

## The perspectives brought by the author to the child A Serious Case Review.

The agencies / professions responsible for investigating, enquiring into, diagnosing and evaluating the legal threshold of an allegation of child maltreatment – the ‘protectors’ – are the police, social workers, doctors and lawyers. Although the indications of maltreatment may be unambiguous the causes may not be, and the explanation for it may also be ambiguous. The response to the child’s maltreatment should vary, determined in part by the extent to which the protectors judge that the infliction of harm was ‘intentional’, reflecting the possible degree of pathology in the motives of the parents / carers. This may not be clear from the onset, and may require a thorough assessment of the harm to the child, and the capacities and motivational accounts of the alleged perpetrators.

In intervening where there is reason to believe that a child may have experienced significant harm or may be at risk of it, there are three aims:

- a) most importantly, to protect the child from significant harm or the risk of it,
- b) to support the parents / carers in the care of their child where this is consistent with protecting the child,
- c) and to prevent the parents from doing harm to their own welfare, if this is possible.

In order to fully understand and do justice to professional actions in safeguarding and protecting children we need to see them in the fullest social, economic and knowledge contexts in which they take place.

To understand an individual professional’s actions in social and health care three aspects should be taken into account. Each aspect influences the other two aspects, although they have relative freedom from each other:

- **Structure:** including government policy, the law, departmental policy, resources, governance, organisational structures, programme, operational guidance, and senior management.
- **Culture:** including professional training, departmental training, line management, staff supervision, operational guidance, custom and practice, interagency training.
- **Biography:** reflecting the individual’s attitudes and values, personal circumstances, personality, experience, and their performance in the job.

It is important for senior managers to understand the inter-relationship of these aspects or levels of influence, if they are to understand the performance of their staff in the agency.

There is a wider context within which the agency operates. At its widest point, we have the socio-economic context. Within this is the political, or

policy context and the immediate context for practice of safeguarding and child protection responsibilities.

### **Socio-economic context**

When the social worker sets out to intervene with a family where safeguarding the children is a concern they are hopefully experiencing the support of their agency and that of other agencies, including the police. They are doing so, however, in a wider societal context which will have its own influence on them.

A UNICEF report in 2007 claimed that children growing up in the UK suffer greater deprivation and have worse relationships with their parents than those of any other wealthy country in the world. The Children's Commissioner acknowledged that the report accurately highlighted the troubled lives of children: "We must not continue to ignore the impact of our attitudes towards children and young people and the effect it has on their wellbeing." The research team assessed the treatment of children in six different areas including their material wellbeing, their health and safety and behaviours and risks. Although the data is not current, it does give an important context to the work of staff in child protection. (*UNICEF: The State of the World's Children 2007*)

A well-researched article in the Lancet in 2009 reported that child maltreatment remains a major public health and social welfare problem in high income countries. One in 20 children is physically abused and one in 10 is neglected or psychologically abused. However, official rates for substantiated child maltreatment and the consequent harm that it does to the future development of children, are much lower. The report claims that neglect is at least as damaging as physical or sexual abuse but is given less public attention. A substantial minority of children are maltreated by their caregivers and for many children it is a chronic condition. It has long lasting effects on the mental health from childhood to adulthood. (*The Lancet vol 373, January 2009*).

One measure of the priority given to children's welfare in any society is the resources which it is able to deploy to support them. The last 40 years have seen huge increases in the resources deployed to support and protect children which have redefined for the better the way in which we view the meaning of their welfare. Many current government programmes are aimed to improve matters further. However many resources there are, the social worker is always faced with discerning the priority case from among the many which are in need but will have to manage with a lesser service or not at all.

The government's biennial reviews of serious case reviews into the non-accidental deaths of children make it clear that they occur in every authority. They occur more frequently in larger authorities and in those with the poorest socio-economic conditions. This is not necessarily because the families are

poor but because they are harder to identify among the families experiencing equally difficult conditions but who do not deliberately harm their children. More than half of them take place in the care of universal services without referral to the child protection system. The most vulnerable are young children who live in families where substance misuse and domestic abuse is a feature, and in families where parents are uncooperative with the services which are trying to help them. A small but significant number of child deaths take place in families in which an unrelated man has recently joined the household.

## **Policy Context**

The Children Act 2004 and associated government guidance, introduced following the Public Inquiry into the death of Victoria Climbié, created two new governing bodies in every local authority area:

- Children & Young People's Strategic Partnerships, or Trusts, with the responsibility to develop early intervention in the lives of children and families. They are to do this through local delivery by multi-disciplinary teams of professionals, using the Common Assessment Framework and an identified Lead Professional. Eventually the introduction of Contact Point will enable professionals to know which agencies are involved with every child. Local authorities vary in the progress they have made in introducing these new arrangements. The Partnership agencies with a responsibility to deliver services to children and families have had a duty since May 2005 to fully implement S11 of the Children Act 2004, which requires them to transform themselves into safeguarding agencies.
- Local Safeguarding Children Boards were introduced from April 2006 with a two fold duty:
  - To safeguard: to protect children from the risk of significant harm. All authorities were required to ensure that their child protection systems were sound before embarking on their wider safeguarding responsibilities; and
  - To promote the welfare of children: to ensure that children grow up in circumstances which enable them to make a successful transition to adulthood.

The LSCB has the primary responsibility to monitor the effectiveness of the delivery of Partnership services to safeguard and promote the welfare of children. Part of the task of the LSCB is to advise the Partnership on their safeguarding responsibilities; to evaluate local policies, procedures and practice - including through the use of the Serious Case Review; and to ensure that all agencies comply with their statutory duties under S.11 Children Act 2004.

The main government guidance for safeguarding and protecting children is *Working Together to Safeguard Children*. When it was revised in 2006, every local authority was required to update their local procedure in the light of any revisions made. It recognises that there is a spectrum of risk to children and that in some instances children will need to be removed from the care of their parents, even permanently.

There is an emphasis, which in the view of this author is more pronounced in other government guidance, on the need to support families, respect parental choice and work in partnership. All of these principles are valuable, but when unqualified, do not sufficiently recognise that there are many parents who find it difficult use support, fewer who are antisocial and very uncooperative, and a small minority who are intimidating to staff and dangerous to their children. The lack of balance in the guidance can create an ethos in which staff feel that they are required to work with parents' wishes, instead of challenging and if necessary confronting their parenting behaviour.

### **Safeguarding and Child Protection practice**

There are four balances to be struck by practitioners in carrying out their safeguarding and child protection duties. Each of the balances has a threshold which indicates when the balances may be being lost:

1. Promoting the welfare: the right to family privacy versus intrusion because of a child's vulnerability. The threshold is the voluntary offer of additional services which the parents are entitled to refuse.
2. Voluntary family support versus safeguarding children – the threshold is lower than vulnerability – it includes the signs of complexity and acute need, including the risk of harm, which may indicate the need for child protection enquiries. It is important that when parents are assessed for services that practitioners look to see whether there may be more reason to be concerned about beneath the presenting need.
3. Being subject to a child protection plan versus not being subject to a child protection plan - the only balance for which we currently have government indicators that the threshold may not be effectively met. The indicator is those children for whom there has been the need for a further child protection plan within 12 months. These cases are frequently the focus of enquiry and analysis to find out if the balance struck was generally sound. The threshold is the level of harm or the risk of further significant harm – and the motivation and capacity of the parents/carers to care for and protect their child.
4. Removing a child from the care of their parents through taking care proceedings versus providing support and protection while

the child remains in the family home. We need to ensure that we do not attempt to take into care children who do not need it, and that we return children to parents who can care for them adequately. The threshold is the level of harm to the child, the child's best interests, the motivation and capacity of the parents to care; and the length of time it is likely to take to improve the quality of parental care, which will reflect the suffering the child will continue to experience in the meantime.

## **THRESHOLD**

At the interface between universal services for children, particularly health services and schools, and specialist services for protecting children, there is a negotiation to be agreed over responsibility for the management of the safeguarding concern about a child. It is commonly called the 'threshold'. The management responsible for the respective groups of services need to agree in theory and practice which cases must be properly contained by universal services, which ones should be consulted about, and which need to be referred to specialist services. If this is not done, children will either risk falling through the net of protection or specialist services will be overwhelmed by the sheer numbers referred to them by over-anxious staff in universal services.

## **PROCEDURE AND PRACTICE**

There is sometimes confusion about what is meant by 'intervention' in safeguarding and child protection. Procedures should place the practitioner in the right place at the right time to respond on behalf of their agency; Practice is the authority, understanding, knowledge and skills which the practitioner needs to bring to bear on the situation. It is necessary and important to follow the agency's procedures but it is in responding with the appropriate practice that determines the outcome of the intervention.

## **COMPETENT DECISION MAKING**

In any kind of work that involves something as complex as working with people, mistakes will sometimes be made. Some mistakes are tragic, and others deeply regrettable when they result in emotional or physical harm to a child. Nevertheless, it has to be recognised that on occasions agencies act in good faith when in possession of incomplete information and with limited control over the situation. In safeguarding children we should do as much we can to minimise mistakes because of the consequences for the child. However, we have to make decisions and to take actions; not to do so can be equally harmful to the child. To be defensible, decisions have to be competent and based upon the best information available at the time, even if they are subsequently understood to be mistaken. The competent action is one that:

- takes full account of all the available facts; and
- follows standard practice for the situation which is faced.

## **MODE OF RELATIONSHIP AND REASONABLE INFERENCE**

In the field of safeguarding and child protection practitioners rarely observe the abusive incident taking place. They work with uncertainty and often have to work with facts that do not meet the threshold of evidence. They must do without that level of certainty and still act to protect the child. They also need to bear in mind that the responses parents/carers make to their inquiries may be self serving: minimising, misleading, evasive and even untruthful. While bringing a generally positive attitude to a family, practitioners need to start with a mode of relationship which is primarily observing and assessing of the motivation and capacity to parent. Where there are indications of possible maltreatment, the practitioner needs to be questioning and even sceptical of the account that is given where it is inconsistent with the facts.

If they are not to trap themselves into inaction practitioners must be prepared to work only with 'reasonable inference'. Reasonable inference is when we:

- follow and take full account of the facts;
- make a proportional response to them - without prejudice to the service user; and,
- keep in focus that the paramount concern is the welfare of the child

## **UNCO-OPERATIVE OR ANTI – SOCIAL PARENTS / CARERS**

We have learned from hard experience and from a series of government sponsored reviews of serious case reviews that there are a small minority of anti-social, even dangerous, parents/carers who do not readily cooperate with services that are trying to help them improve their parenting of their children. These are people who have probably experienced damaging childhoods. They may have no strong sense of right and wrong and they may readily put their own needs before those of their children. They may behave recklessly with their children's welfare. They are not always easy to identify. They can be very plausible, very manipulative and superficially compliant, and it is very challenging for busy and hard-pressed practitioners to pick them out from among parents who are not functioning well but who have a capacity for concern.

It is a feature of the behaviour of the uncooperative, antagonistic or anti – social parent / carer that they 'act out' their problems. This can be reflected in outburst of anger, avoidance, reckless care of their children, debts, non payment of rent, hostility to neighbours etc. Acting out reflects an inability to contain and work through painful feelings arising from adverse care in childhood. By definition the parent / carer lacks understanding of the connection between their anti – social behaviour and the depression, anxiety, and pain which underlies it, let alone its root causes. In order to assess the capacity of the parent for improved caring, attempts have to be made by the protecting agencies to contain the acting out. This is done through authoritative management of the intervention with the family. The protecting agencies must be 'in charge' of the intervention, while the parents are in charge of the children (if the decision for the moment is that the children remaining with the parents is commensurate with their safety). How the

parents respond to the authoritative intervention should be part of the initial assessment.

There is a demonstrable danger from the man that preys on vulnerable women, who are unable or unwilling to protect their children from him. One of the most dangerous of these situations is where an anti-social man who is unrelated to the children joins the household. The woman may not be able to stand up for her children and protect them because he is too frightening or she may turn a blind eye to what is going on because she has a greater need of him than she has a concern for her children. She may minimise his importance and involvement to others. It is essential that once there is awareness of the existence of any unknown man in a child protection investigation, professionals in authority insist on knowing his identity and check out his background thoroughly. It would be good practice to exclude him from the home until the protecting agencies are satisfied that he represents no risk to the welfare of the children.

### **CONCLUSION**

Unless the children are removed immediately from the home as an emergency, the initial assessment conducted by the four protecting agencies will need to be completed in the 7 to 15 days allowed under child protection procedures. In the author's view if the four assessments are undertaken thoroughly and the intervention is authoritative all the information is available to make a competent provisional assessment of the risks to the children. It should be an assessment which takes full account of the risks to the welfare of the children, including the importance of their relationship with their parents / carers.

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