactory working relationship with other agencies. However, in some respects, this would be attempting to impose an interpretation on the data when in fact there is insufficient evidence to support this view. On the other hand, it may point towards a situation which exists in practice, but which was not highlighted within the particular sample taken for this study. Once again, there is insufficient data to support any concrete conclusion.

If we turn back to School C, then one may suggest that the CPLT perceives a restriction upon the areas in which her information is valued by other agencies. This may in turn have a knock-on effect upon the way in which the CPLT conducts her role within the school. In many respects, this highlights the fact that a great deal depends upon the internal interpretation adopted by a school of the fact that ‘teachers are information gatherers for other agencies.’²⁹² This is reflected in the responses provided by other schools:

‘We are viewed as being quite important because of the role that we play in school. We have a lot of contact with children and observe if they have got bruises.’²⁹³

Indeed, in one instance a CPLT noted that she had ‘received written gratitude on two occasions, which I understand from others, is quite unheard of. Quite a short letter but it meant the world.’²⁹⁴ In many respects, this would appear to suggest a good working relationship between the school in question and other agencies in the childcare framework.

²⁸⁹ School M, para 4.

²⁹⁰ School I, para 10.

²⁹¹ School J, para 11.

²⁹² School D, para 53.

²⁹³ School F, para 8.

²⁹⁴ School I, para 84.

Turning back to the data collected then another significant theme involved the ability of schools to access resources provided by other agencies. In this respect, School G noted that:

‘Unless you have a worker in one of the agencies then you cannot get access to them...[Additionally] depending upon the time of the year that you approach agencies this will dictate the response that you receive.’²⁹⁵

In many ways, this may be linked in with the point noted later on in the study,²⁹⁶ that parents will frequently approach schools in an attempt to access support services via the school as opposed to directly requesting assistance from agencies such as the social services.

‘Some families who can’t get help ask schools to approach social services on their behalf. There is often no one else for these families to turn to for help or advice.’²⁹⁷

However, if schools are limited to the degree suggested by School G, then a potentially important route for linking vulnerable families with support services is currently being restricted.²⁹⁸ Equally, a number of CPLTs questioned the range of resources actually available to both vulnerable families and their children. The point was made that in order to address problems, agencies should employ and/or train individuals who are specialists in these particular areas.

‘The police are cautioning girls of 13 for prostitution and yet there is no network to address this issue. If the social services employed somebody who was a specialist in teenage girls and teenage boys, then this would be of some help.’²⁹⁹

In other words, in order to effect changes within families then resources/services must be directed at the underlying problems that exist within communities. However, this can only be effectively achieved if professionals are put into place who appreciate these factors and can efficiently direct resources so as to address these issues.³⁰⁰

²⁹⁵ School G, para 130.

²⁹⁶ See discussion under the heading, ‘Time & Resources’, (p260-262).

²⁹⁷ School K, para 54.

²⁹⁸ See discussion in Chapters 4 & 5 whereby families may feel it necessary to be placed on the ‘at risk’ register in order to access support services. To what degree may this decision affect the way in which the family may be labelled in the future? Could the use of schools as an independent route to enable families to access resources improve matters?

²⁹⁹ School G, para 100.

³⁰⁰ Refer to the discussion in Chapter 5.

Time and Resources

The issue of time and resources arose within the study from two different perspectives. The first was from the point of view of the social services and how a lack of time and resources has had a knock-on effect on schools and CPLTs. This has already been examined in conjunction with other sections of the research data. The second was from the schools perspective; in so much as the demands being placed upon schools are often quite overwhelming.

The issue of time and resources from a schools perspective may be broken down into three main themes. First of all there is the lack of actual time which may be dedicated to the role of CPLT within schools. This has already been mentioned in the preceding sections, in so much as virtually all of the schools within the sample stated that:

‘The social services side of the agency co-operation has an unrealistic perception of schools, especially in terms of the time and resources which can be devoted to child protection... There is an implied criticism if I cannot attend a case conference.’³⁰¹

In many respects, this links in with the second issue, which is that of a potential conflict between the promotion of a child’s education and that of its welfare. We have already examined the debate as to whether an exact line can be drawn which separates educational concerns from those of a child’s welfare.³⁰² However, there is the very real dilemma that exists within schools and which was acknowledged by Schools G and H.³⁰³

‘As an inner city school I had to attend a number of case conferences, which when attended contributed very little... The school was suffering as a result of this mainly because I was unable to teach due to these demands. I had to very firmly say to social services that I could not attend as I was teaching. I have a GCSE class. Whilst they offer to provide cover, this nevertheless further disadvantages children who are already disadvantaged.’³⁰⁴

As the CPLTs quite rightly point out in the study, they are employed to teach children and achieve educational targets. If they concentrate upon child protection issues and fail to fulfil their educational role, then they are effectively disadvantaging the other children in their

³⁰¹ School C, para 32.

³⁰² See discussion outlined on p239-242.

³⁰³ Supra, n209

³⁰⁴ School G, para 12.

care.³⁰⁵ However, the issue of time and resources are also a concern in terms of contacting other professionals. As School C noted, CPLTs may encounter delays and difficulties when attempting to relay concerns to the social services.

‘The switchboard can be very bad. You are left on hold with the music and then told that you will be put through to the person because they can see them at their desk and then you are faced with an answer phone rather than the individual. This can be dreadful as I am often making the phone call at the only time that I can in-between classes.’³⁰⁶

Indeed, the CPLT at School B had faced similar difficulties when attempting to make contact with other professionals.

‘In a recent case I telephoned them and ended up speaking to three different social workers. I also spoke to the health visitor involved and eventually I was fed up with repeating information all the time.’³⁰⁷

This highlights a number of concerns. First of all, the line of communication between schools and the social services frequently proves to be inadequate. This in turn means that concerns may in the first instance be delayed in being brought to the attention of other agencies. However, it may also lead to a situation whereby CPLTs are discouraged from trying to contact them until it is absolutely necessary. As such there is a danger that children who are ‘in need’ may not be brought to the attention of the social services until matters have progressed further along the continuum of abuse.³⁰⁸

This links with the second concern that in general CPLTs do not have sufficient time allocated to them at present in order to deal with the whole spectrum of concerns relating to child welfare. Indeed, it would appear that the current resources allocated to the role of CPLTs within schools require some degree of re-evaluation.³⁰⁹

However, this also links in with our earlier discussion regarding the appropriate scope of a CPLTs role within a school. If a CPLT was expected to dedicate a greater proportion of her time to the issue of child welfare, then should she receive further training? If that were the

³⁰⁵ Refer to the discussion earlier in this Section.

³⁰⁶ School C, para 42.

³⁰⁷ School B, para 8.

³⁰⁸ However, as we have already noted, even if such concerns are brought to the attention of the social services, there is a question mark as to whether they are actually in a position to respond to such information.

³⁰⁹ Refer to the discussion outlined in Chapter 9

case, then would it be more appropriate to utilise the expertise of a social worker as opposed to a teacher? Where would one draw the line?

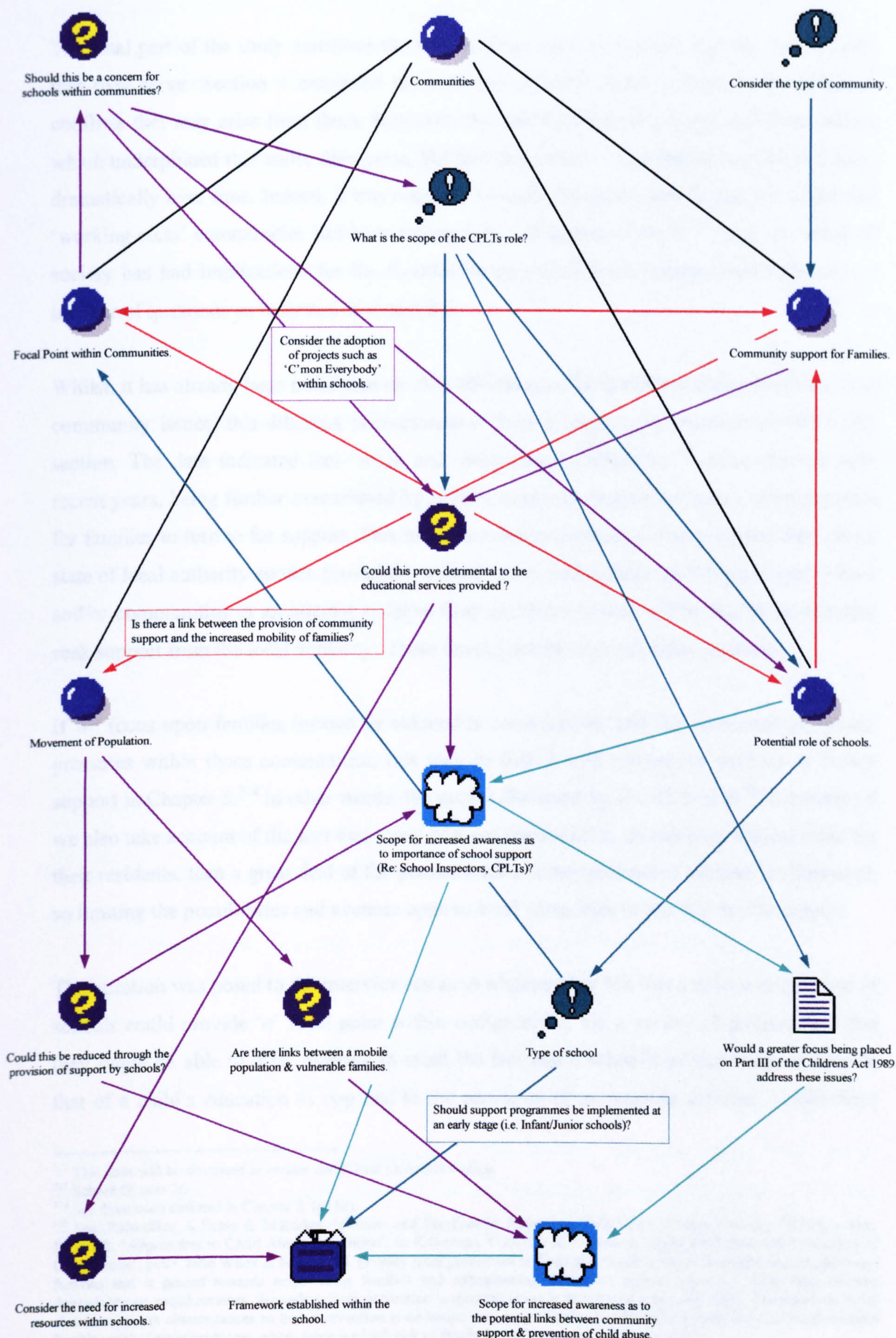
From our analysis so far, it would appear that CPLTs and schools are not only in a position to collect information regarding child welfare, but frequently possess that information. This is already the case without having to extend the scope of the CPLTs role within schools. Where the difficulties lie are first of all in the varying internal interpretations which schools place upon their function within the child care framework³¹⁰ and secondly in being able to convey that information to other professionals. It is at this level that resource allocation should be examined and re-focused. Otherwise, there is a danger that the self-reinforcing cycle described by School G will become a widespread phenomenon.

‘There is a cycle where the professionals cannot cope with the level of need, which then means that there is a cycle of failure for the organisation itself. Then the families are ill served by a failing school.’³¹¹

³¹⁰ An issue which we have already discussed and which we will return to at the end of this Chapter.

³¹¹ School G, para 66.

Model 8.8 – Links between Schools and Communities



Section 5 - Schools and the Community.

The final part of the study considers the various links between schools and the communities that they serve. Section 4 examined the existence of these links as well as the potential conflicts that may arise from them. However, the data highlighted another significant factor which underpinned this entire discussion, the fact that certain communities have altered quite dramatically over time. Indeed, it was noted by virtually the entire sample that the traditional 'working class' communities had been replaced by a '*fragmented class*'.³¹² This evolution of society has had implications for the families based within those communities and raises a number of questions as indicated in model 8.8.

Whilst, it has already been noted that no clear division can be drawn between educational and community issues, this dilemma is re-examined from a community perspective within this section. The data indicated that 'weak and vulnerable communities'³¹³ have evolved over recent years, being further exacerbated by limited access to support resources or focal points for families to turn to for support. This has given rise to a situation where, (given the current state of local authority service provision), a family may find it easier to move between homes and/or communities in an attempt to leave their problems behind rather than to remain and seek support from the local authority. These developments raise a number of issues.

If we focus upon families located in vulnerable communities, and the associated problems/pressures within those communities, this may be linked with our earlier analysis of family support in Chapter 5.³¹⁴ In other words, the model discussed by Hardiker et al.³¹⁵ However, if we also take account of the fact that many of these communities do not have a focal point for their residents, then a great deal of the potential for primary preventive support is eliminated, so limiting the possibilities and avenues open to local authorities to provide family support.

The question was posed to the interviewees as to whether they felt that a school or pyramid of schools could provide 'a' focal point within communities, via a variety of programmes that they might be able to offer, bearing in mind the fact that a school's predominant concern is that of a child's education as opposed to the provision of community services. Could these

³¹² This term will be discussed in greater detail later on in this section.

³¹³ School G, para 26.

³¹⁴ See discussion outlined in Chapter 5, (p118).

³¹⁵ See: P.Hardiker, K.Exton & M.Barker, 'Policies and Practices in Preventive Child Care', Avebury/Gower, 1991; See also: D.Gough, 'Approaches to Child Abuse Prevention', in K.Browne, C.Davies & P.Stratton, 'Early Prediction and Prevention of Child Abuse', p105, John Wiley & Sons, 1988. Primary level prevention is directed towards vulnerable groups, communities and families and is geared towards empowering families and strengthening their own support networks rather than creating dependency on social services. Secondary level prevention is directed towards families in temporary crisis. The aim is to bring about changes in circumstances so that intervention is no longer necessary. Finally, tertiary level prevention is directed towards families with chronic problems, where there is a high risk of family breakdown, neglect or even abuse.

two issues actually be separated in practice? For instance, if a child becomes disaffected with school as a result of domestic or community pressures, then can a distinction be drawn between educational and community issues? Could the provision of other services to the community detract from the school's educational focus,³¹⁶ in effect further disadvantaging children who are already disadvantaged? In many respects, this would appear to be a balancing act that is decided upon on a school by school basis at an internal management level.

Consequently, by taking the research data, it was hoped that a number of these issues would be addressed. First of all it was hoped to highlight recent developments within sample school communities and in turn the implications for both schools and CPLTs in terms of child welfare. This inevitably linked in with the issue of an increasingly mobile section of the overall community within the city and its impact upon the various communities within the city. Second, an analysis was undertaken of the various responses which schools had adopted in relation to these developments. These appeared to range from encouraging parents to build up links with schools through the provision of parenting classes or adult education classes, to that of maintaining a distance between the school and its community. Finally an examination was then made of the effects that these developments have had upon the children within these schools, families and communities.

School Responses to Community Issues.

As Section 4 noted, the study data highlighted varying and sometimes contrasting attitudes of within the sample schools towards the issue of liaison with parents, ranging from the 'education centred' to the 'community aware' approaches. As School B stated:

'It [comes] back to having a focal point for the community, a potential source of support and education for parents who may find life very hard.'³¹⁷

'One of the things that came out of our inspection was the fact that if parents had a problem, they felt as though they could come into the school and talk about it.'³¹⁸

This would tend to indicate the importance of Schools and especially Heads/CPLTs being aware of the community issues, concerns and problems that affect the families and children which they are serving. As the CPLT at School J noted:

³¹⁶ See discussion on p242-243.

³¹⁷ School B, para 48.

³¹⁸ School N, para 57.

‘The key is starting to build up a relationship with parents right from the very beginning and then maintaining that link throughout the child’s time at school.’³¹⁹

In many respects this represents the ideal. If a nursery school is able to liaise with Health Visitors based within a community and then pass on both information as well as established links with families to the Junior school and if these elements could be subsequently passed on to the child’s Secondary school, then in theory a child’s welfare could be monitored from a very early age.³²⁰ However, as noted in Sections 1 and 2, whilst at least a part of this ideal should actually take place in practice, a great deal will depend upon a school’s internal attitude towards information exchange as well as its perception of the exact scope of its responsibilities towards the community in which it is based. This in turn will have a knock-on effect to the other schools within that particular pyramid,³²¹ as well as further implications for the families and children concerned.³²²

Once again this brings us back to the debate as to what the exact scope of a school’s activities should be in practice. On the one hand a school may follow the line adopted by School K:

‘The school helps families with issues directly related to school... Within that you have families that are at risk of allowing their children to become disaffected with the school system. We work with them. This might show itself in disjointed attendance patterns, poor or disruptive behaviour, not achieving.’³²³

On the other hand, a school could adopt a more ‘*community aware*’ approach towards the provision of services and/or the focus of its attention.³²⁴ However, it is important to appreciate the differing needs of each community and the fact that these have altered over time.

The Changing Nature of Communities

A number of the schools within the study pointed to the fact that communities have altered over time. This in turn has had a dramatic effect upon the families based within those communities in so much as they are subject to different concerns or pressures.

³¹⁹ School J, para 56.

³²⁰ See discussion in Section 1 of this Chapter dealing with the use of Health Visitors and EWOs as both information sources and links with the community.

³²¹ Loss of information or lack of regard for maintenance of connections with families.

³²² For instance, we have noted that programmes such as the C’mon Everybody project help families to cope with the stresses and strains of raising children. If a family is not offered this service, it may be that such pressures eventually crystallise into abusive behaviour, rather than being dealt with at an earlier stage. (It could be argued that this in turn will have an effect upon the child’s educational welfare as well as from the perspective of preventing abuse from occurring in the first place).

³²³ School K, para 42.

‘Communities have altered over time. In the past there was a structure to society and people knew what was expected of them. There was always the family as well as people who you knew. This has broken down and there is a lot of loneliness and depression within communities these days.’³²⁵

‘I would argue that the old working class no longer exists as such. There used to be a lot of pride and aspiration to succeed as well as standards and codes of practice for their families and communities.’³²⁶

CPLTs within the sample refer to the fact that families no longer necessarily remain in the same communities as their relatives and/or friends and as such do not possess the same community links. As School G pointed out, ‘we have very few established families within our catchment area anymore.’³²⁷ This has the effect that support mechanisms that could have said to be present for families are no longer in existence to the same extent.³²⁸ As such, there are instances where young parents do not necessarily receive the same support of ‘parenting style’ education that could be said to have existed in such traditional communities.³²⁹

‘Some young mothers cannot cope... There is nowhere to turn for support, but it appears to be a situation which has been accepted by society as a whole.’³³⁰

In many respects, this brings us back to our earlier discussion in Chapter 5, whereby it was noted that many instances of abuse do not necessarily arise because of some inherent defect of the parents and/or family unit. Rather it is due to a failure in their abilities to cope with day to day family pressures.³³¹ Consequently, supportive intervention should take account of this:

‘A lot of the intervention work is almost a random blame culture. The families are trying to survive on incomes that we couldn’t survive on and in houses that we couldn’t live in and they feel very blamed.’³³²

However, a second issue that arises from the growth of such ‘*fragmented communities*’ is that there is no longer a focal point within them. Not only are community resources minimal but it

³²⁴ See discussion in Section 4 of this Chapter.

³²⁵ School B, para 37.

³²⁶ School H, para 30.

³²⁷ School G, para 146.

³²⁸ See discussion in Chapter 6 (p134-137) and the provision of support services by Health Visitors in order to help young parents to cope with the pressures of raising a child.

³²⁹ This links with the earlier discussion regarding the support provided by Health Visitors under the Child Development Programme, (See: Chapter 6, p145-149).

³³⁰ School K, para 56.

³³¹ See Chapter 5 and the discussion in relation to ‘assisted parenting’. (See also: J.Belsky, ‘Child Maltreatment and the Emergent Family System’, in K.Browne, C.Davies & P.Stratton, ‘Early Prediction & Prevention of Child Abuse’, p267, John Wiley & Sons, 1988 in which it is suggested that abuse is normal parenting gone awry).

³³² School G, para 86.

would appear from the study data that there is little or no sense of community identity amongst the various families within them. This in turn has a knock-on effect upon how the coping strategies of families. As School B and School L noted:

‘Even if you have women who are in a similar situation to one another, they don’t have the resources to get organised and to get together to form their own mutual support.’³³³

‘People who move into the area have a hard time being accepted by the rest of the community... There is a strong church community presence but many of the families who have the problems are not a part of that and as such don’t receive support from that particular source.’³³⁴

Consequently, if this is taken in conjunction with the earlier analysis of school responses to community issues, then one may appreciate why some schools have decided to implement a variety of programmes such as the ‘*C’mon Everybody*’ project which was discussed in Section 4 as well as Chapter 7. This type of education programme for parents may prevent such pressures from progressing into abusive behaviour in the future. As the CPLT at School I commented:

‘There are many people who just don’t know how to parent a child... They love their children but just don’t know how to deal with them.’³³⁵

Indeed, within the research sample, a number of schools had either adopted the programme or were in the process of establishing it within their schools.³³⁶ Once again this reinforces the importance of establishing a link with families at an early stage of the child’s school life and maintaining those links.

‘We have an after school club in the dining room. There is a mother and toddler group there in the morning and we also have a breakfast club... I have a meeting at [School G] tomorrow about a European Grant regarding parents as partners and there is some money available for a worker to work with parents on a project, though we haven’t identified one as yet.’³³⁷

³³³ School B, para 38.

³³⁴ School L, para 94.

³³⁵ School I, para 27.

³³⁶ See discussion in Section 4 of this Chapter in which several CPLTs note that the benefits to be derived may be extensive. ‘I feel that the pay-off would be substantial ... In fact we have had quite a good success rate.’ School B, para 33.

³³⁷ School C, para 60.

In addition, a number of schools within the sample had recognised the importance of educating parents in other areas as well as that of basic parenting skills. The reasoning behind such initiatives has already been discussed in Chapter 5 in so much as it may prove beneficial to a child's welfare for a parent to focus their attention in other directions rather than solely upon the child.³³⁸

Consequently, schools are in an ideal position to provide a link between vulnerable families and a (limited) range of support services. However, given the fact that a number of agencies within the city have reached a point of crisis management, this may not always be available. Once again, this brings us back to a situation where schools are being forced to choose the type of response that they feel is appropriate for their pupils welfare; 'education centred' or 'community aware' responses.³³⁹

Movement of Population.

One unexpected issue, which the research data highlighted, was the degree to which sections of the population move between different communities within the city. Indeed, this was reiterated by the Local Education Authority Department, which stated that the city had a relatively static population, in so much as people grew up and continued to live within the city. However, there was a considerable degree of population mobility between certain areas of the city. Turning back to the research data, then a variety of reasons were put forward by the CPLTs interviewed. At one level School D noted that:

'The estate that the school serves is full of vacant houses. This is because families flit between estates in order to avoid problems. They come into a new estate and know very few people. As soon as new problems are encountered then they move on again.'³⁴⁰

Indeed, this was noted by a number of other schools within the sample. As soon as a family encounters problems, whether financial or otherwise, then rather than seeking support and attempting to resolve the issues in question, it was seen as easier to leave the problems behind and move on to another estate. This raises a number of issues with regards to the support being provided to families. First of all, it may be interpreted as indicating a need to increase both the availability and effectiveness of community support services for families in order to discourage this trend. Secondly, if one looks at the services being offered to families or rather

³³⁸ Refer to the discussion raised in Chapter 6, (p143-145) relating to the natural change in behaviour of children as they mature and the way in which this may be interpreted by his parents (i.e. a challenge to their authority).

³³⁹ Refer to the discussion outlined in Section 4 of this Chapter.

the services to which those families have access, then why is access to new housing more readily available than that of family support services?

‘There appears to be a lot of support to move families in the first place, but little once they have moved.’³⁴¹

In many instances, this may be explained by the fact that a number of these estates and/or communities have a zero points system in relation to gaining housing.³⁴² Whilst it would appear that a family may benefit from being able to leave their problems behind, it should be noted that these ‘zero point’ communities are frequently deprived areas whose predominant population is comprised of vulnerable families. As School G pointed out:

‘The families that are moving in are also vulnerable families, so that you have a vulnerable neighbourhood and there isn’t any balance anymore... As such you have a weak and vulnerable community which is trying to support a whole range of social problems. In the middle of all of this are very vulnerable children.’³⁴³

The CPLT at School G went on to state that:

‘One of the most disturbing changes within our catchment area over the last few years has been that certain areas have become areas of no housing points... This has meant that many of our most vulnerable families are in contact with people about whom there is very little information available. There appears to be a direct link between this and some fairly organised paedophile activity... which are then feeding off the most vulnerable families and vulnerable children.’³⁴⁴

Consequently, it would appear from the limited data available that a significant re-evaluation of the housing system needs to take place. If we turn back to our discussion in Chapter 5, then the provision of support services may take place at a number of levels, the most basic being that of primary prevention operating at a community level. Given that zero housing point communities have evolved, then one should question whether this is necessarily a sensible development. As School G noted if vulnerable families are grouped together, then the

³⁴⁰ School D, para 29.

³⁴¹ School D, para 33.

³⁴² Within the city, access to housing on estates is based upon a points system. A family will be placed on a housing register and depending upon factors such as the number of children that they have or the time that they have spent on the register, then their points total will increase. This in turn will dictate the housing and estates to which the family is currently entitled to apply for and gain access. However, within the city, there are certain deprived areas, which due to a lack of demand have a zero points score and as such as readily available to any family wishing to move into those areas.

³⁴³ School G, para 26.

³⁴⁴ School G, para 22.

community in which they are based is weakened further and as such unable to serve its residents effectively, further compounding both family and community pressures.

‘Not only do the parents find it hard to make friends but their children also ask themselves what the point of making new friends is, especially if they are going to be moving on again soon... It also means that where normally a child may not be prepared to go that extra step if they were permanent residents, it may very well not be the case for such transient children.’³⁴⁵

As such, it may be that family pressures are simply compounded over time through a lack of support for parents. Equally resources which are being allocated may simply be focused upon short-term crisis management as opposed to being directed at long-term benefit for families and communities. A situation which was referred to by the CPLT at School H:

‘If you have crisis management then you will never move on and develop, you are always playing catch-up.’³⁴⁶

Another reason which was put forward for the movement of families between estates, was that ‘some families move around in order that information doesn’t follow them.’³⁴⁷ This suggests a rather different thought process to that described above, in so much as there is a deliberate decision to evade the continued attention of various agencies, by moving to a new location. Indeed, a number of schools within the sample noted this:

‘There are families where if you get too close, then they will do a runner. It is too easy to leave their problems behind. There are instances where children just get lost.’³⁴⁸

‘With one family we were trying to build up a relationship through the school nurse and health visitor, but the family felt that the noose was tightening and did a moonlight flit.’³⁴⁹

In many respects, this links in with two points raised earlier. First of all, the question as to what the scope of a CPLT’s role, or indeed a school’s role should be in practice. If the school is perceived as being part of the ‘social work’ framework, then the suspicion which families have towards the social services and their perception of them as ‘interfering’ may be transferred onto the school. As such this may result in schools being unable to gain the degree

³⁴⁵ School D, para 31.

³⁴⁶ School H, para 96.

³⁴⁷ School E, para 119.

³⁴⁸ School G, para 150.

³⁴⁹ School N, para 69.

of contact that they are currently able to achieve with families and consequently the level of information about families that they are able to collect. Secondly, it links in with our earlier discussion regarding the provision of support services to vulnerable families.³⁵⁰

With regards to the effect that this increased mobility has had upon the children of such families, School N noted that ‘they [the children] don’t seem to want to come to school and basically what is the point anyway as they will be moving on shortly.’³⁵¹ In other words, the children in question may become disaffected with school. This was also highlighted by School B, whose CPLT stated that:

‘Families can move very easily and from the perspective of the child, they very quickly learn to keep quiet and they become very wary.’³⁵²

In many respects this brings us back to our earlier discussion of which issues may be regarded as being educational concerns and those which are social or community problems. To what degree should a school extend its service provision into the community so as to address this disaffection with education? In many respects, this question is complicated further, when the scale of this problem is appreciated within certain communities.

‘Between Y2 and Y6 I have found that 42% of the children had either come in or gone out of the year group.’³⁵³

³⁵⁰ See discussion in Chapter 5.

³⁵¹ School N, para 68.

³⁵² School B, para 56.

³⁵³ School D, para 30.

Section 6 – An Overview of the Research Data.

As noted at the beginning of this Chapter, the discussion has centred on the importance of re-emphasising Part III of the Children Act 1989. This was linked with an appreciation that an essential element in this re-balancing process would be the development of a more effective early detection system, which was then reflected in the study's hypothesis. In other words, that the daily involvement of schoolteachers and their pastoral role with children placed the educational establishment in an ideal position to identify instances of children in need.

It would prove impossible to summarise the preceding analysis and subsequent discussion relating to the research data in this section.³⁵⁴ The preceding analysis has highlighted a variety of interconnecting issues, perhaps the most significant of which is that a reasonably well developed structure already exists within schools for the collection of child protection information. Provision has also been made for the distribution of such information between CPLTs and other professionals who operate within the childcare framework as well as within pyramids of schools. This system is frequently complemented by the fact that co-operation between schools and other professionals such as EWOs, school nurses and health visitors takes place quite successfully, though to a lesser extent with social services.

However, our analysis also indicated the existence of a number of issues that had a direct bearing upon the day to day workings of this structure. These included a significant diversity in the way in which CPLTs interpret their role, the prioritisation of various considerations when formulating an internal procedure, the possible need for the introduction of increased training and potential conflicts between educational and community concerns. In effect, all of these could be linked with the overarching question of how a school should interact with the community in which it is based. Should it be solely concerned with educational issues or should the scope of its responsibilities extend beyond these rather narrow parameters? Indeed, the question was posed as to whether a clear-cut distinction can actually be drawn between educational and community concerns. Equally, could the adoption of a wider 'community aware' philosophy complement a school's educational aims as opposed to redirecting valuable time and resources away from its predominant purpose (i.e. education)? Can a clear divide be made between the natural support of children which is undertaken as part of a teacher's pastoral role and that of monitoring and/or identifying children who are in need or even being abused?

³⁵⁴ Refer to the discussion outlined in Chapter 9.

If one refers back to the concept of attachment theory then it may be seen that a child's development over time will be subject to and influenced by a number of factors.³⁵⁵ This in turn will have an impact not only upon a child's interaction with his peers, but also upon his behaviour within a classroom and attitude towards education itself. All of which would be considered part of a teacher's pastoral role within a school. However, if this discussion is approached from the other end, (i.e. a consideration of the social pressures which give rise to neglect or abuse within families), then the data reveals the fact that there is a mixed response as to whether these issues fall within the remit of a school's interaction with its community. Indeed, the data revealed the fact that a number of schools have maintained an 'education centred' philosophy towards their child protection responsibilities in terms of learning and behavioural support through various courses and initiatives for children and parents. Others by contrast have built upon this foundation and developed more of a 'community aware' philosophy through the establishment of community meetings and close liaison with other agencies at a community level. In many instances, schools, which have adopted a wider scope towards their duties and responsibilities towards their communities, have noted the benefits that may be derived from such an approach.

Nevertheless, the data also highlighted the fact that there would appear to be a lack of appreciation of such links by other sectors of the educational establishment; as noted by Schools A³⁵⁶ and H.³⁵⁷ It appears that such inconsistencies need to be addressed if schools are to be encouraged to adopt a 'community aware' approach towards their child protection responsibilities. In other words, encouraged to extend their information gathering/monitoring role beyond that of purely children 'at risk' towards the inclusion of children 'in need', to liaise with other agencies and to adopt various initiatives within the school itself.

If this is then superimposed on the earlier discussion relating to pyramids of schools, then the potential for providing continuity of information about children and their families over time may be appreciated. Indeed, it is arguable whether other agencies (such as the social services) could obtain this level of information over such an extended period of time, in other words a full background history. Teachers who have been in a community for a long time frequently know exactly what is going on with families and children. Equally, teachers are able to detect a problem and recognise that something may occur if pressures are not alleviated.

³⁵⁵ See discussion in Chapters 3.

³⁵⁶ *Supra*, n209

Current Experiences of Liaison between CPLTs and Social Services.

The discussion so far has centred on an analysis of whether the educational establishment and in particular CPLTs could theoretically fulfil the role of an 'early detection system' in a newly re-balanced Children Act 1989. However, CPLTs were also asked to comment upon whether they thought such an extension of their current roles was possible. In this regard, interviewees were initially questioned with regards to how they felt that the social services currently responded to their referrals. This was then followed by an enquiry as to whether they felt that the social services encouraged schools to refer cases to them.

In many respects the data highlights the fact that the information gathering structure already exists. 'I have the information already, which could be passed on to social services.'³⁵⁸ Indeed as another CPLT noted:

'There is a family with four children aged 7, 6, 3 and a baby. The three year old is just left to roam alone. He has been found outside the school having crossed a number of roads. Consequently, I phoned the duty officer and a social worker came out and the attitude was why the school is making such a fuss. It occurred again this week ½ mile away from home... This is precisely the type of situation where family support could avoid the child being harmed.'³⁵⁹

However, it would also appear that inter-agency co-operation and appreciation of the potential benefits to be derived from such an initiative are still to be fully recognised, by those involved, (whether it is the social services or schools themselves). This may be due to a variety of reasons, perhaps the most significant of which is that of the current lack of resources within the social services in order to address cases of children 'in need'. A situation highlighted by the CPLT at School I.

'We predicted problems with this family - a parent break-up. Very unpleasant. We could see problems with all the children. We contacted social services, the police have been involved, we have had case conferences and the mother has cried out for help. We knew as teachers that it was a powder keg and that it could blow up at any time. This went on for 3 years and something happened. I don't know the social service side of the matter, but there was an eruption with all sorts of consequences. We don't feel that we could have done any more from a school point of view. Therefore the finger

³⁵⁷ Supra, n214

³⁵⁸ School N, para 117.

³⁵⁹ School D, para 75.

probably points at social services, but I know that their involvement was considerable.’³⁶⁰

Despite these somewhat negative responses, CPLTs within the sample appeared to remain positive in relation to the potential for liaising with agencies such as the social services. ‘I would welcome greater dialogue with the social services.’³⁶¹ This is reiterated in the responses of other schools:

‘I would feel happy to work more closely with social services... I believe that a social worker can’t just nip in and nip out to talk about the child because the problems of the whole family come out and you have to address them as well. A problem child is indicative of a problem family.’³⁶²

‘I am sure that we could work in partnership with them [social services]... Any problem that is approached at an early stage is more likely to be resolved than one, which is of long standing.’³⁶³

Nevertheless, responses varied as to the extent to which schools perceived the scope of their interaction with the social services. Whereas the above CPLTs would appear to suggest that they would welcome a long term partnership with other professionals and could appreciate the value to be derived from early intervention, other were not quite so willing to extend the scope of their duties.

‘I pass on concerns at an early stage, but I believe that my role is simply that of providing information. It is up to the social services to take on information and do something about it.’³⁶⁴

In many respects, this would appear to take us back to our earlier consideration of the benefits to be derived from increased training, (i.e. inter-agency training). It also raises the question of whether a clear distinction can be drawn between educational and community issues as well as the extent to which a school should regard these as falling within its remit. However, the sample also highlighted instances of CPLTs who remained rather apprehensive with regards to the potential to be derived from referring concerns to the social services.

³⁶⁰ School I, para 33.

³⁶¹ School J, para 103.

³⁶² School E, para 130.

³⁶³ School F, para 135.

³⁶⁴ School H, para 79.

'We are already identifying these issues by telling the nurse. As for social services I don't have much faith in them to do anything. They are already dismissive about major concerns let alone more minor ones... I would rather contact the school nurse or EWO who will at least do something.'³⁶⁵

Whilst such initiatives are widespread within the study, there are nevertheless limits as to the degree and effectiveness of intervention which other professionals can undertake. Consequently, whilst the value of such multi-agency co-operation is a significant part of the CPLTs portfolio, there is nevertheless a need for schools to liaise with the social services in addition to these other avenues of resource provision. Unfortunately, it would appear from the research sample that the current state of 'crisis management' which the social services is faced with has had a knock-on effect upon the approaches of CPLTs and schools with regards to referrals.

'There are a lot of children who are at risk, but unless you get a disclosure then the police or social services will not act on an assumption or a rumour or a gut feeling. However, they are not working with families in order to build up the trust in the first place.'³⁶⁶

Turning back to the data collected, it would appear to indicate that whilst the majority of interviewees were willing to work with the social services, a substantial number of CPLTs were nevertheless unhappy with the way in which their referrals were being dealt with by the social services.

'If it was a child protection issue, workers would come into school, they would see the child and I could hand on heart say to the child, you will not be placed in a situation where you are at risk by your parents or anyone else. I cannot any longer say that and I think in the last few months there is now probably a dangerous lack of response in relation to cases.'³⁶⁷

In many respects, this links in with our earlier discussion concerning time and resources.³⁶⁸ However, this dissatisfaction would appear to be subject to a variety of underlying factors. Whilst a significant proportion of the sample pointed towards the fact that responses that they initially received over the telephone were less than satisfactory, this was linked in with other considerations. Several CPLTs commented about the screening process that takes place on the switchboard.

³⁶⁵ School J, para 40.

³⁶⁶ School G, para 118.

³⁶⁷ School A, para 28.

'You are always screened. You have to go through a receptionist who wants to know all the details of the case. You will then be told that the social worker is busy with another lot of clients and that they will phone me back. However I feel that there are serious issues about a receptionist who takes down the details and then prioritises cases for the social workers.'³⁶⁹

'Procedures state that you are supposed to contact the duty officer, which often leads to a situation where the referral is passed around the office... Cases are vetted on the switchboard before we can get through to the duty officer.'³⁷⁰

Whilst this particular issue of 'screening' falls outside the scope of the current study, it nevertheless raises the point that the establishment of an early detection system is not simply a matter of resolving procedures and frameworks within the educational establishment. It also involves the resolution of deficiencies within parts of the childcare framework, (such as the social services), in order to facilitate an effective interaction. In other words, it is not simply concerned with the collection and distribution of child welfare information at a sufficiently early stage to enable preventive resources to be effective. It is also concerned with the ability of those professionals to act upon this information at a sufficiently early stage.

The development of this screening process has led to a number of responses from CPLTs. On the one hand, there are examples of CPLTs becoming disillusioned with the entire process, stating that 'there are instances where if I didn't have to report it then I wouldn't the first time around.'³⁷¹ A feeling which is reiterated by other schools such as School L:

'There are instances where teachers contact them [social services] and are asked 'what do you want us to do?' This can prove disconcerting especially when you know that you are following procedures that have been laid down.'³⁷²

By contrast, other CPLTs have reacted by being more persistent when making their referrals.

'I have to be assertive. If I telephone then it's because I need to contact them urgently... I sometimes think that they question the urgency.'³⁷³

³⁶⁸ See discussion on p260-262.

³⁶⁹ School G, para 81.

³⁷⁰ School L, para 22.

³⁷¹ School L, para 30.

³⁷² School L, para 28.

³⁷³ School E, para 72.

Consequently, there are a number of issues to be taken from this study. It is apparent from the data that there is an information collection and distribution framework already in existence within the educational establishment. It is also apparent that a number of schools either actively pursue preventive strategies at the moment or would be prepared to co-operate with other agencies in order to pursue such strategies. However, as we have noted this is subject to a number of issues both within the educational establishment as well as within other agencies, which need to be addressed in order to generate an effective early detection system.

The implications and considerations, which have arisen from an analysis of the research data, will now be examined within Chapter 9.

CHAPTER 9

CONSIDERATIONS AND RECOMMENDATIONS ARISING FROM THE RESEARCH STUDY

‘Proper prevention needs planning; it needs a strategy that goes beyond the individual school.’¹

As outlined in the introductory chapter the researcher’s hypothesis proposed that the integration and development of teachers’ pastoral role into the childcare framework could provide a key to re-balancing child protection work so as to prioritise Section 17 and Part III of the Children Act. As such, the purpose of this chapter is to summarise the significance of the empirical research findings contained in the previous chapter as well as to discuss their implications in light of the above hypothesis.

The first part of this chapter will reiterate the significant issues and findings that arose under each of the key research themes outlined in Chapter 8. In particular, issues relating to CPLT attitudes towards the precise scope of their duties and responsibilities will be examined along with individual attitudes towards the distribution of information both within and between schools. In addition, considerations regarding the training and guidance documentation that CPLTs currently receive will be discussed. These findings will then be assessed against the researcher’s hypothesis and conclusions as to the stability and appropriateness of the hypothesis will be made.

The second part of this chapter will build upon these findings by suggesting implications and extrapolations concerning the possible integration of teachers’ pastoral role into the childcare framework that may be made from the data.

This analysis will then be considered in the next chapter in the light of issues, concerns and academic viewpoints that were highlighted during the literature review.² In particular, considerations regarding child development, partnership, parenting skills and wider environmental (social) factors will be a central part of this chapter and an examination of the potential role of teachers.³

¹ M.Murphy, ‘Working Together in Child Protection’, p123, Arena, 1995.

² The literature review is contained in Chapters 3-6.

³ Refer to the discussion outlined in Chapter 1, (in particular refer to Figure 1.1, p22).

Section 1 - Information Exchange within Schools

It was postulated that the daily involvement of schoolteachers with children placed schools in an ideal position to identify cases of children in need and make referrals. However, whilst teachers will inevitably build up a picture of a child over time, there were nevertheless a number of issues which needed to be addressed:

- The process by which this information is collected, interpreted and utilised in practice.
- The uniformity of this process between schools within the sample.
- The type and nature of the information currently being collated by CPLTs within schools.
- Whether there is a two-way process of information exchange within schools.

If schools are to provide a key to re-balancing the childcare framework through the provision of information or by making referrals aimed at children ‘in need’, then it was felt that the above issues needed to be clarified. Information is central to the viability of the study’s hypothesis and as such indications of current practice within schools involving wider considerations than those dealing with child protection were regarded as being significant. In addition, the possible encouragement of staff to discuss concerns with the CPLT and to work in conjunction with the CPLT on child welfare matters was seen as being important from the perspective of the hypothesis’ appropriateness.

Information Exchange Dynamics within Schools

The key issue highlighted within this section was the significance attached to the term ‘need to know’ and the variation in practice within the sample as to its interpretation. In essence, one may suggest from the data that the internal information exchange dynamics within a school are to a large extent dependent upon the specific meaning attributed to this term within that particular school. This in turn indicated that the process of information exchange might vary not only from another school within the same LEA but also from another school within the same pyramid of schools. As Chapter 8 noted, this variation in practice was reflected in the study data collected. It was also noted that the variation within the sample with regards to information exchange dynamics may have significant implications for the welfare of children in terms of liaison between CPLTs and their teaching colleagues and the environment generated within schools in terms of raising such concerns. In this regard, it was felt necessary to attempt to identify the reasons that may lie behind this variation.

In many respects, this may initially be traced back to the lack of guidance provided by the Department of Education to CPLTs regarding the information exchange process that is expected to take place within schools.⁴ Indeed, it will be noted later that a combination of vague or incomplete guidance documentation, which is supplied to CPLTs, may be regarded as a significant concern with regards to the current information collection process within schools.⁵ Equally, if one refers back to the observation made in Chapter 7 that in general, the head-teacher and CPLT within a school may prove to have considerable influence over the way in which child protection information is dealt with by that establishment, then this may also have an effect. Their decision as to whether to adopt the policies and guidance supplied by the LEA or to tailor them to their own specific requirements will have a significant impact upon information dynamics within a school.⁶ It would appear, at least potentially, that considerable scope for variation exists before the individual perceptions, attitudes and approaches of CPLTs are taken into account.

However, the question remains as to whether these factors could account for the degree of variation displayed in the study. Within the research sample, schools A, D, L, M and N displayed an open approach to the distribution of information within their establishments. By contrast, schools C, E, F, G, H, J and K chose to pursue a more restrictive approach towards the sharing of information with colleagues. Very few schools fell within the 'mixed' category, (schools B and I).

If one turns to those schools which support an open approach to information distribution, then they appear to suggest that CPLTs believed that feedback to a teacher with direct contact with a child is necessary from a support perspective. If a child has disclosed to a teacher and this is passed on to the CPLT, then it is felt appropriate to notify that teacher of what has occurred.⁷ However, these schools (schools A, B, D and L) also noted that feedback is essential from the perspective of continued monitoring of those children who have come to the attention of the CPLT. It is the class teacher (especially at infant and junior school level) that has the opportunity to monitor a child and keep the CPLT informed of events. Consequently, it would appear that support of a teacher through information feedback is essential, as well as a certain degree of encouragement for them to maintain an eye on the situation.⁸ An environment in which teachers were made to feel comfortable in raising or discussing child welfare matters with the CPLT frequently accompanied this open approach. As the CPLT at School F stated,

⁴ Refer to Chapter 8, section 1.

⁵ This will be discussed in greater detail in relation to the training provided to CPLTs.

⁶ Refer to the discussion outlined in Chapter 7, p157

⁷ Schools, A, B, L.

⁸ Refer to Chapter 8, section 1, p194.

‘if any teacher is concerned about the welfare of a child, then they are encouraged to come and speak to me.’

By contrast, those schools in the sample that had adopted a restrictive approach to feedback, also limited the degree to which they would discuss matters with teaching colleagues, (schools E and H).⁹ As School E noted, ‘I find that teachers will come and ask if I have anything on file for a child. I may say yes, but that I can’t tell [them] what it is.’

The Treatment of Children in the Classroom

This division in approaches leads us on to an important consideration that would appear to encourage its occurrence within the sample. The data highlighted the fact that a great deal of concern is centred on the way in which a child is treated within the confines of a classroom. Indeed, this concern is expressed by virtually all of schools within the study sample, regardless of the final approach adopted. It is seen as paramount that any child which comes to the attention of a CPLT should be treated as normal following that initial contact/disclosure. Certainly there are very few individuals who would disagree with this sentiment. However, it would appear that the way in which this is achieved within schools owes a great deal to the attitudes/approaches of the head-teacher and CPLT within those establishments.

In general, those schools characterised by an open approach towards information exchange place a great deal of emphasis upon the professionalism of their colleagues to treat all of the children within their classroom in the same way; (in particular schools D and M). This is then coupled with the following considerations:

- The ongoing need from a child welfare perspective of class teachers maintaining an eye on a child’s circumstances over time.
- The implications of child welfare issues on a teacher’s educational role.

The assumption is made that any child who is the subject of child welfare concerns should not be treated any differently from other children within a classroom.¹⁰ However, as the latter point highlights, an awareness of such welfare concerns may very well be necessary for a teacher to implement such an approach into practice. If a child perceives their schools as a

⁹ Refer to Chapter 8, Section 1, p197.

¹⁰ As the researcher will discuss later in this Chapter, the assumption is made that every child should be treated in the same way. However, on reflection this is not entirely true of all instances. This will be examined in greater detail on p306.

‘safe haven’¹¹ where they can forget about their domestic environment, then it is essential that teachers are regarded as being supportive in nature. If teachers are unaware of a child’s circumstances, then it may be that they are unable to provide as much support as they potentially could.¹²

By contrast, those schools characterised by a restrictive policy (schools E, H and K) feel that such an environment may best be achieved through the control of information relating to child welfare issues. The data suggested that this approach is generally coupled with the following considerations:

- Colleagues do not need to be made aware of ‘one-off’ situations. (schools B, E and H)
- Colleagues may treat children who are the subject of concerns differently within the classroom. In other words, they may label the child. (schools G, K)¹³

If one refers back to the guidance provided to CPLTs and the term ‘need to know’ contained within that documentation, it would appear from the data collected that greater clarification is required. Whilst some schools interpret the notion to include class teachers who will be in daily contact with children and as such ‘need to know’ about that child’s domestic circumstances, either for the purposes of supporting or monitoring them, other schools adopt a rather more conservative approach. Other schools within the sample regard the term as not only indicating that the information is confidential in nature, but that any disclosure of that information to colleagues should be limited either in the details conveyed or the fact that any precise detail is kept from the class teacher. It could be questioned as to whether this latter approach actually accomplishes the desired result. If a teacher is notified that a child within her class is the subject of child protection concerns, doesn’t this raise more questions and/or speculation than if she is provided with a more detailed picture? Equally, if a teacher is not informed at all about a child in her class, then this inevitably means that a great deal of the potential for monitoring that particular child is lost.¹⁴

However, this debate also raises the question as to how a ‘one-off’ situation is characterised as being precisely that. Who actually takes the decision to classify a concern as being ‘on-going’ as opposed to that of a ‘one-off’ incident? The irony of the situation is that a class teacher may feel reluctant to raise future concerns with a CPLT who refuses to discuss a

¹¹ School D

¹² Refer to Chapter 8, Section 1, n18

¹³ Contrast this approach with that of School M (Chapter 8, p196)

¹⁴ This raises the question as to the way in which monitoring should or could take place. Chapter 8 noted that class teachers are usually required to keep accounts/notes of children and to make a written record of any concerns. However, from the data

child's circumstances or provide feedback regarding an initial referral. In other words, the very information that would appear necessary to alter a child's status from that of 'one-off' to 'on-going'. It is impossible to make firm conclusions from the research sample, however it should be noted that those schools which pursue a restrictive internal information exchange policy are frequently the ones which do not appear to encourage discussion between CPLTs and their colleagues.¹⁵

Equally, it would appear to make a teacher's educational role rather more difficult to achieve in practice. Whilst school G noted that 'it only takes a small incident at school...from a teacher to make them think that school isn't a nice warm safe place', restricting information does not guarantee that this will not take place. Rather a child may be labelled as being 'difficult' or a 'trouble maker' and treated as such within the classroom, as opposed to receiving the appropriate type of support within the school.

In many respects, the above discussion raises the question as to whether schools are utilising their information sources to their full potential. As stated earlier, information is central to the viability of the study's hypothesis. If information sources are not currently being exploited efficiently or effectively then it places a question mark next to the potential benefits to be gained from further integrating schools into the childcare framework.

Information Sources

The research data highlighted a consistently close connection between the schools in the sample and other agencies, in particular school nurses, Education Welfare Officers and health visitors. Indeed, the data clearly indicated that all CPLTs work closely with the above professions. This had proved to be of particular benefit in the light of the increased mobility of certain sections of the population; and the fact that it can make the process of keeping track of families difficult to achieve as well as gaining information about the children of these families. However, it was noted that through the co-operation of professionals working together and utilising one another's links and/or information the probability of being able to trace such children may be greatly increased.

The sample also indicated the potential use that may be made of nursery staff in so much as they provide a useful link with families from a very early stage, (schools B, H and N). Whilst they initially go into homes in order to meet parents, they nevertheless gather a considerable

gathered in the study sample, there does not appear to be a specific procedure to follow and/or forms to complete which is common between all schools examined within the sample. This will be discussed later on in this chapter.

amount of information about a child's domestic circumstances. Equally, they may provide a useful link with the health visiting profession. As Chapter 6 noted, the relationship that may exist between health visitors and families can prove to be effective in terms of information about a child as well as an appreciation of the pressures/concerns being faced by that particular family. Certainly, the study indicated that several schools (schools B, D and H) viewed this link as something that was beneficial and which should be encouraged.

By contrast, there appeared to be a greater degree of variation in the study data regarding the use of class teachers as information sources by CPLTs. In many respects, this was an unexpected result. The researcher had anticipated that experienced mature teachers might prove to be a useful source of information, in terms of their experience and/or knowledge of a particular area. Indeed, this view was reflected in the responses of schools C, D and N. The majority of responses though suggested that all teachers were of equal use to CPLTs, regardless of age or experience, (schools A, E, F, G, I, J, K and L). The remaining schools (B, H and M) stated that they had found younger teachers to be more astute in their dealings with children due to their increased awareness of such issues. In this regard, it is worth posing a number of questions:

- If younger teachers are more astute, is there a need for additional (top-up) training for those teachers who have been in the work place for a number of years?
- If younger teachers are as useful in terms of information as their more mature colleagues are, then are CPLTs utilising the experience and/or local knowledge of their older colleagues to their full potential?

If one looks more closely at the responses though, there are instances of sweeping generalisations in terms of age groupings and their abilities in relation to child protection work. On the one hand, School D refers to 'a few younger teachers' who had approached the CPLT with potential crisis situations. On the other hand, School H comments upon the fact that 'the more mature teachers are more reluctant to identify [abuse]', and goes on to say that she tends 'towards the enthusiasm of youth than the older jaded teachers.' Whilst these comments may very well reflect the situations present within these schools, there is nevertheless the suggestion that the CPLT's personal opinion is being superimposed upon the school's internal process and as such affecting the dynamics of information collection. This is certainly an issue that deserves further consideration.

¹⁵ The question should be posed as to whether this is an example of self-fulfilling prophecies.

On a more general note, the question may be posed as to whether teachers could be more effective in their role of supporting CPLTs and ensuring the welfare of children, if they received additional training.¹⁶

Community Meetings

Finally the section examined the notion of community meetings. Certain schools within the study area (B, D and E) organised regular meetings in an attempt to discuss child welfare issues/concerns with professionals. The obvious benefit to be derived from such a forum is that it enables each piece of the potential jigsaw to meet with one another as well as to appreciate the overall picture. This in turn enables the school to provide an appropriate response from the educational perspective. Such forums also enable schools (in particular School D) to put together a collective response with regards to a child that they are concerned about.¹⁷ Other schools within the research sample expressed a positive response towards this initiative, though a limited number of CPLTs (A, G and L) reserved judgement as to the effectiveness of such meetings.

Perhaps the most significant element that could develop within such a framework would be a movement back towards an appreciation of community pressures or problems as opposed to dealing with these issues on a case by case basis.¹⁸ As Chapters 1 and 5 noted, there are sectors of the population which are characterised as being severely poor and in need. In this respect, the research data suggested that there has been a tendency to place these sectors of the population together in certain communities within the study sample. This in turn has meant that there has been a gradual deterioration within these areas, both in terms of community spirit¹⁹ and public sector investment. If children and families in need are to be supported effectively by the new assessment framework then wider considerations such as social and environmental factors must form part of the overall blueprint for intervention.²⁰ The information available through schools based within these communities could prove invaluable in a number of ways:

- The initial identification of problems and pressures within these areas.
- The planning of intervention and the co-ordination of service provision in these communities so that families in need are targeted and supported effectively.

¹⁶ This will be discussed in section 3 though in relation to training.

¹⁷ Refer to Chapter 8, Section 1, p208-210.

¹⁸ This is something that a number of schools within the study sample would like to see develop in the future.

¹⁹ Refer to the discussion concerning the evolution of a 'fragmented class'.

Possible Ways Forward

A number of issues were raised at the beginning of this section in terms of the information being collected in schools and the process by which this took place. Whilst subsequent sections of this chapter will discuss the type of information currently being collected by schools within the study area, this section focused upon the process involved.

The data indicates a distinct divide in the sample between those CPLTs who openly discuss child protection matters with their colleagues and those who prefer to restrict/edit/censor the information provided to other teachers. The reasoning behind both of these approaches has already been discussed. However, there are a number of issues and concerns that come out of this examination and which need further consideration:

- Should individual schools be permitted to assign their own interpretations to Department of Education and LEA guidelines (e.g. the term ‘need to know’) or is further clarification required?
- Should greater clarification be given to CPLTs as to the amount of feedback and support that they are expected to provide to colleagues who have become directly involved in this process (i.e. by way of a disclosure)?
- Should CPLTs encourage class teachers to monitor children who are either perceived as being ‘in need’ or ‘at risk’?²¹
- Should CPLTs be provided with the scope (opportunity) to impose their own value judgements upon the duties/responsibilities expected of them (e.g. ‘one-off’ incidents, ‘grey area’ cases, labelling of children by colleagues, which teachers are more useful as information sources)?

In relation to the first point, the LEA recommends that information should be passed on to teachers who have direct contact with such children.²² However, as the Child Protection Coordinator in the Local Education Department freely admits, this is simply a recommendation that may either be followed by schools or disregarded.²³ Equally, the sample data indicated the provision of no guidance to class teachers with regards to what they are expected to do with such information when they receive it.²⁴ Consequently, if greater clarification of duties and uniformity of approaches is to be achieved then some other format is required.

²⁰ Refer to Chapter 1, Figure 1.1, p22.

²¹ Supra, n14.

²² Refer to Chapter 8, Section 1, p193.

²³ Refer to the discussion outlined in Chapter 7 & Section 1 of Chapter 8.

²⁴ Supra, n10 (To what extent should children ‘in need’ or ‘at risk’ be treated differently within the classroom?) Refer to p306.

The same is true of the other points. Only so much uniformity may be achieved by way of training and guidance documentation. As section 3 will note, the current framework is flexible in order to enable its application to the entire range of educational establishments within the study area. However, flexibility is necessarily accompanied with a certain degree of discretion in the form of a 'broad brush' approach which results in variation and individualisation of the process in question. Whilst this has resulted in a number of instances of good practice within the research sample, such as the establishment of community meetings (schools B, D and E) or open atmosphere surrounding child welfare issues (schools D and F), it has also resulted in a number of less welcome developments. The fact that certain CPLTs within the study are making decisions as to whether a case is a 'one-off' incident (schools B, E and H) or whether professional colleagues can be trusted with certain types of information (schools G and K) is a worrying development. This aspect of information collection/exchange within schools certainly needs to be addressed if the educational establishment is to play a more integrated role within the childcare framework.

Section 2 – Information Exchange between Schools

The issue of liaison between schools is one of the pivotal areas of the study. This is due to the fact that it directly affects the overall picture that the next school may possess about a child and as such the continuity of information in relation to that child over time. If schools are to fulfil the role of an early detection system as postulated in the introductory chapter, then it is necessary for them to have as much information about a child as is readily available. In this respect, those schools situated at the top of a pyramid (i.e. secondary schools) will rely almost entirely on their feeder schools for such information.

Approaches Identified within the Sample

The research data revealed a considerable degree of variation between schools in relation to the exchange of information between feeder and receiving schools. The approaches adopted may be characterised as follows:

- The case history approach – whereby the feeder school passes on every piece of information regarding children.
- The fresh start approach – whereby the feeder school restricts all or some of the information being passed on to the receiving school.

This lack of uniformity as to the degree to which information should be passed between schools would appear to be quite unexpected, given the uniform training and guidelines that CPLTs are provided with. It should be noted that whilst the former case history approach is an ideal example of the Department of Education's guidelines being put into practice, it was nevertheless a minority response within the sample, (schools D and N). By far the majority of schools chose to modify this approach by imposing certain criteria upon the flow of information between schools. Schools C, E, H, I and J adopted a restrictive approach whilst schools B, F and M chose to pursue a 'mixed' approach towards information exchange.²⁵ As such, the fresh start approach appears to encompass a variety of reasons and justifications, which have been imposed by schools so as to modify the guidelines with which they are provided. These may be characterised as follows:

- Consideration of 'one-off' situations and 'grey area' cases where nothing has materialised. (Schools B and E)
- Avoiding the labelling of children as it enters a new school. (Schools C and J)
- Consideration of the 'clean slate', whereby the child may have a fresh start at a new school without any historical baggage in relation to the family environment. (Schools C and H)

As noted in Chapter 8, whilst one can appreciate that there will inevitably be 'one-off' situations or even 'grey area' cases, taking such issues into consideration when deciding what information should be passed on to the next school clouds the real issue. Not only does this situation raise questions as to the process involved when CPLTs make such decisions, but also as to the role of the CPLT within schools.

- How does the CPLT know at that point in time that the concern is a 'one-off' incident?
- If a concern is a 'one-off' incident, should this necessarily influence the CPLT's decision as to whether the information should be passed on to the receiving school?
- What is the basis for believing that a child will be labelled within a new school if confidential information is passed on to another CPLT?
- Do some CPLTs regard their responsibilities in relation to child welfare as coming to an end as soon as a child has moved to another school?

In many respects, this links in with the earlier discussion in Section 1 relating to the way in which concerns are classified either as 'one-off' incidents or as 'on-going' concerns. The fact

²⁵ Refer to Chapter 8, Section 1, Table 8.2, (p199).

that something has not reoccurred whilst the child has been under a CPLT's care does not guarantee that it will not arise again at some future date. If it does reoccur in the future and the receiving school does not possess any information about the child's background, then there is always the possibility that the next school will treat it as a 'one-off' incident. The same reasoning may be put forward in relation to 'grey area' cases. If the guidelines are followed without amendment, such scenario may be reduced in number, whilst it would be for the receiving school to determine what is to be done with the information which proves to be a 'one-off' incident.

With regards to the possibility of labelling, this would appear to indicate that some schools (C and J) do not fully trust other CPLTs to interpret and/or utilise the information that may be passed on to them. As Chapter 8 highlighted, this may be due to a number of concerns:²⁶

- Children may be labelled once their files have been read.
- The judgement of CPLTs may be coloured by access to a child's case history.
- The information contained in the files may be made common knowledge within the new school.

This may be linked with the role of the CPLT, or perhaps more specifically, the role that CPLTs regard themselves as fulfilling within their particular schools. At a basic level, a CPLT is the designated teacher who is responsible for co-ordinating child protection procedures, collecting information and passing on concerns to other professionals. However, the research data highlighted the fact that in virtually all of the study area schools this basic role had been modified to one extent or another. As noted in section 1, a number of CPLTs have adopted a greater liaising role with other agencies as well as interest/concern in community issues (schools B, D and E). However, in relation to information exchange between schools, this alteration was more pronounced.

Only two schools (D and N) within the study area stated that they passed on all information in their possession to the receiving school. However, quite significantly when CPLTs were questioned as to the degree of information that they would like to receive from other schools within their pyramid, a considerably larger number stated that they would find this useful; namely schools A, B, K, L, M and N. (This rather contradictory situation is examined in greater depth in Chapter 8). In some respects this reflects human nature in so much as we do

²⁶ Refer to Chapter 8, Section 2, p216

not completely trust others with sensitive information yet at the same time wish to be trusted ourselves with the very same type of material.

However, this approach illustrated by the majority of schools within the study sample has a number of significant implications for child welfare. If information is filtered or even prevented from passing on to another school then effectively the chain of information exchange is interrupted and/or broken. Consequently, liaison within any structure is dependent upon the adoption of a uniform approach to the distribution of information. Nevertheless, whilst there are examples of close liaison between some schools, there are a greater number of CPLTs who decide not to pass on varying degrees of information about child protection. As the CPLT from School K noted, 'it is not appropriate to think that schools will not give children a fresh start even with the information being passed on to them.'²⁷

Possible Ways Forward

Three proposals were discussed in an attempt to encourage greater exchange of information:

- Increased training for CPLTs in an attempt to alter attitudes/approaches.
- The greater utilisation of community meetings, possibly in a pyramid context.
- The introduction of pyramid workers who would liaise with CPLTs within a pyramid of schools and as such ensure that information is passed between schools.

As noted within section 1, the community meeting is more ideally suited to clarification of internal child protection matters than liaison between schools within a pyramid. Nevertheless, there is the possibility that other professionals and/or agencies would be in a position to inform the next school of any children with difficulties.

By far the most interesting proposition is that of the introduction of pyramid workers. Although this notion is still at a rather rudimentary stage, it nevertheless received a very favourable reception from those schools within the research study sample (schools A, B, D, E, G, J, L and M). The suggestion is that a pyramid of schools may benefit from a worker being affiliated to that particular structure. This worker would then ideally fulfil a variety of functions in much the same way that resident social workers within schools used to do.²⁸ This would have the following benefits:

²⁷ Refer to Chapter 8, Section 2, p216-217.

²⁸ Refer to Chapter 8, Section 2, p220-222.

- The pyramid worker would gain the in-depth knowledge of families and communities that now appears to be lacking due to centralisation.
- A greater degree of trust and rapport with families within communities may be gained, perhaps on similar lines to that of EWOs or health visitors.
- The pyramid worker would gain an impression of children and families as they progress through the pyramid.
- If CPLTs had any concerns/queries then they may discuss the matter with the worker.

If we turn back to our consideration of schools fulfilling the role of early detection system within the childcare framework, then information distribution between schools is a key element of such a process. Consequently, every endeavour should be made in order to ensure that a uniform approach is implemented not only within pyramids but also across LEAs. Information is only of value when it is used to support a family and ensure the welfare of the child within that family. As such, if one views the current educational framework from its child protection stance, then there are obvious benefits to be derived from such an approach. Case histories may be built up over years and passed between a number of schools before a significant incident occurs. However, once it does occur, childcare workers would be able to refer to a source of information relating to the child's development and/or physical and emotional state. This may be facilitated by the presence of a pyramid worker.

However, if one examines this source of information from the perspective of the new assessment framework, then a number of other benefits may be seen:

- Information relating to concerns about a child's behaviour, physical state or domestic environment would be noted down by CPLTs as they arise.
- As schools may have a closer relationship with families and communities, CPLTs may be in a better position to comment upon parents, their domestic pressures and community concerns.
- Childcare professionals would be able to refer to this information in order to gain a fuller picture of the child's circumstances.
- If community meetings were more widely implemented then concerns relating to a family's need may be raised and discussed from a number of different perspectives.
- Rather than being centralised in its responses, the childcare framework would benefit from the insight gained from professionals dealing with problems at a community level.

In essence, it is this type of information that is required by the childcare framework in order to ensure that the new assessment framework²⁹ operates to its full potential. If one refers back to the 'Assessment Framework Triangle'³⁰ it may be seen that the three predominant areas of concern are the child's developmental needs, parenting capacity and family/environmental factors. It is precisely this type of information that CPLTs within schools are noting on a day to day basis. However, in the majority of instances within the study, they either do not pass it on due to the protection bias of their current role or because they do not have an appropriate forum in which to liaise with other agencies.

Whilst the Department of Education guidelines specify that all child protection information should be passed on to the receiving school along with academic records, in practice this does not occur. Rather the majority of schools examined modify this requirement. They appear to take value judgements not only with respect to the amount of information that should be exchanged but in some instances as to whether information should be exchanged at all. In this respect, the sample suggests that the current system is inadequate in terms of the requirements and procedures placed on schools and as such requires modification.³¹

Section 3 – Training for CPLTs and Other Teachers

As indicated in the previous two sections, training is one of the central elements to the child protection process within schools. The research data suggested that CPLTs were generally very happy with the training that they had initially received. However, the majority of schools (in particular schools B, F, I, K, L and N) were quite critical of the fact that there was little or no provision for the 'updating' of their initial knowledge or to develop their abilities to deal with child welfare issues.³² Indeed, there were two instances of CPLTs seeking out other avenues of training in order to supplement their existing knowledge base (schools H and I). This is an issue that was readily acknowledged by the LEA in the research study area. Whilst the benefit of additional 'top-up' training is appreciated, at present it is closer to an ideal than a reality due to their current resource constraints.

However, other aspects to training were also noted within the study data. These included the following:

²⁹ Department for Health, 'Framework for the Assessment of children in need and their families', HMSO, 2000.

³⁰ Refer to Chapter 1, Figure 1.1, p22

³¹ This will be discussed later in this chapter. However, it is worth considering whether simple procedures could resolve a number of these problems. For example, requiring CPLTs to fill in a standard form following the notification of a concern and then the exchange of these forms once a child progresses on to another school.

³² Refer to Chapter 8, Section 3, p226-227.

- Training that involved an insight into the work of other agencies (schools H and I).
- Multi-agency training courses (school H).
- Training that involved the sharing of good practice between schools (schools I, K, L and N)

Whilst responses within the sample were not uniformly in favour of the above elements being included in future training, a significant number of CPLTs nevertheless expressed an interest in these avenues of training. Indeed, only School J expressly stated that it could not see any benefit to be derived from the sharing of good practice with other schools.³³

If there is to be a greater integration of professionals at a local level, as outlined in Chapter 1,³⁴ then an appreciation by professionals at a community level of one another's roles and responsibilities is a pre-requisite for successful partnership to take place. In many respects, this may be facilitated through the utilisation of community meetings. However, in those schools that have either chosen not to pursue this policy or cannot see the benefit to be derived from such an approach, the greater utilisation of multi-agency training or training that provides an insight into the work of other agencies may prove useful. As School H noted, 'you get to appreciate the other side of the story and people get to know you. All essential factors.'³⁵

The lack of a broader appreciation of the Children Act or the childcare framework itself by CPLTs within the study sample is a worrying aspect to the current training regime.³⁶ Whilst only the CPLT at School H expressly stated her surprise at the true intentions behind the Children Act, there was an implied consensus between most schools in terms of the information that they passed on to other agencies or schools and the way in which they approached their roles within their schools. A closer analysis of sections 1 and 2 highlights the division of opinion as to the precise nature and scope of a CPLTs role within schools.³⁷ In some respects, it may be argued that CPLTs do not require this broader knowledge, as they are predominantly concerned with child protection issues within a school. Issues such as

³³ Refer to Chapter 8, Section 3, p229.

³⁴ Refer to the discussion outlined in Chapter 1, (p17-21).

³⁵ Refer to Chapter 8, Section 3, p227.

³⁶ Refer to Chapter 8, Section 3, p228. (In this respect, it may be argued that a greater awareness of Part III of the Children Act along with an appreciation of the services/support that may be accessed under this could assist CPLTs not only in terms of refocusing their own work but also assisting families 'in need' to gain access to family support.)

³⁷ One could argue that by maintaining a focus upon child protection issues, it enables the CPLT and as such the school to concentrate upon issues related to the education of children. In other words, the predominant focus of the school is the education of children and the CPLT simply provides a safety net within this educational environment to deal with any concerns of abuse/neglect. However, if one adopts a broader focus that encompasses issues related to children 'in need', then the role of CPLT necessarily changes and as such its effects upon the internal workings of the school. Concerns relating to need, vulnerable families and community concerns require the school to take account of issues which extend beyond simple educational ones. Consequently, the focus of the CPLT and in turn the school will extend (to varying degrees) to the community in which located and the other agencies which work within that community.

children 'in need' or the provision of Part III family support services lie outside the scope of this role. However, this is not a convincing argument for a number of reasons.

First of all, the role of a CPLT has to some degree been dictated by the demands of the childcare framework with which it operates and interacts. Consequently, since child protection concerns and procedures have proved to be the dominant force this has inevitably shaped the way in which CPLTs operate within schools.³⁸

Secondly, if one reviews the research data, there is considerable variation in the approaches being adopted by CPLTs within the study sample. As section 4 will highlight, whilst a number of schools maintain an 'education centred' approach towards their duties (schools B, H, J and K) others have extended the scope of their concerns to include a 'community aware' approach (schools A, D, G and L). Wider issues such as domestic pressures, family circumstances, parenting skills and community problems are taken into account when liaising with other agencies; the very elements which contribute to forming the notion of 'need'. In this regard, to suggest that CPLTs do not need to concern themselves with the family support provisions of the Children Act is to underestimate their current role in the childcare framework, let alone their potential future role.³⁹ The study is consistent in the fact that schools, teachers and especially CPLTs have access to the type of information required when assessing whether a family and child is 'in need'. The inconsistency lies in the way in which that information is currently processed by schools and subsequently utilised.

Finally, as Chapter 1 highlighted, the introduction of the new assessment framework requires professionals to liaise at a local level in order to exchange information regarding whether a child and family is 'in need'.⁴⁰ As proposed in the introductory chapter, schools are in an ideal position to identify instances of children in need and make referrals. In many respects, the discussion in section 2 supports the validity of this hypothesis in that liaison already takes place within certain schools (B, D and E) in the sample area via community meetings. As such, the suggestion that schools could play a major part in such a local information exchanging process would appear appropriate.

However, in order to be effective within that role, all CPLTs would need to adopt a uniform approach in terms of appreciating the precise scope of their role and the avenues that should be explored by them, (aside from the basic process of child protection referrals). In this

³⁸ Refer to the discussion outlined in Chapter 1

³⁹ Op cit, n36.

⁴⁰ Op cit, n29.

regard, a combination of more specific and detailed guidance documentation as well as increased training of CPLTs would appear to be required.

Possible Ways Forward

Unless CPLTs are required to pass on histories of children in need to other agencies, rather than the current state of affairs whereby information is frequently only passed on following an abusive event, then a great deal of the potential for the new assessment framework will be overlooked. As Chapter 8 noted, a number of schools within the sample possessed information relating to children ‘in need’ at a far earlier stage than it was actually brought to the attention of the social services. In part this was due to CPLTs perceiving concerns relating to ‘need’ falling outside of their role. By contrast, others within the sample regarded it as being a central part of their job. School D stated, ‘we are monitoring all of the families in the area that we consider to be having problems.’ In this respect greater clarification is required of the following issues:

- The specific role to be played by CPLTs within schools (i.e. child protection or a wider role encompassing children and families in need).
- The specific types and range of information that should be collected and passed on to both receiving schools and other childcare agencies (i.e. eliminating the possibility for CPLTs to make personal value judgements as to the information that they are prepared to pass on to other professionals). For example, if the childcare framework is to be re-balanced so as to prioritise family support services, then it must be made clear to CPLTs that they are expected to note, collect and pass on information regarding children ‘in need’. This should be in addition to the information that they currently focus upon (i.e. children ‘at risk’). Unless this is specified, the research data suggests that CPLTs will continue to interpret the current framework in a variety of ways.
- The stage at which such information should be passed on to other agencies (i.e. following an abusive event or at a far earlier stage when need is encountered).

In the light of the above suggestions, it should also be acknowledged that it would prove impractical to try and impose exactly the same framework within every school, (as educational establishments will inevitably vary according to their size, type or even the community that they cater for). Nevertheless, greater continuity of information is required if

schools are to fulfil the role proposed in the study's hypothesis and this can only be achieved through the greater proceduralisation of a CPLT's role within schools.⁴¹

In this respect, if one poses the question as to the way in which a broad acceptance and conformity with the blueprint outlined in both Department of Education guidelines and LEA training may be achieved, training is necessarily limited in its effectiveness. Whilst the research data indicated that the majority of schools (B, F, I, K, L and N) would welcome increased training so as to improve their personal knowledge base, this does not guarantee greater continuity of approach between schools. Variation will inevitably remain as long as the system is open to interpretation by those implementing it within schools. In essence, a greater degree of uniformity within schools may only be achieved by way of more specific guidelines and procedures laid down by the Department of Education which must be implemented by schools. LEA training for CPLTs would then attempt to educate staff in the implementation of these procedures on a day to day basis.

Section 4 – Potential Conflicts between Educational & Community Issues

The analysis so far has focused on the role that CPLTs currently have to play within schools and the way in which this may be utilised to enhance the effectiveness of the childcare framework. However, there is also the consideration as to whether potential conflicts arise between educational and community issues. These were identified in Chapter 8 as comprising of the following:

- Time and resources devoted to child welfare duties may detract from the overall amount available for teaching purposes.
- A school's main focus is the education of children. Can this co-exist with that of child welfare work?
- Can a clear divide be made between the natural support of children, which is undertaken as part of a teacher's pastoral role and that of monitoring children who are in need and/or being neglected/abused?
- Will a greater involvement in the childcare framework jeopardise a school's relationship with its parents?
- At what point do wider educational concerns become those of community problems or pressures which should be dealt with by other professionals?

⁴¹ This point will be discussed in greater depth later in this Chapter, (p307-308).

Once again these concerns centre on the precise scope of a CPLT's role within her school. However, they also introduce for the first time another significant consideration. If CPLTs are to take on a greater role in terms of identifying children 'in need' as well as referring cases of abuse, then is their current status, along with their training and knowledge adequate for this task. At present, the majority of CPLTs are teachers who have taken on the additional task of child welfare work within their school and received some basic training. However, at the end of the day they remain teachers whose background, training and experience lies in education as opposed to that of child welfare.

The Focus of CPLTs within the Sample

If one refers to the new assessment framework, it states that the role of the education service is to assist the social services by referring concerns and providing information for section 47 child protection enquiries.⁴² This role is clarified to a certain extent by '*Working Together to Safeguard Children*' which states that teachers have a 'crucial role to play in noticing indicators of possible abuse or neglect, and in turn referring concerns to the appropriate agency.'⁴³ However, as Chapter 8 highlighted this role may be interpreted in a variety of ways:

- The guidance enables CPLTs to monitor children, note any potential concerns and then refer these concerns to the appropriate agency (i.e. encourage schools to pass on information so as to allow other agencies to undertake preventive work at an early stage); or
- The guidance is simply intended to clarify the initial description of a school's role (i.e. to note indicators of abuse/neglect and then refer any concerns to other professionals as well as provide information during a section 47 enquiry).

Significantly, both of these interpretations have been accommodated within the study sample. These were referred to by the researcher as being either 'community aware' (schools A, D, G and L) or 'education centred' (schools B, H, J and K) philosophies.⁴⁴ The essence of this variation would appear to centre on a particular school's interpretation of what its concerns should and should not include.

⁴² Op cit, n29, at p71. (Refer to the discussion outlined in Chapter 1 & Chapter 8, p239-241)

⁴³ Department of Health, '*Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*', at 3.11, HMSO, 1999

⁴⁴ Refer to Chapter 8, Section 4, (p240-245).

As noted earlier, the function of a school is as the educator of children and it may be presumed that anything that detracts from that function either in terms of resources or the focus of staff may be considered a detrimental development. Indeed the CPLTs from Schools C, G, H, J and M all commented upon the large amount of time that they spent on child protection work. However, Chapter 8 examined whether a definitive line could be drawn between educational and wider community concerns. In this respect, it was acknowledged that educational issues frequently blur with those addressed by other agencies and as such, current perceptions regarding the role of schools may benefit from being revisited so as to take account of such considerations.

- If a child is being neglected or abused at home, then this will affect his development both socially and educationally. As School K notes, 'if a child is being abused at home then it is going to affect attendance [as well as] performance.' Consequently, if a CPLT endeavours to address the child's welfare then arguably she is attempting to indirectly improve the child's educational development.
- By contrast, the HMI feel that schools should concentrate solely on educational matters and not extend the scope of their duties beyond this, (i.e. extended into the area of community and/or social concerns). In this respect, School A notes, 'I know of some secondary schools which have been criticised for being too sympathetic to that side of children's difficulties and education should come first.'

Ultimately, the research data indicates that this debate cannot and will not be resolved until the Department of Education produces firm guidelines in relation to what is expected from schools and/or CPLTs. At present, the data would appear to suggest that a great deal depends upon the internal philosophy of the school with respect to child welfare issues.

However, from the perspective of this thesis it would appear that to maintain an 'education centred' approach within a school would be to ignore a great deal of the potential within educational establishments to aid in the childcare framework. Equally, to adopt such an introspective philosophy not only goes against the partnership philosophy envisaged by the Children Act and associated guidance documentation, but also goes against the change in the childcare process that the new assessment framework represents.⁴⁵

⁴⁵ Refer to the discussion outlined in Chapter 1. (See also: Op cit, n29).

Possible Ways Forward

The research data contained a number of CPLTs who felt that the pay-off to be gained from the implementation of a 'community aware' approach is substantial for both children and their parents, (though these varied between school centred initiatives and wider reaching activities). Initiatives have included the following:

- Organising and running courses aimed at improving parenting skills – (schools B and D).
- Employing a member of staff who is a trained counsellor - (schools A and L).
- Employing a behavioural support teacher – (school B).
- Employing learning mentors who are targeted at children with multiple barriers to learning - (schools A and G).
- Liaising with other agencies who run parent support programmes within the study area – (schools D, E and I).

As noted in Chapter 8, these initiatives not only provide support for children and families within a community setting, but they also provide a focal point within those communities.⁴⁶ However, despite the obvious success of many of these initiatives, there is also a feeling that CPLTs are being pushed further into the social work field.⁴⁷ More importantly though, they are being encouraged to take on these additional responsibilities without the necessary training, knowledge or experience to do so. Indeed, a number of CPLTs within the study expressed concern at the fact that they are being asked to perform tasks, make value judgements and make decisions that they have not been trained to undertake. At the same time, the majority of schools within the study expressed concern at the current state of the social services (crisis management)⁴⁸ and the level of support which could be expected from them. Certainly, one has had a knock-on effect upon the other, obliging schools to extend their role beyond that of information gatherers. As School D noted, 'if the social services come in so late, then they have to be punitive in nature. It is crisis intervention rather than working with families and developing professional relationships.'

Once again this raises the debate as to the amount of training that a CPLT should receive if they are expected to extend their duties within the childcare framework. It also raises the question of whether there is a need for someone such as a pyramid worker to support CPLTs within this role. In this respect, the data indicates that there is a need for greater clarification

⁴⁶ Refer to Chapter 8, Section 4, (p246-247)

⁴⁷ Refer to Chapter 8, Section 4, p251.

⁴⁸ Refer to Chapter 8, Section 6

as to the relationship between schools and the childcare framework as a whole. The issue is whether such clarification should take the form of additional training or whether a more formal format is required.⁴⁹ Schools are in an ideal position to identify concerns and make referrals, but does this necessarily involve undertaking some of the tasks/duties of other agencies such as the social services?

From the perspective of the study's hypothesis, CPLTs already possess the necessary type of information required to fulfil an early detection role without having to extend the scope of their role within schools. This is evidenced by the fact that certain schools within the sample successfully undertake wider 'community aware' approaches to the CPLT task; monitoring families in need, liaising with other agencies at a community level as well as introducing family support initiatives (in conjunction with other professionals).

Section 5 – Links between Schools and Communities

The final part of the research study considered the various links between schools and the communities that they serve. As noted in the previous section, there are a number of potential conflicts between educational and community issues. However, as section 3 highlighted, it is also extremely difficult to draw a division between these two sets of concerns.

Schools (B, D, G, H, I, K and L) within the study commented on the evolution of 'weak and vulnerable communities' in recent years. A situation that has been exacerbated by limited access to support services or focal points for families to turn to for support. Indeed, several of the schools (B, D, E, G and N) interviewed noted the fact that families sometimes find it easier to move home so as to leave their problems behind than to stay and seek support from the local authority. This raised a number of issues:

- There would appear to be a need for family support services to be implemented at a community level and specifically targeted at the families outlined above (i.e. in line with the new assessment framework and the model discussed by Hardiker).⁵⁰
- The data indicated that communities frequently lacked a focal point to which families could turn for advice, assistance or support. If this is the case then a great deal of the potential for primary preventive support is eliminated. In this respect, School B noted, 'there is a demand for a focal point. Unlike other areas, which have received funding, this

⁴⁹ As stated at the end of Section 3, the researcher feels that Department of Education policies/ procedures are required in this regard. Training would supplement this process by clarifying their implementation on a day to day basis.

⁵⁰ See: P.Hardiker, K.Exton & M.Baker, 'Policies and Practices in Preventive Child Care', Avebury/ Gower, 1991. (Refer to the discussion outlined in Chapter 5).

catchment area hasn't got many facilities for parents. This early support can help to prevent stresses from culminating in neglect or even abuse further down the line.'

Given this situation, the question was posed as to whether schools could provide 'a' focal point within such communities, via a number of the initiatives already discussed in Section 4 (i.e. parenting programmes). This was followed by the inevitable question of whether schools *should* attempt to provide such a focal point, or whether this was venturing too far into the realm of community services as opposed to that of children's education. In other words, whilst such initiatives may very well have a beneficial effect upon communities, would they ultimately detract from a school's educational focus and as such further disadvantage children who are already located within vulnerable communities? In many respects, this leads us back to the debate outlined in the previous section.

Approaches Adopted by Schools

The study data highlighted varying and sometimes contrasting attitudes of schools towards liaising with parents. Whilst most schools encouraged a certain degree of contact with the families of its children (schools B, D, J, L, N), there were a smaller number of schools which did not actively pursue a closer relationship with families within the community (for example school C). In many respects, this leads us back to the debate examined in the previous section in relation to the specific philosophy to be adopted by a school, either 'education centred' or 'community aware' in nature.

However, liaison with families has far greater implications than simply meeting and greeting parents. If schools are to fulfil an early detection role within the childcare framework, then as Section 2 noted, an essential part of that role is the establishment of a close relationship with the parents of a child 'right from the very beginning'.⁵¹ In addition that link must be maintained throughout a child's progression through the pyramid of schools. This relies upon two main factors:

- The establishment and maintenance of links between schools and families throughout a child's time within a pyramid of schools.
- The exchange of information relating to families between schools within a pyramid of schools.⁵²

⁵¹ School J.

⁵² If we turn back to the Department of Education guidelines, they clearly state that it is the responsibility of feeder schools to pass all information regarding child protection matter to its receiving schools. However, as noted in Section 2, this is not

Once again this brings us back to the debate as to what the precise scope of a school's activities should be in practice. One must question the process by which schools may go about establishing and then maintaining links with families. The sample revealed a number of schools (for example A, B and D) that had implemented courses/programmes for parents and as a result had reasonable success in the establishment of links with families.⁵³ In other respects, some CPLTs (schools B, H and N) pointed to the potential value of nursery staff in the establishment of links with parents from a very early stage. Consequently, the potential to establish links does exist and is demonstrated as being utilised with the study sample. Perhaps, the real concern is the way in which these links may be maintained throughout a pyramid of schools. As Chapter 8 highlighted, whilst there are examples of close ties between feeder and receiving schools within the sample area, there are also instances where relationships are extremely weak. Once again, this is an issue that requires further thought.

Possible Ways Forward

The analysis in Chapter 8 pointed towards the growth of 'fragmented communities', in so much as a number of schools (B, D, G, H, I, K and L) within the sample commented upon the fact that their communities:

- Contain very few established families
- Support mechanisms for young parents appear to have disappeared (i.e. either in terms of an extended family of community atmosphere)
- No longer contain focal points within them
- No longer have a sense of community identity

Given these observations, it is not surprising that a number of the study sample schools have decided to implement a variety of initiatives for both children and their families.⁵⁴ Such initiatives serve the dual purpose of encouraging parents to come into schools and to build up a relationship with them. If such an approach is implemented from an early stage in a child's educational life, then it will make the CPLTs role easier to undertake. However, every school within a pyramid must also maintain these links, otherwise a great deal of the potential in terms of information gathering and the monitoring of child welfare will be lost.

necessarily the case. Information exchange will depend to a large extent upon the internal attitude adopted by the school and by the CPLT's perception of the exact scope of her duties/responsibilities. Refer to Chapter 8, Section 2

⁵³ Refer to the discussion on p301 above.

⁵⁴ Refer to Chapter 8, Section 5, p268-269.

In many respects this leads us back to the earlier discussion regarding the inter-relationships between schools within their respective pyramids. There is an unspoken suggestion within a number of the study responses that links between feeder and receiving schools are often not as strong as they could be. Other schools such as L specifically refer to the fact that links with other schools are tenuous at best, 'we very rarely go back to the feeder school for information even though there is very often not sufficient detail there.' Consequently, it would appear that in order to state with any degree of certainty that the study's hypothesis is stable and appropriate, the links and relationships between schools need to be addressed in a number of respects:

- The quantity and quality of information exchanged between schools
- The maintenance of links with families as they progress between schools within a pyramid and/or community
- The confidence and trust between CPLTs of the various schools within a pyramid and/or community

All of these factors have been discussed both in this chapter and the preceding one, with a number of possible solutions being forwarded. The use of community meetings by several of the schools within the sample was felt to have aided in the development of a community approach towards child welfare matters. However, to date these have been examples of individual schools within pyramids or communities that have undertaken this type of initiative. The question may be posed as to what the potential effect might be of several schools within a community liaising with other agencies in the context of such meetings. Would such a forum facilitate greater discussion and co-operation between these schools as well as the other professionals? Equally, could such a forum help to modify the views and approaches of CPLTs towards that of a 'community aware' philosophy?

The other possibility that was put forward was that of a pyramid worker. The suggestion is that a pyramid of schools may benefit from a worker being affiliated to that particular structure. This worker would then undertake a number of functions ranging from advising CPLTs on child welfare issues to that of facilitating communication between schools.

Aside from these two possibilities, other avenues may include additional training and guidance documentation issued by the Department of Education.

Summary of Findings arising from the Research Data

The preceding consideration of issues and findings arising from the research data analysed in Chapter 8 has identified a number of key factors in the current system which require further consideration. In many respects, these factors mirror the actions which could assist in achieving the greater integration of schools into the childcare framework outlined in the study's hypothesis.

First of all, the research data highlighted the fact that virtually every school within the sample made the key assumption that abused/neglected children should be treated in the same way as other children in the classroom. However, it is worth posing the question as to whether this should necessarily be the case. If one considers the way in which a child who is the subject of parental separation or bereavement is treated, then frequently their class teacher will be informed and perhaps be asked to provide emotional support and sympathy towards the child over subsequent weeks. In this regard, it is perhaps worth asking the question as to whether a similar process should exist for children who are being abused or neglected. Equally, if a child discloses to a class teacher or reveals the extent of their 'need' to that teacher, is there an expectation from that child of support and/or sympathy? If one considers the scenario from the other perspective, is there an obligation on both the teacher and the school to provide the emotional support that a child may be looking for?

- If children 'in need' or 'at risk' were treated differently, in terms of being provided with additional support whilst in the school environment, the question may be posed as to whether this could help to enhance their welfare. Initially, they may be provided with emotional support from a class teacher and the CPLT, so aiding in the enrichment of their attachments.⁵⁵ In addition, it may be argued that schools already undertake similar initiatives in the form of 'breakfast clubs' whereby they help children 'in need' as part of the normal school day. Can a distinction be drawn between helping children who go to school hungry and those who may suffer other types of neglect?
- However, a number of concerns may be raised at the suggestion of specifically targeting and treating children 'in need' differently to other school children. In many respects, one could argue that by treating these children differently, schools could be accused of labelling and/or segregating them from the other pupils. Could this in turn have a significant impact upon their self-image? In addition, there is concern as to the degree of emotional support that may be provided by a teacher. Whilst it may support a child to be

⁵⁵ Equally, if they were introduced to other children who were experiencing similar problems/needs, they may gain additional emotional support from their peers.

given a 'hug' by his teacher, can the teacher actually undertake this role in practice? With the suspicions and boundaries imposed as a result of public inquiries and increased awareness of sexual abuse, would teachers agree to undertake this type of support? Finally, there is the central issue of finance. Should schools be required to provide this type of support without additional funding?⁵⁶

On balance, one may state that given the current level of awareness and support within the sample schools, children 'in need' and 'at risk' should be treated in the same way as other children in the classroom. However, this does not necessarily imply that class teachers should not be informed about a child's domestic circumstances or that support initiatives that have already been established should be discontinued. Rather, the researcher is acknowledging the current limitations in terms of resources and child welfare knowledge/experience which may lead to the segregation of these children within schools as opposed to their support. However, if other changes were implemented within schools (i.e. the role of the CPLT), this may have implications for the way in which children could be treated in the future.

The second issue to arise from the research data is the way in which monitoring should or could take place within schools. Chapter 8 noted that class teachers are usually required to keep records of children and to make a written record of any concerns. However, from the data gathered in the study sample, there does not appear to be a specific procedure to follow and/or forms to complete which is common between all schools examined within the sample. These notes are then usually passed on to the CPLT who retains them for reference until the child moves on to another school. However, as the sample indicated there is still considerable variation:

- If teachers as a profession (rather than just CPLTs) are to undertake a monitoring role within schools, then they need to receive additional training. At present teachers are educators and whilst their teacher training will touch upon pastoral issues it will nevertheless take place at a rather basic level.⁵⁷ If teachers are to monitor children and supply the childcare framework with information regarding children 'in need' there is an argument that they need to be provided with greater support from CPLTs and training from the LEA. Teachers need to be made aware of what they are looking for in practice. At a basic level every teacher will show concern if a child is bruised. However, as Chapter 3 pointed out, teachers may also be able to identify changes in a child's

⁵⁶ This links in with the issue of whether resources should be redirected from educational concerns to those of children 'in need'. Is there a conflict? Would this further disadvantage children who are already disadvantaged?

⁵⁷ Another issue is that training related to pastoral care/child welfare issues will vary between the courses undertaken by teachers.

behaviour which may be related to a change in his family's circumstances.⁵⁸ Equally, through the very nature of their work, teachers encounter a variety of media which children may use to express their needs or concerns, (i.e. story telling or drawing pictures). Additional training could be provided in order to raise awareness and to clarify the procedures to be followed, (i.e. the point at which concerns should be passed on to the CPLT as well as the format in which these concerns should be conveyed).

- The language used to explain facts within school files must also be unified between schools. This relates to CPLTs as well as the wider teaching profession. The way in which a child's needs, behaviour and/or physical injuries are described in a class teachers personal notes or the CPLTs files is a central consideration to the effective integration of schools into the childcare framework. If the information available through schools is to be utilised to identify need and to support families, then greater uniformity is required not only between schools but also between professionals involved within the childcare framework.⁵⁹ Most importantly, personal value judgements need to be eliminated in favour of facts. Therefore, rather than describing a child's behaviour as 'challenging', a teacher should specifically describe the child's behaviour and/or actions, (i.e. he kicked the door, hit another child or swore at the teacher).
- The procedures that exist within schools in terms of noting and forwarding information dealing with child welfare would also appear to need modification. As Chapters 7 and 8 highlighted, a great deal currently depends upon an individual school's child protection policy and the procedures that have been established within that school. Once again, this requires some degree of formalisation perhaps in the form of a standard template which should be completed by class teachers as well as CPLTs whenever a concern regarding child welfare is raised. This standardisation of record keeping would not only make the information more accessible for other professionals but also for the receiving schools in the pyramid.

The third area of particular importance to emerge from the research findings and identified by the researcher as requiring future action concerns the specific training and guidance that CPLTs receive as part of their role.

- The sample suggests that CPLTs are provided with a certain degree of flexibility in relation to the way in which guidance documentation is to be interpreted in practice. For example, the term 'need to know' or the type of information that should be passed on to

⁵⁸ Refer to the discussion outlined in Chapter 3

⁵⁹ In other words, social workers, health visitors and teachers need to have some common ground in terms of the language being used to describe children 'in need' if they are to work effectively together. Perhaps, this may be resolved through the implementation of multi-agency training and/or community meetings.

receiving schools. In light of the new framework, consistency of information would appear to be a central aspect to a school's potential role within the childcare framework.

- Greater emphasis could be placed on the amount and type of information that should be shared with colleagues. Equally, more specific guidance should be provided in relation to the amount and type of information to be passed on to receiving schools.
- Consideration should be given to the greater use of 'top-up' training whereby CPLTs are provided with additional training at regular intervals. Equally, the use of multi-agency training or the sharing of good practice may also prove to have beneficial results. As the research data demonstrated, this may very well encourage closer relationships with other agencies at a community level.
- Whether training is sufficient in itself or whether a greater amount of documentation is required from both the Department of Education and LEA in terms of frameworks to be established within schools and procedures to be implemented on a day to day basis.

In many respects, these issues link in with the disparity revealed by the sample data between CPLTs in terms of the way in which they view their role. The data suggests that clarification is required of the following issues:

- The precise scope of their role in terms of focusing on child protection matters or whether this should be extended (as in the case of some schools within the sample) to include children in need.
- The amount and type of information that CPLTs should collect from their colleagues and that they are asking their colleagues to notify them about. Should the discussion of child welfare issues be encouraged between teachers and CPLTs? Should all teachers be treated the same way, regardless of age, sex or ethnic origin?
- The amount and type of information that CPLTs should notify their colleagues about. In other words, a more precise definition of the term 'need to know' is required. Should CPLTs concern themselves with placing their own value judgements (i.e. 'one-off' incident, potential for labelling) on the process of information exchange? Should CPLTs be encouraged to provide feedback and support to their colleagues?
- The amount and type of information that should be passed on to receiving schools. Once again, should CPLTs be provided with the opportunity to place their own value judgements on a child's circumstances (i.e. 'one-off' incidents, 'grey area' cases, the potential for labelling) and decide whether they wish to pass such information on to another CPLT?

- The extent to which CPLTs should be required to liaise with other agencies at a community level. Given the direction of the new assessment framework, this would appear to be a significant issue. In this regard, should initiatives identified within the research sample such as community meetings be encouraged or even required?
- In many respects, this links in with the final point which is whether schools in general should be supported in the establishment of programmes designed at aiding children and families in need, or should they restrict their attention to purely educational concerns as suggested by the HMI.

The above considerations may be addressed in two distinct ways. First of all, the Department of Education and individual LEAs could provide additional training and guidance to CPLTs in an attempt to clarify these areas of concern. Alternatively, the decision could be made to formalise the role of CPLT within schools. For example, whilst the research data indicates that every CPLT interviewed took their role seriously and undertook their duties professionally, they could generally be characterised as being ‘enthusiastic amateurs’. However, if schools are to expand the scope of their monitoring role to include children ‘in need’ then perhaps the role and function of CPLT needs to be changed.

In this regard, the term CPLT could be given a similar status within schools to that of senior management. As such, a CPLT would be provided with the necessary time, resources, status and recognition to carry out this role effectively. In other words, the role could be formally recognised by the Department of Education and appropriately catered for in terms of additional resources and training. However, this raises the additional question as to whether the role should continue to be undertaken by a teacher who is interested in child welfare issues or whether it should be reserved for:

- Those teachers who have undertaken additional training; or
- Individuals from other professional bodies, (i.e. a person with Guardian ad Litem experience, or someone who has been an EWO or social worker).

If the role of CPLT was formalised, there is the argument that teachers could turn to these individuals and expect to not only receive advice/support in monitoring and referring children, but also to receive feedback from them once referrals have been made.⁶⁰ Consequently, this process would be subject to the formal duties and responsibilities of the

⁶⁰ In other words, the buck must stop somewhere. If a CPLT is provided with a specific role then they may also be expected to fulfil a specific function and operate in a specific way.

role of CPLT as specified by the Department of Education rather than being subject to the personal discretion of the CPLT or the internal policy of the school in question.

A great deal though depends upon the role envisaged for schools within the childcare framework. If schools are to be integrated into the childcare framework in line with the study's hypothesis so as to provide information to other professionals/agencies, then one may argue that the provision of additional training and guidance to these 'enthusiastic amateurs' may be sufficient to fulfil this role. However, if schools are expected to play a far more integrated role in terms of liaising with other professionals at a community level, providing support initiatives to children or acting as a gateway to certain family support services, then it may be argued that formalisation of the CPLT role is required.

In many respects, these areas are contributing to the fine-tuning of the current child protection processes within the sample schools. Whilst the data revealed instances where the system needs clarification and refinement, it also highlighted a number of examples of good practice that support the validity of the study's hypothesis. The adoption of 'community aware' philosophies within certain schools, coupled with the establishment of community meetings and open channels of communication between CPLTs and other members of staff are positive developments which should be encouraged. The close liaison that currently exists between all schools within the sample and other agencies is also a significant point in terms of the collection and subsequent utilisation of information through schools to address children 'in need'. Consequently, in the light of these findings one may suggest at this point that the postulations of the hypothesis are shown as relevant, viable and important.

However, the conclusion to this thesis will consider these findings in the light of issues, concerns and academic viewpoints that were highlighted during the literature review.⁶¹ In particular, considerations regarding child development, partnership, parenting skills and wider environmental (social) factors will be a central part of process.⁶² At that stage recommendations as to whether the further integration of schools into the childcare framework could provide a key to re-balancing the childcare system so as to prioritise section 17 and Part III of the Children Act will be made.

⁶¹ The literature review is contained in Chapters 3-6.

⁶² Refer to the discussion outlined in Chapter 1 (In particular refer to Figure 1.1, p22).

CONCLUSIONS

The Introduction to this study stated that the hypothesis on which the research was to be based was developed using a combination of a literature review and pre-pilot study. This postulated that the integration and development of teachers' pastoral role into the childcare framework could provide a key to re-balancing child protection work so as to prioritise Section 17 and Part III of the Children Act.¹ Whilst the literature review indicated that the unique position of the educational establishment had been recognised to a limited extent,² it was the researcher's contention that schools could be used to a greater extent in order to reinforce the philosophy of the new assessment framework and as such Part III of the Children Act. Research questions were then devised as vehicles to examine the hypothesis, as outlined in Chapter 2. Finally, Chapter 9 contained a discussion of the significant considerations and implications derived from the empirical research data. These findings were then assessed against the study's hypothesis and it was concluded that in the light of the research sample data the hypothesis could be considered valid and stable.

More specifically, it was noted that schools currently play a significant role in the childcare framework in terms of referring concerns to the social services and liaising with other agencies and professionals at a community level. The most significant finding that arose from the research data was that a number of schools not only possess the necessary type of information required to fulfil an early detection role within the childcare framework,³ but they also attempt to use that information. This is evidenced in the adoption of a 'community aware' philosophy whereby CPLTs attempt to monitor families in need, liaise with other agencies at a community level and introduce family support initiatives for both children and their families.⁴

However, it should be stressed that whilst there is evidence of schools collecting and utilising information in an attempt to support children 'in need', this is only part of the process necessary for the study's hypothesis to be effectively implemented in practice. Once information has been accessed through CPLTs, it is the way in which this information is utilised in practice that is of central importance to the re-balancing process. In this regard, Chapter 1 highlighted the concern that to date the child protection aspects of the Children Act

¹ Refer to the discussion outlined in the Introduction, p4

² Department of Health, 'Child Abuse: A Study of Inquiry Reports 1980-1989', p18, at 1.4, HMSO, 1991. Also refer to: London Borough of Brent, 'A Child in Trust: Report of the Panel of Inquiry Investigating the Circumstances Surrounding the Death of Jasmine Beckford', London, 1985 in which the inquiry sought to impress on all social agencies the value of the school as a part of the management of the child abuse system (Refer to discussion outlined in Chapters 1 & 5).

³ Information regarding children and families in need (as opposed to 'at risk') in terms of domestic circumstances, pressures problems and community concerns.

⁴ Refer to the discussion outlined in Chapter 9, (p299).

have been implemented to a greater extent than those providing for the support of families 'in need',⁵ a situation attributed to the following factors:⁶

- The interpretation and implementation of Section 47 of the Children Act – duty to undertake an 'enquiry' or an 'investigation'.
- The effect of guidance documentation on the implementation of the Act (e.g. 'Working Together under the Children Act 1989) in terms of encouraging an investigative approach to childcare work.⁷
- The evidential demands contained in Section 31 and the need for fuller case histories⁸
- The influence of public inquiries in terms of increased proceduralisation and the issue of making 'defensible' decisions rather than the 'right' decisions.⁹
- The effect of increased resource constraints on local authorities

If these factors are considered as a whole, they point towards two key issues which have had a significant impact upon the direction that the childcare framework has taken. As such they must be given due consideration during the implementation of the new assessment framework.

First of all, resource constraints, the demand for visible results and the fear of public scrutiny have all encouraged professionals to focus both their attention and limited resources upon the most obvious cases of children in need; those 'at risk'.¹⁰ This in turn has affected the way in which information entering the childcare framework has been utilised. Rather than using information to construct a picture of a child's domestic circumstances so as to assess 'need', it has been utilised in an investigative manner in order to ascertain the presence or likelihood of

⁵ For further discussion refer to: J.Tunstall, 'Local Authority Policies on Children In Need', in J.Gibbons (ed.), 'The Children Act 1989 and Family Support: Principles Into Practice', London, HMSO, 1992; M.Lynch, 'Child Protection: Have We Lost Our Way?', p17, *Adoption & Fostering*, Vol.16(4), 1992. (Also see discussion outlined in Chapter 1).

⁶ This is not intended to be an exhaustive list of factors.

⁷ 'Working Together Under the Children Act 1989', p28, London HMSO, 1991, at para. 5.14.2, which states, 'All referrals and allegations from whatever source should be dealt with under the child protection procedures ... the primacy of child protection should be recognised.' 'Working Together to Safeguard Children', 2000 has since altered the position in terms of guidance documentation back to an enquiry based process. However, the question may be posed as to whether practice will necessarily follow this lead.

⁸ See: N.Valios, 'Changes to Evidential Rules in Abuse Cases put Children in Danger', *Community Care*, 14-01-96; in which Mike Dudley (Child Protection Manager at Stockport) is quoted as saying, 'The worry is that in sexual abuse there is often little evidence other than what the child says. With neglect or physical abuse there is normally visual evidence.' (Refer to discussion on p18-19)

⁹ See: R.Dingwall, J.Eekelaar & T.Murray, 'The Protection of Children: State Intervention and Family Life', p251, London, Avebury, 1995. One is presented with a situation where anxieties arising from high-profile child abuse inquiries encourage an outlook in which social workers are more concerned to make a defensible decision than with making the right decision. Dingwall, Eekelaar and Murray noted that the impact of proceduralism and legalism is to shift the focus of attention in this way.

¹⁰ See: M.Shaw, J.Masson & E.Brocklesby, 'Children in Need and Their Families: A New Approach. A Guide to Part III of the Children Act 1989 for Local Authority Councillors', 1991, School of Social Work, Leicester University. Shaw argues that there is no necessary conflict between the principles of family support and child protection, provided that everyone concerned bears in mind the 'paramount importance' of the child's welfare and safety. (Refer to the discussion outlined in Chapter 1, p6-7)

'risk'.¹¹ In this respect, Chapter 4 highlighted the problems associated with the use of prediction and/or checklists within childcare, examining concerns associated with definitional and statistical fallacies,¹² the potential for prejudice as well as the implications for the families involved. Indeed, the purpose of Chapter 4 was to eliminate the consideration of prediction within this chapter as a potential vehicle for the utilisation of information gained through schools.¹³ In addition to these concerns, Chapter 3 stressed the fact that a system which emphasises child protection is not necessarily beneficial for children in terms of their developmental needs.¹⁴

It would seem that if the new assessment framework is to succeed, professionals must be persuaded to view the childcare framework from the beginning of the continuum,¹⁵ starting with responses centring on support and utilising information within a need-based framework. As outlined in the introductory chapters, such information would not only be characterised as commencing at an early stage in the child's life but most importantly be of a continuing nature and it is as a source of this information that the research sample suggests schools are capable of fulfilling.¹⁶ If schools and the information available through them are used to support the operation of a need-based framework then it is the researcher's contention that this would provide a key to re-emphasising Part III of the Children Act. However, if they are used in a manner that perpetuates a risk-oriented system then a great deal of the potential contained in the new assessment framework will be lost.¹⁷

The second factor is that of support and guidance.¹⁸ If local authorities are to implement change in the way in which they approach the childcare system, they require an incentive to pursue family support initiatives.¹⁹ As Chapter 1 noted, this not only refers to government guidance documentation, but also to the provision of political support in the event of scrutiny from the media or public inquiries. Whilst the *'Framework for the Assessment of Children in*

¹¹ Darlington Social Research Unit, 'Child Protection: Messages From Research', p39, 1995, HMSO; in which it states: 'Child protection enquiries seek not only to establish whether maltreatment has occurred but also to gauge whether the family can benefit from support services. Too frequently, enquiries become investigations and, in over half of cases, families receive no services as the result of professional's interest in their lives.'

¹² Refer to the discussion on p98-102.

¹³ R.Dingwall, 'Some Problems about Predicting Child Abuse and Neglect', in O.Stevenson (ed.), "Child Abuse: Public Policy and Professional Practice", 1989, Harvester-Wheatsheaf.

¹⁴ Also see discussion later on in this section, p315-317.

¹⁵ Refer to the discussion outlined in Chapter 1 and the approach suggested in 'Messages From Research' that the childcare framework should be viewed as a continuum.

¹⁶ Refer to the discussion outlined in Chapter 9.

¹⁷ See: B.Jordan, 'Partnership with Service Users in Child Protection and Family Support', in N.Parton (ed.), "Child Protection and Family Support: Tensions, Contradictions & Possibilities", p215, 1997, London, Routledge. In this he states, 'Such investigations and assessments consumed expensive professional skills, and often resulted in no action, or simply in watchful monitoring ... Child protection conferences focused too narrowly on risks, rather than needs; they were not the best way to link families with services for support.' Equally a great deal of the potential to be derived from the information available through schools would be lost, (i.e. to identify children and families in need and to provide support services at an earlier stage than currently takes place).

¹⁸ Refer to the discussion on p10.

¹⁹ Refer to the discussion outlined in Chapters 1 & 5

*Need and their Families*²⁰ has attempted to accommodate the ethos of the Children Act by encouraging a movement away from protection related concerns towards that of re-emphasising family support, this is only part of the process required. Unless professionals feel supported throughout this re-focusing process the temptation to concentrate upon 'risk' and to follow existing child protection procedures may prove irresistible. This in turn will influence the way in which information is utilised and in turn the extent to which the integration of schools into the framework may influence its re-balancing.

Professionals must be convinced as well as be encouraged to feel that they can help children to remain within their families whilst substantially reducing the number of cases eventually progressing through the system.²¹ The importance of this was examined within the literature review from a number of different perspectives²² which are reflected in the Assessment Framework Triangle²³ and the three key factors on which it is based.²⁴ However, whilst it would appear that the intention behind the new framework is to re-balance the childcare system its success is heavily dependent upon the guidance documentation being interpreted and implemented in an appropriate fashion. The key factors contained in the triangle must be appreciated fully in terms of what they represent as well as the approaches/attitudes required in order to implement them successfully in practice.²⁵ The remaining part of this section will draw upon the findings of the literature review in order to reinforce the importance of a need-based childcare framework and as such the role to be played by schools in the support of this framework.

The first aspect of this triangle, (a child's development), is supported by the analysis in Chapter 3 of attachment theory which endorses a reconstruction of the childcare system so as to emphasis family support services.²⁶ The most significant finding within this section was the need to focus, and to maintain a focus, upon the welfare of a child. This has a number of knock-on implications for the way in which children should be viewed as well as the way in which they should be supported. These may be summarised as follows:

²⁰ Department for Health, 'Framework for the Assessment of Children in Need and Their Families', HMSO, 2000.

²¹ Refer to the discussion on p19

²² These were as follows: attachment theory (i.e. child development), partnership and the way in which this may be accomplished in practice - (e.g. the use of motivational therapy as opposed to confrontational methods), prevention - (i.e. the various levels/types of prevention which may be undertaken), the way in which a number of these considerations have been implemented within the Health Visiting profession.

²³ Refer to Chapter 1, Figure 1.1, p22

²⁴ Namely a child's developmental needs, the parenting capacity of caregivers as well as family and environmental factors. Refer to the discussion outlined in Chapter 1, p17-21.

²⁵ As noted earlier, information is only part of the overall picture. The way in which that information is used in practice will play a significant part in the re-balancing of the childcare framework.

²⁶ D.Howe, 'Attachment Theory for Social Work Practice', p73, Macmillan, 1995; Belsky & Cassidy, 'Attachment: Theory and Practice', in Rutter & Hay (eds.), 'Development Through Life', p379, Blackwell Science, 1994

- Care should be taken during the process of ascertaining the wishes and feelings of a child (i.e. listening to a child). Professionals should attempt to understand the psychological complexity of the child (i.e. displayed in attachment patterns) and the dynamics of the family unit rather than viewing the child as a victim who needs saving and the parents as abusers who need to be punished.²⁷
- This also has implications for the way in which childcare professionals identify incidents of emotional abuse. As Chapter 3 highlighted, these cases are frequently overlooked which implies that the current approach taken by the childcare system is not fully sensitised to the needs of all children.²⁸ It appears that greater attention needs to be placed on ascertaining a true picture of the welfare of a child.
- The attachment pattern of a child may have significant implications for the way in which both he and his family should be approached. In other words, a child may have his internal perception of himself as unlovable confirmed or even reinforced by his extraction from the family unit. This may also have a knock-on effect on the benefits to be derived from future care that the child receives.²⁹ In this respect, attention should be focused on the support and remedy of a child's internal working model and the avoidance of Accommodation Syndrome in that child.³⁰
- From the perspective of a child's welfare, the analysis in Chapter 3 suggests that the implementation of Part III services in an attempt to relieve domestic pressures and improve family dynamics is far more beneficial to a child than the utilisation of child protection procedures at a later stage.

Consequently, when approaching the issue of a child's development it would appear that the current system is not fully sensitised to the needs of all children who require support. Listening to a child is a much more complicated process than simply obtaining a view from him about how he feels or how we think that he may feel.³¹ A more comprehensive and subtle approach is required when approaching families, otherwise there is a risk of obtaining an inaccurate picture not only of the dynamics of the family unit but more specifically of the welfare needs of the child. Only when an accurate picture has been gained of a child's welfare

²⁷ See: P.Crittenden, 'Family and Dyadic Patterns of Functioning in Maltreating Families', in K.Browne, C.Davies & P.Stratton (eds.), 'Early Prediction and Prevention Of Child Abuse', p161, John Wiley & Sons, 1988; M.Bray, 'Sexual Abuse: The Child's Voice', p36, Jessica Kingsley Publications, 1997.

²⁸ Refer to the discussion on p82

²⁹ See: G.Schofield, 'Making Sense of the Ascertainable Wishes and Feelings of Insecurely Attached Children', p368, Child & Family Law Quarterly, Vol. 10 (4), 1998. (Refer to the discussion outlined in Chapter 3).

³⁰ See: R.Summit, 'The Child Sexual Abuse Accommodation Syndrome', p177-193, Child Abuse & Neglect, 7, 1983. (Refer to the discussion in Chapter 3)

³¹ See: H.Blagg, 'Fighting the Stereotypes - 'Ideal' Victims in the Inquiry Process', in H.Blagg, J.Hughes & C.Wattam (eds.), 'Child Sexual Abuse: Listening, Hearing and validating the experiences of Children', Harlow: Longman, 1989; J.Kitzinger, 'Who Are You Kidding? Children, Power and the Struggle Against Sexual Abuse' in A.James & A.Prout, 'Constructing and Reconstructing Childhood', London: Falmer Press, 1990.

needs/requirements³² may an appropriate programme of support and preventive intervention be implemented.³³

Attachment theory also has a number of implications for the role of schools proposed in the study's hypothesis. As noted in Chapter 9, the information available through schools can play a significant role in the successful implementation of the new assessment framework and as such the re-balancing of the childcare system. The research data suggests that this information could commence at an early stage in the child's life and be of a continuing nature. In this respect, a fuller and more accurate picture of a child's development, domestic circumstances and family dynamics may be gained. Equally, a child's needs may be potentially identified at a far earlier stage, so enabling an effective programme of supportive (preventive) intervention to be implemented by other agencies.

An appreciation of attachment theory may also play an important part in the way in which CPLTs and/or teachers carry out their day to day roles within schools. As Chapter 8 noted, a number of the CPLTs within the sample unknowingly picked up on children's attachment patterns when undertaking their child protection duties within their schools.³⁴ The majority of schools within the sample showed an interest in the concept and stated that they would appreciate more information. This is certainly an issue that is worth further consideration in terms of increased training and the widening of a CPLTs role to include children 'in need' as well as those 'at risk'.³⁵

The issue of partnership was also examined within Chapter 3 from the perspective of motivational and confrontational therapy. This has a significant impact not only upon the way that professionals approach children and families in need but also in the way in which intervention takes place, (i.e. parenting capacity and family & environmental factors).³⁶ If one draws upon the experience of health visitors and the Child Development Programme discussed in Chapter 6, then working in partnership with parents in an attempt to address issues such as parenting skills frequently produces positive results. These may be summarised as follows:

- If a need based framework is to be pursued then parents should be approached from a perspective of enquiring into their needs and then having those needs addressed as

³² This may very overlap with the other two factors contained in the Assessment Framework Triangle, (i.e. parenting skills, domestic pressures, community concerns).

³³ Refer to the discussion outlined in Chapter 5 & discussion on p315.

³⁴ See also: J.Gibbons, B.Gallagher, C.Bell & D.Gordon, 'Development After Physical Abuse in Early Childhood: A Follow-up Study of Children on Protection Registers', HMSO, 1995.

³⁵ Refer to the discussion outlined in Chapter 9.

opposed to regarding families as suspects with potentially abused/neglected children. This in turn requires a number of the existing constructs and stereotypes that surround the issues of abuse and neglect to be dismissed.³⁷

- When working with a family then professionals should try to appreciate the client's perspective in so much as they will experience feelings of uncertainty,³⁸ shame, embarrassment as well as concern regarding the possible removal of their child. In many respects this is reflected in the fact that social workers are generally viewed with considerable suspicion and often find it difficult to gain a detailed picture of a family's domestic circumstances.³⁹
- A greater appreciation of the client's perspective should also include an awareness of the defensive responses frequently displayed by parents confronted with accusations of being either abusive or neglectful of their children.⁴⁰ It is important that professionals do not misinterpret these responses whilst working with families.
- As Chapter 3 suggests, such responses may be avoided if professionals place greater emphasis on working *with* families rather than *on* families. In other words, an approach that lies far more comfortably with the partnership philosophy incorporated into the Children Act and the new assessment framework.⁴¹ Indeed, the success of working in partnership with families has been demonstrated by the health visiting profession.⁴²

In this respect, the ethos that lies behind motivational therapy, namely that of working with parents rather than imposing personal value judgements, approaches or notions upon them, must play a significant role within the new assessment framework.⁴³ In addition, the belief that behaviours, patterns and dynamics may be altered/improved through the provision of support as opposed to punitive action must also be considered pivotal to the re-balancing of childcare work.

Returning to the study's hypothesis, partnership is an essential part of re-balancing the childcare framework so as to emphasise Part III support services.⁴⁴ However, in order to work

³⁶ Refer to Figure 1.1, p22

³⁷ Op cit, n27; Refer to the discussion outlined in Chapter 3, (p78-80).

³⁸ See: P.Marsh & J.Triseliotis (eds), 'Prevention and Reunification in Child Care', Batsford, 1993. Also refer to Chapter 3, p89

³⁹ In this regard, the information available through schools may supplement that gathered by social workers. Equally, as noted later in this Chapter, one may consider whether schools (CPLTs in particular) could provide an initial gateway to support services for families. (Also refer to the data in Chapter 8).

⁴⁰ See: J.W.Brehm, 'A Theory of psychological Reactance', New York: Academic Press, 1966; S.S.Brehm & J.W.Brehm, 'Psychological Reactance: A Theory of Freedom and Control', New York: Academic Press, 1981

⁴¹ It may be argued that the latest version of 'Working Together' has also adopted this approach as opposed to the existing investigative and disempowering attitude; also refer to: 'The Challenge of Partnership in Child Protection', Social Services Inspectorate, 1995, HMSO.

⁴² Outlined in Chapter 6.

⁴³ Refer to: J.Kear-Colwell & P.Pollock, 'Motivation or Confrontation: Which Approach to the Child Sexual Offender?', Criminal Justice and Behaviour, Vol. 24(1), 1997

⁴⁴ See: J.Packman, 'From Prevention to Partnership: Child Welfare Services Across Three Decades', p183-195, Children & Society 7(2), 1993.

with families in a supportive (preventive) fashion, professionals need to appreciate the extent of a child's welfare requirements and as such the extent of a family's needs. In this regard schools could play a twofold role. First of all, as noted earlier, agencies must be aware of a family's needs/concerns in order effectively to intervene in their lives. However, if social workers are viewed with suspicion this necessarily limits the amount of information that they may glean about that family. In this regard, schools may play a significant role in terms of passing on concerns relating to a child or his family's needs so that appropriate support services may be implemented.⁴⁵

Secondly, the question may be posed as to whether CPLTs (or indeed a Pyramid Worker) could act as an initial gateway to support services, rather than automatically referring families to the social services. The fact that certain schools within the sample were approached by families to request support on their behalf, or that CPLTs decided to liaise with other agencies at a community level in order to support children, suggests that this may be a possibility. In addition, the research sample suggested that support programmes, which had been implemented within schools, had achieved a certain degree of success. This may be attributed to the fact that such support initiatives do not have the same stigma attached to them as those gained through the social services.⁴⁶ It may be suggested that these are examples of good practice in terms of establishing 'partnerships' with families in so much as parents may attach greater certainty and visibility to the other party in the relationship. By contrast social workers may only be seen or dealt with in times of crisis, thereby being viewed with a certain degree of suspicion.⁴⁷

Finally, Chapter 5 examined the area of prevention, focusing in particular on notions of family support, permanence and appropriateness. This analysis has significant implications for the way in which the *'Framework for the Assessment of Children in Need and their Families'*⁴⁸ is to be implemented in practice as well as the important role that schools may play in this process.

- Frost suggests that section 17 was intended as a break with the traditional idea of prevention in as much as it creates a positive duty to be proactive and to promote the development and delivery of services.⁴⁹

⁴⁵ Refer to the discussion outlined in Chapters 5 & 9.

⁴⁶ Equally, they may be regarded as community focal points, whereby the local families may go to the local school to be aided by locally based professionals (i.e. teachers, health visitors and/or the school nurse).

⁴⁷ Refer to the discussion outlined in Chapters 8 & 9.

⁴⁸ Op cit, n20.

⁴⁹ See: N.Frost, 'Delivering Family Support: Service Development', in N.Parton, 'Child Protection and Family Support', p195, Routledge, 1997.

- In the light of this, Parton *et al* suggest that identification of need and subsequent intervention at an early stage may be more ideally viewed as an attempt to 'shift the balance of future probability'.⁵⁰ This perspective is of particular relevance if one refers back to Chapter 1 and the perception of the childcare framework as a continuum, whereby family support and child protection are viewed as complementary activities.⁵¹
- Without a full picture of the facts, (i.e. strengths as well as weaknesses), services may be pursued that do not fit the needs of families.⁵² As noted in '*Messages From Research*' any incident has to be seen in context before the extent of its harm can be assessed and appropriate interventions agreed.⁵³ Consequently, services may appear ineffective whilst in reality they are simply inappropriate in nature.⁵⁴
- Equally, if services are imposed rather than agreed, or introduced at an inappropriate juncture, they are more likely to go awry. This will not only result in a waste of resources, but also a failure effectively to support families and as such their progression through the childcare continuum. For instance, as a child progresses through its phases of development, so too its specific needs will change with age.⁵⁵ Equally, the requirements of parents in meeting the needs of their children at different ages and stages will alter. Consequently, the type of service being provided will have to alter over time, being sensitive to the specific circumstances and needs of the child and family.
- It was also noted that the notion of permanence could play an important role in the re-balancing of the childcare framework towards the support of families in need.⁵⁶ Permanence requires professionals to focus upon a child's wellbeing and as such a child's development (as outlined above).⁵⁷ Consequently, by concentrating on a family's internal functioning and in turn the enrichment of a child's attachments, then a child's development and welfare may be addressed.
- Finally, the implementation of primary and secondary services in practice was also discussed from the perspective of concerns surrounding 'visible success' and 'defensible decisions'.⁵⁸ By contrast to the results generated from tertiary intervention, these do not always produce the type of raw data that may be used to justify the role of professionals in practice; the effectiveness of the childcare framework; or the need to allocate limited

⁵⁰ Refer to the discussion outlined in Chapter 5, p127 (See: N.Parton, D.Thorpe & C.Wattam, 'Child Protection: Risk & Moral Order', Macmillan, 1997).

⁵¹ It also links in with the earlier discussion regarding the importance of convincing/encouraging professionals to feel that they can help children to remain within their families whilst substantially reducing the number of cases eventually progressing through the system.

⁵² Op cit, n38.

⁵³ Op cit, n11, at p20.

⁵⁴ Refer to Chapter 5, p118.

⁵⁵ Refer to discussion on p125-126.

⁵⁶ Refer to Chapter 5, p120-123.

⁵⁷ See: Op cit, n38, at p41.

⁵⁸ J.Garbarino, 'Can we measure success in preventing child abuse? Issues in policy, programming and research', p143-156, *Child Abuse and Neglect*, 10, 1986.

resources to preventive intervention.⁵⁹ Until recently, there was little incentive for professionals to move away from a tertiary-based system without the appropriate government guidance or confidence in the effectiveness of a need-based framework. Whilst the former would appear to have been provided in the form of the new assessment framework and latest version of '*Working Together*', the latter could be aided through the information available through schools.⁶⁰

As such, information about a child and his family is essential in the appropriate provision of (preventive) support services to children in need, as is the use of this information to ensure that the most suitable services are provided at the relevant stage from the perspective of the child's welfare.

If all of the factors discussed in the literature review are applied to the '*Framework for the Assessment of Children in Need and their Families*' then the importance of taking into account all three key factors outlined in the Assessment Framework Triangle is highlighted. If we are to help children in need then the welfare of such children must be kept as the centre of attention whilst working with families. Issues such as the child's development, the family's current circumstances, their strengths and weaknesses and the type of intervention that is required to support this situation are all central to the process. The effectiveness of family support is then enhanced through the adoption of a partnership philosophy whereby professionals work with families, empowering them in the process of addressing their problems and concerns.

Turning back to the study's hypothesis once again, schools may play an important role in the effective provision of support services to children and families in need.

- In order to provide effective family support services (i.e. the most suitable type of intervention at an appropriate juncture) the childcare system must be sensitised to the needs of children and their families. In many respects, this brings us back to the earlier discussion of schools providing the type of information that may not be readily available

⁵⁹ See: D.Utting, 'Family and Parenthood: Supporting Families, Preventing Breakdown', p79, Joseph Rowntree Foundation, 1995. Also refer to the discussion outlined in Chapter 5, p128-129.

⁶⁰ As noted in Chapter 5, a more detailed picture of a child's domestic environment and needs of the family unit will enable professionals to implement the most appropriate types/levels of intervention at the most suitable junctures in that child's life. This in turn should ensure that the services are not only effective in terms of the needs that they are addressing but also from a partnership perspective (i.e. working with families). However, this is dependent upon the information available through schools being collected in a uniform manner and then being utilised in order to support the implementation of a need-based childcare framework.

to the social services. In other words, a more rounded picture of the child's domestic circumstances.⁶¹

- Schools may play a significant role in terms of liaising with other agencies at a community level. This may include the raising of concerns and/or needs at a far earlier stage than may otherwise be detected by agencies (i.e. social services), or the co-ordinating of services being received from various sources. For example, the community meetings revealed by the research data may prove to be an initiative that could be pursued to a far greater extent within LEAs, in essence supporting the early preventive work envisaged by the new assessment framework.⁶²
- Finally, as noted earlier, schools may provide a gateway to support programmes/services. Schools within the research sample currently undertake a wide variety of support initiatives for both children and their families. Consequently, the question arises as to whether this role could or indeed should be formalised. Whilst the research data highlighted several instances of good practice in terms of schools providing children and families in need with support services or working with childcare professionals at a community level to address needs/concerns, Chapter 9 also noted inherent limitations to this role. If schools are to act as a gateway to services then a number of issues must be addressed such as the precise role of CPLTs,⁶³ the training which teachers receive in terms of child welfare issues and the precise relationship that the educational establishment would have with other agencies. At present, the limitations that exist within schools in terms of resources and child welfare knowledge/experience place a question mark next to the viability of this extended role.⁶⁴ Nevertheless, given the current state of 'crisis management' within the social services in the sample area, it is the researcher's contention that this extended role should be pursued further.⁶⁵

In conclusion, it may be stated that whilst there is evidence of schools collecting and utilising information in an attempt to support children 'in need', this is only part of the process

⁶¹ Refer to discussion in Chapter 9 as well as on p312 (A central part of this would be the appropriate training of school teachers and CPLTs in order to ensure a consistent approach towards the monitoring of children in need and collecting of information for use by other childcare professionals/agencies).

⁶² Refer to the discussion outlined in Chapter 9

⁶³ There must be a shift away from the current employment of 'enthusiastic amateurs' as CPLTs within schools. As Chapter 9 highlighted, if schools are to command access to support services, then a CPLT must not only possess a wider knowledge base in terms of childcare work but also be provided with the status to undertake this role. (i.e. within the school environment as well as at an inter-agency level).

⁶⁴ Indeed, it was suggested in Chapter 9 that a failure to address these issues/limitations could result in a detrimental situation for children rather than one that would enhance their welfare.

⁶⁵ Further research in terms of CPLT approaches/philosophies/experiences of implementing support initiatives and liaising with other professionals at a community level would be necessary. This would initially take place within the South Yorkshire region (in which the sample area was located) and then on a LEA basis. The latter would allow for an examination and subsequent consideration of the training and guidance provided by individual LEAs to their schools and CPLTs and to identify variations in practice. Research would also be required in terms of the viability of formalising the role of CPLT both in terms of the educational establishment and the childcare framework.

necessary for the study's hypothesis to be implemented effectively in practice.⁶⁶ Once information has been accessed through CPLTs, it is the way in which this information is utilised that is of central importance to the re-balancing of the childcare framework. If it is used to gain a clearer picture of a child's needs so as to ensure the provision of appropriate types/levels of support at appropriate times, then section 17 and Part III of the Children Act may be re-emphasised. However, if it is used to perpetuate a process of risk assessment and child protection procedures then the potential value of integrating schools into the childcare framework may very well be overlooked.

⁶⁶ Whilst an analysis of the research data indicates that the study's hypothesis is valid and stable, when this is combined with the literature review foundation then it would appear that the effectiveness of schools in terms of undertaking the role of early detection system is dependent upon the way in which the information provided by CPLTs is utilised in practice. Nevertheless, it may be stated that the integration of schools into the childcare framework could provide 'a' key to re-balancing child protection work so as to prioritise section 17 and Part III of the Children Act 1989.

BIBLIOGRAPHY

- N.Abrahams, K.Casey & D.Daro 'Teachers' knowledge, attitudes and beliefs about child abuse and its prevention', *Child Abuse & Neglect*, 16(2), p229-238, 1992.
- J.Aldgate & J.Tunstall 'Making Sense of Section 17', London, HMSO, 1997.
- W.Altemeier, S.O'Connor 'Prediction of Child Abuse: A Prospective Study of Feasibility', p393-400, *Child Abuse & Neglect*, 8, 1984.
- H.M.Annis & D.Chan 'The Differential Treatment Model and Empirical Evidence from a Personality Typology of Adult Offenders', p159-173, *Criminal Justice and Behaviour*, Vol. 10, 1983.
- P.Appleton 'Interventions By Health Visitors', in J.Stevenson (ed), 'Health Visitor Based Services for Pre-School Children with Behaviour Problems', Association for Child Psychology & Psychiatry, 1990.
- J.Ashton & H.Seymour 'The New Public Health', Milton Keynes: Open University Press, 1990.
- S.Asogwa 'Socio-medical Aspects of Child Labour in Nigeria', *Journal of Occupational Medicine*, 28, 1986.
- Audit Commission 'Seen But Not Heard: Co-ordinating Community Child Health & Social Services for Children in Need', London: HMSO, 1994.
- W.Avison, R.Turner & S.Noh 'Screening for Problem Parents: Preliminary Evidence on a Promising Instrument', p157-170, *Child Abuse & Neglect*, 10, 1986.
- M.Axelrod 'Focus Group Interviewing', *Marketing News*, 1975
- M.Baccus 'The visibility criterion of real world social theorising', in H.Garfinkel (ed.), 'Ethnomethodological Studies of Work', Routledge, 1986.
- A.Baker & S.Duncan 'Child Sexual Abuse: A Study of Prevalence in Great Britain', p457-467, *Child Abuse & Neglect*, 9, 1985.
- A.Bandura 'Self-efficacy: Towards a unifying theory of behavioural change', *Psychological Bulletin*, 84, 1977
- A.Bandura 'Regulation of cognitive processes through perceiver self-efficacy', p729-735, *Developmental Psychology*, 25, 1989
- P.Barclay Joseph Rowntree Foundation Inquiry into Income and Wealth', Vol.1, Joseph Rowntree Foundation, 1995
- W.Barker 'Practical and Ethical Doubts about Screening for Child Abuse', p14-17, *Health Visitor*, 63, 1990.
- W.Barker & R.Anderson 'The Child Development Programme: An Evaluation of Process and Outcome', Early Child Development Unit, University of Bristol, 1988
- W.Barker, R.Anderson & C.Chalmers 'Child Protection: The Impact of the Child Development Programme', Early Childhood Development Unit, University of Bristol, 1992.

- S.Becker & S.Macpherson 'Poor Clients', Department of Social Administration & Social Work, Nottingham University, 1986
- D.Beddingfield 'The Child in Need', Family Law, 1998
- A.Beddington & J.Miles 'The Background of Children Who Enter Local Authority Care', British Journal of Social Work, 15, p349-368, 1989.
- J.Belsky 'Child Maltreatment: An Ecological Integration', p320-335, American Psychologist, 35, 1980
- J.Belsky 'Child Maltreatment and the Emergent Family System', in K.Browne, C.Davies & P.Stratton, 'Early Prediction and Prevention of Child Abuse', John Wiley & Sons, 1988.
- Belsky & Cassidy 'Attachment: Theory and Practice', in Rutter & Hay (eds.), 'Development Through Life', Blackwell Science, 1994.
- R.Benbenishty, A.Ben-Zaken & H.Yekel 'Monitoring Interventions with Young Israeli Families', British Journal of Social Work, 21, p143-155, 1991.
- K.Billingham 'New Ways of Working', p40-43, Health Visitor, 1991.
- E.Birchall & C.Hallett 'Working Together in Child Protection: Studies in Child Protection', HMSO, London, 1995.
- J.Black 'Misdiagnosis of Child Abuse in Ethnic Minorities', p48-53, Midwife Health Visitor & Community Nurse, 22, 1986.
- C.Blackburn 'Parenting and Health: Working with Families', Open University, 1991
- H.Blagg 'Fighting the Stereotypes - 'Ideal' Victims in the Inquiry Process', in H.Blagg, J.Hughes & C.Wattam (eds.), 'Child Sexual Abuse: Listening, Hearing and validating the experiences of Children', Harlow: Longman, 1989.
- J.Bowler & P.Watson 'A Child Behaviour workshop', p302-303, Health Visitor, 57, 1984
- J.Bradshaw 'Child Poverty and Deprivation in the UK', London: National Children's Bureau, 1990
- M.Brandon 'Attachment in Child Protection Assessments: Implications for Helping', in D.Howe, 'Attachment and Loss in Child and Family Social Work, Avebury/Aldershot, 1996.
- M.Brandon & A.Lewis 'Significant Harm and Children's Experiences of Domestic Violence', Child & Family Social Work, 1, p33-42, 1996.
- M.Brandon, G.Schofield & L.Trinder 'Social Work with Children', 1998, Macmillan Press
- M.Bray 'Sexual Abuse: The Child's Voice', Jessica Kingsley Publications, 1997.
- J.W.Brehm 'A Theory of psychological Reactance', New York: Academic Press, 1966
- S.S.Brehm & J.W.Brehm 'Psychological Reactance: A Theory of Freedom and Control', New York: Academic Press, 1981.

- C.Brown 'Child Abuse Parents Speaking', School for Advanced Urban Studies, University of Bristol, 1984
- K.Browne 'The Nature of Child Abuse and Neglect: An Overview', in K.Browne, C.Davies & P.Stratton (eds.), 'Early Prediction and Prevention Of Child Abuse', John Wiley & Sons, 1988
- K.Browne 'The Health Visitor's Role in Screening for Child Abuse', p275-277, Health Visitor, 62, 1989.
- K.Browne 'Home Visitation and Child Abuse: the British experience', American Professional Society on the Abuse of Children, 6(4), 1993.
- K.Browne & S.Saqi 'Parent - child interaction in abusing families: its possible causes and consequences', in P.Maher (ed.), 'Child Abuse: The Educational Perspective', Blackwell, 1987.
- K.Browne & S.Saqi 'Approaches to Screening Families at High Risk for Child Abuse', in K.Browne, C.Davies & P.Stratton (eds.), 'Early Prediction and Prevention of Child Abuse', John Wiley, 1988.
- M.Brown & N.Madge 'Despite the Welfare State: A Report on the SSRC/DHSS Programme of Research into Transmitted Deprivation, London Heinemann, 1982.
- G.Bryant 'Preventive Health Care for Pre-School Children or Health Surveillance', p195-206, Child Care, Health & Development, 12, 1986.
- H.Bryne & G.Martin 'Law for Social Workers', Blackstone Press, 1999.
- D.Bugental, S.Mantalya & J.Lewis 'Parental Attributions as Moderators of Affective Communication to Children At Risk for Physical Abuse', in D.Cicchetti & V.Carlson (eds), 'Child Maltreatment', Cambridge University Press, 1989.
- R.Burgess & J.Garbarino 'Doing What Comes Naturally? An Evolutionary Perspective on Child Abuse', in D.Finkelhor, R.Gelles, G.Hotaling & M.Straus (eds), 'The Dark Side of Families', Sage, 1983.
- C.Burns 'Individual Interviews in Qualitative Research', Edward Arnold, London, 1989
- I.Butler & H.Williamson 'Children Speak: Children, Trauma and Social Work', London: NSPCC/Longman, 1994.
- J.Butler 'Child Health Surveillance in Primary Care: A Critical Review', HMSO, 1989.
- B.Calder 'Focus Groups and the Nature of Qualitative Marketing Research', Journal of Marketing Research, 14(3), 1977
- M.Campbell 'Children at Risk: How Different are Children on Child Abuse Registers?', British Journal of Social Work, 21, 1991.
- C.Cannan 'Changing Families, Changing Welfare: Family Centres and the Welfare State', Harvester Wheatsheaf, 1992.

- M.Chan 'Chinese & Vietnamese Families', British Medical Journal, 290, 1985
- H.Cleaver & P.Freeman 'Parental Perspectives in Cases of Suspected Child Abuse', HMSO, 1995.
- H.Cleaver, C.Wattam & P.Cawson 'Assessing Risk in Child Protection', Final Report submitted to the Department Of Health, 1995, London, NSPCC
- M.Cohen and L.Manion 'Research Methods in Education', Routledge: London, 1989.
- M.Collins 'Concepts of Accuracy in Market Research', Market Research Development Seminar, 1989
- M.Colton, C.Drury & M.Williams 'Staying Together: Supporting Families under the Children Act 1989', Arena, 1995.
- M.Colton, C.Drury & M.Williams 'Children in Need: Family Support under the Children Act 1989', Aldershot, Avebury, 1995.
- C.Coohey & J.Marsh 'Promotion, Prevention and Treatment; What are the Differences?', p524-538, Research in Social Work Practice, 5(4), 1995.
- B.Corby 'Child Abuse: Towards a Knowledge Base', Milton Keynes Open University Press, 1993.
- V.Coulshed & J.Abdullah-Zadeh 'The Side Effects of Intervention', p479-486, British Journal of Social Work, 15(5), 1985
- J.Court 'Psycho-social factors in Child Battering', p99-104, Journal of the Medical Women's Federation, 52, 1970
- S.Cowley 'Achieving Real Value for Money', p166-168, Health Visitor, 1993
- S.Creighton 'Fatal Child Abuse - How Preventable Is It?', Child Abuse Review, 4, 1995.
- S.Cretney 'Re H and R (Child Sexual Abuse: Standard of Proof)', Family Law, 1996
- P.Crittenden 'Family and Dyadic Patterns of Functioning in Maltreating Families', in K.Browne, C.Davies & P.Stratton (eds.), 'Early Prediction and Prevention Of Child Abuse', John Wiley & Sons, 1988
- M.Crittendon & M.Ainsworth 'Child Maltreatment and Attachment Theory', in D.Cicchetti & V.Carlson (eds), 'Child Maltreatment: Theory and Research on the Causes of Child Abuse & Neglect', Cambridge University Press, 1989.
- N.Cunningham, E.Anisfield, V.Caspar & M.Nozyce 'Infant Carrying, Breast Feeding and Mother-Infant Relations', Lancet, 1, 1987
- P.Dale & M.Davies 'A Model of Intervention in Child Abusing Families', p449-455, Child Abuse & Neglect, 9, 1985
- G.Darcy-Smith & J.Morris 'Increasing Inequalities in the Health of the Nation', p967-969, British Medical Journal, 310, 1994

- C.Davies 'Identification and Prevention: An Overview', in K.Browne, C.Davies & P.Stratton (eds.), 'Early Prediction and Prevention Of Child Abuse', John Wiley & Sons, 1988.
- G.Davis 'Partisans & Mediators: The Resolution of Divorce Disputes', Clarendon Press, 1988;
- G.Davis & M.Murch 'Grounds for Divorce', Clarendon Press, 1988
- G.Davis, H.Messmer 'Making Amends: Mediation & Reparation in M.S.Umbriet & R.B.Coates, 'Criminal Justice', London: Routledge, 1992
- J.Dean, I.MacQueen, R.Mitchell & C.Kempe 'Health Visitor's Role in Prediction of Early Childhood Injuries and Failure to Thrive', p1-17, Child Abuse & Neglect, 2, 1978.
- Department of Health 'Protecting Children: A Guide for Social Workers Undertaking a Comprehensive Assessment in Cases of Child Protection', London HMSO, 1988.
- Department of Health 'Patterns and Outcomes in Child Placements', HMSO, 1991.
- Department of Health 'Child Abuse: A Study of Inquiry Reports 1980-1989', HMSO, 1991
- Department of Health 'The Children Act 1989, Guidance & Regulations', Vol. 2, HMSO, 1991.
- Department of Health 'Children Act Report 1993', 1994, London, HMSO.
- Department of Health 'The Challenge of Partnership in Child Protection: Practice Guide', HMSO, 1995.
- Department of Health & Social Security 'Social Work Decisions in Child Care', HMSO, 1985
- Dept of Health, Dept of Education and Science & Welsh Office 'Working Together Under the Children Act 1989: A Guide to Arrangements for Inter-Agency Co-operation for the Protection of Children From Abuse'', HMSO, 1991.
- Dept of Health, Home Office & Dept for Education 'Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children', HMSO, 1999.
- Dept of Health, Home Office & Dept for Education 'Framework for the Assessment of Children in Need and Their Families', HMSO, 2000.
- Department of Social Security 'Households below Average Income', HMSO, 1992.
- G.Denman & D.Thorpe 'Family Participation and Patterns of Intervention in Child Protection in Gwent', Lancaster, University of Lancaster, Department of Applied Social Science, 1993.
- R.Dingwall 'Child Abuse – The Real Questions', p67-68, Nursing Times, 79, 1983.
- R.Dingwall 'Some Problems about Predicting Child Abuse and Neglect', in O.Stevenson (ed.), "Child Abuse: Public Policy and Professional Practice", 1989, Harvester-Wheatsheaf.

- R.Dingwall, J.Eekelaar & T.Murray 'The Protection of Children: State Intervention and Family Life', Basil Blackwell, 1995.
- E.Dowler & C.Calvert 'Nutrition and Diet in Lone Parent Families in London', London: Family Policy Studies Centre, 1995
- J.Dunn 'The Beginning of Social Understanding', Oxford: Blackwell, 1988
- J.Eekelaar 'Parental Responsibility: State of Nature or Nature of the State?', Journal of Social Welfare and Family Law, 1, p37-50, 1991
- J.Eekelaar & R.Dingwall 'The Reform of Child Care Law', Routledge, 1990.
- B.Egeland 'Breaking the Cycle of Abuse: Implications for Prediction and Intervention', in K.Browne, C.Davies & P.Stratton, 'Early Prediction and Prevention of Child Abuse', John Wiley & Sons, 1988
- J.A.Elliot & P.G.Devine 'On the Motivational Nature of Cognitive Dissonance: Dissonance as Psychological Discomfort', p382-394, Journal of Personality and Social Psychology, 67, 1994.
- V.Fahlberg 'Fitting the Pieces Together', London: BAAF, 1988.
- V.Fahlberg 'A Child's Journey Through Placement', London: BAAF, 1994.
- E.Farmer & R.Parker 'Trials and Tribulations: Returning Children from Local Authority Care to their Families', HMSO, 1991.
- D.Farrington 'Understanding and Preventing Youth Crime', Joseph Rowntree Foundation, 1996.
- D.Farrington 'Explaining the beginning, progress and ending of anti-social behaviour from birth to adulthood', in J.McCord (ed), Facts, Frameworks & Forecasts: Advances in Criminology Theory', Vol 3, 1992
- E.Ferri & A.Saunders 'Parents, Professionals and Pre-School Centres: A Study of Barnardo's Provision', National Children's Bureau, 1991.
- L.Festinger 'A theory of Cognitive Dissonance', Stanford University Press, 1957.
- J.Fischer 'Is Casework Effective: A Review', p1-5, Social Work, 17, 1973.
- M.Fisher, P.Marsh & D.Phillips 'In and Out of Care: The Experiences of Children, Parents and Social Workers', Batsford, 1986
- A.Fort 'The Spider's Web', p558-559, The Health Service Journal, 96, 1986
- D.Fox 'The Research Process in Education', Holt, Rinehart & Winston, New York, 1969,
- R.Fox 'A Multidisciplinary Approach to the Treatment of Alcoholism', American Journal of Psychotherapy, p769-778, 1967.
- S.Fox & R.Dingwall 'An Exploratory Study of Variations in Social Workers' and Health Visitors' Definitions of Child Mistreatment', p467-477, British Journal of Social Work, 15, 1985

- N.Frost 'Delivering Family Support: Service Development', in N.Parton, 'Child Protection and Family Support', Routledge, 1997.
- G.E.Fryer, S.K.Kraiser & T.Miyoshi 'Measuring Actual Reduction of Risk of Child Abuse: A New Approach', p173-179, Child Abuse and Neglect, 11, 1987.
- J.Furnell, P.Dutton & J.Harris 'Emotional Abuse: References to a Scottish Children's Panel Reporter Over 5 Years', Medicine, Science & Law 28, 1988.
- C.Gabriel 'The Validity of Qualitative Market Research', Journal of the Market Research Society, 32(4), 1990
- J.Garbarino 'Can we measure success in preventing child abuse? Issues in policy, programming and research', p143-156, Child Abuse and Neglect, 10, 1986.
- R.Gardner 'Court in the Act', Community Care, 25th June 1992,
- R.Gardner 'Supporting Families: Preventive Social Work in Practice', National Children's Bureau, 1992.
- R.Garland & M.Dougher 'Motivational Intervention in the Treatment of Sex Offenders', in W.R.Miller & S.Rollnick (eds.), 'Motivational Interviewing: Preparing People to Change Addictive Behaviour, p303-319, New York: Guilford, 1991.
- R.Gelles & M.Straus 'Is Violence Towards Children Increasing? A Comparison of 1975 & 1985 National Survey Rates', p212-222, Journal of Interpersonal Violence, 2(2), 1987;
- J.Gibbons 'Purpose and Organisation of Preventive Work with Families: The Two Area Study', Department of Health, 1989.
- J.Gibbons 'The Children Act 1989 and Family Support – Principles into Practice', HMSO, 1992.
- J,Gibbons, S.Conroy & C.Bell 'Operating the Child Protection System', 1995, London, HMSO.
- J.Gibbons, B.Gallagher, C.Bell & D.Gordon 'Development After Physical Abuse in Early Childhood: A Follow up Study of Children on Protection Registers', HMSO, 1995.
- J.Gibbons, S.Thorpe & P.Wilkinson 'Family Support and Prevention', HMSO, 1990.
- H.Giller 'Children in Need: Definition, Management and Monitoring: A Report for the Department of Health', Manchester, Social Information Systems, 1993
- H.Giller, C.Gormley & P.Williams 'The Effectiveness of Child Protection Procedures: An Evaluation of Child Protection in Four ACPC Areas', Manchester, Social Information Systems, 1992.
- E.Goffman 'The Presentation of Self in Everyday Life', Penguin, 1971.
- T.Gordon 'Parent Effectiveness Training', New York: Wyden, 1970.
- W.Gordon & R.Langmaid 'Qualitative Market Research', Gower Publishers: Aldershot, 1988

- D.Gough 'Approaches to Child Abuse Prevention', in K.Browne, C.Davies & P.Stratton, 'Early Prediction and Prevention of Child Abuse', John Wiley & Sons, 1988.
- H.Graham 'The Changing Financial Circumstances of Households with Children', *Children & Society*, 8(2), p98-113, 1994.
- K.Graham 'Toward a Better Understanding and Treatment of Sex Offenders', p41-57, *International Journal of Offender Therapy and Comparative Criminology*, 37, 1993
- J.Gray, C.Cutler, J.Dean & C.Kempe 'Prediction of Child Abuse', p45-58, *Child Abuse Neglect*, 1977.
- C.Greenland 'Preventing Child Abuse and Neglect Deaths: The Identification and Management of High Risk Cases', p205-206, *Health Visitor*, 59, 1986.
- C.Greenland 'Preventing CAN Deaths: An International Study of Deaths due to Child Abuse and Neglect', Tavistock, 1987.
- A.G.Greenwald 'New Look 3: Unconscious Cognition Reclaimed', p766-779, *The American Psychologist*, 47, 1992.
- S.Griggs 'Analysing Qualitative Data', *Journal of the Market Research Society*, 29(1), 1987
- J.Haldane, J.Smith & J.Henderson 'Training Nurses in Child, Adolescent and Family Psychiatry', p37-40, *Nursing Times*, 67, 1971.
- D.Hall 'Health For All Children', Oxford University Press, 1996.
- C.Hallet 'Child Abuse Inquiries and Public Policy', in O.Stevenson (ed.), "Child Abuse: Public Policy and Professional Practice", Harvester Wheatsheaf, 1989
- C.Hallett & E.Birchall 'Co-ordination and Child Protection: A Review of the Literature', London HMSO, 1992.
- H.Hanks, C.Hobbs & J.Wynne 'Early Signs and Recognition of Sexual Abuse in the Pre-School Child', in K.Browne, C.Davies & P.Stratton (eds.), 'Early Prediction and Prevention of Child Abuse', John Wiley, 1988
- P.Hardiker 'Mind the Gap', *Community Care*, 16th April 1994.
- P.Hardiker, K.Exton & M.Barker 'Policies and Preventive Child Care – Report to the Department of Health', 1989.
- P.Hardiker, K.Exton & M.Barker 'Policies and Practices in Preventive Child Care', Avebury/Gower, 1991
- D.Hargreaves 'The challenge for the Comprehensive School. Culture, Curriculum & Community', Routledge & Kegan Paul, 1982.
- P.Harris 'Children and Emotion: The Development of Psychological Understanding', Oxford: Blackwell, 1989.
- J.Haskey 'Children in Families Broken by Divorce', p34-42, *Population Trends*, 61, 1990.

- J.Haviland & M.Lelwica 'The Induced Affect Response: 10 week old infants' responses to 3 emotional expressions', *Developmental Psychology*, 23, p97-104, 1987.
- M.Hayes 'Child Protection: From Principles and Policies to Practice', *CFLQ*, 10(2), 1998
- B.Hearn 'Child and Family Support and Protection: A Practical Approach', National Children's Bureau, 1995
- B.Hearn 'Putting Child and Family Support and Protection into Practice', in N.Parton (ed.), 'Child Protection and Family Support', London: Routledge, 1997.
- B.Hedges & J.Ritchi 'Research and Policy: The choice of Appropriate Research Methods', SCAR Publications: London, 1987
- R.Helfer M.Bristor, B.Cullen & A.Wilson 'The peri-natal period: A Window Of Opportunity For Enhancing Parent-Infant Communication: An Approach to Prevention', p565-579, *Child Abuse & Neglect*, 11, 1987
- J.Herman 'Father-Daughter Incest', Harvard University Press, 1981
- M.Hill 'The Manifest and Latent Lessons of Child Abuse Inquiries', *British Journal of Social Work*, 20(3), p197-213, 1990.
- J.Hills 'Joseph Rowntree Foundation Inquiry into Income and Wealth', Vol.2, York, Joseph Rowntree Foundation, 1995
- D.Hinchcliffe 'Child Protection under Threat', London: Labour Party Publications, 1993.
- G.Hiskins 'How Mothers can help themselves', p108-111, *Health Visitor*, 54, 1981
- B.Holman 'Putting Families First: Prevention and Child Care', 1988.
- R.Holman 'Flaws in Partnership', *Social Work Today*, 20th February 1992.
- S.Holterman 'All Our Futures: The Impact of Public expenditure and Fiscal Policies on Britain's Children and Young People', Ilford, Barnardos, 1995
- V.Howarth 'Social Work and the Media: Pitfalls and Possibilities' in B,Franklin & N.Parton (eds.), "Social Work, the Media and Public Relations", London, Routledge, 1991.
- D.Howe 'The Consumers' View of Family Therapy', Gower, 1989.
- D.Howe 'Child Abuse and the Bureaucratisation of Social Work', *Sociological Review*, 40(3), p491-508, 1992
- D.Howe 'Attachment Theory for Social Work Practice', Macmillan, 1995
- D.Howe, M.Brandon, E.Hinings & G.Schofield 'Attachment Theory, Child Maltreatment and Family Support: A Practice and Assessment Model', Macmillan, 1998.
- D.Howe & S.Fearnley 'Disorders of Attachment and Attachment Therapy', *Adoption & Fostering*, 23(2), 1999.

- D.Howitt 'Concerning Psychology: Psychology Applied to Social Issues', Milton Keynes: Open University Press, 1991.
- D.Howitt 'Child Abuse Errors: When Good Intentions Go Wrong', Harvester Wheatsheaf, 1992.
- G.Jack 'Discourse of Child Protection and Child Welfare', British Journal of Social Work, 1998.
- V.E.Johnson 'I'll Quit Tomorrow', New York: Harper & Row, 1973.
- C.Johnson 'Identifying Children at risk: A system for Health Visitors', p195-196, Health Visitor, 58, 1985.
- C.Jones & T.Novak 'Social Work Today', p195-212, British Journal of Social Work, 23(3), 1993
- D.Jones, E.Sharland, H.Seal, M.Croucher & J.Aldgate 'Early Intervention in Child Sexual Abuse Cases', Final Report to the Department of Health, 1993.
- M.Jones 'A Second Chance for Families: 5 Years Later', Child Welfare League of America, New York, 1985.
- B.Jordan 'Partnership with Service Users in Child Protection and Family Support', in N.Parton (ed.), "Child Protection and Family Support: Tensions, Contradictions & Possibilities", 1997, London, Routledge.
- J.Kaufman & E.Zigler 'Do Abused Parents Become Abusive Parents?', p186-192, American Journal of Orthopsychiatry, 57(2), 1987.
- J.Kear-Colwell & P.Pollock 'Motivation or Confrontation: Which Approach to the Child Sexual Offender?', Criminal Justice and Behaviour, Vol. 24(1), 1997.
- H.Kempe 'Recent Developments in the Field of Child Abuse', p9-15, Child Abuse & Neglect, 3, 1979.
- R.Kempe & C.Kempe 'Child Abuse', Fontana, 1978.
- M.King & C.Piper 'How the Law Thinks About Children', Aldershot, Gower, 1995.
- K.King & Trowell 'Children's Welfare and the Law: The Limits of Legal Intervention', 1992, Sage Publications
- T.Kinnear & J.Taylor 'Marketing Research', McGraw Hill, 1987
- A.Kinsey, W.Pomeroy & C.Martin 'Sexual Behaviour in the Human Male', Philadelphia: W.Saunders, 1948
- J.Kirk & M.Miller 'Reliability and Validity in Qualitative Research', Sage, 1986.
- R.Kirschner & R.Stein 'The mistaken diagnosis of child abuse: a form of medical abuse', p873-875, American Journal of Diseases of Children, 139(9), 1985.
- J.Kitzinger 'Who Are You Kidding? Children, Power and the Struggle against Sexual Abuse' in A.James & A.Prout, 'Constructing and Reconstructing Childhood', London: Falmer Press, 1990.
- F.H.Knopp 'Retraining Adult Sex Offenders: Methods and Models', 1984

- S.Kruk & S.Wolkind 'A longitudinal study of single mothers and their first children', in N.Madge (ed.), 'Families at Risk', Heinemann, London, 1983
- V.Kumar 'Poverty and Inequality in the UK: The Effects on Children', London: National Children's Bureau, 1993.
- S.Lamb & M.Coakley 'Normal' Childhood Sexual Play and Games: Differentiating Play from Abuse', p515-526, Child Abuse & Neglect, 17, 1993
- R.Langevin 'Defensiveness in Sex Offenders', in R.Rogers (ed.), 'Clinical Assessment of Malingering and deception', p269-290, New York: Guilford, 1988
- R.Langevin & R.A.Laing 'Psychological Treatment of Paedophiles', p403-419, Behavioural Sciences and the Law, 3, 1985
- J.Lave & L.Lave 'Measuring the Effectiveness of Prevention', p273-289, Milbank Memorial Fund Quarterly 'Health & Society', 1977.
- D.R.Laws 'Relapse Prevention With Sex Offenders', New York: Guilford, 1989
- I.Lazar, V.Hubbell 'The Persistence of Pre-school Effects', Cornell: Community Service Laboratory, Cornell University, 1978.
- G.Lealman, D.Haigh & J.Phillips 'Prediction and Prevention of Child Abuse: An Empty Hope?', p1423-1424, The Lancet, 1, 1983.
- J.Leventhal 'Programmes to Prevent Sexual Abuse: What Outcomes Should Be Measured', p169-172, Child Abuse & Neglect, 11, 1987.
- M.Lewis 'What Can Child Development Tell Us About Child Abuse?', in K.Browne, C.Davies & P.Stratton (eds.), 'Early Prediction and Prevention Of Child Abuse', John Wiley & Sons, 1988.
- R.W.Lightup 'A Micro-Study of Some Inter-actional Features of Social Worker - Client Relationships', University of Manchester, 1982.
- B.Lindley & M.Richards 'Working Together 2000: How will parents fare under the new child protection process?', p213-228, CFLQ, 12(3), 2000.
- M.Little 'The Re-focusing of Children's Services', in N.Parton (ed.), "Child Protection and Family Support: Tensions, Contradictions & Possibilities", London, Routledge, 1997.
- London Borough of Brent 'A Child in Trust: Report of the Panel of Inquiry Investigating the Circumstances Surrounding the Death of Jasmine Beckford', 1985.
- K.Luker & J.Orr 'Health Visiting: Towards Community Health Nursing', Blackwell, 1992.
- M.Lynch 'Child Protection: Have We Lost Our Way?', p17, Adoption & Fostering, Vol.16(4), 1992.
- M.A.Lynch, J.Lindsay & C.Ounsted 'Tranquillisers Causing Aggression', p266, British Medical Journal 1975
- M.Lynch & J.Roberts 'Predicting Child Abuse: Signs of Bonding Failure in the Maternity Hospital', p624-626, British Medical Journal, 1977

- M.Lynch & J.Roberts 'Consequences of Child Abuse', Academic Press, 1982
- J.MacFarlane & U.Pillnay 'Who does what, and how much in the pre-school child health services in England', p851-852, British Medical Journal, 289, 1984.
- N.Madge 'Identifying Families At Risk', in N.Madge (ed.), 'Families At Risk', London Heinemann, 1983.
- P.Maher 'Child Abuse: The Educational Perspective', Blackwell, Oxford, 1987
- A.Maluccio, E.Fein & K.Olmstead 'Permanency Planning for Children', Tavistock, 1986.
- L.Margolin 'Fatal Child Neglect', Child Welfare, 1990.
- P.Marsh & J.Triseliotis 'Prevention and Reunification in Child Care', Batsford, 1993.
- W.L.Marshall 'Assessment Treatment and Theorising About Sex Offenders: Development During the Past 20 Years and Future Directions', Criminal Justice and Behaviour, 1998.
- W.L.Marshall & A.Eccles 'Issues In Clinical Practice with Sex Offenders', p68-93, Journal of Interpersonal Violence, 6, 1991
- W.L.Marshall & W.D.Pithers 'A Reconsideration of Treatment Outcome with Sex Offenders', p10-27, Criminal Justice and Behaviour, 21, 1994
- A.Maxwell 'The health visitor's role in community psychiatry', p74-76, Nursing Mirror, 139, 1974
- B.Mayall 'Keeping Children Healthy', Allen & Unwin, 1986.
- D.Meichenbaum & D.Turk 'Facilitating treatment adherence: A practitioner's guidebook', New York: Plenum, 1987.
- M.Miles & A.Huberman 'Qualitative Data Analysis', Sage Publications, 1984
- W.R.Miller 'Motivational Interviewing with Problems', p147-172, Behavioural Psychotherapy, 1983.
- W.R.Miller & S.Rollnick 'Motivational Interviewing: Preparing People to change Addictive Behaviour', New York: Guilford, 1991.
- W.R.Miller & R.G.Sovereign 'The Check-Up: A Model For Early Intervention in Addictive Behaviours', in T.Loberg, W.R.Miller, P.E.Nathan & G.A.Marlatt (eds.), 'Addictive Behaviours: Prevention and Early Intervention', p219-231, Amsterdam: Swets & Zeitlinger, 1989.
- S.Millham, R.Bullock, K.Hosie & M.Haak 'Lost in Care: The Problems of Maintaining Links Between Children in Care and Their Families', Aldershot: Gower, 1986.
- M.Monaco & J.Thoburn 'Self Help for Parents with Children in Care', University of East Anglia, 1987
- S.Montgomery 'Problems in the Perinatal Prediction of Child Abuse', p194, British Journal of Social Work, 1982.
- J.Moore 'For the Children's Sake', p19-20, Nursing Times, 81, 1985

- T.Morrison, M.Erooga & R.Beckett 'Sexual Offending Against Children', Routledge, 1994.
- M.Murphy 'Working Together in Child Protection', Arena Publications, 1995.
- B.Nelson 'Making an Issue of Child Abuse: Political Agenda Setting for Social Problems, University of Chicago, 1982.
- D.Nelson 'The Public Policy Implications of Family Preservation', in K.Wells & D.Biegel (eds) 'Family Preservation Services', Sage, 1991.
- S.Nelson 'Incest: Fact and Myth', Stramullion, 1987; N.Parton, 'The Politics of Child Abuse', Macmillan, 1985.
- A.Nicol, D.Stretch, I.Davison & T.Fundudis 'Controlled Comparison of three interventions for Mother and Toddler Problems', p488-491, Journal of the Royal Society of Medicine, 77, 1984.
- R.Nicol 'The Treatment of Child Abuse in the Home Environment', in K.Browne, C.Davies & P.Stratton (eds.), 'Early Prediction and Prevention Of Child Abuse', John Wiley & Sons, 1988
- Nuffield Health Unit 'Preventing Unintentional Injuries in Children and Young Adolescents', Effective Health Care, 2, 1996
- D.Offord 'Prevention of behavioural and emotional disorders in children', p9-19, Journal of Child Psychology and Psychiatry, 28, 1987.
- A.N.Oppenheim 'Questionnaire design, Interviewing and Attitude Measurement', Pinter, 1992
- C.Ounsted, J.Roberts, M.Gordon & B.Milligan 'Fourth Goal of Perinatal Medicine', p879-882, British Medical Journal, 284, 1982
- C.Overhoser, 'Quality, Quantity and Thinking Real Hard', Journal of Advertising Research, 1986
- J.Packman, 'From Prevention to Partnership: Child Welfare Services Across Three Decades', p183- 195, Children & Society 7(2), 1993.
- J.Packman & B.Jordan, 'The Children Act: Looking Forward, Looking Back', p315-327, British Journal of Social Work, 21(2), 1991
- J.Packman, J.Randall & N.Jaques 'Who Needs Care?', Blackwell, 1986.
- R.Parker 'Caring for Separated Children', Macmillan, 1980.
- N.Parton 'Child Abuse, Social Anxiety and Welfare', p391-414, British Journal of Social Work, 11, 1981
- N.Parton 'Governing the family: Child Care, Child Protection and the State', London, Macmillan, 1991.
- N.Parton 'Social theory, Social Change and Social Work', London, Routledge, 1996.
- N.Parton 'Child Protection and Family Support: Tensions, Contradictions & Possibilities', 1997, London, Routledge.

- N.Parton, D.Thorpe & C.Wattam 'Child Protection: Risk and the Moral Order', London: Macmillan, 1996
- C.R.Paterson 'Unexplained Fractures in Childhood: Differential Diagnosis of Osteogenesis Imperfecta and Other Disorders from Non-Accidental Injury', p254, Journal of Neurological & Orthopaedic Medicine and Surgery, 7(3), 1986.
- C.R.Paterson 'Bones of Contention', p25-27, Community Care, 16th June 1988.
- G.R.Patterson, D.Capaldi & L.Bank 'An early starter model for predicting delinquency', in D.J.Pepler & K.H.Rubin, 'The development and treatment of childhood aggression', 1991
- G.R.Patterson & M.Stouthammer-Loeber 'The correlation of family management practices and delinquency, p1299, Child Development, 55, 1984
- M.Paulson & G.Schwemer 'Parent Attitude Research Instrument (PARI): Clinical vs Statistical Inferences in Understanding Abusive Mothers', p848-854, Journal of Clinical Psychology, 33(3), 1977.
- P.Pecora & M.Martin 'Risk factors associated with child sexual abuse: Selected summary of empirical research', in P.Schene & K.Bond (eds.), 'Research Issues in Risk Assessment for Child Protection', (American Association for Protecting Children, Denver: The American Humane Association), 1989.
- A.Pellegrin & W.Wagner 'Child Sexual Abuse: Factors affecting Victims' Removal From Home', p53-60, Child Abuse & Neglect, 1990.
- W.D.Pithers 'Relapse Prevention with Social Aggressors: A Method for Maintaining Therapeutic Gain and Enhancing external Supervision', in W.L.Marshall, D.R.Laws & H.E.Barbaree (eds.), 'Handbook of Sexual Assault: Issues, Theories and Treatment of the Offender', p343-361, New York: Plenum, 1990.
- W.D.Pithers 'Maintaining Treatment Integrity With Sexual Abusers', Criminal Justice and Behaviour, 24(1), 1997.
- J.Pope 'Practical Marketing Research', Amacon: New York, 1989
- J.Powell 'Keeping Watch', p15-19, Nursing Times Community Outlook, 81(2) 1985.
- J.Powell & R.Lovelock 'Negotiating with Agencies', in G.Allan & C.Skinner (eds), 'Handbook for Research Students in the Social Services', London: Falmer Press, 1991.
- J.O.Prochaska & C.C.DiClemente 'Trans-theoretical Therapy: Toward a More Integrative Model of Change', p276-288, 'Psychotherapy: Theory, Research & Practice, 19, 1982.
- J.O.Prochaska, C.C.DiClemente & J.Norcross 'In Search of How People Change: Applications to Addictive Behaviours', p1102-1114, The American Psychologist, 47, 1992
- G.Pugh & E.De'Ath 'The Needs of Parents: Practice and Policy in Parent Education', Macmillan, 1984.
- G.Pugh & E.De'Ath 'Working Towards Partnership in the Early Years', National Children's Bureau, 1989

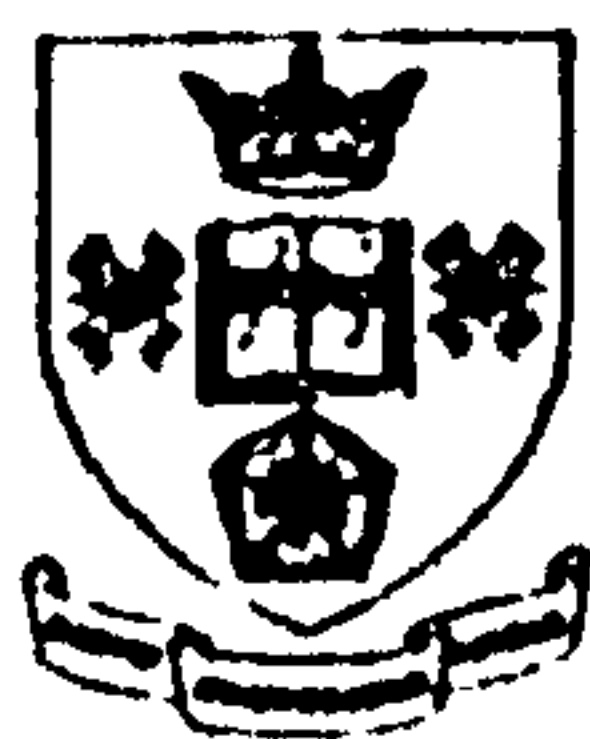
- M.Quinn Patton 'Utilisation – Focused Evaluations', Sage: London, 1986
- D.Quinton & M.Rutter 'Parenting behaviour of mothers raised 'in care'', in A.Nicol (ed.), 'Longitudinal Studies in Child Psychology and Psychiatry: Practical Lessons from Research Experience', Wiley, 1985.
- P.Reder, S.Duncan & M.Gray 'Beyond Blame: Child Abuse Tragedies Revisited', London, Routledge, 1993.
- J.Reid, P.Taplin & R.Loeber 'A social interactional approach to the treatment of abusive families', in R.Stuart (ed), 'Violent behaviour: Social learning approaches to prediction management and treatment', New York: Brunner/Mazel, 1981
- G.Resnick 'Enhancing Parental Competencies for High-Risk Mothers: An Evaluation of Prevention Effects', p479-489, Child Abuse & Neglect, 9, 1985.
- F.Reynolds & D.Johnson 'Validity of Focus Group Finding', Journal of Advertising Research, 1978.
- J.Roberts 'Why Are Some Families More Vulnerable to Child Abuse?' in K.Browne, C.Davies & P.Stratton, 'Early Prediction and Prevention of Child Abuse', John Wiley & Sons, 1988
- H.Roberts, S.Smith & C.Bryce 'Children at Risk: Safety as a Social Value', Buckingham: Open University Press, 1995.
- C.Robertson 'Health Visiting in Practice', Churchill Livingstone, 1991.
- S.Robson & A.Foster 'Qualitative Research in Action', Edward Arnold: London, 1989
- M.Roe 'The group discussion under the Microscope', Market Research Society, 1988
- W.Gordon & R.Langmaid 'Qualitative Market Research', Gower Publishers, 1988
- W.Rose Foreword in J.Gibbons (ed), 'The Children Act 1989 and Family Support – Principles into Practice', HMSO, 1992.
- W.Rose 'An Overview of the Developments of Services: The Relationship Between Protection and Family Support and the Intentions of the Children Act 1989', Department of Health Paper for Sieff Conference, 5th September 1994, Cumberland Lodge.
- J.Rowan 'Possible Early-Warning Signs of Non-Accidental Injury to Children', in 'Abstracts of 2nd International Congress on Child Abuse and Neglect, New York, 1979.
- M.Rutter, B.Maugham, P.Mortimore & J.Ouston 'Fifteen Thousand Hours: Secondary Schools and their effects on Children', Open Books, Wells, 1979
- M.Rutter, D.Quinton & J.Hill 'Adult Outcomes of Institution-Reared Children: Males & Females Compared', in L.Robins & M.Rutter, 'Straight and Devious Pathways from Childhood to Adulthood', Cambridge University Press, 1990
- M.Rutter & M.Rutter 'Developing Minds: Challenge & Continuity Across the Life Span', Penguin, 1993

- A.C.Salter 'Treating Child Sex Offenders and Victims: A Practical Guide', Sage Press, 1988.
- S.Sanger, K.Weir & E.Churchill 'Treatment of sleep problems: the use of behaviour modification techniques by health visitors', p421-414, Health Visitor, 54, 1981.
- R.Schaffer 'Making Decisions About Children', Blackwell, 1990.
- P.Schene 'Is Child Abuse Decreasing?', p225-227, Journal of Interpersonal Violence, 2(2), 1987.
- G.Schofield 'Making Sense of the Ascertainable Wishes and Feelings of Insecurely Attached Children', Child & Family Law Quarterly, Vol. 10 (4), 1998.
- G.Schofield & Thoburn 'Child Protection: The Voice of the Child in Decision Making', Institute of Public Policy Research, 1996
- A.Schorr 'Social Services: An Outsider's View', York: Joseph Rowntree Foundation, 1992
- R.Schwartz, P.Pearcy & D.Mistrella 'Intoxication of young children with marijuana: a form of amusement for 'pot-smoking' teenage girls', American Journal of the Disease of Children, 40, 1986.
- S.Sgroi 'Handbook of Clinical Intervention in Child Sexual Abuse', Lexington Books, 1982.
- E.Sharland, H.Seal, M.Croucher & J.Aldgate 'Professional Intervention in Child Sexual Abuse', London: HMSO 1996
- S.Sharp & H.Cowie 'Counselling & Supporting Children in Distress', Sage, 1998
- P.Sharpe & A.Green 'Education and Social Control: A study in Progressive Primary Education', Routledge: London, 1975
- M.Shaw, J.Masson & E.Brocklesby 'Children in Need and Their Families: A New Approach. A Guide to Part III of the Children Act 1989 for Local Authority Councillors', 1991, School of Social Work, Leicester University
- R.Sinclair, B.Hearn & G.Pugh, 'Preventive Work with Families', National Children's Bureau, 1997.
- W.Sluckin, M.Herbert & A.Sluckin 'Maternal Bonding', Oxford Blackwell, 1983.
- M.Smith & M.Grocke 'Normal Family Sexuality and Sexual Knowledge in Children', London: Royal College of Psychiatry, 1995.
- Social Services Inspectorate 'The Challenge of Partnership in Child Protection', HMSO, 1995.
- A.Solberg 'Changing Constructions of Age for Norwegian Children', in A.James & A.Prout, 'Constructing and Reconstructing Childhood', London: Falmer Press, 1990
- A.Spitzer, C.Webster-Stratton & T.Hollinsworth 'Coping with conduct problem children: Parents gaining knowledge and control', Journal of Child Clinical Psychology 1991
- B.Steele & C.Pollock 'A Psychiatric Study of Parents Who Abuse Children', in R.Helfer & C.Kempe (eds.), 'The Battered Child', Chicago, 1968

- C.Stern 'The Recognition of Child Abuse', in P.Marsh (ed), 'Child Abuse: The Educational Perspective', Basil Blackwell, 1989.
- J.Stevenson 'Health Visitor Based Services for Pre-School Children with Behaviour Problems', Association for Child Psychology & Psychiatry, 1990.
- J.Stevenson & V.Bailey 'A controlled trial of post-natal mothers' groups as psychological prevention: II Evaluation of outcome', 1987.
- J.Stevenson, V.Bailey & J.Simpson 'Feasible Intervention in Families with Parenting Difficulties', in K.Browne, C.Davies & P.Stratton, 'Early Prediction & Prevention of Child Abuse', John Wiley, 1988.
- O.Stevenson 'Neglected Children: Issues and Dilemmas', Blackwell Science, 1998.
- P.Stratton, C.Davies & K.Browne 'The Psychological Context of Predicting and Preventing Child Abuse and Neglect', in Browne, Davies & Stratton, 'Early Prediction & Prevention of Child Abuse', 1988.
- P.Stratton & R.Swaffer, 'Maternal Causal Beliefs for Abused and Handicapped Children', p201-216, Journal of Reproductive & Infant Psychology, 6, 1988.
- M.Straus, R.Gelles & S.Steinmetz 'Behind Closed Doors: Violence in the American Family', New York: Anchor/Doubleday, 1980
- R.Summit 'The Child Sexual Abuse Accommodation Syndrome', p177-193, Child Abuse & Neglect, 7, 1983.
- M.Sunkin 'Judicial Review and Part III of the Children Act 1989', JCL, 1992
- C.Sutton 'The behavioural approach in health visiting', p95-97, Health Visitor, 54, 1981
- J.Sutton, C.Jagger & L.Smith 'Parents' views of health surveillance', p57-61, Archives of Disease in Childhood, 73(1), 1995.
- W.Sykes 'Validity and Reliability in Qualitative Market Research: A Review of the Literature', Journal of the Market Research Society, 32(3), 1990
- A.Symonds 'Health Visiting: Past and Future', p175-176, Health Visitor, 1993.
- A.Symonds 'Angels & Interfering Busybodies: Social Construction of two Occupations', Sociology of Health & Illness, 1993.
- J.Thoburn 'Success and Failure in Permanent Family Placement', Avebury/Gower, 1990
- J.Thoburn, A.Lewis & D.Shemmings 'Partnership? Family Involvement in the Child Protection Process' HMSO, 1995.
- D.Thorpe 'Evaluating Child Protection', Milton Keynes: Open University Press, 1994
- J.Timms 'The Tension Between Welfare and Justice', Family Law, 1997.

- R.Tite 'How teachers define and respond to child abuse: the distinction between theoretical and reportable cases', p591-603, *Child Abuse & Neglect*, 17, 1993.
- A.Tredinnik & A.Fairbairn, 'Left Holding the Baby', p22-25, *Community Care*, 10th April 1980.
- J.Tunstill, 'Local Authority Policies on Children In Need', in J.Gibbons (ed.), 'The Children Act 1989 and Family Support: Principles Into Practice', London, HMSO, 1992.
- J.Trowell 'Understanding the Child: The Importance of Thinking About the Child's Feelings', in D.Batty & D.Cullen (eds), 'Child Protection: The Therapeutic Option', London: BAAF, 1996.
- J.Tunstill 'Children in Need: The Answer or the Problem for Family Support', p651-664, *Children & Youth Services Review*, 1996.
- J.Tunstill, J.Aldgate, M.Wilson & P.Sutton 'Crossing the Organisational Divide: Family Support Services', *Health & Social Care in the Community*, p41-49, 1996
- A.Tynan & J.Drayton 'Conducting Focus Groups – A Guide for First Time Users', *Marketing Intelligence & Planning*, 1988
- D.Utting 'Family and Parenthood: Supporting Families, Preventing Breakdown', York, Joseph Rowntree Foundation, 1995.
- N.Valios 'Changes to Evidential Rules in Abuse Cases put Children in Danger', *Community Care*, 14th January 1996
- R.G.Wahler 'The insular mother – Her problems in parent-child treatment', p207-219, *Journal of Applied Behaviour Analysis*, 13, 1980
- J.Warner & D.Hansen 'The Identification and Reporting of Physical Abuse by Physicians: A Review and Implications for Research', p11-15, *Child Abuse & Neglect*, 18, 1994.
- I.Waterhouse 'A Bar on Abuse', p1302-1303, *Health & Social Services Journal* XCI, 1981;
- C.Wattam 'Making a Case in Child Protection', London: NSPCC/Longman, 1992.
- C.Wattam 'Truth and Belief in the Disclosure Process', NSPCC Research Policy and Practice Series, 1991.
- C.Wattam 'Adultcentrism and Child Protection', presented at the 8th International Congress on Child Abuse and Neglect, Hamburg, September 1990
- C.Webster-Stratton 'Parent Training with Low-Income Clients – Promoting Parental Engagement through a Collaborative Approach', 1995
- K.Weir 'Behavioural therapy in the management of pre-school sleep: a controlled trial with health visitors and therapists', Paper presented to the Association for Child Psychology and Psychiatry, 19 November 1986, Barts Hospital, London, 1986.
- K.Wells & D.Biegel 'Family Preservation Services: Research & Evaluation', Sage, 1991

- H.Westcott 'Perceptions of Child Protection Casework: Views from Children, Parents and Practitioners', in C.Cloke & M.Davies, 'Participation and Empowerment in Child Protection', Pitman Publishing, 1995.
- C.Willow 'Children's Rights and Participation in Residential Care', National Children's Bureau, 1996.
- D.W.Winnicott 'The child, the family and the outside world', Penguin Books, 1964
- J.Wise, R.Nordberg & D.Reitz 'Methods of Research in Education', Boston, 1967
- D.Wolfe 'Preventing Physical and Emotional Abuse of Children', New York, 1991.
- G.Wolfner & R.Gelles 'A Profile of Violence Toward Children: National Study', p197-212, Child Abuse & Neglect, 17, 1993
- J.Woods 'A Practical Approach to Preventing Child Abuse', p281-283, Health Visitor, 54, 1981
- R.K.Yin, 'Case Study Research', Sage: Newbury Park, 1989



The University of Sheffield

DEPARTMENT OF LAW

*Crookesmoor Building
Conduit Road
Sheffield S10 1FL*

*Mary Hayes JP Barrister
Professor of Law*

Direct Line: 0114 222 6776

Secretary: 0114 222 6773

E-Mail: M.Hayes@Sheffield.ac.uk

Departmental Office: 0114 222 6771

Fax: 0114 222 6832

8 November 1999

To Whom It May Concern:

Charles Wild

Charles Wild is a postgraduate student studying for a Ph.D at the Law Department of the University of Sheffield. I am his supervisor.

The area of Charles's research relates to providing preventative assistance for certain children in order to avoid such children becoming children in need, or children who require protection by means of child protection procedures. He has been working on his thesis for the last two years. He is particularly interested in the part which schools might play in identifying and assisting vulnerable children. I believe that Charles's work will make a valuable contribution to how the different agencies work together in the interests of children.

Charles will be approaching you to discuss how schools handle situations where children need help. He will give you a promise of confidentiality which I can assure you he will strictly observe. When he writes up his findings no school will be identified or identifiable.

I am most grateful to you for giving your time to assist Charles with his investigation.

Mary Hayes
Professor of Law

INTERVIEW ANALYSIS SCHEDULE

Q Question
P Probe/Prompt

Schools' Perception of its Role in the Childcare Framework:

- Q** How would you describe the role that teachers may play in the childcare framework?
- P** In particular, the role that may be played in terms of the detection and reporting of abuse
- Q** How would you consider your position to be viewed by other professions?
- Q** How would you describe the attitudes of other bodies, such as the Social Services, towards the involvement of teachers?
- P** For example, if the school expresses concern in relation to a particular child and alerts the Social Services, would you consider their response to be positive?
- P** It is frequently stated that teachers may also play a key role in contributing to the ongoing support and monitoring of an abused or vulnerable child. Would you agree with this?
- Q** Do you feel that other professionals are more concerned with children 'at risk' or children 'in need'?
- P** By this, I refer to a teacher's ability to identify potentially vulnerable children at a relatively early stage.
- P** Do you feel that this is in line with the approach of other agencies?
- P** Have you been faced with a situation whereby professionals have requested 'hard evidence' as opposed to simple concerns?
- P** If so, then how have you dealt with this situation?

The Training of CPLTs and Other Staff:

- Q** Could you describe the type of training that a CPLT undertakes?
- Q** Do you find this training useful/helpful?
- P** Does the Headteacher undergo awareness training in child abuse?
- P** Is this in addition to being briefed in local authority procedures?
- Q** Do you feel that this training is adequate?
- Q** Is this training readily available to CPLTs and/or Headteachers?

- Q Could the training that CPLTs receive be improved in any way?
- Q What is the scope of a CPLT's responsibilities?
- P Was this described to you as part of your training?
- P Have you been provided with guidance in relation to the scope of your day to day child protection activities?
- P Does the role of CPLT focus on child protection (abuse of children) or are there other considerations?
- Q If faced with instances of children in need (for example a 'dirty' child or 'unfed' child) would the CPLT deal with these cases?
- P How would you deal with these instances?
- Q Is sufficient time/resources set aside in order to enable the teacher to fulfil these responsibilities?
- Q What is the level of awareness for other teachers?
- P Is there a specific policy in place within the school to address this? (Consider the role of staff training, year group meetings, etc).
- Q Are there clear procedures for class teachers to follow if they have concerns about a child?
- Q Could teachers benefit from more specific training in terms of child welfare issues?
- P What about the concept of 'attachment theory'?
- P Could teachers benefit from more specific training early on, so as to prepare them for their 'pastoral role'?
- Q Do any other bodies/agencies come into schools in order to increase the awareness of teachers?
- Q As a CPLT would you find alternative forms of training useful?
- P For example, multi-agency training and/or the sharing of good practice?

Information Sources within Schools:

- Q What type of relationship do you have with the School Nurse?
- P Is there a close working relationship?
- P Do you raise concerns with the school nurse?
- P Does the school nurse prove useful in terms of your role as a CPLT? (For example, providing information about families or providing support to families?)

Q Do you find this beneficial in terms of gaining an overall picture of a child's circumstances?

Q What sort of relationship does the school have with the EWO?

P Is this useful in terms of monitoring/supporting children?

Q Do other bodies have contact with the school?

P What about health visitors?

Q It has been suggested that teachers could be a useful source of information with respect to the welfare of children. Would you agree with this statement?

P For example, it has been suggested that teachers have:

1. Contact time with a child – build up a picture of that child as well as the behaviour of children as a whole.
2. Over a period of time a teacher may get to know the workings of a family or the community as a whole. (See a child in context – but how would this be passed onto a new member of staff?)
3. Contact with a family and child is not undertaken at 'crisis point', as may very well be the case with other professionals (i.e. Social Workers).
4. Teachers may represent a figure within a child's life in which he/she may be more willing to confide in.

Q Are there clear procedures within your school, if a class teacher has a concern about one of her pupils?

P Would the teacher come and discuss the matter with the CPLT?

P At what point are teachers encouraged to discuss concerns?

P How are these concerns recorded? (By both the class teacher and the CPLT)

P If it is noted on a child's school record, then aren't these open to inspection by parents?

Q What sort of relationship do you have with class teachers in terms of child protection concerns?

P Does the CPLT encourage teachers to discuss concerns with you?

P Does the CPLT provide feedback to teachers after they have raised a concern with her?

P Would the CPLT discuss a child's circumstances with a class teachers and ask her to monitor that child?

Q The Local Education Authority states that child protection information should be passed on to other teachers on a '*need to know*' basis. What does this actually mean?

P Do you feel that this is an appropriate way of operating?

P Should class teachers be provided with more/less information?

- P Do class teachers actually need to know the precise details of a child's circumstances?
- Q In certain areas, 'Community Meetings' take place in order to discuss potential problems and pool information. Do these take place within your area?
- P If so, have you found them to be useful?
- P If not, then do you think that they may prove useful?
- P Do you find the information gained from Health Visitors and passed on to School Nurses to be of benefit?
- Q Issues of confidentiality can prove to be a problem in the availability of information. How does your school deal with this situation?
- Q Could the school's internal procedures be altered in order to address these issues whilst at the same time making information available to those teachers who may be in day-to-day contact with that child?

Information Exchange between Schools:

- Q What sort of information is passed between schools in terms of child protection concerns?
- Q Are CPLTs provided with guidance and/or training about the amount/type/level of information that should be passed on to another school?
- Q What is the process by which information is exchanged between schools?
- P Could this process be improved?
- P Why don't you pass on all of the information that you possess about child protection concerns?
- P Why do you feel that certain schools do not pass on all information to you as a feeder school?
- P Could increased training address these concerns?
- P Would you find the sharing of good practice between schools to be of benefit?
- Q Does the information, which you receive from other schools, vary in quality and quantity?
- P For example, between infant-junior-secondary schools, or where a child has moved into an area.
- P Are you happy with the amount of information that you receive from other schools?

Q It has been suggested that community meetings could provide a forum for the exchange of information between schools. What do you think about such an initiative?

Q Another suggestion was the introduction of a pyramid worker, who would assist CPLTs in their child protection duties as well as in the exchange of information. What do you think about this initiative?

P Would you pass on all child protection information to such a worker?

P Do you feel that it would improve the amount of information that you receive from other schools?

Schools and their Communities:

Q How would you describe the community in which your school is located?

Q Would you say that there are some families which are naturally more vulnerable than others and which could be helped through the early provision of 'family support'?

Q In the cases of vulnerable/abused children, which you have come across would you say that many of them could have been avoided if the family had received help or support at an earlier stage?

Q Were you or your colleagues aware of these situations at an earlier stage than when other agencies finally intervened?

Q Do you feel that schools could play a more integrated role in the childcare framework?

Q Have you received any training regarding the new assessment framework?

Q Does your school undertake any form of support initiative for local families and/or pupils?

P Some other schools have undertaken work with health visitors.

Q Have you heard about the C'Mon Everybody project?

P Do you feel that it could prove useful?

P Have you come into contact with any other similar scheme?

General Comments:

Q Is there anything else that you would like to say?