Rethinking child protection strategy: Is current intervention strategy justified?

ESRC Funded Transformative Research
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‘Dr Devine has described government policy in child protection as creating the ‘welfare/policing dichotomy’. She will discuss her ESRC-funded study which investigates government policy in respect of current child protection strategy. Her study examines trends in referrals and assessments and the reasons for the large increases over recent years. By examining these trends, perceptions of the prevalence of child abuse can be revisited. The study also examines the use of Public Inquiries and Serious Case Reviews in the context of their use in a culture where under-intervention is almost inevitably associated with failure. This examination enables the narratives of ‘failure’ and of ‘success’ in child protection work to be re-thought. The study poses significant questions about how current child protection services are configured.’
The project idea developed from my theoretical interest in the balance between state power and private rights. We wanted to apply this theoretical thinking to a practical area where the balance between state power and private rights is of paramount importance. This led to a critical look at key questions in relation to the current system of child protection & safeguarding referral and assessment. This paper focuses on some important issues from our research findings so far (we are approximately half way through the project). From our findings it is already clear that radical policy change to the referral and assessment process are indicated.
Our key research questions

- Investigating the policy drive towards increased referrals and assessments (carried out via a trend analysis);
- Investigating the findings in, and impact of Public Inquiries and Serious Case Reviews on policy and practice;
- Investigating the use and impact of risk assessment in child protection & safeguarding referrals and assessment; and
- An overall evaluation of these 3 elements to produce a cost/benefit analysis of the current system, and an efficiency analysis.
That a swiftly growing number of families are becoming ‘known to social services’. Our key finding is that there is no corresponding increase in significant harm detected (see later slides);

Under this regime there is often a reported climate of fear, mistrust and confusion about the boundaries of consent – are social workers policing or supporting? This is the ‘welfare/policing dichotomy’;

We have system that cannot separate out requests for help from allegations of abuse without significant invasion into private family life under the assessment framework which assesses every aspect of a family’s life, not simply the trigger for referral;

The lack of a process of exoneration or adequate remedy if an allegation has been made;

There are difficult questions surrounding the morality and practicalities of assessing future risk.
The Children Act 1989 created a clear separation between consensual and non-consensual interventions.

- S.17 concerned support services for families. It is consensual. (Part III of the Act).
- S.47 concerned the investigation of reasonably suspected significant harm to children. It is not consensual. (Part V of the Act).
- The intention was to interfere into private family life as little as possible.
- Policy has eroded this notion and embedded the two sections together via statutory guidance, ‘Working Together to Safeguard Children’ (DfE, 2015).
The original policy interpretation of ss.17 & 47 was to treat all referrals as suspected abuse. The refocusing debate of the mid-1990s altered this approach to the other extreme; all referrals were treated as requests for service. Neither was satisfactory, and following the Munro Report in 2011, WT has mixed the two so as to make neither approach clear. The current ‘mixed’ system creates conflict and fear of (different) consequences for social workers and for families. The expectation that social workers ‘work with’ families in assessments that mix the requirements of ss.17 and 47 Children Act 1989 to support and police is in this climate, we believe, unrealistic. Worldwide research indicates that this relationship is problematic and based on compliance not partnership (eg. Donzelot, 1978).
Triggers for policy development

* Policy has developed over the last 25 years as a response to high profile child tragedies and political agendas, particularly when Public Inquiries & Serious Case Reviews occur.
* Tragedies leading to PIs such as Dennis O’Neal (1948), Maria Colwell (1974) and Jasmine Beckford (1985) raised public and political awareness of serious child abuse and influenced the Children Act 1989.
* There have been 997 published SCRs in recent years which have increased fears of large scale serious child abuse.
* Social work thus became linked with the need to prevent abuse as opposed to primarily a professional welfare service, as the Beveridge Report (1942) originally intended.

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Embedding child protection with safeguarding

* The assessment to check if a family is eligible for support services enabled child protection to be embedded with safeguarding and service provision.
* This dramatically increases the cost to the state and the intrusion into private life for all referred families (over 5% of all families per year).
* The two distinct functions of social work, to support under s.17 and to police under s.47 have been mixed together so that one cannot take place without the other.
* When ‘failures’ occur, blame is apportioned via public inquiries, serious case reviews and adverse publicity.
Assessment: quasi-coercive from the outset?

* Despite the intention of the Children Act 1989 to keep ss.17 and 47 separate, assessment is quasi-coercive;
* If parents do not comply with social work requirements during and after assessment the situation can escalate out of a consensual stage;
* This raises questions about whether any stage of social work involvement is truly consensual?
* If not, the foundation of trust upon which social work relations were intended to be built is extremely difficult to obtain/maintain.
The restricted role of lawyers acting for families

- Where a s.31 Care Order Application has been made there is already a high level of social work interaction;
- This interaction forms the evidence base for cases;
- Families may not recognise that the referral and assessment stages are *threshold stages towards litigation unless they (parents) comply with social work demands*;
- Often there is little a lawyer can do other than urge compliance as their involvement occurs after the forensic evidence gathering stage is completed.
- This is a consequence of the late stage lawyers become involved...
England’s selective threshold model

Threshold 1: Referral
- Referral to Children’s Social Care

Threshold 2: Assessment
- Family assessment pursuant to the provisions of ss. 17 & 47 Children Act 1989

Threshold 3: Provision of services
- Families concluded as falling into a s.17 category should receive services

Threshold 4: Child protection plan (CPP)
- Families concluded as falling into a s.47 category are expected to comply with a CPP

Threshold 5: Start of public law outline (PLO)
- Statement of the intention to apply for a s.31 Order if parents do not comply with the CPP

Threshold 6: S.31 Application
- Application for Care Order

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There are 2 main global intervention models in relation to child welfare:

- The universal service model (Western European); and
- The rationed service model (Anglo-American)

England operates the rationed service model using referral and assessment as a gateway to accessing services.

- It is driven by statutory duties to protect child rights, not driven primarily through the need for family support.
- This expands the use of assessment to all families who would like, or need some support.
Policy implications

* England’s model starts from a premise there is a large amount of undetected child abuse;
* Prevalence estimates are reinforcing that belief;
* This in turn feeds the narrative of ‘success’ and ‘failure’ in child protection and safeguarding work;
* Policy drive is towards early intervention to ‘head off’ abuse; SCRs that illustrate cases where this has not happened are seen as evidence that more is needed;
* There is no critical evaluation of the policies themselves.
The reframing of ‘allegations’ as ‘concerns’ grew from a focus on identifying future risk in order to intervene early;

Referrals are now reframed as ‘concerns’ based primarily on identification of ‘signs’;

The ‘signs’ are to be identified by those under a s.11 Children Act 2004 obligation to ‘safeguard and promote welfare’;

Policy interpretation of this duty is to demand ‘safeguard’ means to refer;

Raises 2 key issues:
* The question of mandatory reporting; and
* The reliability of the ‘signs’ upon which referrals are based.
In the late 1980s germ theory was applied to child protection.

A disease eradication model evolved which is based on risk and treatment.

This doesn’t work well (statistically or emotionally).

The authors agreed this model created a large number of ‘false positives’ (in their sample over 97% of cases of predicted abuse were unfounded) (Browne, Gough et al, 1988).

Despite this, the assessment and prediction of risk is embedded into practice (Parton, 2014).

Risk assessment is risky. The standard of proof is low, expert evidence is difficult to prove or disprove.
The ‘Truths’ underpinning the theory of Child Protection

(1) There is a high prevalence of child abuse which can be defined and identified

(2) That the state has a duty to do so, and to take steps to protect a child once it has done so

(3) That in order to do so a system of risk prediction is possible with a sufficiently accurate confidence limit

(4) Following risk prediction timely early intervention is an appropriate welfare response to mitigate the risks of future abuse in families identified as high risk

(5) That failure to predict and mitigate serious cases of child abuse are investigated by public inquiries and SCR's, aiming to establish how to do the previous 1-4 'truth's' better because...
Our research: interim findings:


* Despite the increasing number of referrals and assessments there is no proportionate increase in the amount of child abuse found in referred cases;

* There is no proportionate decrease in the estimated prevalence of child abuse (Cawson et al, 2000; Radford et al, 2011);

* The recent Children’s Commissioner’s report (Longfield, 2015) adds to the confusion created by prevalence estimates.
Our data findings: trend analysis

* Since the Children Act 1989 referrals have increased by 311% (from 160,000 per year to 657,800 per year, between 1991 and 2014).
* Assessments have increased by 302% over the same period (from 120,000 to 483,800).
* The number of cases of ‘core abuse’ have fallen.
* The ratio of referrals to registrations have fallen year on year (from 24.1% to 7.3%).

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The policing/welfare dichotomy

* The trend towards increased referrals with policy insistence that prevalence is not falling despite this requires revisiting;
* The prevalence estimates are not methodologically robust but create a climate of fear and justification for the child protection industry;
* Without the justification of a significant drop in the amount of estimated abuse prevalence, mixing policing with welfare from the outset is legally and morally problematic;
* We suggest a return of policy to the original intention of the 1989 Act and a revised framework to rebalance state power with private rights;
* S.47 processes could follow a model aligned with the safeguards and controls inherent within the criminal justice process leaving separating out professional social work as a supportive service under s.17.
Conclusions

* Our project will conclude on the impact of PIs, SCRs and risk assessment by early 2016.

* We are holding 2 symposia at the University of the West of England, Bristol to invite views from interested parties. For information or to apply to attend please email Lauren.devine@uwe.ac.uk
Related information

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Project Pages:

* Rethinking Child Protection Strategy, an ESRC funded project (Grant Ref: ES/M000990/1)
* W: http://www1.uwe.ac.uk/bl/research/childprotectionstrategy.aspx
* E: transformative@uwe.ac.uk