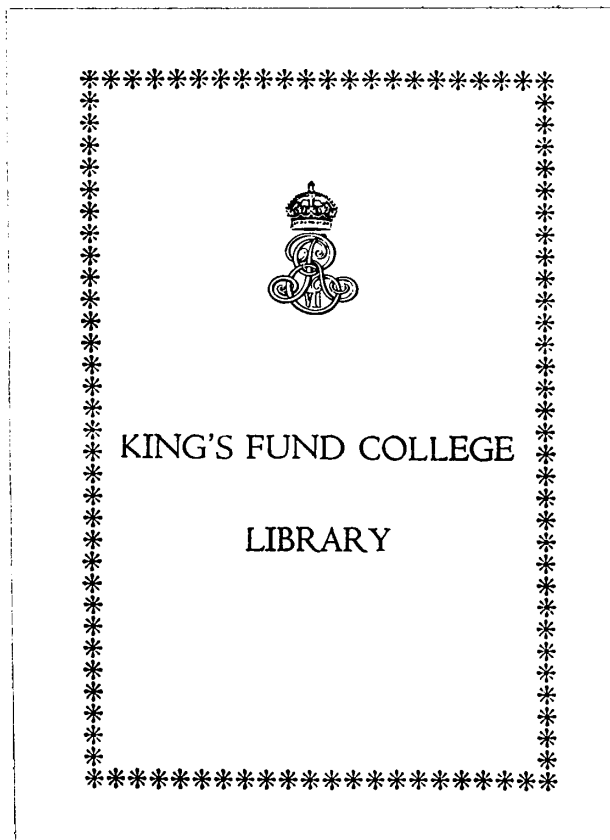


CLEVELAND ENQUIRY

DAY SEMINAR

20 JULY 1988

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CLEVELAND ENQUIRY

DAY SEMINAR

20 JULY 1988

COMMENTARY ON THE PROCEEDINGS



KING'S FUND COLLEGE AND  
NATIONAL INSTITUTE OF SOCIAL WORK

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## PREFACE

The enclosed material stems from a meeting organised jointly by the National Institute for Social Work and the King's Fund, in the aftermath of the Cleveland Inquiry. There have, of course, been many meetings up and down the country on the Cleveland affair, the lessons to be drawn from it, and what needs to be done. Nobody knows how frequently children are subject to sexual abuse, nor is there any certainty about the best responses. Events in Cleveland heightened national awareness and illustrated some very serious shortcomings in dealing with children and their families, and in collaboration among the main agencies.

The seminar provided an exchange of level terms between personal social services and health, and we believe that this was helpful. With hindsight there are other groups (the police, the magistrates and education, for example) whose perspectives we needed and whose inclusion should be considered in planning future meetings.

Apart from a useful exchange of views, the meeting helped us to develop an action agenda for consideration by NISW and the King's Fund. Some of the items fall naturally to one organisation or the other. Others call for joint initiatives. We are considering them all carefully. Difficult and distressing as the whole topic is, we both want



to see our organisations make a constructive contribution to  
tackling it. We are grateful to everyone who came to the  
seminar and for their help in formulating such an agenda.

Daphne Statham  
Director  
NISW

Robert Maxwell  
Secretary  
The King's Fund

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## INTRODUCTION

In response to a number of requests the King's Fund College and the National Institute of Social Work hosted a forum day for senior managers, professionals and policy-members for statutory and voluntary services. The intention was to provide a briefing on the thinking behind the report of the Butler Sloss Inquiry team and an opportunity to identify and debate courses of action to improve the quality and effectiveness of child protection systems.

This report provides commentary on the presentation of John Chant and records the main points made by participants during discussions in small groups, the plenary sessions and submitted in writing at the end of the proceedings. Suggestions for action came throughout the day and clearly, progress is being made on many of the issues identified;; section III closes with an indication of the potential future contributions available from the College and the Institute.

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CLEVELAND ENQUIRY DAY SEMINAR - 20TH JULY 1988

P R O G R A M M E

9.30 COFFEE

10.00 INTRODUCTIONS - CHAIR Daphne Statham (NISW)

10.15 IDENTIFYING THE ISSUES: 1. John Chant (Director of  
Social Services, Somerset. Member  
of Cleveland Enquiry).

Presentation and discussion on the results of the  
recent enquiry.

11.15 IDENTIFYING THE ISSUES: 2. Robin Douglas and  
Gerry Smale  
(Kings Fund College/ N.I.S.W.)

Participants will be asked to identify from  
their own perspective, issues that need to be  
addressed to ensure more effective management.

12.45 LUNCH

2.00 AREAS ON CONSENSUS AND DIFFERENCE. Robin Douglas  
and Gerry Smale  
(King's Fund College/N.I.S.W.)

A review of the morning's work to begin the  
assessment of priorities for action.

2.30 PLANNING FOR ACTION. Robert Maxwell  
(Secretary, King's Fund)

A plenary session to identify individual and  
organisational intentions for developmental  
activities in child protection.

This session will end with a brief review of the  
need for "strategic steering" of this work.

3.30 TEA

SEMINAR ENDS



## PART I

### IDENTIFYING THE ISSUES - JOHN CHANT

Director of Social Services, Somerset (Now Director of Social Work Department Lothian) Member of the Cleveland Enquiry.

John Chant started by raising three major issues:

1. The lack of knowledge in the area of child sexual abuse. He referred to David Jones' (BASW) warning against, "the illusion of knowledge and expertise that doesn't exist." We know very little about the nature, incidence or prevalence of various forms of sexual abuse. It is a very complex phenomenon ; there are some ways in which we can gather clues, eg., from returns of sexually transmitted diseases and abortions on children under 16, but there need to be other ways of establishing facts. Abuse within the family is not the same as abuse outside, group sexual activity for example. Diagnostic techniques and specifically anal dilation need further study.
2. How far should children be screened for sexual abuse? No evidence was presented to tell to what extent this was done or not. There are indications that a high proportion of physically abused children should be screened for sexual abuse, but the screening issue itself is not without problems. This will have to be debated thoroughly.
3. How are all of us going to tease out the issue of knowledge versus belief? It is disturbing how often people used their 'professional status' and implied 'knowledge' as a platform to support their own personal beliefs. This is a problem for all professionals including judges and doctors. Professionals need to be very disciplined.

The presentation continued by reminding the audience of the need for a willingness to face the REALITY of these problems, particularly in the legal system. How courts are going to respond to these issues and the evidence presented before them is of crucial importance. Cleveland has provoked a political debate in both party and gender politics. But also it has created a litigious climate. Are parents being interviewed now going to go straight to their lawyers?

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The Cleveland Inquiry highlighted problems of interagency relations and training which need to be addressed :-

- 'Child Abuse' and other terms have different meanings in different organisations, we need a common language.
- Greater clarity is needed about referral practices. What level of concern should provoke action? When is the communication of suspicion justified? Joint working does not mean collusion or a homogeneous work force. Each profession has to play its specific role in the system. In the end TRUST between professionals is going to be crucial.
- Personal emotions, the feelings of people working in this area need to be recognised and carefully managed. The personal impact of this work is such that not everyone is prepared or suitable to carry out this work. It must be legitimate for workers or their managers to decide that they are not right for the job.
- How are we going to support staff who are convinced that their suspicions are justified but do not have enough 'evidence' to take action; or where arrangements made cannot guarantee protection of the child. We have to help professionals to live with the lack of intervention and action in these circumstances.

We also need to recognise the needs of foster parents and help them where necessary.

John Chant drew our attention to three different ways by which Child Sexual Abuse is presented:

1. By allegation from outside the situation.
2. By disclosure from the child.
3. Signs in child behaviour or physical symptoms without either of the above.

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Agency and inter-agency responses should probably discriminate between these forms of presentation. The inquiry team was particularly concerned that one form of intervention (medical in Cleveland) could not be checked or challenged until it had run through to the courts:

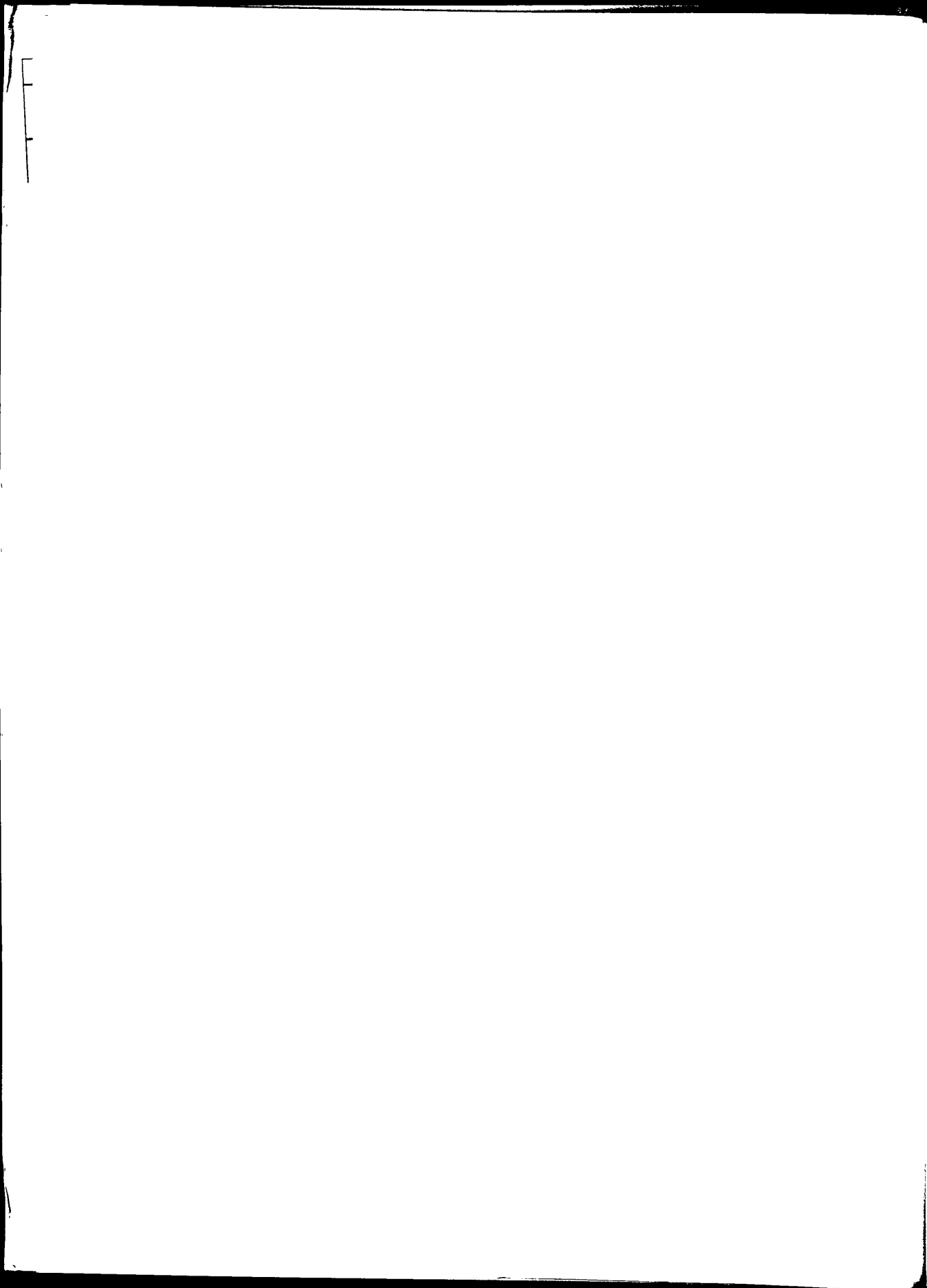
- This led to consideration of special assessment teams (SAT) as a way of introducing some subtlety and discrimination into judgements and action.
- The role of specialists also needs to be set in context, particularly the Child Psychiatrists. Currently advocated techniques, for communicating with children may be appropriate in Child Psychiatrists' consulting rooms but are less relevant in emergency situations for social workers.

It is disturbing to note that events in Cleveland appeared to reflect problems that had nothing to do with the welfare of the children concerned :-

- In the relationship between Police Surgeons and Paediatricians, there was (and is) a feeling that somehow events in Cleveland were acting out problems/ conflicts in other places. There was a kind of acting out of Status of Paediatricians - v - Status of Police Surgeons. This "conflict" (or professional rivalry) has been rumbling on. The professions may not be able to resolve it themselves - conciliatory statements should not fool us - they are themselves evidence of the underlying conflict.

The role of police surgeons raised further issues:-

The process for appointing Police Surgeons is mysterious - how is it done ? The Police Surgeon also takes on the role of the medical adviser in these cases. On issues the police really care about (eg. headless bodies) they call in a 'real' medical expert (Professor of Forensic Medicine).



There is an outstanding problem of how and why children/families give permission to the police surgeon for an examination.

In practice police surgeons were being used as expert witnesses for one side of the equation (parents), if this pattern became established would it compromise their independence? This is why the inquiry report suggested that a list of Approved Medical Practitioners was essential.

The suggestion of second opinion panels faced the inquiry with considerable complexities. The Inquiry team had had reservations about these being composed entirely of Medical Practitioners.

Social Services Departments need to be clear about their agency function resting in law. We cannot just rely on the professional enthusiasm of the individual practitioners and their personal sense of commitment to work in this field. The practitioner has to be able to rely on management backing - just as management has the right to expect practitioners to operate within the agency remit and procedure.

The styles of intervention used need to be reviewed. Questions were posed about the indiscriminate use of some Family Therapy techniques, specifically the way people were confronted. Theories of power may assist understanding, but it seemed inappropriate that such theories should be reflected in practice during the assessment phase.

The use of reporting procedures needs to be reviewed, specifically how do you monitor what is going on? How many place of safety orders are being taken? This kind of management information is crucial.

Further issues included:-

- \* What training is given to magistrates ? Their role is not criticised in the report, but it would be desirable for them to have more knowledge. There is a major issue within the Health Service about the control of its members, specifically doctors. The 'system' works on peer group pressure - but such a system only works for those who are willing to submit to it. (In commenting on this issue John Chant said "We were invited to adjudicate on this issue but, like the wise trout, we let this fly pass us by.").

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- \* Concern was expressed at the way the children get lost behind the label of sexual abuse and workers appear blind to their basic needs, like their need for their teddy bears at night. The way in which being in care interrupted routine appointments for medical treatments was of major concern to parents, and a further cause for them feeling that the system was not truly concerned about their children.
- \* Development work and training needs to take place on how to do this work, for instance a lot more work needs to be done on interviewing children. There is concern that anatomically complete dolls could "sexualise" children if they had not been abused rather than help in their treatment. We may end up doing more harm than good.
- \* It is understandable that some parents felt that their voice had not come through in the Report. "We heard 11 out of the 38 who asked to be represented. All the evidence suggested that they felt isolated, powerless, impotent in the situation, their needs largely ignored. We need to give a lot more thought to how we work with them and how we handle these situations."
- \* Issues of Case Conferences: "It might appear that we fudged the issue of parents being present unless the Chair thinks this is inappropriate." The term 'case conference' is as though it were a consistent definition, despite the changing nature of the reality of what is meant by case conferences and how such meetings are used. There is a danger that the case conference becomes a preliminary court hearing. There is also a danger of collectivising decisions where individuals should be taking responsibility.
- \* Press/media: "We felt very uneasy about up to 17 different representatives of the media in the court. What was their interest? Thought needs to be given to how much they should be involved and the confusion that exists over what they can report in different situations."

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\* The courts had difficulty in dealing with conflicting evidence. Conflicts over access in interim hearings were an acute example. This process exposed the sham independence of a Guardian Ad Litem in the eyes of parents. When told they may have to wait a year for Guardian ad Litem they offered to pay for an independent expert - they could not do so because there was a reciprocal arrangement between departments who did this work for each other. Parents were then sceptical of the independence of the service received. These issues led to the recommendation of an Office of Child Protection to :

- scrutinize evidence of local authorities, the police and other agencies.
- exercise the power to require further investigations/reports.
- invite local authorities or police to reconsider their actions.
- determine who should be parties to proceedings.

During the ensuring question and answer sessions the following issues were raised:

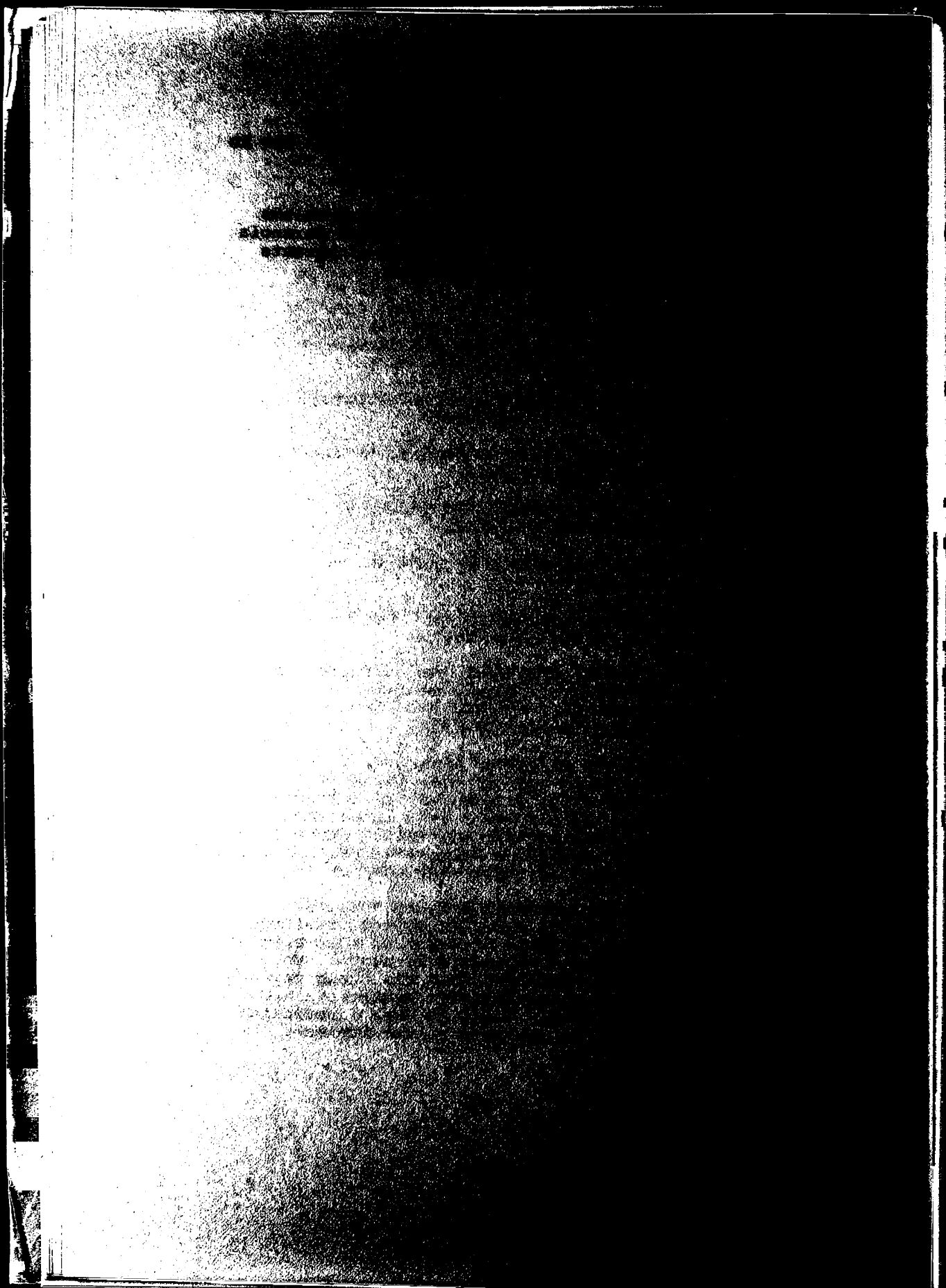
- \* Child sexual abuse and child physical abuse are different. We have used the same procedures for both and not adequately recognised the differences.
- \* Concern was expressed that few, if any, workers would opt for work in this area if they were able to 'opt out' for personal reasons. On the other hand it was recognised that not all workers can not be expected to have the specialist expertise required to sustain work in these very complex areas.
- \* John Chant asked how the Regional and District Health Councils should cooperate in drawing up a panel of approved a parallel from doctors - who would do what ? He suggested a parellel from the field of mental health where the District submits a list to Regional level; there is then a mechanism for reviewing who gets on the approved list.

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\* It was recognised that the control and management of individual "consultants" was an important issue - the Districts felt particularly impotent in this field.

The view was expressed that many of the problems experienced by Cleveland have highlighted paranoia about the health service in the minds of parents bringing their children for treatment.



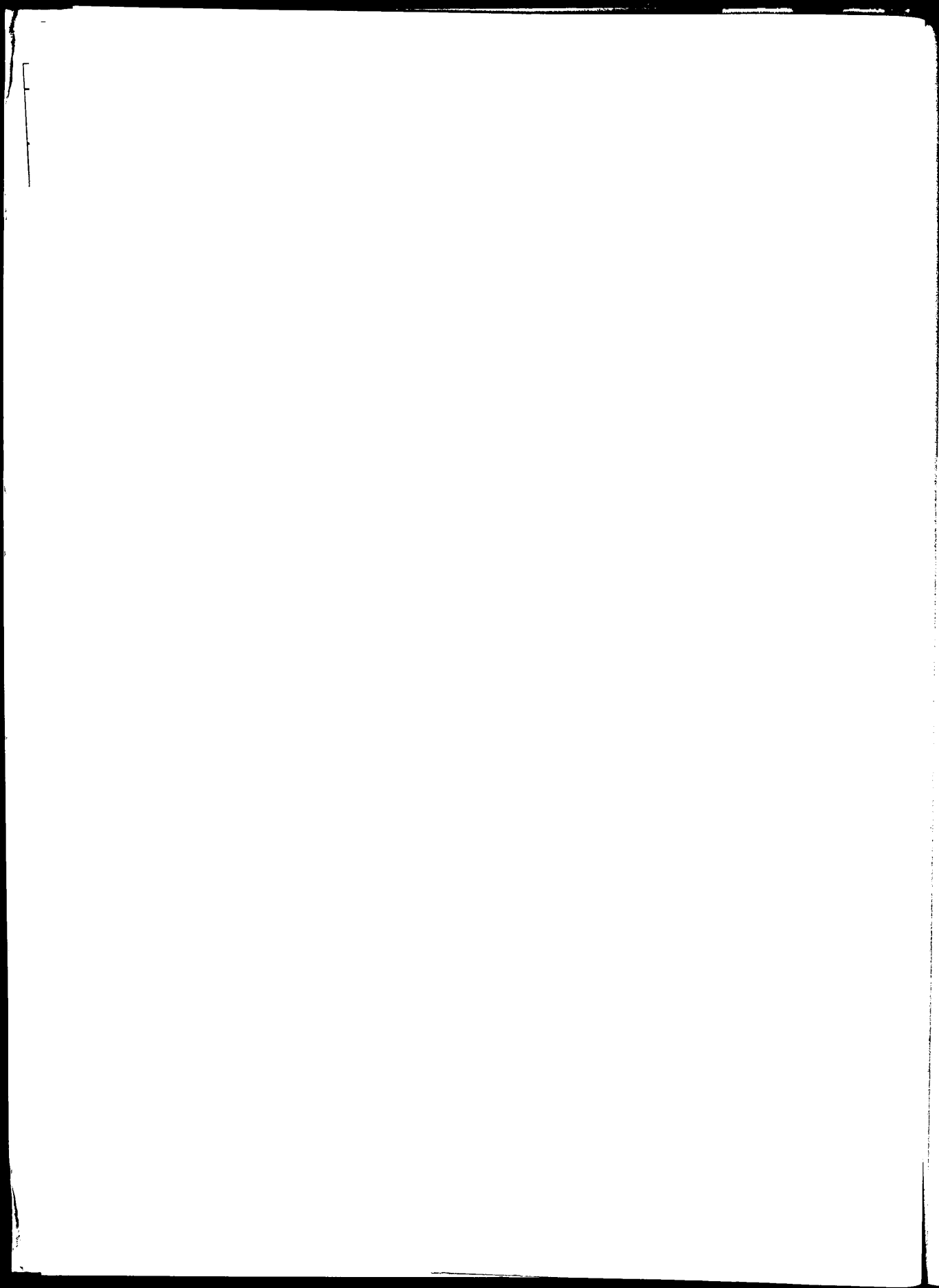
## Part II

### IDENTIFYING THE ISSUES: ALL PARTICIPANTS

The following points offer a resume of the discussion and proposals for action generated during the seminar. An attempt has been made to reflect the range of ideas rather than comment on the nature and extent of agreement about priorities or individual emphasis.

#### 1. IMPROVING THE KNOWLEDGE BASE

- i) Many participants emphasised that we lack understanding of the prevalence of, and effectiveness of responses to, child abuse;
- ii) The increase in knowledge and understanding should gradually lead to "clearer definitions" and "a classification for types of abuse" which in themselves are necessary for more effective responses;
- iii) A number of comments identified the need to "pool current knowledge", "maintain and develop networks" "publish good practice" and use personal contacts to ensure wide circulation of information and experience;
- iv) "Clearer notification systems" should be devised both to allow effective responses to individual cases and to add to the data base;
- v) Data bases were proposed by Childline and the N.C.B. to increase the information available on experiences and reactions to abuse;
- vi) The Health Visitors Association is producing a series on aspects of Child Abuses, the latest of which addresses issues of Child Sexual Abuse (due Autumn 1988). N.C.B. plan to produce a "Highlight" on C.S.A.;
- vii) The DHSS is "commissioning research," the Social Services Inspectorate is "disseminating research findings" and will use its inspections "to examine interalia knowledge issues and training". They also have current work to "map what is already underway and/or already known" and "agree a strategic overview for what is needed" including "dissemination strategies with other bodies".



They would also encourage academic/local authority collaboration on the Essex model where university teaching staff work in the local authority.

- viii) The uncertainties for professionals, managers and others involved in the complexities of child protection activity were highlighted by an apparent cry for help "I remain uncertain as to whether I should be looking at children's bottoms more or less."

## 2. DEFINING ROLES AND RESPONSIBILITIES

- i) Clinical autonomy was not fundamentally challenged but a number of issues were raised that required action:
- "Doctors need to sort out their autonomy problems";
  - "What guidelines should be used to support clinical action?";
  - "How can more effective action be taken when individuals overstep these guidelines? Who should act and how?"
  - What should be done to enable the public to feel confident that effective action to maintain standards is being taken?
  - How can professional associations contribute more effectively?
- ii) The nature and extent of accountability of all participants in the process of child protection need to be clearer and enforced: this should include magistrates, police, social workers, education and health care professionals;
- iii) Considerable support existed for the establishment of an office of child protection or similar national facilitating and monitoring body;
- iv) "Juvenile courts are (till family courts are introduced), the main instrument available for the protection of rights, safeguarding of children and oversight of professional action. They are unprepared. This is not a simple matter of training but of thinking hard about roles, guidelines, expert advice, burden of proof and accountability."

They would also encourage academic/clinical research  
collaboration on the Essex model where appropriate  
teaching staff work in the local authority.

The uncertainties for professional staff  
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DEFINING ROLES AND RESPONSIBILITIES

Clinical research was not a  
but a number of issues were  
action

- In some cases, the need to  
qualify

- Some professional staff  
support, which is not

- "How can we ensure that  
some individuals are  
guided work, which is

- Some staff may be  
to the local authority  
of the local authority

- Some staff may be  
to the local authority  
of the local authority

The nature of the work  
participating in the  
to be considered  
responsibilities  
health care

Considerable support  
of an office or  
facilitating

"Juvenile courts are  
introduced", the  
protection of rights  
overlapping of protection  
suggested. This is  
law of thinking and  
justice, burden of proof

- v) The comment "don't hide behind professional barriers" summarised a number of thoughts in this area.

### 3. RECOGNISING CHILDREN'S EXPERIENCES

- i) It was felt "vitally important to convey (views and direct experiences from children) to those providing services and defining legislation";
- ii) Also important "to disseminate the information of children's experiences as widely and as clearly as possible";
- iii) Alternatives to existing responses should be considered: "some children would disclose if they knew the family was not going to be broken up."
- iv) Clarify the "child's right to confidentiality";
- v) Challenge "parents rights to physically punish children";
- vi) The Childrens Legal Centre has produced a booklet - "Child Abuse Procedures - The Child's Viewpoint" and Childline is developing a data base of childrens experiences that indicates that they "largely fear the system".

### 4. ENABLING BETTER INTER-ORGANISATIONAL AND INTER-PROFESSIONAL WORKING PRACTICES

- i) It was considered essential that in multi-disciplinary/agency working "each member knows the roles and capabilities of other team members so that gaps in service delivery do not occur";
- ii) Responding openly to different perceptions of status, skill and authority was encouraged - "as a doctor I am concerned that the status of social workers should be perceived by my own profession and by society as a whole as equal to my own"; "This has resource implications in terms of the costs of training and costs of remuneration of social workers".
- iii) Repeat multidisciplinary seminars (including police, education staff and magistrates) to encourage "recognition of other's problems and views";

*[Faint, illegible handwritten notes]*



- iv) "Avoid the philosophy that my group (eg GPs) can solve the problem virtually unaided";
- v) "Set up small consultative meeting of relevant bodies (eg. A.D.S.S., Police Federation , Magistrates' Association etc)";
- vi) "Set-up a National Development Team for Child Protection (as in Mental Handicap) to take forward the lessons from Cleveland";
- vii) "Identify the issues that cause disagreement between agencies". Work with key individuals to chart a path through them or make them public";
- viii) Work together on joint expectations, procedures, definitions and training;
- ix) "DHSS to issue guidance designed to improve working relationships in integrated health and social services structure" (ref N Ireland);
- x) Ensure more clarity, more effective procedures, parental involvement and training for chairpersons of case conferences;
- xi) Organisations like the King's Fund and NISW should model inter-organisational collaboration in their approach to individual and organisational development;
- xii) Focus on management development as well as professional skill development to enable better collaboration between participating organisations. Joint initiatives aimed at senior management should help people develop managerial skills in ensuring that child protection services are planned efficiently, and run effectively and that problems are dealt with competently when they occur.

##### 5. TRAINING AND STAFF DEVELOPMENT

- i) "Joint planning between training bodies" to enable "joint training, common goals, respect for each other and an understanding of why we are different".
- ii) These bodies and health authorities and SSD's must "assess and determine a) content and training; b) quality of training and c) the balance between qualifying and in-service education;
- iii) Consistency and integration of training in work

"Avoid the pathology that my group has suffered from and solve the problems efficiently and quickly."

(v)

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the situation.

(v)

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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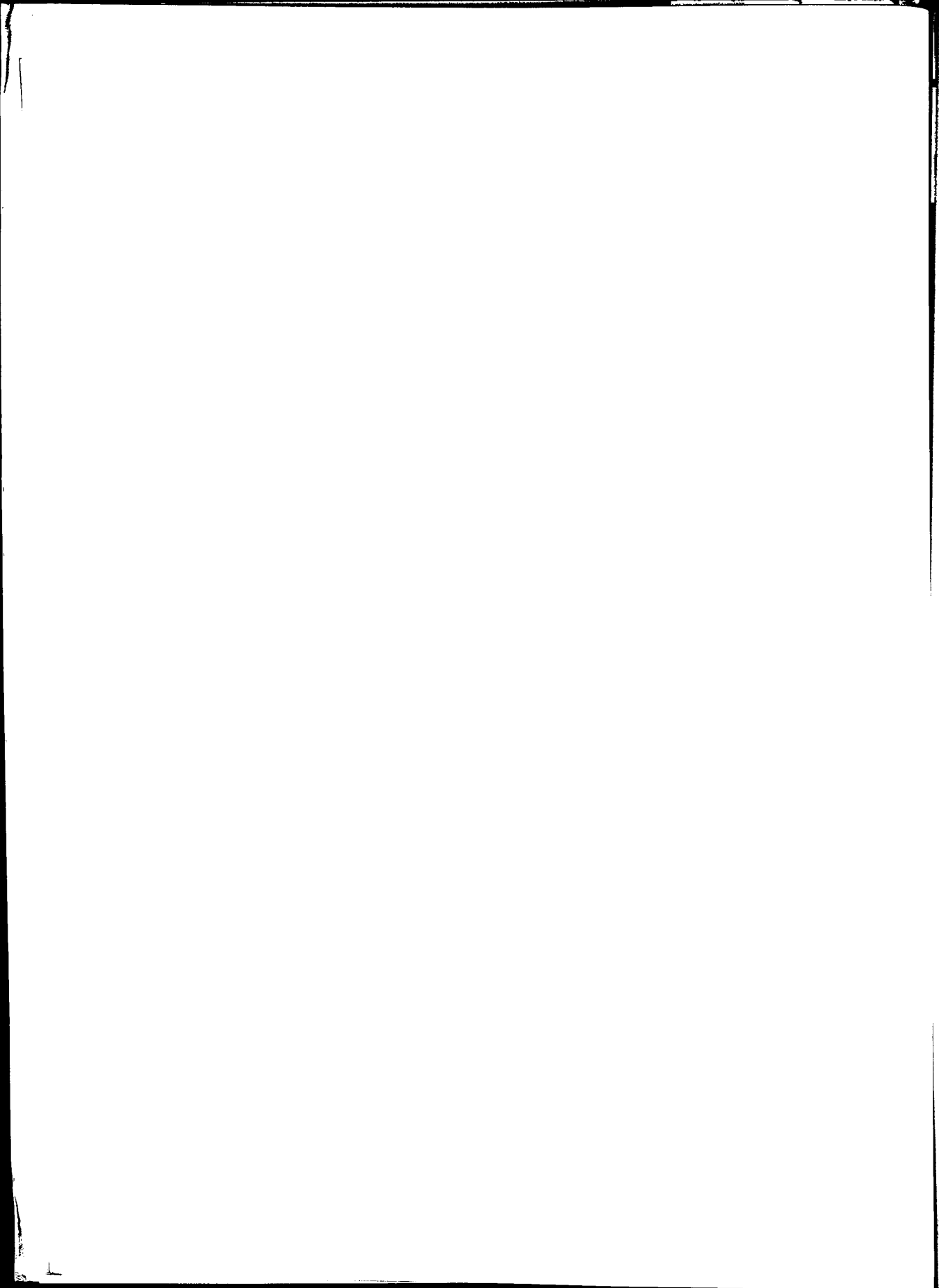
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- should improve;
- iv) Minimum levels of competency for contact with children should be established;
  - v) Parallels were drawn by some people to experiences in anti-racist and equal opportunities development work. It was felt that these were lessons to be learnt here.
  - vi) Training should encompass knowledge, skill development and attitude change. Many comments were made on the need to determine clear standards of performance in training and clarity about the expectations of specialists and generalists involved in child protection activity;
  - vii) A number of respondents commented on the need for enhanced resources for multidisciplinary/multi-staff development in addition to specialist training.
  - viii) 'Resource packs' and other materials were recommended to support traditional training methods;
  - ix) The focus should not rest with 'front-line' workers only - development work must encompass supervisors, managers and service planners;
  - x) Training was an opportunity to disseminate examples of good practice. These needed to be identified and available widely;
  - xi) National bodies should encourage "joint projects and staff development exercises" and should "examine these projects .... so that we can learn collaboratively". This could lead to a "model (training method and content) for post graduate .....training";
  - xii) How was the £7 million extra investment from the DOH for child protection training going to be used? A number of participants questioned how it was to be distributed and whether it was for multi-disciplinary or inter-professional training;
  - xiii) It was suggested that the emphasis should be on "Inter-agency problem solving rather than training" and that much of the training should be "experiential rather than information based";



6. RESOURCES

- i) Throughout the written and verbal responses there were calls for additional resources:
  - a) to improve the quality and quantity of services, e.g. specialist teams and more staff to see that the pressure for child sexual abuse work does not denude other "equally important areas"
  - and
  - b) directly for staff development and training activities at both qualifying and post qualifying/in service levels.

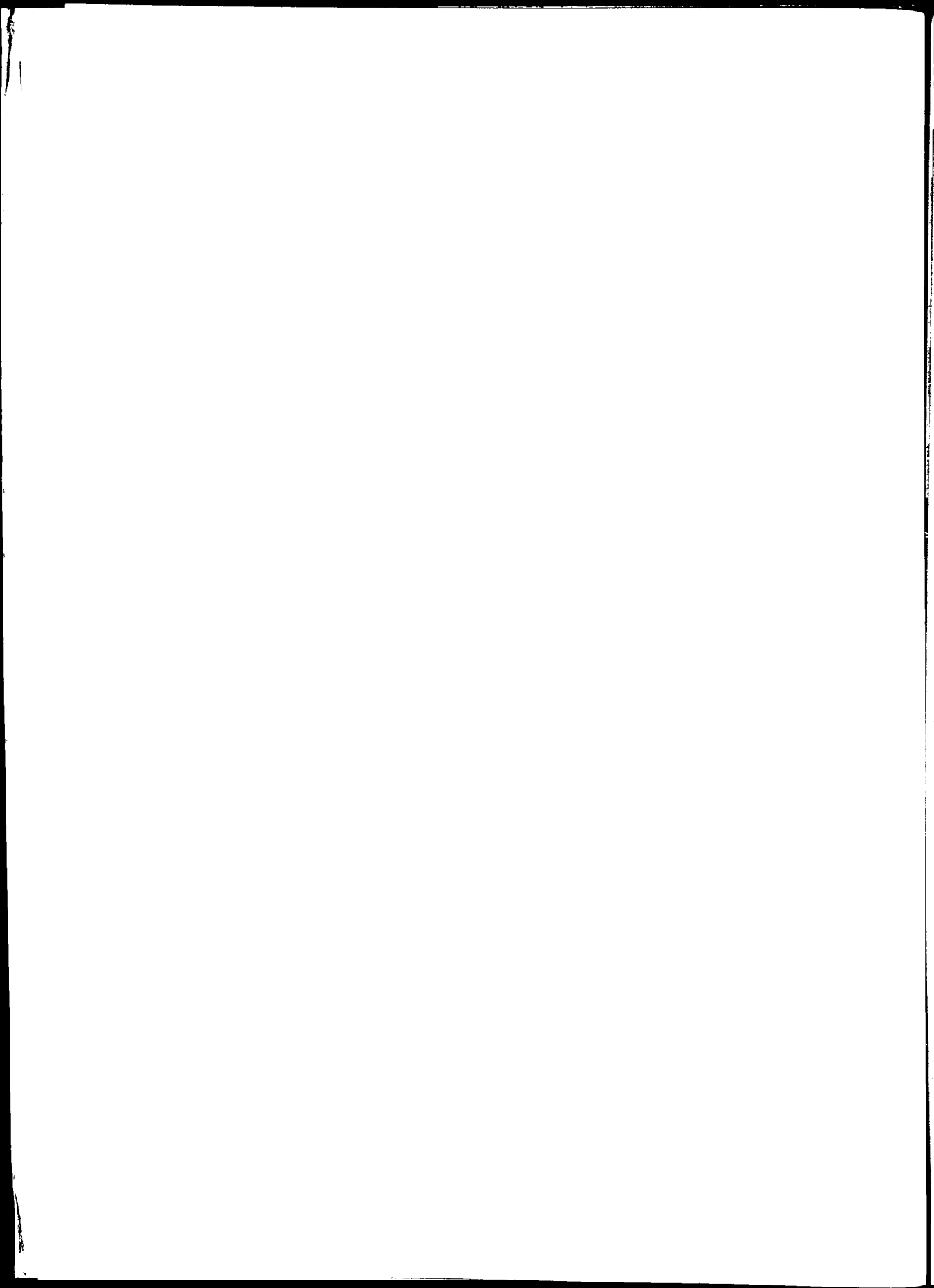
Most respondents described the necessity for staff development to take place on an inter-organisational and inter-disciplinary basis, although there were detailed descriptions of the learning needs of (for example) magistrates, social workers and doctors.

- ii) The recommendations for a National Development Team and other national supervisory bodies were also described in terms of additional resources for this work, as funding was unavailable from within existing budgets;
- iii) Most comments about resources also differentiated between additional money, people, training etc and their use, summarised by this point "Resources ? Money, but with commitment and time".
- iv) Although resource bids were mainly in terms of fs, regular comments included "time", "energy", "tact", "contacts", and the capacity to use existing resources better.

7. EVALUATION AND MONITORING OF CHILD PROTECTION SERVICES

Points made usefully separated the elements of evaluation as follows:

- the need for clearer understanding of the nature and extent of child abuse requires better notification systems, clearer definitions and local and national tracking data;

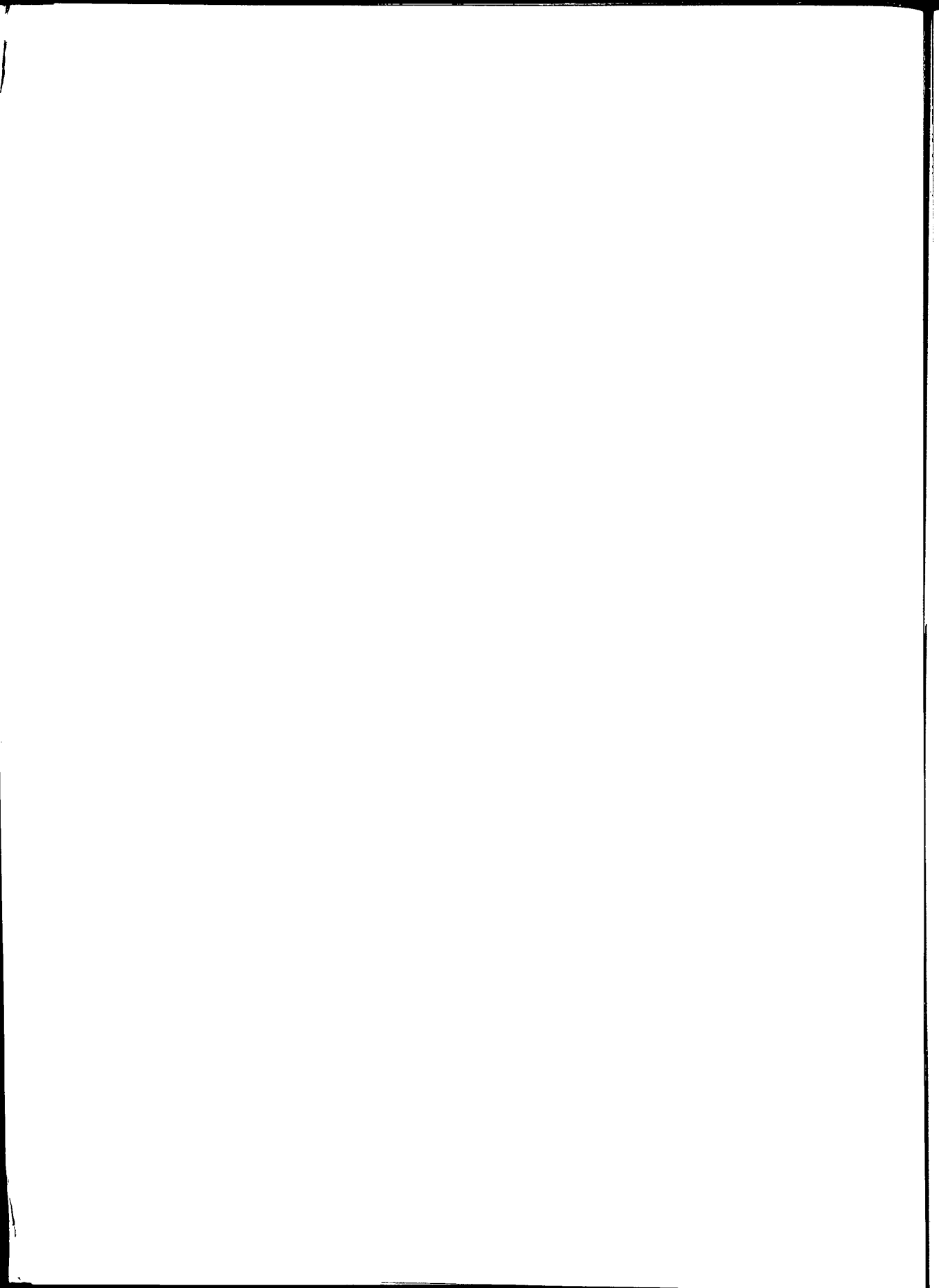


- the means must exist to encourage rather than suppress communication about experiences and concerns from children, families, neighbours etc;
- good practices in child protection services must be identified and made more widely available;
- national bodies (D.H.S.S., Child Protection Office, National Development Teams, Courts, Local Authorities, District Health Authorities, Voluntary Organisations, Education, Police etc) and local organisations must collaborate in ensuring effective monitoring and policing of services;
- education and development organisations (BAAF; CETSU; King's Fund; NISW, etc) must work together to develop understanding of minimum performance standards and the training and support and resources required to attain them. It was acknowledged that this was likely to differ for specialist, generalist workers and service managers.
- the legal framework must support good practice, and participants commented on the need for clarification of the Government's intentions in this area.

#### 8. MEDIA

Concern existed that the public were not provided with balanced information about child protection activity. Suggestions included the need to "be proactive and nurture relationships with the press", "work with the media to tackle public attitudes/knowledge" and "King's Fund/NISW could set-up 1-2 briefing sessions for editors of national papers to:

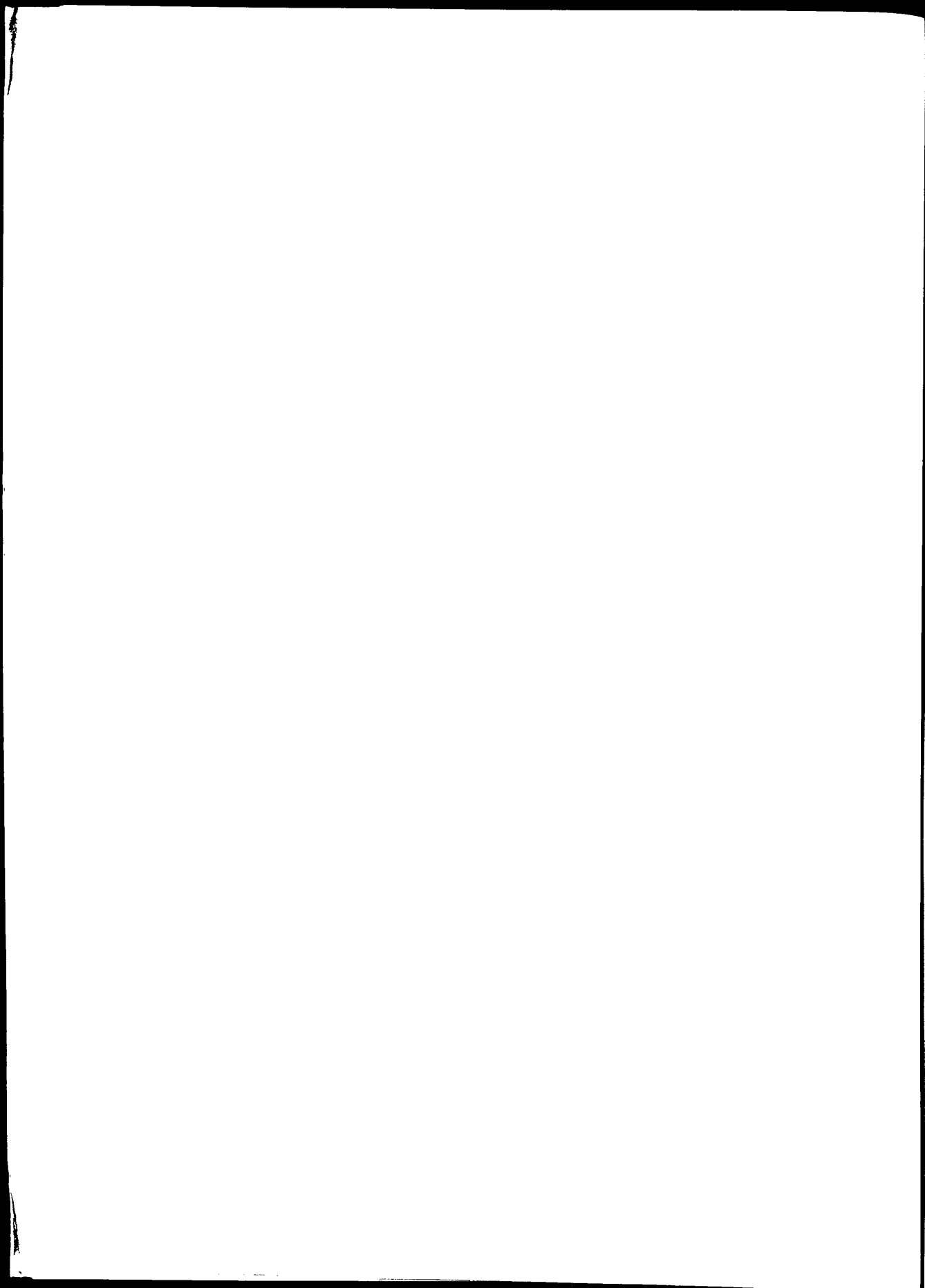
- brief them on the complexities/uncertainties of Child Abuse. Warn them about the impact on professional work of one sided stories;
- look at systems of private - briefings to define major stories;
- build bridges."





9. PERSONAL RIGHTS OF FAMILIES AND CHILDREN INVOLVED  
IN CHILD PROTECTION

- i) There was strong support for the emphasis of the Butler-Sloss Inquiry on children's rights and the need for increased sensitivity to the needs of families and individuals involved in child abuse;
- ii) Issues needing clarification included:
  - the child's right to confidentiality;
  - involvement in case conferences;
  - adequate advocacy in court;
- iii) Case Conferences were an important focus for concerns particularly on behalf of parents and children
  - much more needs to be done to make it a beneficial exercise by clarifying who should attend and under what circumstances.
  - Training particularly for chairs of case conferences. "The morass of the case conference needs to be disentangled".
- iv) Childline is working with children and the Family Rights Group to "reform the legal framework where cases involving children are heard";
- v) "All local procedures manuals should begin with Cleveland - a statement of children's rights";
- vi) The Childrens Legal Centre is producing a "summary of children's rights"
- vii) The isolation and separation of parents and children from the professionals was identified in the need to "bring back the estranged family."

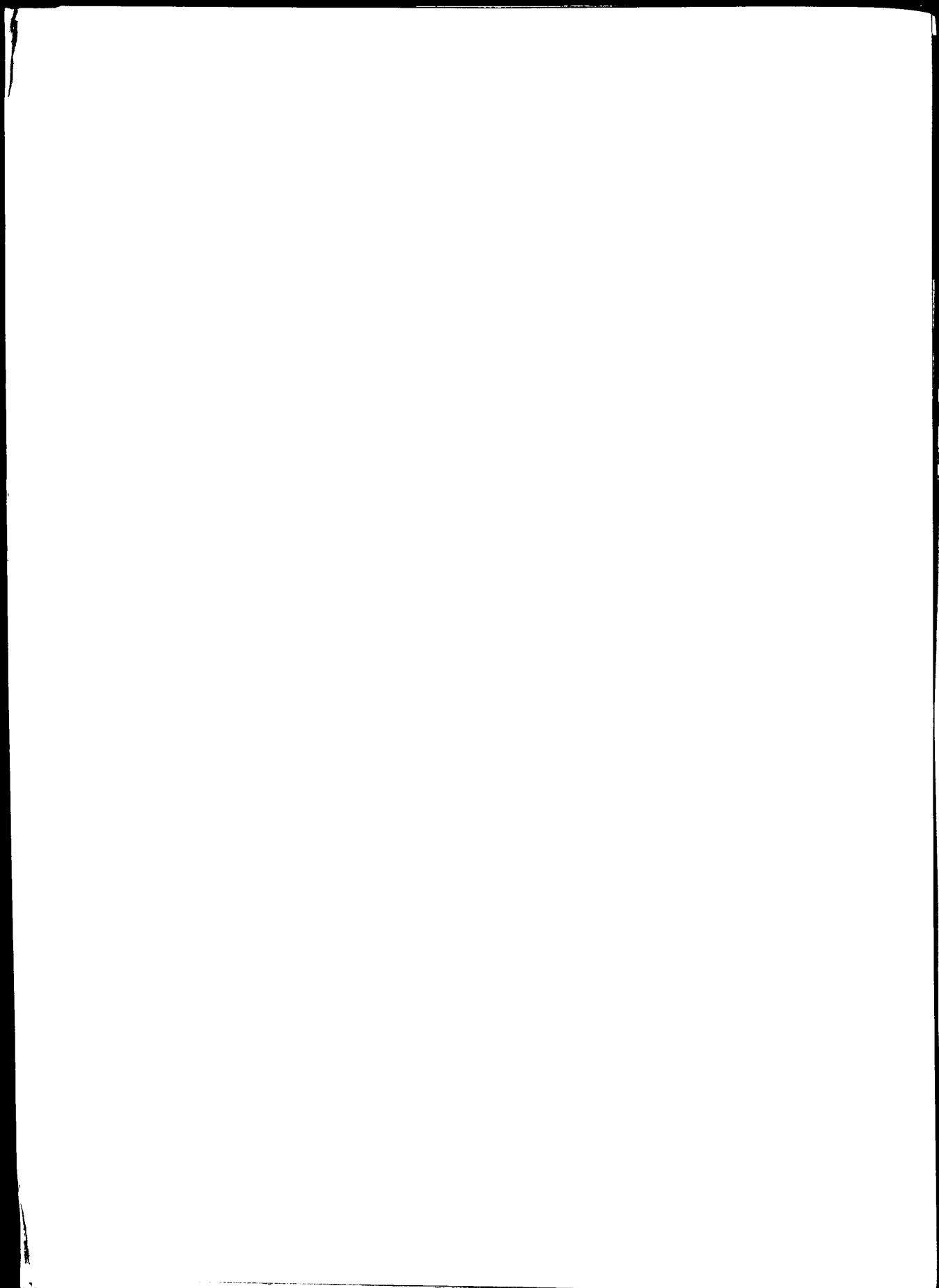


### Part III

#### FURTHER CONTRIBUTION FROM THE KING'S FUND COLLEGE AND NATIONAL INSTITUTE OF SOCIAL WORK

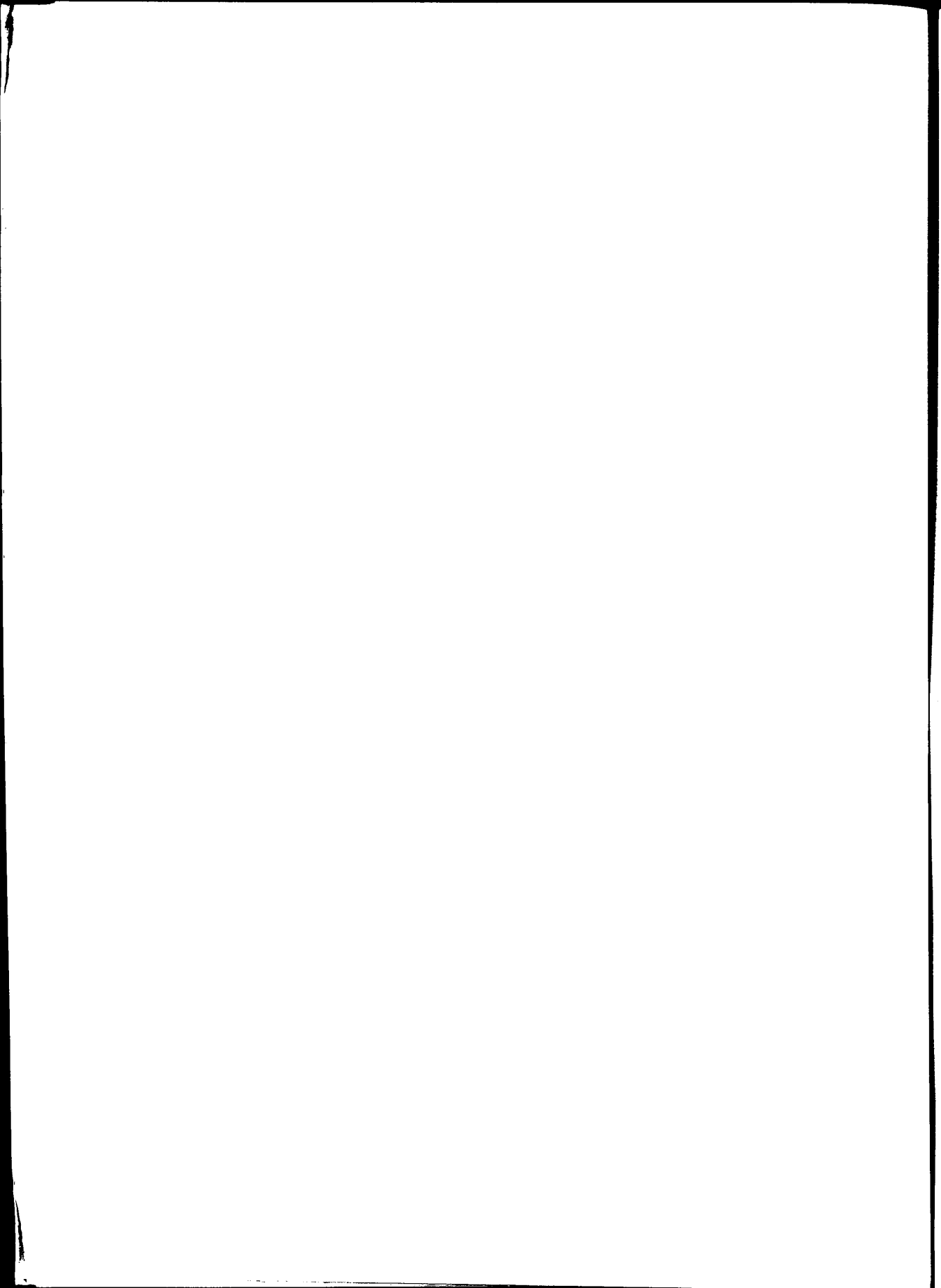
An enormous variety of individual, local and national action is required to improve child protection services, much of which is identified in this document. It clearly demonstrates the complexity of the task faced by services. We believe that our role should be to help maintain attention to the wide range of these initiatives, whilst concentrating on developing an active response areas where we have specific responsibilities. Our future programme of action is of course dependent upon the availability of resources, but it is likely to include:

- i) Continuing forum events to provide an opportunity for representatives from the organisations with concern or direct involvement in child protection, to meet and review policy and strategic developments. These events could also be used as an opportunity to support and encourage inter-organisational and inter-disciplinary collaboration, which is acknowledged as the cornerstone of effective practice. Education, the police and the courts ought to be represented (they were not at this meeting).
- ii) Workshop or seminar events organised around specific themes, such as the suggestion on working with the media, strategic approaches to joint training, the management of child protection services, dissemination of good practice, enhancing the role of the court in child abuse cases and so on.
- iii) Promoting, in a systematic but developmental way, the exchange of information about practice. The government has announced that substantial resources are to be made available to social services departments for child protection training and this will hopefully promote a proliferation of training courses across the country. There is a danger that much energy will be duplicated in developing similar training strategies and methods while useful innovations remain confined to their place of origin. NISW's Practice Exchange has experience in tackling these issues and the development of this training could be significantly accelerated by providing:
  - a data base of who is doing what, where, and descriptions of the methods used.



- forums for the exchange of experience and ideas amongst practitioners, managers and trainers.
  - reviews of the relevant practice literature.
  - publication of an analysis and descriptions of developing training methods.
- iv) The King's Fund College is proposing a programme of development activities (some classroom, some field-based) to pilot a management development strategy for Child protection services. It is likely to be focused on work with selected agencies who wish to improve their practices and are prepared to commit time and energy of managers/clinicians and professionals to this process. Developments will be encouraged at both the policy and practice levels, working on an inter-organisational basis, with the College providing structured support and training activities. Our experience with joint planning and service strategy development across health, social services and other associated organisations will contribute to this process.
- v) NISW and the King's Fund will be developing other collaborative work on joint staff development strategies, team management, support and supervision in multi-disciplinary/multi-agency teams. This will focus less on direct teaching and more on curriculum and learning materials development.
- vi) It was proposed that the National Institute for Social Work and the King's Fund should develop a model for child abuse training comprising the methods and content of post qualifying study for health and social workers and multidisciplinary teams. It was suggested that such a project could also be a source of training materials for others to use in their agencies and in multidisciplinary settings.

The King's Fund and the Institute are well placed to work in partnership to carry out such a project. Both have considerable experience in practice and management training both in their respective fields and in multidisciplinary settings. Both organisations are also experienced in providing consultancy services to agencies who require the organisational development so often needed to make best use of increased awareness and skills developed in individuals or teams of workers.

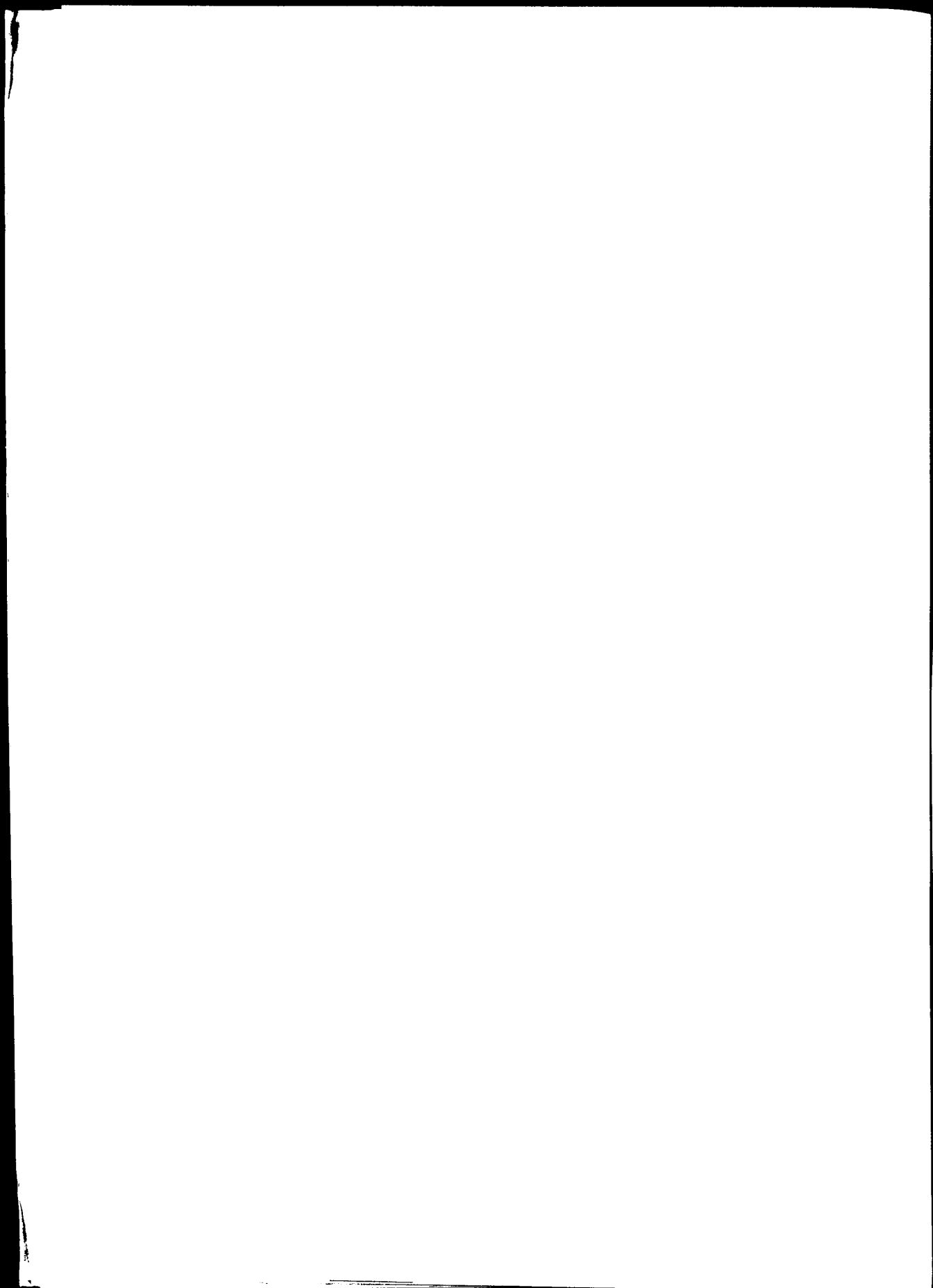


A reliance on training in "attitudes" and "values", often referred to in discussions reflects the crucial nature of these dimensions of intervention. Concern Much of the talk about 'developing the knowledge base' referred to qualitative and diagnostic evidence to identify the scale of the problem or its incidence in individual cases. By comparison there was relatively little reference to knowledge about how to work with families, victims, perpetrators, or wider communities, to reflect change in peoples behaviour or even more effective management of trauma for individuals.

We are reminded again of David Jones' warning of believing in "the illusion of knowledge and expertise that does not exist." Training then needs to be fuelled by development of knowledge about models of good practice; a greater understanding of who should intervene in what ways to produce positive change, and to minimise the long term damage caused to peoples lives by sexual abuse and the trauma of public discovery. Since the seminar, for example Butler-Sloss has drawn attention to the need to offer treatment and not just punishment or containment of the perpetrators. It was said during the discussions that the minimum level of professional competence we should accept is that our interventions do not make the situation, or its impact on individuals, any worse. All professions need to know more about what they should do, and how they do it together. A major contribution for organisations such as the King's Fund and the National Institute for Social Work is then to work on identifying, describing, testing and disseminating models of good practice.

NISW's Practice and Development Exchange has considerable experience of drawing on practice expertise and research findings to identify and disseminate 'good practice.'

A child protection project could be established along the lines of NISW's work on community social work and residential services for elderly people. This could be done in partnership with the College to ensure full involvement with the health services.





Further suggestions for activities designed to support the development of more effective child protection services would be welcomed.

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