

Child Protection

or

Family Support?

Finding a Balance

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provides a research overview of child protection in the United Kingdom

Australia shares with the rest of the developed world a concern – some would say an over concern – with questions of child protection. Indeed, it is depressing to find that perspectives on this issue differ little between Europe, North America, Australasia and Japan. The seemingly endless round of child protection inquiries, the high media profile and the relentless focus on low morale of professionals, each of these features can be found in child welfare systems around the globe.

While the United Kingdom has no solution to these problems, it does have a lot of research evidence about definitions of abuse, about what happens to children and families caught up in the child protection process and about outcomes; what works, for whom, when and why. Much of this evidence is leading policy makers to reflect on the balance between child protection and other services for children in need.

Since the case of Maria Calwell in the 1960s, scandals have been a frequent feature of British child care. Many of the ensuing inquiries have been, as with Calwell, concerned with a failure of agencies involved in child protection to protect children. In 1987, a different type of crisis occurred. Acting upon evidence from consultant paediatricians, social workers in Cleveland removed from home many children under emergency proceedings. The aim was to protect the children from suspected sexual abuse; the ensuing scandal was about over-zealous paediatric and social work.

The Cleveland Inquiry, chaired by Lady Butler-Schloss, prompted much reflection on the nature of child protection. It also prompted a round of research studies. Over 40 major government-funded projects have been completed since Cleveland, and the 16 commissioned by the government Department

of Health seem likely to bear heavily upon future policy in this area.

The British Government Department of Health studies were commissioned as a package to cover several related areas. First, what is meant by abuse – as a society, how do we define behaviour as maltreatment? Second, what happens to children and families caught up in the child protection process? Third, how effective is the child protection process – does it protect children? Are there side-effects from interventions? This research resulted in a number of general messages which should help professionals in their work.

Definitions of abuse have been the most difficult area. There is no absolute definition of abuse. Unfortunately, it is not possible to define on a list of behaviours those which are abusive and those which are not. A dictionary definition is the nearest we get, and its focus is upon incidents of abuse. The Oxford English Dictionary uses words like ill-use, injury, wrong, hurt, violate, ravish, defile. There, child abuse is defined as maltreatment of a child, especially by beating, sexual interference or neglect.

But all of these incidents have to be gauged in a context before they can be said to be abusive. Evidence from the Department of Health research program on normal behaviours within families – that is, what typically happens in families – illustrates this point. These findings give clear indications of the proportion of children who have either bathed with, or been physically punished by, their parents. Does it help to know that in England the figure is 77 per cent in the first example and 90 per cent in the second? These statistics tell us that a lot of behaviour that might be seen as maltreatment in one context, is absolutely normal in another.

The danger of emphasising the context in

which behaviours occur is that the argument becomes tautologous. We say that an action is abusive because society deems it to be abusive. Research evidence on outcomes should provide a way out of this trap because it reveals which behaviours lead to long-term problems with children. This is a perspective on maltreatment which tends to focus on the wider needs of children, and highlights problems in family and neighbourhood which lead to protection concerns.

However a society defines abuse, it still has to decide when it has taken place and when to act. Research in the United Kingdom has effectively used the idea of thresholds to distinguish between abuse and non-abuse, and whether or not to intervene. These researchers are saying that, except in those extreme cases where everybody can agree that a behaviour is abusive, as a society we have to agree on when maltreatment has occurred and when that maltreatment requires intervention.

So, as Figure 1 illustrates, there are thresholds of abuse and thresholds of intervention. These thresholds shift over time, sometimes one way, sometimes the other. The crosses in the diagram represent possible abuse situations. The threshold line is thick in the middle indicating sureness of touch, and the grey areas on the outside suggest those situations in which professionals are less certain. It seems that, influenced by several forces (not least – feminist theory, greater ease of disclosure, and a willingness to listen to children) the threshold for abuse is moving down. Hence, we are uncovering more abuse in society.

However, through knowledge of possibly damaging effects in the precipitate removal of children, and by the sheer weight of referrals coming into the system, the threshold for intervention is, conversely, moving

up. So developed societies are intervening less – certainly less zealously – than was the case a decade, twenty years or a century ago.

Influences on where a society draws these thresholds are manifold. Most important among these are legal/moral concerns which stipulate what state authorities ought to be doing to protect children. But there are also the pragmatic concerns of social workers and other professionals faced with difficult decisions; not least, the willingness of parents to cooperate, the child's view and so on. All this influences the final decision to say that something is abusive.

But in addition, and perhaps increasingly important, the research has emphasised two other dimensions which bear upon the setting of a threshold. The first is outcome information which illuminates the likely long-term damage to the child of a particular situation or set of behaviours. The second, which is frequently linked to policy-oriented research, is the parents' (and child's) perspective on what they believe to be good or bad for their children.

In the United Kingdom, the greater emphasis upon the last two items in this list, that is, outcome information and the perspectives of family members, is shifting the focus of child protection away from specific incidents of maltreatment towards the wider context in which that maltreatment takes place. Increased salience is also being achieved by the needs within these families that come to notice.

Hence, excepting many sexual abuse investigations and other very serious occurrences, most professionals find themselves judging the severity and chronicity of children's experiences against the backdrop of other happenings in the child's life. Single abusive events are seldom the subject of child protection enquiries. (The selection of the

word 'enquiry', which is used in British legislation, and not 'investigation' as commonly used by professionals, is not accidental.)

What is it in the wider context that professionals should be looking for? The research results seem to be suggesting that in a generally warm and supportive environment, children who have been hit once or twice seldom suffer long-term negative effects. Similarly, while a short period of neglect or emotional abuse does cause children unhappiness and some harm, the professional task in these circumstances is to understand the wider context of the maltreatment and offer appropriate support.

However, in families that are low in warmth and high in criticism, the consequences of negative incidents tend to accumulate as if to remind the child that he or she is unloved. Not only are these high criticism/low warmth environments potentially damaging to children, they also increase the risk of physical abuse, sexual abuse and neglect. The shortcomings of parents in these situations can normally be attributed to pressures on the home, not least low income or poor housing. This said, it is important to emphasise that most households under pressure – including many reconstituted and poor families – are usually very warm and loving places in which to bring up children.

This wider perspective on maltreatment and emphasis on outcomes has led some researchers to demonstrate that under-control in families can be as much of a problem as over-control. It was the parents' failure to interact with their children that caused the greatest anxiety in some researchers. Studies have also emphasised the damaging effects of long-term family violence and shown that children regularly seeing their mothers

beaten can suffer as much as if they had been beaten themselves.

Many consumers of research naturally want to know how many children live in high risk environments, and how many are actually being abused. It is not possible to give a precise answer to these questions, partly because the answer relies upon one's definition of abuse (where the threshold is drawn) and partly because no reliable data exists. We know that in the United Kingdom (which has a population of 55 million with a child population of 11 million) that over 300,000 children live in the high criticism/low warmth environments just mentioned and that this group overlaps with other children in need, not least the 300,000 living in households deemed unfit for cohabitation. Those children most vulnerable to abuse and most in need of support come from these groups.

While data from the research studies is hazy when it comes to defining numbers of abused children, it is precise when it comes to tracing the progress of needy children through the protection process. Many of the figures are captured in Figure 2 about which a number of points can be made.

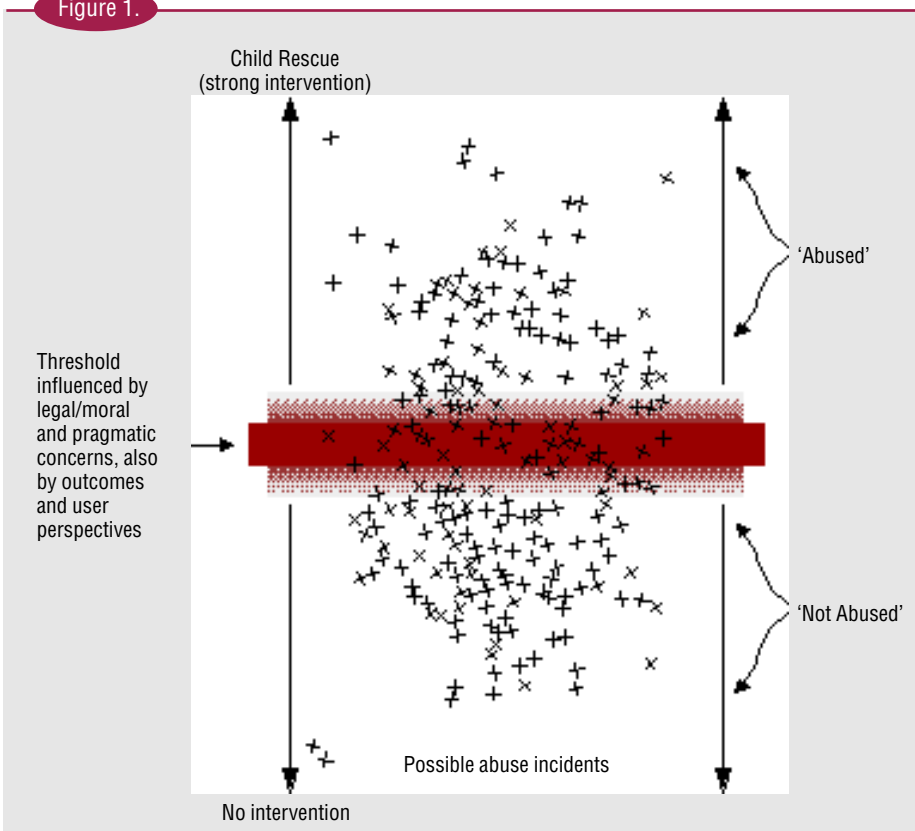
In England and Wales, about 160,000 children per annum are referred into the child protection process as it is currently characterised. In only about 15 per cent of the 160,000 cases are grounds for concern absolutely conclusive; that is, children are unnecessarily drawn into the process. Whether this figure of 15 per cent is high or low is difficult to judge; it is, after all, a service which effectively screens a general population for high risk cases.

We do know that this figure of 160,000 is far less than the 600,000 children in high risk situations identified above. But many of these children in need (we do not know precisely how many) are being supported through the various activities of professional groups, through universal health care, through support in schools and under voluntary arrangements from social services and other organisations. These children are thus receiving help without a child protection investigation taking place.

Returning to the 160,000 children who become subject to child protection enquiries because questions of abuse and need for support are in the air, the accumulated evidence can be used to answer the dual question: Who are these children and what are their characteristics? The evidence clearly shows that these children suffer multiple disadvantage: a third come from lone-parent families; two-thirds live in a home that lacks a wage earner; domestic violence and mental illness feature in 15 per cent of cases; and one in seven of the parents have themselves been abused as children.

Many of the enquiries that take place in the early stages of the process occur without parents knowing that concerns have been raised. The register of vulnerable children is checked, professionals telephone each other and the matter is allowed to rest. Forty thousand enquiries end this way. Whether this number is too high or too low, or whether parents' rights are being scanted at this point, have been questions of some debate in the United Kingdom.

Figure 1.



The principal government guidance in this area is called *Working Together*, and it has been encouraging to discover that a lot of interagency cooperation has been taking place in the early stages of the process. More so, while professionals are required to work together, the research found they were glad to do so, particularly since it spread the pressures created by suspicions of abuse. It is therefore sad to report that cooperation tends to reduce over time, and that later on in the process social services are frequently left solely holding the case, and solely holding responsibility.

While some families are screened out without even knowing that an enquiry has taken place, about 120,000 experience a visit or other form of contact from a social worker.

The handling of this contact is vital. If issues of abuse are pushed to the fore, the effects upon parents, children and other relatives can be considerable. It is difficult to describe the pain suffered by parents suspected of abusing their children, but the following quotation gives an idea – it comes from a mother thought to have abused her son.

When I got the letter I was very shocked. I said, Ab-ba, what's happening with the social worker? What have I done? Are they coming to take my child away? I was scared. I hoped what happened in the Orkneys (a major child abuse scandal) just wasn't going to happen to me now. I was just, Oh God, if anybody rings the bell . . . But then later I phone the social worker up. She wasn't in there! I

phoned three times and she wasn't actually in. Then I left a message. But I didn't get a reply from her.

The anxieties expressed here, and by other parents interviewed by parents, are clear. The mother's principal fear is that she will lose her child. She recalls the scandal of the Orkneys and is unaware that 96 per cent of children in these situations remain at home. Nor does she know that even if her child were to be removed, he or she would most likely be returned within a six-month period. This is the experience of 70 per cent of those separated in circumstances of suspected abuse. It is worth imparting this information to parents and easing their fears, because frequently their anxiety will later hinder efforts of child protection.

Figure 2 describes successive stages in the child protection process and it is noticeable that much of the focus of professionals is on gate keeping; that is, guarding entry to successive stages in the system. Very little effort is invested in the way in which cases leave the process – whether parents are told that the enquiry is concluded, whether they know that further support is at hand should they need it, or whether professionals feel confident that plans have been accomplished. These sorts of questions are seldom asked of practice in this area. Indeed, so concerned are we with entry, that questions about exit seldom feature in any child welfare system.

It is hoped that the broad perspective on the child protection process shown in Figure 2 will encourage British practitioners to see their work in a wider context and to see research evidence in its proper context. It should indicate to them that the handling of the enquiry at the very outset has consequences for services provided several years later, and that findings about children sexually abused and receiving treatment (who actually form a tiny proportion of all children in the diagram) is hardly relevant to the work of professionals sifting through 160,000 annual referrals.

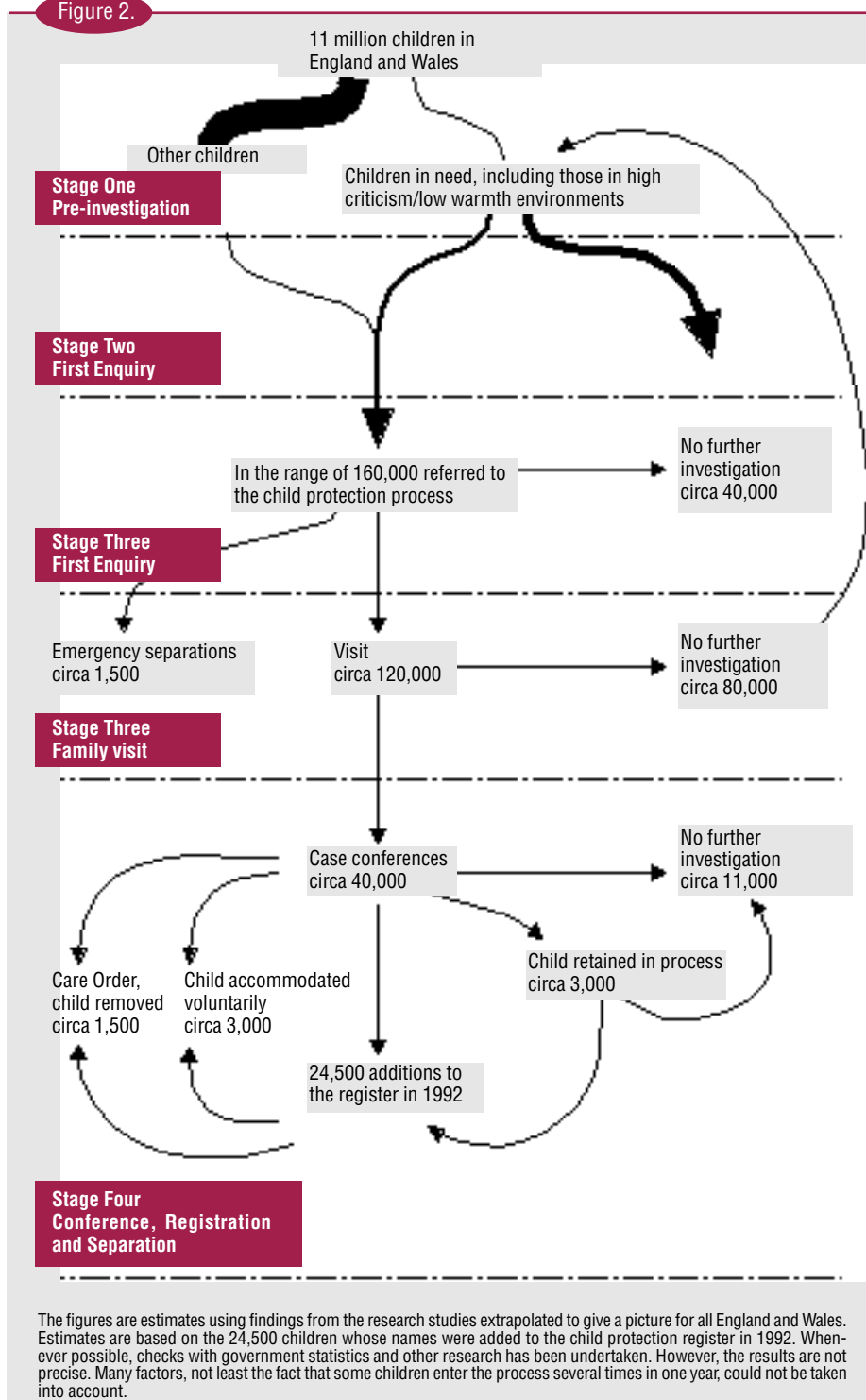
General Messages for Good Practice

It is no accident that the research evidence has highlighted ways in which professionals can best protect children; it is not possible to describe all of the themes but five do achieve a salience.

First, sensitive and informed professional/client relationships help because most protection work is with children who live at home or are separated from relatives for only a short period of time. The evidence from research clearly shows that, generally speaking, outcomes are better when parents are involved in the process, a strategy which, incidentally, makes the social work task easier. In the United Kingdom there is considerable room for improvement in this part of the task; too often participation is seen as a necessary evil rather than as an effective means to an end.

Second, it is important to achieve the right balance of power between professionals, parents and children. Getting this right depends upon the way in which services are characterised to families. At the moment,

Figure 2.



professionals tend to see themselves as undertaking investigations – investigations to discover whether abuse has occurred. When abuse is discarded, services are seldom offered even if the family is clearly in need. This is hardly a perspective which encourages practitioners to enquire into whether services are needed, that is, to use the language of British legislation in this area and to act accordingly.

Too often, professionals tend to think of either child protection *or* preventive family support and, from this perspective at least, child protection tends to dominate to the expense of family support. Current research is suggesting a slightly different balance between services. All children referred or coming to notice are viewed as being 'in need', as defined by the 1989 Children Act. Local authorities are asked to prioritise these cases and decide which they can most effectively support. An enquiry – to establish whether any action is needed to safeguard or promote a child's welfare – may be undertaken and the outcome of this deliberation in many cases would be preventive services, or as it is frequently categorised, family support.

Some children will continue to require child welfare – services for those living away from home. It is hoped that this balanced view of services will encourage professionals to look at protection issues in the context of other family and child needs. Such an approach would seek to work alongside families rather than to disempower them; to raise self-esteem rather than provoke an angry or defensive response; and to promote family relationships where children have their needs met, rather than leave families untreated with an unsatisfactory parenting style. All of this is urging a focus on the needs of children, rather than an overly narrow concentration on the alleged incident of abuse.

Third, research suggests that good practice will come from a wider perspective on child protection, that is, addressing the problems that underpin low warmth/high criticism environments and other contexts that are harmful to children or put them at risk of long-term harm. Some of this can be achieved at a structural level by tackling poverty and social deprivation, but much can also be done by good social work.

Fourth, the effective supervision and training of social workers and other professionals working with children leads to good practice. In the United Kingdom this remains a weakness of the current process. Many inexperienced professionals are still left to deal with extremely difficult situations alone. This has several negative effects: it keeps thresholds for action low; it fails to engage non-resident parents, non-custodial fathers and the wider family; and it leads to important issues like domestic violence being ignored.

Finally, it is necessary to enhance children's general quality of life. The research tells us that no single strategy will lead to this end. Many might suggest child rescue as an option, but some of the studies found difficulties with even this intervention. It was discovered that physically abused children placed in new permanent families such as adoption families, did not enjoy

significantly better outcomes ten years on than those who remained with their original carers. This finding may be partly explained by the poor selection of substitute carers or an over-restrictive interpretation of permanency planning in the 1970s, but it does tell us that no single option will serve to meet the multiple needs of children whose protection is an issue.

Some commentators on child protection take a very pessimistic view. The continued incidence of child deaths is taken as evidence of a system in disarray, a perspective that assumes that tragedies might be eradicated if social workers and other child care professionals operated more effectively. In the United Kingdom, armed with considerable authoritative research evidence, policy makers are heading in a different direction – taking a route that promises more emphasis upon enquiries to see what help families need, with concerns about child protection being subsumed into this wider context. These changes require professionals to take greater risks and politicians to give them greater support in the task. Whether the policy shift will be effective, and whether other developed nations will follow the United Kingdom example, remains to be seen.

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This article summarises a publication from HMSO called *Child Abuse and Child Protection: A Practitioner's Guide to New Research*. The book, which will be widely circulated to professionals involved in child protection in England and Wales, reviews 16 publications from HMSO (listed here under Publications).

Publications

- Parental Perspectives in Cases of Suspected Child Abuse* Hedy Cleaver and Pam Freeman (The Dartington Team)
- Child Protection Practice: Private Risks and Public Remedies* Elaine Farmer and Morag Owen (The University of Bristol Team)
- The Prevalence of Child Sexual Abuse in Britain* Deborah Ghate and Liz Spencer (Social and Community Planning Research)
- Development After Physical Injury in Early Childhood: A Follow-Up Study of Children on Protection Registers* Jane Gibbons, Bernhard Gallagher, Caroline Bell and David Gordon (University of East Anglia)
- Operation of Child Protection Registers* Jane Gibbons, Sue Conroy and Caroline Bell (University of East Anglia)
- Coordination Policies and Practices in Child Protection* Christine Hallett and Elizabeth Birchall (The University of Stirling Team)
- The Extent and Nature of Organised and Ritual Abuse* Jean La Fontaine (London School of Economics)
- A Study of Sexually Abused Children and Adolescents and of Young Perpetrators of Sexual Abuse Treated in Voluntary Agency Community Facilities* Elizabeth Monck and Michelle New (Institute of Child Health, University of London)
- Child Sexual Abuse: A Descriptive and Treatment Study* Elizabeth Monck, Arnon Bentovim, Gillian Goodhall, Caroline Hyde, Rebekah Lwin and Elaine Sharland (Institute of Child Health, University of London)
- Professional Intervention in Child Sexual Abuse* Elaine Sharland, David Jones, Jane Aldgate, Hilary Seal and Margaret Croucher (The University of Oxford Team)
- The Influence of Early Experience of Sexual Abuse on the Formation of Sexual Preferences During Adolescence* David Skuse, Arnon Bentovim, Jill Hodges, Bryn Williams, Michelle New, Monica Lanyado, Chriso Andreou, Nicole Collins and Eleanor Percy (The Institute of Child Health and Great Ormond Street Team)
- Self-Concepts and Cognitions About Sexuality in Abused and Non-Abused Children: An Experimental Study* Marjorie Smith and Margaret Grocke
- A Normative Study of The Nature, Extent and Background Factors of Physical Violence to Children in the Home* Marjorie Smith, Penny Bee, Andrea Heverin and Gavin Nobes (The Thomas Coram Research Unit Team)
- Paternalism or Partnership? Family Involvement in the Child Protection Process* June Thoburn, Ann Lewis and David Shemmings (University of East Anglia)

What readers think about Family Matters

We would like to borrow a few minutes of your time to ask what you, our valued subscriber, think about various aspects of Family Matters.

To do this, our professional 'Cati' interviewing team will be telephoning

a random sample of subscribers over the next few weeks.

We hope that if you are contacted, you will not be inconvenienced, and we look forward to your participation in this survey of readers' views.