Protecting Children: The central role of knowledge.

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Abstract

Following the deaths of Victoria Climbié and of Peter Connelly (Baby P) the media has raged about social work competence, the public have expressed dismay and the government has responded with proposals designed to alter practice procedures. Altering procedures gives the appearance of change without necessarily improving practice.

Do social workers have sufficient knowledge to make the decisions that they are responsible for? This paper examines whether a restricted knowledge base contributes to social workers missing or misjudging signs of maltreatment. The paper also looks at evidence suggesting that social workers are resistant to developing new ways of working. A more positive approach to developing expert knowledge and engagement with the inter-professional knowledge base is proposed.

Introduction

Since the death of Peter Connelly (Baby P) dismay has been expressed at the signs of maltreatment missed by all the professionals dealing with this and with other similar tragic cases. The media calls for social workers to be held to account and to some extent social workers suggest that the problem lies in the deceptive skills of the parents (Williams, 2010). Neither response is helpful in developing best practice. By contrast, in other cases there have been claims of over-zealousness, intervening too quickly, and sometimes intervention is neither wanted nor needed and wasted resources are spent here (Justice 4 Families, 2011; Department for Education, 2009). It might aid our understanding to consider a typology of interventions relating to suspected child maltreatment and I propose the following:

1. *Maltreatment missed/misjudged* – here signs and symptoms are not correctly perceived and interventions that might help are not put in place. Interventions that would be needed could include assessments, analyses and diagnosis.
2. *Maltreatment correctly identified and interventions succeed and are effective* – this is the optimal position where signs and symptoms of maltreatment are correctly identified and interventions that are put in place are proportionate and successful. Success could mean the child remaining with their parents or necessary removal of the child.
3. *Maltreatment correctly identified and interventions succeed **but** are ineffective* - signs and symptoms of maltreatment are correctly identified but although the interventions are successful (e.g. parents engage in a parenting programme) they are not sufficient or effective enough to prevent maltreatment. This typology includes the situation where despite parents working with the authorities the decision still has to be made to remove their child.
4. *Maltreatment correctly identified but interventions are inappropriate or misjudged* – in this final typology the interventions are not successful or are inappropriate to the identified problem. This would include

situations where the risk to the child(ren) is overestimated and the interventions are over zealous. It would also include situations where the parents do not engage with the authorities.

This typology describes the situations that can occur when assessing and intervening in situations of suspected child maltreatment. It illustrates the complex nature of social work cases where we can intervene too soon (type 4), too late (type 1) or in an ineffective way (type 3). This paper focuses on the situations where maltreatment is missed/misjudged (type 1), looking at the possibility that this is related to the social worker's knowledge base and conceptual framework.

Cooper (2008) acutely describes the dichotomy between 'thinking the unthinkable' (conceptualisation of the problem) while at the same time trying to engage in a partnership with the family to improve their parenting skills.

"Research shows that the most dangerous families are skilled at evading the attentions of child protection services. This should not blind us to the tens of thousands of cases each year where children are protected because engagement between families and professionals succeeds….. The task facing us is to work out how we can improve the capacity of our practitioners to tolerate "thinking the unthinkable" and so have a better chance of interrupting the unthinkable things to which some children are subjected."

(Cooper, 2008, p. 30)

When the level of risk to the child is misjudged, there will be complex explanations for this. In cases where a number of professionals have misjudged the risk it should be understood that the level of risk was extremely difficult to assess, resulting in the wrong level and focus of interventions. It is not possible to know everything about complex family relationships and there is always unpredictability. However, what we do know has to be interpreted through an understanding of relevant theory drawn from a range of

disciplines. The quote below describes how when adversities were not identified, part of the reason for this may be to do with deficits in the knowledge base suggesting practitioners do not always know what to look for.

> "Prevention of child death or injury through abuse or neglect is uppermost in the minds of practitioners and managers working with children and families….. Although the majority of these cases may be essentially unpredictable, and working with uncertainty and risk is at the core of work with children and families, in most reviews there were numerous childhood adversities that were not known to practitioners. Awareness of these difficulties and the way in which they had an impact on family life would have aided professionals' understanding of the children's circumstances."
> (Brandon, Belderson, Warren, Howe, Gardener, Dodsworth and Black, 2008, executive summary, p.1)

The identification of child maltreatment and decisions about when and how to intervene is extremely challenging. To improve the services we deliver to children, social work practitioners and educators need to examine the question of whether social workers have a sufficient and robust enough knowledge base to inform their assessments and to counter the risks inherent in trying to protect children through supporting parents. There is some evidence that the social workers task is impeded by a restricted knowledge base and in some instance, by a resistance to accepting the knowledge and expertise of other professionals (Munro, 1998). This paper explores assessment and interpretation of observations and also the risk inherent in trying to support parents at the same time as protecting children. Key practice points are proposed.

Assessment and the interpretation of observations

How can professionals charged with the responsibility to protect children and support parents learn to understand and interpret what they see?

Social workers have explicit guidelines on how to conduct assessments (DfES, 2005) and training in assessment and intervention, but these will be influenced by the constraints of their knowledge and by their conceptualisation of the task (Sheppard, 2009). If the task is conceptualised as supporting parents then the focus may be directed away from identifying abuse. If the task is seen as identifying abuse then parents may not be supported to achieve optimal outcomes for the children. Can social workers keep a close focus on both these tasks at the same time? (Beckett, C, 2009). Social workers are charged with working in partnership with parents. Identifying possible maltreatment changes the level of concern and triggers a process that will alter the working partnership. Alan Jones (2010) said the biggest lesson to be learned from the full publication of the Peter Connelly (Baby P) Serious Case Review, and from almost every other Serious Case Review he had ever written or studied, was the need for social workers to challenge parents more.

Attempts have been made to standardise assessment but research shows that when charged with using Structured Decision Making Tools (SDM) social workers do not use them as intended and that their use tends to undermine the development of expertise amongst child protection workers (Gillingham and Humphreys, 2010). This means that the skills needed to use such tools are not acquired and that the social workers, realising this, feel their existing skills to be undermined. Munro, as long ago as 1998, argued that social workers' widespread preference for a personal, private style of working is a major obstacle to changing their use of theories and to evaluating practice. (Munro 1998).

Despite these problems, we have to try to improve the identification of maltreatment, which is so difficult to see at the time, but seems so clear with the benefit of hindsight.

Key Practice Point 1: Be prepared to challenge parents

Key Practice Point 2: Be open to learning how to use new assessment tools

Interpreting Signs of Maltreatment

Observation and understanding/interpreting those observations underpins the difficulty for professionals working in child protection of both knowing what to look for and of interpreting what they see (see Fig 1 below). Social workers need constantly to develop their observation skills and the conceptual frameworks used for understanding what they see. Observation skills are affected by a number of parameters, not least by the relationship that social workers develop with the family that they are working with. Observation may be compromised because the social worker is reluctant to damage the relationship with the parents, it can also be influenced by the level of threat that the social worker is experiencing from a family. Threats of violence to the worker can result in the worker being unable to accurately evaluate risks to the child and in consequence being unable to identify potential child abuse and thus failing to use early intervention to ensure children are cared for and kept safe (Stanley and Goddard, 2002).

Insert Figure 1 here

Our observations are also influenced by what we expect to see. The idea that we see through a specific lens which alters our perception has been explored in literature, philosophy and in psychology (Akister, 2009). The problem of perception and why we do not always see what is there and why sometimes we refuse to believe what we see is key to assessments (see Fig 1). Our observations, (what we are prepared to see) are influenced by what we know and by what we think is possible. Limited knowledge is dangerous

and in addition our perception may be influenced by what we can bear to see given the painful nature of child maltreatment (Beckett, 2009).

The social worker in child protection is influenced both by the relationship they develop with the family and by what they expect to see or think is possible. So for example, presented with a toddler, who is the focus of child protection concerns, whose face is covered in chocolate, the social worker has to balance the knowledge that children this age who have just eaten chocolate, will get it over their faces (as was the case with Peter Connelly (Baby P)), with the other knowledge base relating to families where child abuse is taking place, that the family will try to conceal things from social workers and that the chocolate may be concealing facial injuries. Without expert knowledge they will not be able to interpret what they see, but they must also be prepared to suspend belief and think beyond their previous experience. If we have insufficient knowledge then the desire to construct an explanation of what we observe may lead to an incorrect understanding. Zacks and Tversky (2001) describe this process, proposing that the human mind strives to bring order to chaos and it is this process that guides our understanding of what is happening, helps control our actions in the midst of it and forms the basis of our recollection of what took place.

When the question of perception and understanding is translated into the family system the complexity increases. What we 'see' is shaped by what we expect to see. What we see can also be influenced by the family employing distraction techniques to divert the workers attention onto other problems and away from the area of child maltreatment (Hindley, Ramchandani and Jones, 2006).

Imperfect systems and imperfect knowledge mean that, just as with any intervention, be it surgery or social work, outcomes cannot be guaranteed. In extremis, patients die from errors in surgery and they also die from underlying conditions not identified prior to surgery. Similarly in social work both errors of intervention can fail to prevent to child deaths and also unidentified signs of

maltreatment can fail to prevent tragedies. Practitioners are faced with two stages: to correctly assess and to correctly intervene in the family system.

Key Practice Point 3: Be prepared to think the unthinkable.

Key Practice Point 4: Be open to learning from related disciplines. Make a virtue of eclecticism. For example undertake a young child observation.

Systems' Approach to Child Maltreatment – Problems with the knowledge base

To optimize the protection of children social workers need the knowledge to assess physical signs, emotional signs and family processes. There is a wide range of relevant knowledge bases, all with intervention skills and therapeutic approaches which can cite some evidence of success. It is very difficult to know which approach will promote best outcomes or to be appraised of all potential approaches. (The question of whether maintaining currency of knowledge is the responsibility of the individual or the organisation is relevant here). In addition, child maltreatment may be found in the presence of other problems for members of the family. Brandon et al (2008) found that well over half of the children experiencing maltreatment had been living with domestic violence, or parental mental ill health, or parental substance misuse. These three problems often coexisted. At times social work seems to become paralysed by these competing problems and can appear (or even actually be) resistant to accommodating the relevant knowledge bases. Munro (2005; 2010) reviewing child deaths proposes that a systems approach to the management of child protection may enable more accurate inter-professional assessment and understanding of risk in child protection. By this she means that the organisations that deliver services need to be viewed as a system with recognition that action taken by any one organisation will impact on the other organisations and that therefore each needs to know what has been done (interprofessional communication).

The lack of immediate response to Munro's findings, within the social work profession, is historically located. Munro's proposals, which identify critical areas of knowledge and understanding required for child protection practice, articulate with 30 years of family therapy literature in identifying the importance of a systemic approach to understanding the family in child protection (Akister, 2006). The core concept is that if you make changes to one element of the system it will have an impact throughout the system. For example, if a mother is suffering from depression and they receive treatment which improves their mental well being, this will impact on the rest of the family. The effects may be experienced as positive (improved parenting) or less so (a child who has been caretaking their mother may feel pushed out). The family systems approach tries to take account of all possible outcomes of an intervention on the whole family system.

As far back as 1984 the application of systems theory to the management of child protection was proposed by Minuchin who analysed the family and child protection systems surrounding the death of Maria Colwell at the hands of her parents. Minuchin describes how different workers assigned to different elements of the family failed to assess or understand the family system dynamics, including failing to understand how the raised concerns from the public (neighbours) and the school led to the family becoming increasingly isolated from the community of professionals who might have been able to help. He concluded that the increasingly bureaucratised response proposed by the inquiry (including guidance on recording and designating specific areas of responsibility for the different professionals) would lead to more defensive practice and probably to more not less deaths in future as the recommendations did not take account of the family systems dynamics nor the dynamics of the professional systems charged with the care of children. In 2005 reviewing a number of child death enquiries Munro reaches the same conclusion and points to the lack of a systems approach to the delivery of child protection. If Minuchin and Munro are both correct in their analysis of the knowledge base that needs to be integrated into the delivery and understanding of child protection issues, then progress is painfully slow. Bentovim and Bingley Miller (2002) produced The Family Assessment

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Framework which was designed to be used in conjunction with the Framework for the assessment of Children and Families (DfES, 2005) but despite attempts to integrate this as an essential tool in child protection it has not been adopted widely.

All this means that despite agreement that a systemic approach to child protection is needed, and despite a knowledge base supporting the systems approach (e.g. Walker and Akister, 2004; Ryan et al, 2005) this knowledge is not influencing practice. In response to Lord Lamings' calls for changes in practice following Victoria Climbé and Peter Connelly (Baby P) (Department of Health, 2003; Laming, 2009) it becomes critical that social work embraces and integrates a systemic approach into social work training and practice. While 'perfect knowledge' is unattainable, striving to update and include areas of knowledge that are agreed to be important in protecting children is key to achieving best outcomes for children. In the task of reviewing the child protection system Munro (2010, p.10) says, 'A systems approach will help to understand how and why previous reforms have had both beneficial and adverse consequences and how the review might improve how the system supports social workers and other professionals to protect children and young people better in the future.' We have to hope that once this review is completed the findings will be adopted.

Key Practice Point 5: Access the Family Assessment Framework, it has a wealth of information and family assessment tools.

Resistance to Adopting Knowledge from Related Fields – An example of the problem

A further difficulty with the knowledge base is that there can be resistance within a professional group to adopting knowledge which is current in related fields.

For example, high levels of mental health problems and educational difficulties in children who are in contact with social services, together with limited contact with Child and Adolescent Mental Health Services (CAMHS) or special educational provision has been reported (Guglani, Rushton and Ford, 2008). These authors found that social work practitioners did not always know of or refer to local resources. Thus, inexperienced practitioners did not know of service protocols in place for children with ADHD and, importantly, were less convinced of the relevance of psychiatric assessment than their more experienced colleagues (Pentecost and Wood, 2002). Other studies have also found a lack of structured assessments relevant to the mental health of the child in Children's Social Services Departments (Rushton and Dance, 2005). The use of structured assessments such as the SDQ (Strengths and Difficulties Questionnaire) might aid social workers in the detection of mental health problems and provide evidence for referring on to CAMHS. These examples illustrate the complex interplay between knowledge and experience and emphasise the need for an interprofessional systems approach to service provision and knowledge development.

While proposing that an enhanced knowledge base is necessary to inform our observations and promote effective practice it should be remembered that our professional training can only be effective 'to the extent that it refines and does not undermine our normal mentalising abilities….. our basic therapeutic leverage is our humanity' (Allen, Fonagy and Bateman, 2008, p.150). This does not mean that an adequate professional response is simply a human one, but that we cannot entirely rely on policy and procedure, and following only one line of enquiry is dangerous. An adequate professional response is informed by relevant knowledge and reflective practice.

Importantly too, there is the problem of disseminating and implementing the evidence base. Even where interventions have been demonstrated to have effectiveness and are recommended in policy guidelines there can be difficulty in changing practice to implement the evidence base (Sanders, Pronz and Shapiro, 2009). The challenge to maintain best practice therefore involves both a developing knowledge base and its application. Further

examples of this in relation to developments in attachment theory are described in the next section.

> Key Practice Point 6: See what the protocols are at your local CAMHS for common mental disorders.

The risks inherent in protecting children through supporting parents – problems in maintaining currency of knowledge

How can social workers carry out the dual tasks of being both family supporters and abuse detectors? There is evidence of the importance of the family in outcomes for children with many children returning to their parents after periods in care (Morrow and Richards, 1996). The social work task cannot simply focus on removing children experiencing maltreatment, since work with the family, in many cases offers the best long term outcomes for the children's development. Without losing sight of any evidence of maltreatment social workers need to work to improve the parenting abilities of the families under their care.

"Parents in need of child protection services may not be known to the service providers. For this reason both universal and targeted services have developed to assist parents and promote optimal development for children. While services focus on child development and well-being, the parent is the key provider for this."
(Akister, 2009, p.11)

Parenting programmes designed by health and social care professionals tend to be based on their experiences with families already in crisis. Their approaches to intervention are based on theoretical constructs relating to parent/child relationships, for example attachment theory, and on their experience of what interventions or therapies work in practice. Looking briefly at the example of attachment theory we can see the huge problem of maintaining currency in the knowledge base.

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Attachment theory proposed that maternal sensitivity was critical to secure attachment relationships between mother and infant. The mother would be able to respond sensitively to the infant needs with an attunement thought to be a core feature of the secure attachment. Subsequent research, with mothers and infants who have secure attachments found that the mothers can be surprisingly insensitive and yet still have a secure relationship The original conception that maternal sensitivity was crucial to a secure relationship was incorrect and in fact it is the mothers capacity to act as a secure base when the child is under stress that is critical (Cassidy and Shaver, 2002). Do all social workers know about these developments in attachment theory? Probably not, since updating a large workforce on developments in the theoretical constructs that they are already using, when the leading researchers are still researching the findings and when there are a number of relevant knowledge bases for the profession is very difficult. As knowledge develops, as in the case of attachment theory, we realise that we were attributing incorrect explanations to what we have observed (see Fig. 1). This example illustrates the extraordinary challenges for professionals making decisions relating to child protection. Theories that they use to guide their understanding are imprecise and developing knowledge proposes different interventions.

To complicate matters, caution is needed in the interpretation of the effect of maltreatment on child and adolescent development and mental health because of methodological issues in the research, such as lack of comparison groups, and infrequent use of similar standardised measurements across studies (Pecora, Roller White, Jackson, Wiggins, 2009). For example, the incidence of mental health problems is raised in the Looked After population, which might lead us to expect poor outcomes for those children who have experienced maltreatment. However, if we try to disentangle the differential effects of various adversities on children's development, child maltreatment ranks below several other adversities in its effect on child development pointing to the need for comparisons of children in foster care with children in low-income households who are not involved in child welfare (Akister, Owens

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and Goodyer, 2010). We also know that economic deprivation and maternal depression separately and collectively diminish the cognitive and emotional wellbeing of children. Part of this stems from the less nurturing and engaging parenting of those with less economic and emotional resources (Kierna and Huerta, 2008).

Supporting parents is a multi-dimensional task. The challenge faced by social workers is to protect children and assist parents when things are going wrong. Meeting this challenge requires social workers (and other professionals charged with this responsibility), to review a wide range of evidence bases.

Key Practice Point 7: Look regularly at the Social Care Institute for Excellence (SCIE) knowledge and research pages (www.scie.org.uk). Check education and health sites too.

Implications for Social Work Policy and Practice

There is increasing recognition that the views of the service user about the help/interventions that they are offered influences the likelihood that the intervention will succeed. 'Parenting is obviously critical to child development, and, in most cases, parents will be the most important person in the child or young person's life.' (Sheppard, 2009, p.17). While the focus must remain firmly on the child, the parents are key to the process and Sheppard (2009) proposes the use of the Parents Concern Questionnaire (PCQ) as a reliable and valid instrument, consistent with the Common Assessment Framework (DfES, 2005) to understand the parents' views. The use of professional expertise and judgement is crucial, but professionals also need to understand parents own concerns and their opinions about the help that they might be looking for.

The challenge identified for policy makers is to maintain the currency of the knowledge base of the social work practitioners and create meaningful opportunities for interprofessional knowledge sharing.

Post qualifying requirements are now in place to ensure continuous professional development for social workers. These requirements remain at a general level and for instance a social worker, specialising in child protection, could complete their qualifying and post-qualifying training without being required to complete a young child observation or a systemic family assessment. In other words they can complete their training without theoretical engagement with key knowledge bases identified for child protection social work. There is therefore, a need for more specificity in the knowledge requirements for post qualifying training.

Career progression for social workers often means that they are promoted away from direct practice. This can occur within the first two years after qualifying, meaning that social workers do not consolidate their practice expertise to a high level. The proposal that team leaders and managers should remain in practice would appear to be vital in order to promote higher levels of skill throughout the workforce, and is in line with the recommendations of the Task Force (Social Work Task Force, 2010, Chapter 3).

Finally senior managers and academic social work staff could be required to engage in active collaboration to enhance implementation of research and to integrate theory into practice. It is too easy for all parties to hide behind the screen of excessive workloads and work in silos rather than working together.

Conclusions

While there is a complex interplay of factors in assessing risk in child protection, three elements need to be in place in order for social workers to

deliver an expert service: observation skills, knowledge to guide observation and then to interpret what is observed and a systems approach to the task. That is, a recognition and understanding of the impact any intervention may have on other parts of the family, and a recognition of how the work of one professional mayimpact on the other professionals engaged with the family. Social workers have a great deal of power invested in them and a responsibility to engage with continuing professional development update their knowledge base. Tragedies will not always be prevented, but rather than joining the 'blame culture' through suggesting that the parents are devious (which you might expect them to be under the scrutiny of social services) a more positive approach to developing expert knowledge and positive understanding of the inter-professional knowledge base is proposed.

Acknowledgements

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