Rethinking Child Protection Strategy: Challenges of designing a sustainable framework for children’s social care referrals and assessments

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Our national research programme

- Two projects:
  - ‘Safer Children?’ which looked at the process of decision-making in relation to referrals by education providers, and
  - Our 2014-2016 Economic and Social Research Council-funded study ‘Rethinking Child Protection Strategy’ (Grant number ES/M000990/1) where we looked at the national picture in relation to child protection and safeguarding referrals, assessments and outcomes.

- From our results, we argue there is a strong case for rethinking national child protection strategy in England.

- We are HEFCE funded for our not-for-profit social enterprise, Solutions for Safeguarding CIC (SfSCiC) to work with local authorities and schools on developing strategy and policy for managing referrals and assessments.

- This paper presents the findings that are relevant to local level strategy and practice, discussing the challenges at local level of ‘thinking about rethinking’ child protection strategy in relation to referrals and assessments.
Key challenges at local level

* Objectives: How are the duties/responsibilities of CA 1989 met?
* Consistency: How should local areas interpret Working Together?
* Impact: How should the consequences of decision-making and interventions be measured for:
  * Practitioners and the LA;
  * Children;
  * Families.
* Decision making: triage, thresholds, consent and risk;
* Effect: of local/regional innovations, interventions on evaluation and consistency
* Budget/resourcing: What is possible/not possible.
This project examined the pre-referral decision-making process in schools.

We carried out an empirical study of child protection & safeguarding training in schools;

We looked at training, its costs, who provides it, its regulation, quality and outcomes;

We analysed a major training package, conducted interviews and collated questionnaire data;

We found that the education providers in our study rely on unregulated, profit making training packages of questionable quality. This is driving up referrals as schools feel they have no choice in the current climate, but the referrers frequently considered that they are not referring for the right reasons.
Project 2: ‘Rethinking Child Protection Strategy
Reviewing the national level consequences of referral and assessment strategy

(1) Analysis of the legal and policy framework
Child protection & safeguarding strategy conflates ss.17 & 47. Policy interpretation of legislation potentially ultra vires. Shift from intention of CA 1989

(2) Trend and prevalence analysis
The significant increase in referrals over 25 years (311%) has not led to a reduction in child abuse. There has been a significant reduction in the child abuse detection ratio from 24% to 7%.

(3) Adverse event response analysis
Findings are narrow and formulaic. They enable a culture of over-intervention driven by fear of the consequences of under-intervention.

(4) Risk prediction analysis
The certainty of risk prediction is generally poorly understood. For example, a 10,000 family study predicting risk resulted in a greater than 97% incidence of false positives and 17.5% false negatives.

What does the evidence tell us about the current strategy?
‘Transformative’ layer of analysis: producing new theoretical insights

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<tr>
<th>Analysis Type</th>
<th>Identification</th>
<th>Conclusion</th>
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<td>(1) Legal and policy framework</td>
<td>The Theory of Child Protection circuit</td>
<td>Overall conclusion: There is argument for a revised ethico-legal model (framework) of child protection</td>
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<td>(2) Trend and prevalence analysis</td>
<td>The Law of Diminishing Returns Ratio</td>
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The Children Act 1989 created a clear separation between consensual and non-consensual interventions.

S.17 concerned support services for families. It was intended to be consensual. (Part III of the Act).

S.47 concerned the investigation of reasonably suspected significant harm to children. It did not need to be consensual. (Part V of the Act).

The intention was to interfere into private family life as little as possible. Policy is now to intervene early.

Policy progressively conflated deliver of ss.17 and 47 via statutory guidance Working Together to Safeguard Children (DfE, 2015). 2010 and 2013 versions - the conflation is most evident.
The theory of Child Protection Circuit: a strategy to reduce child abuse

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 SCRs, aiming to establish how to do the previous 1-4 ‘truth’s ‘better because...
Consequences of the strategy: referral and assessment outcomes in England
We suggest a strategic rethink at national level with a clear statement on the boundaries of consent and rethink of the conflation approach. For local area policies this poses problems in a climate of a sustained high level of referrals.

We highlight the underlying tensions in the current strategy of conflating need and risk, treating them as a continuum. Case law such as AB & Anor, R (on the application of) v The London Borough of Haringey [2013] EWHC 416 (Admin) (13 March 2013) suggests there are limits to non-consensual assessment. The tension between state powers and private rights is particularly evident here – fine line between over and under intervention.

The questions of how reducing child abuse and supporting families are delivered by one service should be reconsidered to review the best use of s.17 and s.47 processes.
Addressing key challenges at local level

- **Objectives**: How should the duties/responsibilities of CA 1989 be met?
  - Clear policy on the **boundaries of consent**.

- **Consistency**: How should local areas interpret **Working Together**?
  - **Communication** between LAs and **regular review of impact** of decision making

- **Impact**: How should the consequences of decision-making and interventions be measured:
  - **Practitioners and the LA** – SCRs, legal challenges, budgets, caseloads, wellbeing.
  - **Children** – over and under intervention.
  - **Families** – needs significant consideration – how can this be achieved when it may be in conflict with Practitioners/LA consequences?
Addressing key challenges at local level

* **Decision making:** triage, thresholds, consent and risk:
  * Measuring **consistency of practice**
  * Measuring **consequences of decision making**
  * Measuring **outcomes**

* **Effect:** of local/regional innovations, interventions on evaluation and consistency:
  * *How are local innovations/interventions* evaluated and measured at local level?
  * At national level? What is the **implication for national stats** of local practice variations?

* **Budget/resourcing:**
  * How is budget/resourcing constraints enabling/hindering practice? Does that change local level strategy and practice? How is this reflected in the national statistics?
Further information

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**Key Publications:**
- **Report:** Safer Children (2017)
- **Report:** Rethinking Child Protection Strategy: Key Findings (2017)
- **Book:** The Limits of State Power and Private Rights (2017)
- **Working Paper:** Rethinking Child protection Strategy: Learning from Trends (13 April 2015)  [http://eprints.uwe.ac.uk/25258/](http://eprints.uwe.ac.uk/25258/)