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**Referrals of Child Abuse and Neglect
to an English Social Services Department:
Predictors of Child Protection Decisions**

**Referrals of Child Abuse and Neglect
to an English Social Services Department:
Predictors of Child Protection Decisions**

Elmarie Egan-Sage B.A., Adv.Dip.Couns., M.A.(Qual)

**Thesis submitted for the degree of PhD in Psychology,
University of Kent at Canterbury.**

October 1996

Abstract

Little is known about how child protection decision making happens and why some children travel through the entire system whereas others are filtered out. Neither has the impact of the Children Act 1989 been investigated. This thesis attempts to answer these and other questions. It describes 2,069 child abuse and neglect referrals to Kent Social Services before and after the implementation of the Act. It examines which factors predict child protection decisions and it investigates the effects of the Act. It also examines case conference decision making.

It was hypothesized that some referral factors would predict firstly, whether a recommendation would be made to hold a conference (recommendation decision), and secondly, whether a conference would actually be held (case conference decision). The findings show that factors such as the social services district and the referrer's status predict these decisions. It was hypothesized that some factors about conferences would predict whether a child would be registered (registration decision). Such variables include the social services district, whether the child's father attended on his own and the presence of certain professionals. Multivariate analysis further revealed links between significant variables in predicting these three decisions.

The Children Act had an impact. Positive findings include increased parental attendance at conferences. The decreased rate of referrals leading to conferences, the decreased registration rate and the child's history of the child protection system becoming predictive of registration, have to be viewed more cautiously. Only one sixth of referrals resulted in registration - suggesting that an initial response, other than a child protection investigation, may sometimes be more appropriate. How case conferences function as a group was discussed in the context of the social psychology of groups, with reference to the notion of "groupthink". Findings reveal that conflict concerning decisions made at conferences was rarely recorded.

Dedication

For my mother Lily whose too short life ended in 1984. She remains the most gentle, loving and noble person I have ever known. And for my father Pat, with love.

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There was much agony and heartache involved in setting up this research. It got off to several false starts which resulted in wasting a lot of time. Ethical considerations - including issues of confidentiality, were complex. Formulating precisely the questions which Kent Social Services required to be addressed whilst simultaneously fulfilling the requirements of a PhD was difficult. Throughout this particularly difficult time I owe my special thanks to Ann Harrison and also Bronwyn Henry, Malcolm Bernard and Ann Windiate, as well as members of Canterbury Social Services North Team. My thanks are also due to my colleagues and friends at Canterbury's Child and Family Therapy Centre.

I owe my thanks to staff, former and fellow post graduates at the Institute of Social and Applied Psychology and the Tizard Centre: Mayling Stone, June Stein, Dr. Neo Marojele, Dr. Danuta Orlowska, Professor Rupert Brown, Andrew Robinson and Dr. Lynne Lawrie - to name but a few. Gary Samson and Graham Bolton's computer assistance was invaluable. The help of those in other departments was also much appreciated - especially Dr. Earl Basset's assistance with statistics.

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My final acknowledgment must go to those children for whom I have provided therapy since 1989. They have privileged me by trusting me with the stories of their lives. Their courage is one of life's miracles.

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Background to the thesis

This thesis is based on research which was commissioned by Kent Social Services. Kent Social Services required the research to increase their insight into understanding decisions that are made about children who are referred to them for alleged child abuse and/or neglect. More specifically, they requested the research for the following purposes:

- Kent Social Services wished to gain an overall picture of some of characteristics and circumstances of children referred to them for suspected child abuse and/or neglect.
- They wished to detect if there were factors, and if so, what these factors were, which would predict the initial decision recommending whether a child should receive a multidisciplinary case conference.
- They desired to discover if there were factors, and if so, what these were, which would predict whether or not the child would actually receive a case conference.
- They required a description of some of the characteristics of children who receive case conferences.
- They desired a description of some of the characteristics of case conferences.
- They wished to detect if there were factors, and if so, what these were, which would predict whether a child's name would be placed on the child protection at risk register.
- They wished to know if the implementation of the Children Act 1989 in Kent in November 1991 had an effect on child protection decision making; and if so, what these effects were.
- They required an overall account of childrens' journey through their child protection decision making system - from the time of referral until and inclusive of the child's first case conference.
- Kent Social Services wanted to gain an in-depth account of decision making at case conferences - including issues about the structure and procedure of conferences; whether important information about the child was discussed and subsequently recorded; which professionals contributed to the discussion; who submitted reports; if parental presence influenced how information was shared; and whether there was dissent, disagreement and conflict in decision making.

The research outlined in this thesis is therefore an in depth exploration of issues concerning child abuse and neglect; as well as an exploration of psychological factors associated with individual and group decision making.

Plan of Thesis

The thesis provides an account of childrens' progress through Kent's child protection decision making system - from the time they are referred until and inclusive of their first case conference, and possible registration. This sequence is followed in the thesis.

Chapter One outlines inherent problems in defining "childhood" and discusses how this leads to problems in defining "child abuse" and "child neglect".

Chapter Two describes how these issues have been tackled in practice - by the state and more specifically by Kent Social Services. This is followed by an account of the decisions that are made at every stage in child protection referrals, and Kent Social Services statutory procedures are described. The extent of child abuse and neglect is discussed and historical cases which have gone wrong are outlined. The chapter closes with an account of the Children Act 1989.

Chapter Three discusses how, according to group theorists, a case conference may be described as a group. The role of the individual in a group is discussed. The issue of decision making at case conferences is explored - with particular emphasis on how consensus is reached.

Chapter Four describes the present research. It begins by outlining the method used to undertake the research. It closes with a description of the hypotheses under investigation and reviews relevant literature.

Chapter Five begins by describing what happened to the referrals under investigation from the time they were referred and describes how these referrals proceeded through Kent's child protection decision making system. It goes on to present a description of some of the characteristics and circumstances of children referred to Kent Social Services for alleged child abuse and/or neglect. It investigates why some referrals resulted in a case conference, whereas others did not. It explores which referral factors predict whether the child is recommended a case conference; and which predict whether the child actually receives a conference.

Chapter Six investigates the links between a group of selected significant referral variables and explores how they associate with the decision concerning whether a case conference is recommended.

Chapter Seven describes some of the characteristics of children who receive case conferences; and some of the characteristics of case conferences themselves. Factors presented include the gender and ages of the children; the extent to which children receiving conferences have had a previous social services' history; the category of registration; whether or not parents and children attend; which professionals are invited to case conferences and which of these attend. It investigates if and to what extent these case conference factors predict that a child's name would or would not be placed on the child protection at risk register.

Chapter Eight investigates the links between selected significant case conference variables and how they associate with the registration decision.

Chapter Nine is based on an investigation of a smaller sample of case conferences in order to look more closely at the process and content of conferences and how the information is recorded. Findings for an in depth exploration of six areas of investigation are presented. These six areas include the structure and procedure of case conferences, the extent to which various designations of professionals attended and the extent to which their opinions were/were not recorded, and the extent to which consensus is reached in case conference decision making.

The thesis concludes with Chapter Ten which briefly summarizes some of the main findings and discusses their implications. The limitations of the research are mentioned and areas for future research are suggested.

Chapter One: Issues concerning child abuse and child neglect

1. Introduction

This study is an account of some of the characteristics and circumstances of children referred to an English social services department for alleged child abuse and neglect. As such it describes for example, the ages and gender of children referred as well as details of their alleged category of abuse and details of who referred them. The main focus of the study is an investigation of those factors which predict decision making and intervention in these referrals. Such child protection decision making includes the decision whether to take any further action on the referral; to recommend whether a child should receive a case conference; whether to hold a case conference; and whether to place the child's name on the child protection at risk register. In order to set the scene for the research therefore, it is necessary first to address some of the underlying issues and definitions. This is the task of the first chapter.

The first section of this chapter outlines inherent problems in defining "childhood" and how this leads to problems in defining "child abuse" and "child neglect". This is followed by a discussion of how such definitions are not static and rigid, but rather have their origins in a long historical and philosophical past. The differing philosophies about the nature of childhood and the role of parental disciplining, leads to the discussion of physical abuse in Section 5. The next section discusses the trauma of emotional abuse and neglect, and notes that they may not be treated seriously enough in child protection decision making. Sections 7 and 8 discuss the effect of cultural, racial, social and class backgrounds on child protection decision making.

2. Problems inherent in defining fundamental concepts

There are problems inherent in the concept of "childhood" and different notions of childhood exist. Ambiguities in this concept give rise to problems in defining "child abuse" and "child neglect". This ambiguity is reflected in decision making concerning child protection cases because such decisions are influenced by several factors, including the professional's frame of reference.

2.1 Defining childhood

Attempting to answer the question of "what is a child" involves extraordinary complexities. Franklin (1986) believes that the existing division between the two age states of "childhood" and "adulthood" is not only arbitrary, but also incoherent. In Britain for example, sexual, criminal and electoral activities have different qualifying ages, so that it is not possible to become an adult all at once, but in stages. This arbitrary boundary between adulthood and childhood is exemplified in the Children Act 1989, where social services statutory responsibility for children has increased from those aged 17 to 18 years of age. Children however can still leave Care at 16 years of age.

This arbitrary dividing line between "childhood" and "adulthood" is also portrayed by Dingwall, Eekelaar and Murray (1983). These authors discuss how in parts of the USA, a girl cannot lawfully consent to sexual intercourse until she is 18 years of age. In the UK the age of consent was raised from 14 to 16 years of age in 1985. Throughout much of the Muslim world, the minimum age of marriage is 12 or 13 years of age.

Franklin (1986) claims that childhood is not a single universal experience of any fixed duration. Rather it is a historically shifting social construction. It is a concept which is philosophically, historically, culturally, legally, politically and socially defined. Childhood is also defined at an individual level, and class, religion (with all its belief systems) and other factors contribute to the formation of various opinions about childhood. Hence, what is defined as child abuse in one situation or culture may be defined as non abusive in another, and these definitions may change over time. This state-of-affairs leads writers such as Furniss (1991) to conclude that child abuse is as much a normative, political and sociological issue as a clinical one. Reference will be made to these influences at various relevant stages throughout the thesis.

2.2 Defining child abuse and child neglect

Birchall (1989) comments that although the problem of "child abuse and neglect" is habitually spoken about and a national procedures for its management has been adopted, the term is very vague. Thus she remarks that "members of case conferences discuss the interpretation of minor injuries; parents dispute the boundaries of physical punishment; sociologists investigate public perceptions of acceptable parenting standards and confront us with the concept of societal abuse arising from structural inequalities"(p3). She concludes that if the term child abuse and neglect is to be identified and quantified, it needs an unambiguous definition.

Likewise, Bingley Miller, Fisher and Sinclair (1993) highlight the disagreement over what constitutes abuse, over how far particular kinds of chastising, for example, should be seen as abusive or as acceptable within a particular sub-culture. They claim that child abuse raises ethical and practical issues on which strongly differing views are held. These differences result in variations in practice within organisations that are ostensibly following the same policy. In a similar vein, Stevenson (1989) believes that "there may be sincerely held differences of opinion in relation to the wide range of behaviours defined as child abuse"(p199).

Hughes (1993) believes that in a matter as sensitive as interference in family life, it would be helpful if professional definitions of child abuse and neglect were derived from standards accepted by the community at large. However, Howitt (1992) claims that many organisations involved in child

protection regard "overchastisement" as abuse, despite the justification or legitimacy of physical punishment in the eyes of many parents. Finkelhor and Redfield's (1984) survey of public attitudes to vignettes of sexually abusive incidents in the USA demonstrated subjective differences in how child sexual abuse is defined. Although the respondents revealed a fairly high degree of unanimity to cases of serious concern, men deemed the incidents somewhat less serious than women, and even below the age of six the child's compliance lowered the respondent's rating of the incident.

Marneffe (1994) in Belgium critically suggests that child protection issues are often informed by personal value standards which are considered as objective parameters for making decisions. Similarly, Besharov (1985) in the USA points out that the majority of cases of child maltreatment are ambiguous and fall into a grey area. Besharov argues that because legal definitions are vague and over-inclusive decision makers have to fall back on value judgements and personal interpretations. Hughes (1993) in the UK believes it would benefit children if child protection personnel were to clarify their perceptions on what is and is not abuse for procedural purposes in the area of child protection.

Stevenson (1989) observes two central difficulties concerning the nature of child protection work. Firstly she notes that the amount of "hard" information - including injuries, which can be shared by the participants is relatively small in comparison to "soft" information concerning the family's behaviour and attitudes. This second type of information is processed and filtered by the workers and cannot be presented objectively. Essex and O'Reilly (1993) support Stevenson's observation when they assert that child abuse, and particularly sexual abuse, is shocking and upsetting. It does not easily lend itself to dispassionate assessment. It may carry personal resonance for workers who have themselves been abused or who have children at a similar age to those being abused. For instance, Dale et al's (1976) study of professionals working in the field revealed that "15% had experienced sexual abuse during childhood"(p63). Secondly, according to Stevenson, different professions and occupations have been trained to look at individuals or families in particular ways and to emphasise particular facets. Thus their perception of child abuse is affected by their view of family life.

3. Historical influences

Plumb (1950) believes that the idea of childhood is a European invention of the last 400 years. This isolation of childhood as a separate phase in life according to Franklin (1986) is part of a more general tendency of modern societies to become concerned with age divisions, instead of life being considered an uninterrupted continuum of development from birth to death. Franklin continues by stating that the term "child" specifies a power relationship rather than denote any particular age, and was historically used to denote those of low status. Lee (1979) believes that because of the low status of children

throughout history, child abuse is as old as the history of people, and even in mythology children were murdered, sacrificed, beaten, abandoned or mutilated.

Gillham's (1994) historical account of child abuse in England states that in the mid nineteenth century, concern for children focused mainly on public manifestations of maltreatment - such as their employment in mines and factories. "Property rather than persons was the law"(p3). Until 1814 it was not an offence under English law, to steal a child (no value) unless s/he was clothed; in which case the person taking the child could be convicted of stealing its clothes. To be a child, was, necessarily, to be at risk. The number of babies found abandoned, both dead and alive, in the major cities in the UK led the Infant Life Protection Act of 1872. Pinebeck and Hewitt (1973) describe how in 1881, at a meeting organised by the Society for the Prevention of Cruelty to Animals, an appeal for a dog's home became extended into an appeal for the protection of children. Parliament intervened to protect animals from abuse more than three quarters of a century before it thought it proper to extend statutory protection to the young child. Reluctance to legislate, in Gillham's view was rooted in the contemporary view that "it was both improper and, indeed, unsafe to invade the privacy of the home"(p4).

Similarly, Munir (1993) claims that "child abuse and neglect" is a new term for an old problem which has been with us for thousands of years, but only in the last 30 years has society come to recognise its seriousness. Munir's view is supported by De Mause (1974) who believes that the history of childhood is a nightmare from which we have only recently begun to awaken.

Parton (1979) recounts how three dominant ideologies of abuse have prevailed in recent British history - firstly focusing on penal, then on medical, and currently being more treatment and politically orientated. Browne (1993) documents how three major forms of child maltreatment have been identified separately, as each evolved as a recognised social problem at different times. Firstly, physical abuse, then sexual - which was included for the first time in the 1988 DHSS Guidelines "Working Together"; and finally psychological or emotional maltreatment.

As Browne documents, the existence of child sexual abuse was not accepted until relatively recently - due to society not being prepared to acknowledge its existence. Freud (1896) when presenting some of his case material on hysterical patients had become aware that his patients were at times describing their own sexual abuse including acts of incest during their childhood. However, the climate of opinion did not allow for the research and clinical work in this area to continue and Freud, under strong pressure from his colleagues and others abandoned his theory of childhood seduction. Instead he attempted to understand what his patients told him in terms of fantasy.

Furniss (1991) places the acknowledgement of child sexual abuse within a historical context and claims that the ever increasing awareness of child sexual abuse has resulted from the growing children's rights movement. Walton (1993) believes that initial public awareness of child sexual abuse was wrought by the women's movement. Although the sexual abuse of children was a growing national concern in the USA in the late 1970s according to Finkelhor (1984), the growth of professional and public awareness was much slower in Britain. This has been accounted for by some authors such as Parton (1991) as due to widespread avoidance and denial.

There is also evidence of "history in the making" in contemporary issues concerning British child protection. Howitt (1992) for instance, believes that child protection in Britain has moved substantially from a concern with employment and education, to protecting children in their own immediate family. Whereas once the family was construed to be the major social institution protecting children from harm, that belief has been eroded. Browne and Lynch (1993) observe that recently, the media in Britain have turned their attention away from the child as a victim to highlighting the child as an offender. These writers believe that portraying children and teenagers as perpetrators of violent acts may serve to reduce concerns about their protection.

Newell (1994) notes some current positive changes. Most significantly, in his view, is the UN Convention on the Rights of the Child, which the UK along with 156 other countries has ratified. Article 19 includes such stipulations as "both parents have common responsibility for the upbringing and development of the child"; "the best interests of the child will be their basic concern"; "children must be protected from all forms of physical or mental violence while in the care of parents and others"; "States should take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence"(p16). Newell believes that Article 19 emphasises the concept of parental responsibility, and that this has begun to replace the concept of absolute rights over them. The Children Act hesitatingly embraces the concept of parental responsibility, and this will be discussed in the final section of this chapter.

4. Philosophical influences

As stated above, there was no special emphasis on childhood as a separate phase in the life-cycle until the 17th century. There were however a few exceptional thinkers who felt intuitively that what happens in childhood has a strong impact in later life.

One such thinker was the British philosopher, John Locke (1632 - 1704). He viewed the infant's mind as a "tabula rasa" - a blank slate. Consequently the child is receptive to all kinds of learning, and is shaped and moulded by his/her experiences through the rewards and punishments provided by the environment.

In contrast, Jean Jacques Rousseau (1712 - 1778) believed that the child is endowed with an innate moral sense. The child, he claimed, has an intuitive knowledge of what is right and wrong but is thwarted by restrictions imposed on him/her by society.

Locke and Rousseau therefore disagree on the fundamental issue of whether or not the child is essentially "good" with Locke's view obviously far more inclined towards parents having a right and a duty to discipline and chastise their children than Rousseau's. Nevertheless, they agree that children are the property of their parents. This accords with the early Greeks' attitude towards children which was expressed by Aristotle when he proclaimed that "a son or slave is property, and there can be no injustice to ones' own property."(Lee 1978). Unfortunately, viewing a child as part of one's property is still evidenced today. Ayoub et al (1991) for instance, studied a group of separated parents, where in each case the mother alleged that the father had physically or sexually abused the couple's children. The authors describe how these fathers rarely referred to their children by name. Instead they described some of their children's behaviour and seemed unable to paint a picture of them as separate individuals. One father presented himself as uniquely able to control his child's aggressive behaviour and expressed the belief that he could "read the child's mind". These men appeared to view their children "not as people with internal states and emotional needs, but rather as objects to be governed by others" (p199).

5. Physical abuse

Similarly Franklin (1986) believes that the legal status of children is essentially passive and that children are considered to be the property of parents. At home a child is under constant supervision of parents who in Britain, can legitimately inflict a wide range of punishments to discipline and control. Franklin claims that children because of their age, are denied rights which as adults we consider to be basic human rights and that they have their freedom and autonomy limited in a number of ways. Gelles (1979) similarly argues that parental violence is encouraged by the normative acceptability of hitting ones children. His American study showed that physical force and punishment occurred in 84% - 97% of households. He concluded that "many of our subjects did not consider it deviant to kick, bite, punch, beat up, or threaten their children with guns or knives" (p124).

Franklin and Gelles' views are supported by Sinason's (1994) finding that two out of every three babies are slapped by the time they reach the age of 12 months, and that "there is still a cultural view that children do not have the same rights as other people" (p12). Court (1974) highlights the seriousness of such parental behaviour and claims that infants subjected to pain cannot react with the natural responses of flight or fight, and the result is the impotent rage of the entirely helpless.

Pecman's (1974) believes that many instances of child abuse happen out of disciplinary action. Similarly, Frude (1980) observes that abusive parents tend to use harsh methods in their routine disciplining and that "they may become desensitised to the intensity of aggressive actions, and this may lower their inhibitions against launching an "all-out" attack" (p212). The escalation from low-level punishments to very harsh punishment is likely to be gradual, and each step might seem insignificant. Frude cites Milgram's (1974) series of experiments on obedience. Milgram was able to demonstrate that many people will eventually administer very severe punishments if they start from an initial lenient action and if each subsequent step is only slightly more severe than the previous one. Frude states that such a process of escalation has been reported in the context of child discipline.

Newell (1994) comments that even if significant numbers of children are not seriously injured, the essential issue is that every child has a fundamental human right to physical integrity. He documents how the concept of "reasonable chastisement" was carefully confirmed when the first law on child cruelty was adopted in 1889. He believes that evidence of this abounds to this day, and cites recent examples of English courts confirming it "eminently reasonable" to beat children as young as five with belts, sticks and flexes. One judge, acquitting a mother of assault stated that "if a parent cannot slipper a child, the world is going potty" (p20). Newell believes that the British Government needs to stop pretending that "reasonable chastisement" is not a form of violence.

However, Gelles and Edfeldt (1986) undertook a comparative study in Sweden - where the physical punishment of children was prohibited in 1979, and the USA. These writers discovered that although less "spanking" occurs in Sweden, there was no significant difference between the two societies in severe violence such as kicking and threatening the child with a weapon.

Following the prohibition of physical punishment of children in Sweden, it was quickly followed by Finland, Denmark, Norway and Austria. Currently Ireland, Poland, Germany, Switzerland, Canada, USA, Australia, New Zealand and South Africa are proposing similar legal reforms. In the UK the campaign "End Physical Punishment of Children in the Home" (EPOCH) was launched in 1989 and now has a powerful coalition of children's organisations supporting it - including the National Society for Prevention of Cruelty to Children and the British Association for the Study and Prevention of Child Abuse and Neglect.

A sharply contrasting view is put forward by Rushton (1994) who believes that "paddling children can teach self control" and "natural punishes such as cuffing a bottom may be more effective than the artificial screeches advocated by the anti smacking lobby" (p5). He notes that primate societies are inherently hierarchical with individuals reflexively staring, vocalising, and finally slapping subordinates who emit objectionable behaviour. This writer believes that testosterone is an important mediator for

men and women and warns that "if a strong biological disposition to defy authority and hurt others is not rechannelled early, internalised rules of self control may never be acquired" (p5).

6. Emotional abuse and neglect

Browne (1993) explains how the English child protection system dichomizes each type of abuse into "active" and "passive" forms. Active abuse involves violent acts in a physical, sexual or emotional context. Passive abuse refers to neglect, which can only be considered violent in the metaphorical sense, as it does not involve physical force. Nevertheless it can cause both physical and emotional injury, such as non-organic failure to thrive in young children. According to Browne, victims of child maltreatment are unlikely to be subjected to only one type of abuse.

Glaser (1995) believes that by breaking down the term emotional abuse into six types, it becomes possible to tackle specific behaviours and intervene effectively to prevent long-term harm. Her categories include negative parental attitude to a child stemming from a belief that a child is bad; mis-socialization of a child; misleading a child in learning skills in communication; and emotional unavailability of the parent which prevents a child from developing the capacity to recognise and respond appropriately to the emotional needs of others. Glaser drew attention to a general reluctance to intervene in cases where there is no evidence of physical harm. Similarly, Fisher, Bingley Miller and Sinclair's (1995) study concluded that "physical and sexual abuse are treated more seriously and that the child protection system is much more sensitive to physical and sexual assaults on children than to the physical or emotional neglect of children" (p205). These writers continued by saying that neglect and emotional abuse may seem to be less immediately dangerous to children and to professionals.

Lewis (1988) focuses on psychological violence and suggests that this category includes the largest number of cases, although in his view, it is the most difficult to define and receives least attention. A parent who brutalises a child verbally and makes the child feel inadequate, incompetent and ashamed commits a serious crime against their child. Yet, this is not a type of violence which is readily addressed by society. Rather, when violence is discussed it tends to be restricted to physical abuse including sexual assault and the most serious forms of neglect. Lewis warns that it is important to realise that to study only certain types of violence against children runs the risk of distorting society's understanding of the problem.

In a similar vein, Minty and Pattinson (1994) express the view that social workers in Britain frequently underestimate the seriousness of child neglect believing it is either simply a consequence of "material poverty or a matter of dirty children in dirty homes" (p733). These authors further claim that "when the grounds for possible statutory action are neglect and not physical or sexual abuse, some local authority

legal departments feel that the evidential requirements are too daunting" (p734). These writers stress that the social, cognitive and emotional consequences of neglect can be severe - quite apart from the serious injuries, deaths and failures to thrive which may ensue from an unwillingness or incapacity to provide adequate physical protection or care.

Faber and Egeland's (1987) study validates Lewis' (1988) concerns about the seriousness of psychological violence. Their longitudinal study followed a group of mothers. Assessment of the children and their mothers began shortly after birth. Four maltreatment groups emerged from the total sample and these were labelled "physically abusive mothers", "verbally abusive mothers", "psychologically unavailable mothers" and "neglectful mothers". The investigators found that children of psychologically unavailable mothers exhibited the largest number of pathological behaviours and that "they displayed progressively more maladaptive development at each period of assessment" (p106). These writers conclude that lack of emotional responsiveness is a devastating form of abuse.

7. Racial, cultural and social influences

Societal standards about child rearing differ, both between and within cultures and child abuse and neglect is at least partially culturally and socially defined. These social and cultural variations contribute to differences in decisions about various courses of action to be taken in child protection cases. This is true as children in need of child protection as well as workers involved in child protection work come from different class, racial, social and cultural backgrounds.

The different child rearing practices which exist in other cultures are often continued when these families live in Britain. This may lead to uncertainty in child protection decision making. Stevenson (1989) for instance, observes that professionals may conflict over how to respond to an incident involving a family of a different race or culture. In her view, much depends on the professional's awareness of the significance of cultural differences and their view as to a behaviour's normality in that culture. Bell and Sinclair (1993) cite a case of an Asian family "where the sexual abuse of the girl had to be denied as girls have to be virgins when they marry, and therefore the barricades to disclosing are huge" (p17).

The varying definitions of child abuse and neglect from culture to culture was exemplified at the 6th ASEAN Paediatric Federation Conference on "The Rights of the Child". Physical abuse was reported by several countries. For others figures were limited to the number of children in labour and living on the streets. In contrast to Britain, sexual abuse did not feature for many countries. Similarly, Reddy (1994) observes that the problem of child labour is one of the most wide spread forms of child abuse, and cites the horrific fact that there are now 115 million working children in India, and that this problem is now re-emerging world-wide.

Robson (1993) documents how custom and tradition excuses the practice of genital mutilation and reports that the World Health Organisation (WHO) estimates that 90 million females have been subjected to this practice. It is "usually performed without anaesthetic, on small girls and babies aged between seven days and 15 years" (p8). The mutilation of female genitalia can include infibulation, where many girls die from excessive blood loss during the operation. Robson asserts that genital mutilation can only be seen as child abuse and is "at the root of the domination of women and the most brutal suppression of female sexuality that exists" (p9).

Another sad example of societal acceptance of child abuse is expressed by Newell (1994). He believes that British society is culturally conditioned to allowing, condoning and encouraging the deliberate hurting and humiliation of children. He views the physical punishment of children as "the only form of interpersonal violence now sanctioned in British law, since marital rape has been criminalised" (p20).

Similarly, Newson and Newson (1980) assert that "the physical punishment of children seems to be taken for granted in Britain in a way which is not the norm in many European countries" (p72). Their study consisted of 200 Punjabi immigrant and 200 West Indian families with children of approximately seven years of age. Newson and Newson show how Punjabi parents rarely resort to physical acts of punishment with their seven year olds, whereas the West Indian parents punish their children even more frequently and severely than do indigenous white parents. These writers remind themselves that "West Indian parents derive their values from a hierarchical and rigid social system which institutionalised and condoned slave labour and the physical beating of slaves by our own forebears. By contrast, Punjabi parents come from a traditional and well established culture in rural India which emphasises "respect" towards parents" (p72). Punjabi parents would assume that to resort to physical violence between themselves and their children would imply that the conventional and established norms of family life had broken down.

In a similar vein, Korbin (1982) notes that cross-cultural literature suggests that "child maltreatment is less likely in cultures in which children are highly valued for their economic utility, for perpetuating family lines and the cultural heritage and as sources of emotional pleasure and satisfaction" (p70).

Christopherson (1989) observes that professionals may reflect the social situation of which they are a part. Thus it is taken as axiomatic in English-speaking countries that legal intervention to protect the child or punish the perpetrator is an essential part of intervention in child abuse cases, because an essentially pessimistic view of human nature is held. This view suggests that people do not change, and in particular do not abandon deviant behaviour unless they are forced to do so by the power of the state" (p75). By contrast, many European countries take a more libertarian and optimistic view of human

in particular do not abandon deviant behaviour unless they are forced to do so by the power of the state" (p75). By contrast, many European countries take a more libertarian and optimistic view of human nature in which people are seen to be able to change if they have the will to do so. Furthermore, these countries believe that statutory intervention will be resented by the family involved and may serve as an obstacle to effective change. According to Christopherson, in the UK child abuse is seen as a matter for legal intervention and policing and he mentions the fact that NSPCC inspectors wore uniforms similar to policemen until 1962.

Giavannoni and Becerra (1979) in the UK note the conflicting requirements of a system which invites people to receive help, and at the same time is legally required to have clear criteria to justify intrusive interventions. In particular they note that child neglect may be particularly problematic in meeting this criteria.

8. Class influences

Children reflect the wider society, and like adult society children from certain groups will suffer more than others, and race, gender, class and mental and physical handicaps are serious factors which reinforce the injustice deriving from age. Korbin (1982) asserts that even in cultures that place a high value on children in general, some children are less valued than others" (p71).

Parton (1985a) believes that the poor are subjected to greater official surveillance, so that class discrepancy in real incidence of child abuse may be exaggerated. This view accords with the popular notion that social work is all about the working class poor. However, according to Browne and Saqi (1988) this overrepresentation of low socio-economic groups may equally be due to reluctance on the part of health professionals to recognise and accept that cases of child maltreatment occur in what they consider to be their own social stratum. In a similar vein Newberger and Hyde (1979) note that "private medical practitioners see many more affluent cases than they report" (p57).

Lewis (1988) warns that if there are social class differences in physical response to anger it may be incorrectly concluded that there are class differences in violence when, in fact, there are only class differences in types of violence" (p4).

Howitt (1992) claims that child abuse in some instances, might be a consequence of stress due to unemployment or money problems. A working-class person is more likely to fit this theory about who batters because unemployment or money problems might be deemed more common in such people. An alternative explanation might be that the working class are less able to press their case and deal effectively with middle-class professionals. As a consequence, it might be that the middle class are less

likely to be wrongly accused because of their better knowledge of how to deal with professionals and create a favourable impression with them" (p185).

9. Conclusion

This chapter began by outlining the difficulties inherent in defining childhood, child abuse and child neglect. The issues discussed inevitably influence decision making in child protection cases, and highlight the dilemma posed by Hallett and Birchall (1992) that "tight, unequivocal, legal definitions of the boundaries of acceptable parenting are lacking even though the law likes certainty and predictability as well as proof" (p105).

It discussed how definitions of childhood, child abuse and child neglect are influenced by the view that children are the property of their parents. This led to a discussion of parental disciplining, including the issue of corporeal punishment. Although there are some operational definitions to guide professionals, these issues continue to be one of the dilemmas at the heart of contemporary child protection decision making - with individual child protection workers occupying various stances on the boundary regarding what they regard as acceptable child rearing practices and what they regard as abuse and neglect. Hence one decision maker may decide that it is unnecessary to hold a case conference for a child whose has suffered "over chastisement", whereas another decision maker may hold the view that children have a right to full physical integrity, and thus a decision to hold a case conference would be made. Such uncertainty and subjectivity is also evident in the sexual arena. This research will show that there are many cases of child abuse and neglect which fall into this ambiguous "grey" area. Such dilemmas will be fully addressed when the research findings are discussed.

Section 6 drew attention to the trauma which can result from emotional abuse and neglect, and noted that such referrals may not be treated as seriously in child protection decision making as physical and sexual abuse. This research will explore this issue, and this will be further discussed in Chapter Four and will be revisited several times thereafter.

Sections 7 and 8 discussed cultural, racial, social and class influences on child abuse and neglect. Such issues are implicit to child protection decision making. This present study will not be able to identify the racial, cultural and class identities of the research participants and decision makers. More will be said about this in the final section of this thesis when the limitations of this research are outlined. However this research will explore issues related to these influences - such as unemployment and poverty.

The definitions held by child protection professionals inevitably influence the decisions they make about children. Such varying definitions contribute to making consensus impossible and inevitably lead to

subjectivity and fluidity in child protection decision making. These varying definitions also contribute to difficulties in child protection legislation - and this will become evident in the final section of Chapter Two, when the Children Act 1989 will be discussed.

All of the above issues influence child protection decision making and this may be evidenced at various stages of the child protection system: At the referral stage, when the child is initially referred to social services and where a recommendation has to be made regarding whether or not the child should receive a case conference; whether a case conference is held or not; and whether the child's name is placed on the child protection register at the case conference. These questions are investigated in this research. It is hypothesised that there will be differences between social services districts and areas at these decision making stages - due in part to lack of consensus and lack of objectivity in what constitutes "a child at risk".

These difficulties in child protection decision making warrant serious attention, and this research is one effort to increase our knowledge of some of the issues. Child protection decision makers exercise a lot of power when they make decisions about children's lives. Polier (1980) pessimistically comments that the wide rate of disparity in who is accepted and who is rejected by professionals in agencies theoretically prepared to meet similar populations suggests that "there may be greater differences among those exercising the power of selection than among those children who are accepted or rejected" (p79). This research will examine which factors which predict intervention at various stages in the child's journey through the child protection system. This will be fully described in Chapter Four.

Chapter Two: Child abuse and neglect and child protection decision making

1. Introduction

Chapter Two examines how the theoretical issues outlined in Chapter One have been applied to practice - by the state and more specifically by Kent Social Services. Issues surrounding co-ordination and intervention are fundamental to English child protection decision making, and are at the heart of much of the discussion in this research. Section 3 discusses the usual statutory procedures for Kent Social Services for dealing with referrals, and outlines every stage of decision making. This includes the referral stage and the case conference stage. This is followed by an account of the child protection at risk register and the child protection plan - which includes a discussion of the function of criminal injuries compensation. All of these issues are pertinent to the present study. Section 4 discusses the rate of referrals to Kent within a national context. This will give some measure of how the rates of referral in this present research fit into the national picture. It also shows the extent of the problem of child abuse and neglect, although the difficulties in identifying the extent of the problem are noted. Section 5 illustrates some of the difficulties involved in the implementation of child protection legislation by giving some examples of historical cases which have gone tragically wrong. The value of intervening in childrens' lives is discussed. The Children Act 1989 has been created to improve child protection work and Section 6 describes the Act: its aims; the reasons for its implementation; and its fundamental principles. This research will discuss the effects of the Act which was fully implemented in Kent in November 1991.

2. English Response

Walton (1993) gives a historical account of the English response to the problem of child abuse and neglect. She chronicles relevant events which took place: the formation of social services departments in 1972, the death of Maria Colwell in 1973, and the subsequent enquiry report in 1974. These events were followed by enquiries into child deaths such as those of Jasmine Beckford (1984), Kimberley Carlile (1986) and Tyra Henry (1987). Events in Cleveland followed in 1987 and the arrival of child sexual abuse upon the policy agenda. The Department of Health guidelines "*Working Together*" (1988, 1991), followed.

Walton (1993) notes that a number of governmental responses to the problem of child abuse could have been chosen when this phenomenon was acknowledged and which resulted in several important reports in the 1970s. Firstly she suggests that a cash response could have been chosen as the reports made specific recommendations for increased financial aid to families in need. Equally a service response could have been chosen, as recommendations were made that day care facilities for children be made widely available to alleviate stress and enhance parenting skills. Alternatively, government could have

chosen a legal response, by formulating laws specific to child abuse. However, according to Walton, none of these responses occurred. Instead, increased involvement by social workers was sanctioned and culminated in the 1975 Children Act. Walton concludes therefore that successive governments since 1974 have chosen a system which defines child abuse as a social work problem which the social work profession can resolve. Neither a service nor a resource response was made and according to Walton "governance was the option taken, and regulation is synonymous with governance" (p144).

Milner (1993) proposes that the English response to the problem of child abuse has resulted in child protection systems which are centrally concerned in identifying dangerous families. Their main function is to prevent child deaths, while ensuring that there is no unnecessary interference with families. This is comparable with White et al's (1993) observation that the notion of child abuse is a social construct which depends upon an undertaking by the state to protect the needs and wishes of children over and above those of their carers.

According to Walton (1993) although child care regulation proliferates in child protection, full regulation is still resisted. She refers to the 1988 guidelines "*Working Together under the Children Act 1989*" and draws attention to the fact that it repeatedly refers to itself as merely providing "advice". Whilst Walton acknowledges that there is a strategy for social services departments to follow in administering a system of professional intervention in the belief that it is protecting children, she concludes that "child protection policy proper does not exist in Britain" (p150). She asserts that child protection policy lacks authority and specificity; that it is means and task orientated; and that it lacks stated objectives. The system reveals "a leaning to output - such as registers, rather than outcome, show no linkages of means to desired ends, and offer no evaluation of their effectiveness" (p151). Similarly, Hallet (1989) complains that "the whole machinery of child abuse procedures, area child protection committees, case conferences and at risk registers, is based not on law but on circulars of guidance" (p139). Walton's (1993) and Hallet's (1989) claims are substantiated by Hughes¹ (1992) who states that "the Act is a framework, it does not tell you what to do. It is intended to be as flexible as possible, so good practice can fit within it" (p17).

2.1. Co-ordination

The English response to the problem of child abuse and neglect rests on the fundamental principle of co-ordination. This will be clearly illustrated in the next section which will outline how Kent Social Services have responded to child abuse and neglect, and which will describe their statutory child protection procedures. It will become evident that there are several agencies involved in various aspects

¹ Hughes was one of the main creators of the Children Act 1989.

of statutory child protection procedures. Each has duties governed by law and its own agency policies relating to how these duties will be discharged. It will outline how other agencies are contacted at the time a child is referred to social services. It will also be explained how case conferences are intended to increase interagency co-operation and co-ordination. That is to say that other professionals who are involved with the family, attend case conferences to share information about the child. This enables co-ordination of the organisation of services for the family. The child protection register which is accessible to other agencies, is also an attempt to avoid unnecessary duplication of services to children considered to be at risk of abuse.

The DHSS Reports of 1978 and 1986 emphasise that other agencies play an important role in child protection, and therefore interagency communication and co-operation is vital. British insistence on responding to child abuse and neglect in a co-ordinated way undoubtedly stems from the widely publicised inquiry reports into child abuse deaths which have chronicled repeated failures in interagency working. The Audit Commission (1994) goes so far as to claim that "every investigation into the death of a child undertaken since the war has commented on poor liaison between professionals" (p45). One such report was an investigation of interagency child protection practice in Cleaveland, which followed the death of three year old Toni Dales, who died as the result of injuries inflicted by her step father. In common with other reports of investigations into the deaths of children resulting from physical abuse, lack of co-ordination between agencies, and lack of clarity about their perspective roles in child protection is a central theme in the report. (NCH, 1993).

White, Essex and O'Reilly (1993) document how key child abuse inquiries in the 1980s notably those of Jasmine Beckford (1985) and Kimberley Carlile (1987), stressed the need for state intervention on behalf of children, and led to an increase in statutory solutions to protect children. These writers claim that the crisis in Cleaveland in 1986 formed an antidote to this trend. Large numbers of children believed to have been sexually abused were removed to Care under emergency orders, often without proper consultation with, or access to parents. Public outcry ensued and the debate about parental rights as opposed to parental abuse re-emerged. Anger was further fuelled by allegations of children being removed by officials doing "dawn raids" in Orkney and Rochdale. There was a need to find a proper balance between the rights and duties of parents and the needs of children. The Children Act 1989 - which will be described in the last section of this chapter, is an attempt to forge such a balance.

Inter agency and multi-agency co-ordination in child protection is generally portrayed in the literature as beneficial for service providers and for service users. But some writers disagree with this positive portrayal of co-ordination, and it is worthwhile to take a brief glance at their causes for concern, so that a broader view of the concept of co-ordination may be gained.

Parton (1985a) draws attention to the potential for co-ordination to achieve a greater degree of social control. He believes that professional and political interest coalesced to construct child abuse as a social problem in the USA and later in Britain. In particular he suggests that, in a changing political economy in Britain in the 1970s, cherished social values about the sanctity of family life and a concern with moral degeneracy interacted powerfully with the emergence of child abuse. The dominant mode of response by policy makers and professionals was, he suggests, a coercive intervention to control the behaviour of a clearly identified sub-section of the population - the child abusers.

Similarly, Dingwall, Eekelaar and Murray (1983) warn of the threat posed to civil liberties by too high a degree of co-ordination. These writers suggest that "a certain amount of duplication, inefficiency and missed cases, even when these lead to child deaths, might be a necessary condition for some of the freedom we all take for granted" (p156). They assert that as agencies are pushed together more and more, with shared at-risk registers, joint procedures and consultative machinery the more danger there is in creating the possibility for a kind of social policing which many people find rather disturbing. Dingwall et al believe that "mistreatment can only be eliminated in a thoroughly illiberal society" (p156).

McKeganey and Hunter (1986) also point to the tendency to see co-ordination as the preferred policy response to problems whose origins and solutions, may lie elsewhere. There may be options other than collaboration. They believe that co-ordination is not the solution to every organisational and professional problem. They highlight the complexities involved in co-ordination and state that "ambiguous legislation, organisational inertia, confused aims and professional resistance can all influence the extent to which co-ordination can work successfully" (p336). They claim that these factors are sometimes virtually ignored.

There is widespread agreement in the literature that working together is difficult. The problems Stevenson (1988) identifies as contributing to making working together difficult include "the different professional perspectives and frames of reference about the nature of child abuse and of intervention; different agency directives and operational priorities; the time and other resource costs of collaborative work; and interpersonal difficulties of trust and openness, including gender and status differentials" (p5). Furniss (1991) warns of the danger of uncoordinated interventions. He claims that these can lead to greater damage and traumatisation of family relationships and individual children than the original abuse.

This present research is concerned with the extent to which interagency co-ordination takes place in child protection decision making - both at the referral stage when other agencies are contacted by social services; and at the case conference stage when other agencies are invited to attend.

3. Kent Social Services Procedures

This section outlines the procedures set up by Kent Social Services' to deal with child abuse and neglect referrals in 1991 and 1992. These procedures are continuously being updated as Kent Social Services adapts its statutory responsibilities in an attempt to address the problem of child abuse. Practice is also continuously being informed through knowledge gained and lessons being learned from errors, and this will be briefly discussed in the next section of this chapter.

The remainder of this section describes a child journey through Kent's child protection system - from the time they are referred up to and including their first case conference and possible registration on the child protection register. Figure 2.1 on the following page, illustrates this process.

Gibbons, Conroy and Bell (1995) succinctly describe this journey when they state that a child who enters the system must pass through a number of organisational "filters" before his/her name is placed on the child protection register. According to these writers there is firstly, an unknown number of "cases" in the community, some of whom are identified and referred. Following referral, some children and families are filtered out of the system very quickly while some will be further investigated. Of these, some again will be filtered out, while the remainder go through to an interagency child protection conference. At this stage a further group will be filtered out of the child protection system to receive informal help or no further action, leaving "a residue to be placed on the child protection register" (p51).

The referral stage is now discussed. This is followed by a description of the case conference stage - which includes a discussion of the child protection register and the child protection plan. The decision making involved throughout these stages is the subject of this study.

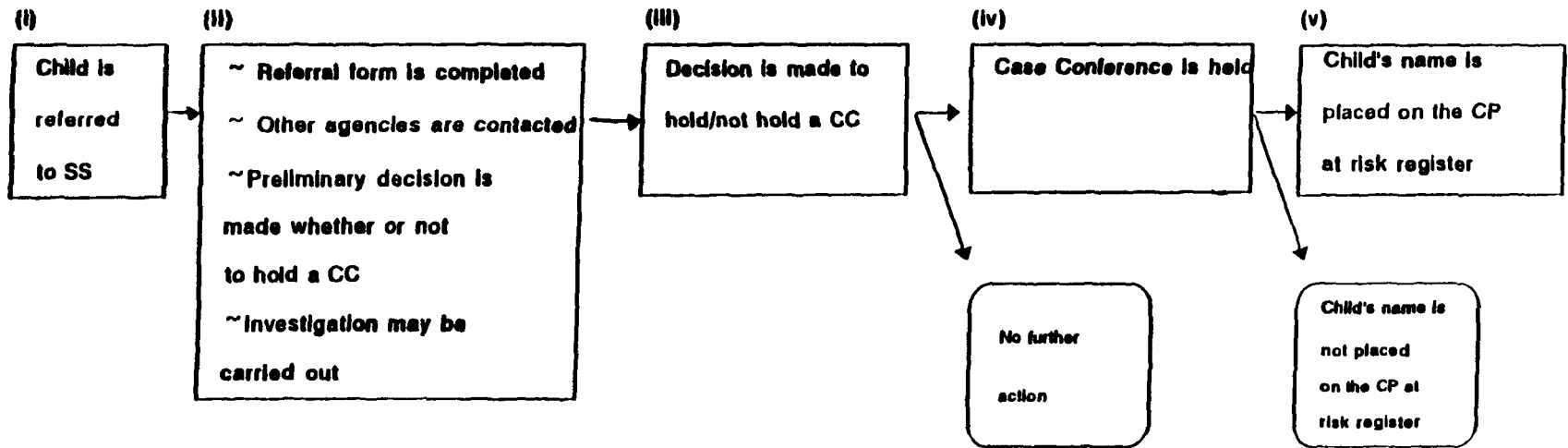
3.1 The referral stage

The present legislation outlined in the Children Act 1989 stipulates that

"any person having knowledge or suspicion that a child or young person under the age of eighteen is suffering significant harm or at risk of significant harm should refer their suspicion to the police, or social services."(Kent Social Services' Child Protection Manual, Sec 3, p1).

This obliges all professionals - regardless of whether or not they are involved in child protection work, and the child or members of the child's family, to refer children suspected of abuse or neglect to social services.

SOCIAL SERVICES PROCEDURE: A Child Protection Referral



A child may be referred to social services for a variety of reasons. Allegations can include physical, sexual and emotional abuse or neglect of the child, as well as the child being at risk. The categories of abuse and neglect used to accommodate the reasons for children being referred in the Pre and Post Act samples are illustrated in Figures 2.2 and 2.3 respectively. These categories are also used to register a child on the child protection at risk register. They will be discussed in Section 6 of this chapter.

Pre Children Act referral and registration categories

Abuse

A1: Physical

Any form of physical injury including deliberate poisoning, where there is definite knowledge, or a reasonable suspicion, that the injury has been inflicted to the child by another person.

A2: Emotional

The severe adverse effect upon behaviour and/or emotional development by persistent rejection or verbal abuse of a child.

A3: Sexual

The involvement of dependent developmentally immature children or adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent, which violate the social taboos of family roles, or which are against the law.

Neglect

B1: Physical

The persistent or severe neglect of a child's health or development which results in serious physical impairment. Neglect may be a cause of failure to thrive. Also the failure to protect a child from injury or dangerous surroundings.

B2: Emotional

The severe adverse effect on behaviour or emotional development caused by a persistent failure to respond to a child's emotional needs on the part of a parent or carer. Also the failure to protect a child from the severe adverse effect of persistent emotional abuse by another adult.

B3: Sexual

The harmful effect resulting from the failure of the parent or carer knowingly to protect the child from involvement in inappropriate sexual activity.

Potential Risk

C1: A child or an unborn child who is to live or is living in the same household where another child is currently on the child protection register and the behaviour of the parent or carer gives cause for serious concern about the child's future health or development.

C2: A child or an unborn child who is to live in any household which contains a person convicted of an offence against children, or is regularly visited by such a person.

C3: A child or an unborn child in a situation where multidisciplinary assessment indicates serious concern about the future health or development of the child, due to the parent's or carer's behaviour or attitude towards the child or any other child. Examples may be where a parent is abusing drugs (including alcohol) or where a parent has made threats towards a child.

Figure 2.2: Pre Children Act referral and registration categories. (Extract for Kent Child Protection Procedures Manual - updated April 1991).

Post Children Act referral and registration categories

Abuse

A1: Physical

Any actual or likely injury to a child or failure to prevent physical injury (or suffering) to a child including deliberate poisoning, suffocation and Munchausen's syndrome by proxy, where there is a definite knowledge or a reasonable suspicion that the injury has been or may be inflicted by another person.

A2: Emotional

Actual or likely severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill-treatment or rejection. (All abuse involves some emotional ill-treatment. This category should be used where it is the main or sole form of abuse).

A3: Sexual

Actual or likely sexual exploitation of a child or adolescent by involvement in sexual activities they do not truly comprehend, to which they are unable to give informed consent, which violate the social taboos or family roles, or which are against the law.

Neglect

B1: Physical

The persistent or severe neglect of a child's health or development, or the failure to protect a child from exposure to any kind of danger, including cold or starvation, or extreme failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development, including non-organic failure to thrive. Also the failure to protect a child from injury or dangerous surroundings.

B2: Emotional

The severe adverse effect on behaviour or emotional development caused by persistent failure to respond to a child's emotional needs on the part of a parent or carer. Also the failure to protect a child from the severe adverse effect of persistent emotional abuse by another adult.

B3: Sexual

The harmful effect resulting from the failure of the parent or carer knowingly to protect the child from involvement in inappropriate sexual activity.

Figure 2.3: Post Children Act referral and registration categories. (Extract for Kent Child Protection Procedures Manual - updated December 1992).

On receiving a referral of alleged child abuse or neglect, the social worker to whom the case has been allocated is required to assess the degree of risk or abuse involved for that particular child. A referral form (see Appendix 1) - which in Kent is entitled SS590A is completed by the social worker. This referral form contains information such as the child's age, gender, category of alleged abuse, status of referrer, and the social services team to which the child is referred.

The information gained usually results in social services undertaking an investigative interview with the child and/or family. A decision is then made regarding whether to recommend a case conference be held, although a case conference may be recommended without this investigative interview.

The social worker contacts a list of people and organisations to whom the child or family may be known, and records this information on the referral form. This list includes Kent Social Services' information systems, NSPCC, police, health visitor, GP, clinical medical officer, school, education welfare officer and probation. The information gathered by these initial enquiries

"will be recorded by social services who will make a decision regarding the need for further investigation considering the safety of the child(ren)." (Kent Social Services' Child Protection Manual, (1989) Sec 5, p2).

"On receiving information indicative of possible child abuse, the police and social services will consult and co-operate in deciding the appropriate manner of conducting an investigation. Wherever possible they will consult and co-operate with health, education, and other relevant agencies or professionals, in order to gain information, ensure appropriate services are available, minimise the potential distress of the child and gain maximum co-operation from parents and carers." (Kent Social Services' Child Protection Manual, Sec 3, p1).

Further information about the referral is also documented on the referral form by the social worker. Examples of such information include details of convictions, ill health and unemployment.

The Children Act 1989 stipulates that

"In every case, the legal responsibility for investigating and ensuring the safety of the child rests with the social services department." (Section 47).

The police are responsible for making a separate decision regarding the need to undertake investigation of any criminal matters.

The next stage involves deciding on how to proceed with the investigation. An immediate protection strategy needs to be agreed, so that the investigation and initial assessment can proceed.

"Further child protection investigation must be planned by means of a strategy meeting between the police and social services. This clarifies the roles of the two agencies and decides the extent of joint investigation. It is expected that joint police and social services investigation will be undertaken wherever possible...This strategy discussion must also consider possible actions to ensure the immediate safety of the child". (Kent Social Services Child Protection Manual, Sec 5, p2).

These initial enquiries lead to a decision regarding whether or not a formal child protection investigation is required. If an investigation is not required, social services recall the agencies contacted in the preliminary stages of the enquiry and informs them that child protection procedures will not be undertaken. Reasons for no further action are recorded on the child's referral form.

It is important to note that the initial decision recommending that the child is to receive a case conference on their referral form, does not inevitably lead to a case conference actually being held. Hence these two decisions have been investigated separately in this study. This issue will be fully discussed in the Method section in Chapter Four.

3.2 The case conference stage

Unless investigation has indicated that the allegation is unfounded, a multidisciplinary child protection case conference must be arranged. It is statutorily required to be arranged within three working days of the referral and held within ten. Nevertheless, Gibbons, Conroy and Bell (1995) found that on average the interval between the first inquiry and the case conference was 34 days.

A child protection conference is called by the agency with statutory powers - which in Kent, is the social services department. The case conference has been identified as the primary institution for case co-ordination since 1973. Put simply, Corby (1987) defines it as "an advisory meeting to consider information and make recommendations relating to specific child abuse cases" (p147). The conference allows an exchange of information and this assists the agency in the discharge of its statutory responsibilities towards the child.

"The initial child protection conference must consider whether steps must be taken to protect the child. It has a clear duty to decide whether the child's name should be entered on the child protection register. It also discusses and records a proposed plan of action and allocates a key worker. ("Working Together": Paras 6.4 - 6.8)

"The case conference will consider the allegation, the results of the initial investigation, and any pertinent information from each relevant agency and parents or carers and the child." (Kent Social Services Child Protection Manual, Sec 7, p1).

White, Essex and O'Reilly (1993) emphasise that conferences are empowered to decide about whether or not to place a family on the child protection register and, if so placed, who should be the responsible person or case co-ordinator. Conferences are further empowered to recommend to constituent agencies action to monitor and protect the child and action towards change and recovery for family and child.

White et al (1993) observe that "this distinction between decisions and recommendations is often a key one in the understanding of interagency dysfunction" (p63). Similarly, Hallett and Birchall (1992) note that confusion often exists between professions about the powers which exist within the child protection system. Like White et al, they claim that the distinctions between the powers of the case conference to decide and those to recommend is often lost.

Within the overall framework of assessing risk and subsequent professional action, child protection case conferences have several functions. These are:

- "Pooling information about the allegation and any relevant social, psychological and medical history or current information
- Assessing risks to the child
- Formulating a child protection plan and treatment recommendations to ensure the child's safety, welfare and future health needs are addressed
- Deciding on registration and de-registration
- Recommending actions for individual agencies involved with the case
- Nominating the keyworker for the child and identifying key personnel
- Agreeing if and when to reconvene the conference or arrange a child protection review conference." (Kent Social Services' Child Protection Manual, Sec 7, p3).

"Child protection case conferences must be conducted in an organised and planned way to assist the achievement of case conference objectives." (Kent Social Services' Child Protection Manual, Sec 7, p4).

Kent Social Services have a detailed format which is outlined in Section 7 in their statutory child protection procedures - Kent Social Services' Child Protection Procedures Manual. This format must be followed in conducting the conference and for recording the case conference minutes. (See Appendix 2). These guidelines state that the following information must be gained at the case conference and documented in the minutes. These are investigated in this research and are the subject of Chapter Nine.

- Statement of reasons for calling the case conference
- Chairperson's statement of details of previous case conferences relating to the family
- Family and household composition
- Family's current circumstances
- Family's history, with specific information about each adult
- Family's history, with specific information about each child

- Agencies involved
- Parent's account of events and explanation of allegations or injuries
- Concerns identified
- Reasons for registering/not registering the child.

The social worker organises the case conference and invites all relevant personnel. This ensures that all information relevant to the case may be discussed and shared. The investigating social worker also completes a written history of the child, and a report of the allegation and investigation. Professional contributors to the conference are expected to submit a written report of their involvement.

Securing the attendance of all relevant participants at case conferences has been repeatedly noted as a problem. Corby (1987) for instance has concerns about the tail-off in attendance after the initial conference. Hallett and Stevenson (1980) remark that varying subject matter or different career stages in the case will affect professionals' anxiety levels variously. They emphasise that conferences should be limited to those with specific reasons for attendance.

Parental attendance and participation at case conferences was still opposed by the 1986 Draft Officer Guidelines, but cautiously encouraged in the final version of "*Working Together*", in 1987. The Children Act 1989 will be discussed in the final section of this chapter. It stipulates that parents and carers should participate at all stages of the child protection process; and that they should be invited to attend conferences, "except in exceptional circumstances where this would be directly against the interests of the child." (Kent Social Services' Child Protection Manual, Sec 7, p3). The Act emphasises that parents should be present during the information-sharing stage of the conference and that they should have the opportunity to present any views they have on future action. They should be asked to leave for the risk assessment and decision making part of the conference. Consideration must also be given to inviting children who are subjects of the child protection case conference, if they are "of suitable age and maturity and wish to present personally their own views and wishes." (Kent Social Services' Child Protection Manual, Sec 7, p3). The policy of parents being invited to, and helped to participate in case conferences, was in full operation throughout Kent in 1992, following a successful pilot project undertaken in Maidstone in April 1990.

"The Social Services Department is also responsible for providing the chairperson for the case conference."(Kent Social Services' Child Protection Manual, Sec 7, p2).

However, White, Essex and O'Reilly (1993) emphasise that child protection case conferences should ideally be chaired by an independent professional who does not represent any agency. They believe that this would result in more objective and consistent decision making.

Review Case Conferences are held at three monthly intervals, and are defined as follows:

"The Child Protection Review held at regular intervals throughout the child protection process, must review the arrangements for the protection of the child, examine the current level of risk and review the child protection plan. (Working Together: Para. 6.9).

The case conference minutes have to be deemed as an accurate account of what took place at the conference.

"The case conference minutes must be distributed in draft form to members of the case conference with the exception of parents. When the finalised minutes are agreed, these will be distributed to all members of the case conference. When the finalised minutes are agreed, these will be distributed." (Kent Social Services' Child Protection Manual, Sec 7, p7).

3.2.1 The child protection at risk register

Deciding whether or not the child's name is to be placed on the child protection at risk register is the main task of the case conference. The categories of registration in which the child's risk may be accommodated have been outlined in Figures 2.2 and 2.3, and will be discussed in the final section of this chapter which will describe the Children Act 1989.

"Decisions to place a child's name on, or remove it from, the Kent Child Protection Register will require the agreement of the core agencies involved at the case conference." (Kent Social Services' Child Protection Manual, Sec 7, p5).

The register provides a basis for regular monitoring and reviewing of the child and family situation, and alerts other professionals that the child is at risk from abuse. It also provides a central line of enquiry for professionals who are concerned about the welfare of a child.

It is important to note that

"registration is about risk and prediction rather than the fact that abuse has occurred" (Home Office, 1991, para 6.36-6.38).

The purpose of the register is

"to provide a record of all children in the area for whom there are unresolved child protection issues and who are currently the subject of inter-agency protection plans and to ensure that the plans are formally reviewed every six months. The register will provide a central point of speedy enquiry for professional staff who are worried about a child and want to know whether the child is the subject of an inter-agency protection plan. The register will also provide useful information for the individual child protection agencies and for the Area Child Protection Committee in its policy development work and strategic planning". (Home Office, 1991, para 6.37).

In order for a child to be registered the conference must decide that there is, or is a likelihood of, significant harm leading to the need for the child to have a child protection plan. One of the following requirements needs to be satisfied:

(i) "There must be one or more identifiable incidents which can be described as having adversely affected the child. They may be acts of commission or omission. They can be either physical, sexual, emotional or neglectful. It is important to identify a specific occasion or occasions when the incidence has occurred. Professional judgement is that further incidents are likely.

or

(ii) Significant harm is expected on the basis of professional judgement of findings of the investigation in this particular case or on research evidence." (Home Office, 1991, para 6.39)

Under the Children Act 1989 harm is defined as

"Ill-treatment or the impairment of health or development" including sexual abuse and non-physical ill-treatment (Section 31).

The additional term "significant" introduces a higher threshold. Gibbons, Conroy and Bell (1995) discuss the difficulty of identifying when "harm" becomes "significant" and conclude that the issue "is not entirely clear" (p3).

Creighton (1988) documents how child abuse registers (originally known as non-accidental injury registers) were set up throughout England and Wales in 1974 and 1975 on the recommendation of a DHSS circular, issued shortly after the publication of the Inquiry Report into the death of Maria Colwell.

This report emphasised "the necessity for the many disciplines involved in child abuse cases to co-ordinate their actions" (p35). Similarly, Gibbons and Bell (1994) describe how child protection registers in England came into being as one of the means of improving interagency communication in the handling of "non-accidental injury" to children in 1974.

Birchall (1989) is dubious about the role of registers. She claims that "registers reveal more about changing professional perceptions than about real incidence...they tell us about "normative" and "expressed" need, as currently perceived by experts, and nothing about "comparative" need, as between known and unknown populations" (p3). Similarly, Walton (1993) believes that child protection registers do not provide an account of minimum standards, either in the way they are administered nor in desired outcomes; and that "variation is the norm" (p151).

A number of studies have concentrated on how children/families come to be registered. Corby and Mills (1986) for instance, observed 55 case conferences between 1981 and 1984. They criticise the tendency for the registration decision to dominate case conference proceedings, and claim that the registration issue diverted attention from focusing more explicitly on resources. However, Gibbons, Conroy and Bell (1995) claim that Government guidance as stated in "*Working Together Under the Children Act 1989*" (1988) states very clearly that case management is an essential function of child protection registers.

There are writers who believe that the system of child protection at risk register is fundamentally flawed. Wyre (1995) for instance expresses the opinion that child protection work may be more effective if registers of child abusers were set up, rather than establishing children "at risk" registers. Cambell (1991) in a study of families attending a local authority family centre found little difference between families, regardless of whether or not their childrens' name had been entered on the child protection register. He concluded that it was the luck of the draw as to who got registered.

3.2.2 The child protection plan

"The child protection plan is a detailed and specific plan for each registered child to ensure his protection." (Kent Social Services' Child Protection Manual, Sec 7, p5).

The type of intervention to be taken by social services and other agencies is decided at the case conference and this is written into a child protection plan. The plan must be reviewed and updated at every child protection review conference. The child protection plan may stipulate a wide range of interventions. These may include regular monitoring of the child and family; providing support to the

family where needed; and the child and/or family receiving therapy. In more extreme cases it can include the removal of the child from their home.

White, Essex and O'Reilly (1993) warn that all too often case conferences put together a child protection plan which includes offering every possible resource to the family at the same time. They stress the importance of decision makers carefully considering the interactions between each of the interventions stipulated in the plan and the family's own coping mechanisms, and how each of the resources might interact. Most importantly, White et al emphasise that "decision makers must join with family members in making choices about their preferred solution" (p62).

The child protection plan may involve an application for criminal injuries compensation² for the child. This scheme for compensating victims of crimes of violence was first established in 1964. Victims of family violence have been able to claim since 1979 and this includes victims of child sexual and physical abuse. To qualify for compensation an applicant must have sustained "personal injury". This injury can be of a physical or mental nature, and can include shock or psychological disturbance which is directly attributable to the crime of violence. Any claim to be made under the criminal injuries compensation scheme for children, must be recorded in the case conference minutes. (Kent Social Services Child Protection Manual, Sec 7, p5). Social services are responsible only for claiming criminal injuries compensation when the child is in Care, although in other cases they may assist on how to claim. Knowledge about the scheme has been very restricted although the number of claims is now increasing. According to Hiram and Brown (1993) applications for abused children increased by nearly 60% in 1992. Yet in their view many children still lose out.

3.3 Conclusion

The social services procedures outlined in this last section are statutory. Yet it is not known whether certain referrals are more likely to be recommended a case conference, and more likely to receive a case conference, than others. For example, do factors such as the child's age, gender, category of abuse at referral, influence if and how they the child proceeds through Kent Social Service's system? And if a child receives a case conference, are some more likely to be placed on the child protection at risk register than others? Are there factors such as parental presence, or the attendance of certain professionals likely to predict the registration decision? Has the Children Act with its change in abuse and neglect categories and its increased emphasis on parental participation, had any effect on child protection decision making? These are some of the questions explored in this thesis. They will be described more fully in Chapter Four which will outline the research hypotheses and describe the method used.

⁴ Currently, there are discussions concerning changing the criteria for assessing compensation for children who have been abused.

4. Prevalence of child abuse and neglect

The literature reveals a constant debate concerning whether or not the rate of children referred to social services departments under child protection procedures accurately reflects the extent of the problem. Many professionals, such as Little and Gibbons (1993) maintain that rates and numbers of abused children continue to be the subject of wild guesses and are possibly only measuring the tip of an iceberg.

Birchall (1989) claims that deaths from child abuse are rare. She quotes official child mortality statistics showing that "8,602 children died in 1986, abusive deaths probably numbered 156, whilst 358 were killed on the roads" (p2). Birchall therefore concludes it is not the volume of the problem which excites such powerful concern, "although fears are expressed in terms of its increasing incidence" (p2).

In contrast, Browne (1993) asserts that the reported incidence of child abuse in the UK is higher than most other Western European countries. He believes that case conferences involving physical, psychological and sexual forms of child abuse and neglect, involve about "1% of English children" (p11). He asserts that child maltreatment is one of the five most common causes of death to young children in Britain, and he blames lack of consensus concerning the definitions of various forms of abuse for the wide variation in reports on its prevalence and incidence. Browne observes that in the UK there are no truly accurate estimates, as no mandatory system of recording has been adopted. He cites governmental figure which claim that "as many as 40,000 children are moderately abused in England and Wales each year. This gives a prevalence rate of four physically abused children in every thousand" (p16). Browne concludes that child maltreatment within the family is an extremely serious problem. He cites Creighton (1985) who claims that "in England and Wales alone, an average of 156 children die per year as a result of the abuse and neglect received from their parents or caregivers" (p18). This figure accords precisely with Birchall's estimate, although the writers disagree on its significance.

Besharov (1993) notes that whilst adults who are attacked can go to the authorities for protection, victims of child abuse and neglect are often too young or too frightened to obtain protection for themselves, and hence such incidences can go undetected. Besharov identifies twin problems of under and over reporting³ of child abuse and neglect in the USA. He argues that American child protection agencies are "plagued simultaneously by the fact that many abused and neglected children go unreported because they are afraid to come forward or they are overlooked by professionals. On the other hand, a large proportion of reports are dismissed after investigations find insufficient evidence" (p257).

Nevertheless Besharov concedes that few unfounded reports are made maliciously. This accords with Robin's (1991) study in the UK, which reviewed studies of false allegations and found that only 8% were

³ The term "reporting" in the USA corresponds to the term "referring" in the UK.

fictitious and deliberate falsifications. Besharov remarks that many unfounded reports involve situations in which the person reporting is well-intentioned, but overreacts to a vague possibility that the child may be maltreated. Other referrals involve situations of poor child care that, though of legitimate concern, do not amount to child abuse or neglect. Moreover, in Besharov's view, an unfounded report does not necessarily mean that the child was not abused or neglected, as evidence of child maltreatment is hard to obtain. Besharov warns that "deciding that a referral is unfounded can only be made after an unavoidably traumatic investigation that is a breach of parental and family privacy. In seeking to protect children, it is very easy to ignore the legitimate rights of parents" (p263).

In contrast, Finkelhor (1993) argues that Besharov's "twin problem of under and over reporting" of suspected child abuse and neglect cases does not exist. Rather Finkelhor states in the US under reporting is the only problem and that many abused and neglected children are still not coming to the attention of the child protection authorities. He criticises the view that has been put forward recently that "the large and increasing number of reports is not necessarily progress towards revealing the full extent of the problem, but rather evidence of an over reaction by the professionals" (p273). In this view the level of current referrals is deemed to be "unreasonably high" and "demonstrably harmful to the children and families involved" (p274). Finkelhor warns that the answer to this issue of "over reporting" in the US would be a new policy that would define child abuse more narrowly, apply stringent harm requirements before a referral is made, and discourage referrals by non professionals.

Gray and Kempe (1976) in the UK present an account of the behaviour of abused children in the early days after recognition of their injury. These writers describe two typical patterns of behaviour, based on observations of children hospitalised and therefore separated from their parents. They claim that about 75% of the children produced behaviour to meet adult demands, insofar as they were compliant and watchful children, eager to please adults to avoid further abuse. They describe the other pattern of behaviour exhibited by these children as provocative, aggressive and overactive. One of the conclusions that may be drawn from Gray and Kempe's study is that many abused children do not behave in ways which attract attention to the fact that they are being abused, thereby making abuse difficult to detect and its incidence difficult to estimate.

Gibbons, Conroy and Bell (1995) assert that during the decade prior to 1991 - when the registration category of "grave concern"⁴ was abolished, there was a steady increase in the numbers of children officially deemed to be in need of protection and recorded on registers. There was an annual increase of 4% - 6% in the numbers of children on child protection registers in England from 1988 when there were

⁴ This obsolete registration category will be discussed in Section 6 of this chapter.

39,200 children registered to 45,300 in 1991. Gibbons et al document how the registration rate decreased for the first time in 1992.

The Audit Commission (1994) report that approximately 25,000 children a year are placed on child protection registers. Various views have been expressed concerning this reduced registration rate. For instance, Tim Yeo, then Parliamentary Under Secretary of State for Health, states that "this reduction does not mean that children and their families are no longer being offered services, nor that children in need of protection are not receiving it. Our aims were to sharpen the focus of local authorities and other agencies on the reasons for placing children on the register and keeping them there, as well as ensuring proper targeting of the Child Protection Services with effective Individual Plans being made. (Press Release: 9.3.1993. Dept of Health No. 93-610).

Gibbons, Conroy and Bell (1995) warn that the purpose of child protection registers is not to measure the incidence and prevalence of child maltreatment, although Gibbons (1993) concedes that the child protection register is one indicator of child abuse. Statistics from all English registers have been collected and published by the Dept of Health since 1988, and as the following table illustrates, wide variations in registration rates are evidenced.

	Lowest Registration Rate (per 1,000)	Kent's Registration Rate (per 1,000)	Highest Reg. Rate (per 1,000)
1990	Gloucestershire: 0.9	3.9	Camden : 10.3
1991	Gloucestershire: 0.9	3.5	Lambeth: 16.4
1992	Gloucestershire: 0.8	3.0	Lambeth: 18.1

Table 2.1: Rate of children on English child protection registers.

Walton (1993) critically points to the fact that effectiveness can only be measured against goals and objectives. She thus wonders if the objective of child protection registers is to get children on to them, in the belief that this protects them, or to keep them off? Is a large register population a sign of success in getting children protected, or of failure, in not having prevented their inclusion in the first place?

Gibbons and Bell (1994) seem more optimistic about the role of registers. They observe that although English child protection register statistics reveal wide and persistent variations between authorities, over time their rank order remains moderately stable. They assert that sociodemographic characteristics of areas together with differing policies and practices in keeping the register explain much of the variability. they thus conclude that "while statistics of children on registers are not valid measures of the

incidence of child maltreatment, registers themselves appear to play a useful part in local child protection systems" (p701).

4.1 Extent of child abuse and neglect in Kent

According to the 1991 census, the population of children and young people in Kent aged 0-17 years, in 1991 was 342,442. Appendix 3 displays how child abuse and neglect referrals to Kent Social Services for that year totalled 2,767. That is eight children referred per 1,000. Of these referrals, 801 (29%) resulted in the child's name being placed on the child protection at risk register. That is to say that in 1991, 2.3 children per thousand in Kent was thought to be sufficiently at risk to be placed on the register.

Child protection referrals to Kent Social Services have increased dramatically since 1984, when 303 children were referred, to 3,357 children referred in 1992. (see Appendix 3). This increased referral rate has been accompanied by a decreased registration rate. The rate of registration in Kent has decreased from 79% of children referred in 1984 to 22% of those referred in 1992. This issue will be more fully discussed in Chapter Eight.

It is not clear from the increased referral rate whether it reflects a real increase in child maltreatment, better recognition and reporting of cases, a change in thresholds so that more families were drawn into the system at lower levels of risk, or operational practices in child protection legislation. For instance, one reason contributing to the dramatic increase in referrals since 1984 may be because of the widening of the abuse criteria for registration by the DHSS to include sexual abuse. Another contributory factor may be the heightening of public awareness about the prevalence of child sexual abuse due to the launch of "Childline" in October 1986. Childline counselled over 22,000 children in its first year, and is likely to have increased the number of sexual abuse allegations. Increased public awareness may also be a contributory factor to the increased rate of referral.

4.2 Conclusion

Child abuse and neglect is a serious problem although it is difficult to quantify. According to Creighton (1988) most estimates are based on cases which have come to the attention of someone outside the immediate family, that is cases which are reported (the incidence rate), rather than all of those that actually occur (the prevalence rate).

This research will go some way towards explaining the increased rate of referrals to Kent Social Services. For instance, it will address some questions concerning whether families are being drawn into the system at a lower level of risk. It will also examine who refers children to Kent Social Services in order to investigate whether increased public awareness may be contributing to the increasing number of referrals.

5. Errors in child protection decision making

This chapter has outlined the State's response, through social services, to the problem of child abuse and neglect. Nevertheless, cases have gone wrong - sometimes with tragic consequences. Such cases highlight the complexities involved in protecting children and illustrate some of the inherent difficulties in child protection decision making - including issues of intervention and co-ordination, which have been discussed in the previous sections. This section is therefore devoted to a brief discussion of cases which have gone wrong, along with some criticisms and explanations as to why they have happened. The Children Act 1989 which will be discussed in the next section, has been informed by such errors.

Lee (1978) claims that to err is human, social workers are human, and inevitably there will be tragic mistakes. Howitt (1992) does not support Lee's view of the inevitability of such mistakes. Instead Howitt claims that Britain has become a world leader in child protection disasters and that there are key events which reflect this sequential passage of concern: the Maria Colwell case in 1973, in which a child was battered to death by her father despite the signs of serious abuse being reported to social workers; the Cleveland sexual abuse scandal of 1987, in which children were taken into care largely due to false diagnoses using a flawed test of anal abuse; and the Staffordshire pindown regimes, which involved scandalously harsh treatment and humiliating methods of controlling children in public care. Howitt concludes that collectively these events reveal major problems in state intervention. He suggests that there may be undesirable consequences stemming from the intervention itself which needs to be addressed, and clear answers to the value of intervention need to be gained. Howitt stipulates that errors need to be considered an important feature of child protection work, as they can provide vital stimulus to progress and improvement. Errors which are committed by individuals and agencies should therefore be reported, irrespective of the outcome. He questions the use of the term "error" as this implies that there is a way of doing things which otherwise would be perfectly proper and satisfactory. However in child protection "normal" and "error" processes may be virtually indistinguishable. Howitt documents how different types of concern about the practice of child protection have gradually unfolded and postulates that these stages can be identified in three areas: concern about under involvement, leaving children to suffer through a reluctance to intervene; concern about over involvement, finding abuse where none exists; and concerns about the quality of care for children taken into care.

Freeman (1989) believes that errors occur in child protection work because it is not known where to draw the line and "social workers are pilloried when they leave families alone and tragedies occur, and castigated when they intervene too readily" (p107). Walton (1993) claims that since 1973 the complex problem of child abuse and responsibility for its solution have been laid primarily at the door of social workers. She observes how the disease/health model was originally applied to the problem of child abuse and neglect, because it was seen as a deviation from normal family life in Britain. Consequently

the newly created social services departments in the early 1970s with their statutory responsibilities for child care, were called upon to make normative, restorative judgements. In Walton's view the message conveyed to the public was that social workers were responsible for child abuse, and subsequently individuals were held personally responsible for child injuries and deaths. In her view "labelling the phenomenon as a professional problem dictated that the latter were seen as professional failures" (p140).

The findings of Reder, Duncan and Gray's (1993) study of 35 British Abuse Inquiry Reports, published between 1973 and 1987, accords with Walton's belief. Reder et al discovered that inquiry panels attributed blame to certain involved professionals for failing to prevent the child's death, and this preoccupation has impaired their capacity to understand how events unfolded in the way that they did. In their analysis of these 35 cases, Reder et al revealed that psychological processes within the households, within and between professionals, and between the families and their professional networks all influenced the evolution of events.

In a similar vein Hallett (1989) believes that one of the most powerful outcomes of child abuse inquiries has been to establish in the public and professional consciousness who is to blame. The fact that Hallett uses the word "who" rather than "what" is not accidental. She asserts that "the consequence of the present approach which emphasise the centrality of finding the facts, is the attribution of individual responsibility, usually to front-line workers" (p131). One effect of inquiries therefore is to individualise blame. The unfortunate effect of this approach, in Hallett's view, is that "the basic issues of accountability for resources and the framework of the law remain largely untouched" (p133). She complains that the societal context in which abuse occurs, particularly the power imbalance within families between men and women and adults and children, especially those involving male violence and male sexuality goes unremarked. The social structures and conditions in which families struggle to bring up their children in harsh and depriving conditions has not been addressed - although many inquiry reports describe the housing and social circumstances inimical to the welfare and well-being of children in which the families lived. This present study addresses the issues of domestic violence and some housing and social circumstances of the children in this population. The effect of these issues on child protection decision making will be investigated.

Stratton (1988) asserts that the family is as intrinsically involved in child abuse as it is in all other aspects of child development, and that the family itself may be seen as a victim of at least passive abuse within Western society. Many families have to function in poor housing and lack social support and extended family that could make life easier. In Stratton's view British societal values do not include employers taking any responsibility for the effects on their employees' families of working practices. Even at the crucial stage of transition to parenthood, paternity leave is extremely rare. Potential parents are not educated to have the possibility of breaking intergenerational cycles and providing their own children

with an improvement on their own upbringing. Stratton maintains therefore that "child abuse has challenged society and that the public response to abuse has been to search for people to blame. Often, in the absence of any constructive response, it is easiest to blame the professionals that society has charged with the job of dealing with abuse" (p202).

Walton (1993) claims that the term "regulation" can be applied to child abuse policy. Firstly social workers have to monitor the child's well-being, via the use of child protection registers and regulating intervention into childrens' lives. Secondly, child protection policy regulates the behaviour of social workers by laying down explicit standards - as dictated for instance, in the Children Act 1989. In this way Walton shows how paradoxically, social workers are both regulated and regulators. Walton shows how social workers are also regulated by the media, the public, the courts - to name but a few. Thus Walton demonstrates how social workers and social services departments are held more responsible for child abuse than the family, by the media and the public, and report their activity and "guilt" more extensively, than those of parents who have killed or abused a child. Such accountability implicitly affects child protection workers' decision making and probably contributes to higher levels of tension at case conferences. The consequences of this on child protection decision making will be discussed in the next chapter.

Walton (1993) asserts that the current terminology of "child protection" reflects the subsuming of the actions of caregivers/parents with those of professionals, and "the resulting critical assumption that social work involvement is sufficient to prevent child abuse" (p149). According to Walton, some public enquiries have served to validate this assumption. The Beckford report for instance, drew upon concepts of dangerousness and risk assessment, and concluded that abuse could be predicted and therefore prevented by social workers. All enquiries, including the 1974 Colwell report have cited the breakdown of professional communication as a major contributory factor in child deaths from child abuse.

White, Essex and O'Reilly (1993) believe that government inquiries have tended to be defensive. Harris (1987) discusses the concept of "defensive social work", which he believes, includes procedures which serve to protect social workers from crisis in their work. He insists that such defensiveness applies not just to individual workers but also to social services organisations at all levels. Because the avoidance of a crisis is a critical aspect of the institutions work, defensiveness is likely to be endemic throughout the organisation.

Perceived mistakes have therefore resulted in the reformulation of guidelines and procedures. However, in Walton's (1993) view, even if registers and their management were dismantled things would not be any different as "tinkering with systems will not eradicate child abuse, nor remove the obligations of social services departments. The complexities of negotiating a political, social and therapeutic response

should not be underestimated" (p154). Questions about linkages between cause and effect need to be posed. Walton asserts that at present Britain has a large problem which is thought capable of a disproportionately small solution, the extensive use of regulation targeted upon two variables - professional and familial behaviour.

It is clear therefore from the above discussion that intervening in a child's life cannot always be assumed to improve the quality of the child's life. This fact has been attempted to be addressed in the Children Act 1989 which emphasises that it has to be proven that the intervention offered is better than no intervention at all.

The Children Act 1989 has been informed by errors and dilemmas such as those above mentioned. It takes issues of co-ordination and intervention into consideration. These issues will be further discussed in the next and final section of this chapter.

6. The Children Act 1989

The Children Act provides the framework for the care and protection of children. For the purposes of the Act, a child is a young person up to the age of eighteen."(Kent Social Services' Manual, Sec 1, p1). The Act was introduced because the law about caring for, bringing up and protecting children was inconsistent and fragmented.

"The Children Act 1989 brings about radical changes and improvements in the law and provides a single consistent statement of it." ("Introduction to the Children Act 1989" (1989) p1;1.1).

Parton (1991) believes that the Children Act is the fruition of heated arguments during the 1980s about how the State should respond to problems related to child abuse and child care. It attempts to address some of the most sensitive issues concerning the relationship between the child, the family and various state agencies. Fundamentally it addresses the problem posed by the contradictory demands of, on the one hand, ensuring that the family is experienced by its members as autonomous and the primary sphere for raising children, while on the other recognising that there is a need for interventions in some families which fail in this task. Parton notes that the Act requires decision makers to consider the least possible intervention by the State which is consistent with promoting the welfare of the child.

The Children Act is an extensive piece of legislation. It will be discussed here only insofar as it relates to this present study. The Act, in general, addresses two fundamental principles. These will now be discussed separately.

6.1 The child's welfare is of paramount consideration

The Children Act 1989 states that:

"The child's welfare shall be of paramount consideration" (Kent Social Services Child Protection Manual, Sec 1.1, p1).

"The principle that the welfare of the child comes first is the foundation of the responsibilities of social services authorities towards children." (D.o.H.,1989, p.iii).

The main purpose of the Children Act 1898 is declared to be as follows:

"The overriding purpose of the Act is to promote and safeguard the welfare of children."(Introduction to the Children Act, Sec 1.20, p3).

In practice this means that:

"In reaching any decision relating to a child in their care, a local authority shall give first consideration to the need to safeguard and promote the welfare of the child throughout his childhood; and so far as practicable ascertain the wishes and feelings of the child regarding the decision and give due consideration to them, having regard to his age and understanding." (D.o.H.,1989, p5).

The Act uses the term "the child's best interests" to indicate that the child's needs are always of paramount importance and primary concern to child protection decision makers. However, this term has evoked considerable controversy. Geach and Szwed (1983) for example, complain that "the child's best interests" is far too unpredictable and indeterminate a measure. These writers continue by saying that better defined legal standards for intervention would limit the discretion currently given to professionals, and would produce "a fairer, more helpful and more realistic system" (p18).

However, more precise legal definitions may be difficult to achieve, due to the fact that very complex interactions are involved between the family, the professional network, and the court. Roche (1989) however, warns of the dangers of statutes which are deliberately vague. He argues that the openness of the concept allows those child protection decision makers to act on their own perceptions of what is in the child's best interests. He claims that this is a potentially powerful mechanism by which some people can impose their views about what is right for children on the rest of society.

Browne and Lynch (1993) observe that despite the Children Act's emphasis on "the child's welfare is of paramount consideration", the Government's recent stance of getting tough with Juvenile offenders may be seen as contradictory. These writers suggest that the needs of these disturbed young people are ignored and that the government's tough stance may be influencing the criminal courts to be more lenient with physically abusive parents.

The Act introduces the term "significant harm" as a means of ensuring that the child's welfare is of paramount consideration. Under the Children Act 1989, the criterion is

"significant harm or the likelihood of such harm attributable to a lack of a reasonable parent's standard of care" (Section 31.2).

This stipulation has resulted in changes in the abuse and neglect categories in which a child may be referred and registered. These have already been referred to in Section 3 of this chapter and are displayed in Figures 2.2 and 2.3. The British Association of Social Workers Guidelines (1988) summarise these changes:

- The physical, emotional and sexual abuse categories have been extended to include any "likely" injury or harm to the child caused by abuse, whereas previously intervention could only take place where "actual" injury or harm had occurred.
- The physical, emotional and sexual abuse categories have been extended to include harm caused by "another person" such as another member of the child's family or people living in the family home, not just the parent or carer.
- The physical, emotional and sexual neglect categories (B1, B2 and B3) have remained basically the same.

This means that before the Children Act 1989 was implemented, it was possible for a child to be registered in categories C1, C2 and C3 if s/he was deemed to be of "grave concern" or at "potential risk". (see Figure 2.2). These potential risk categories were previously criticised because they were often based on hearsay evidence, sometimes there was lack of evidence that a situation which fitted the potential risk criteria was harmful to the child, and they did not specify the type of abuse suspected - that is to say that they did not differentiate between the physical, emotional and sexual categories.

Gibbons and Bell (1994) note that the potential risk/grave concern categories were problematic since registers were introduced in 1974. The inclusion of "suspected" cases raised issues concerning civil liberties and privacy. Gibbons, Conroy and Bell (1995) assert that "the use of the category "grave concern" contributed to confusion about the purposes of registration, as by definition, all cases entered

on the register are causing "grave concern" in respect of future risk, since this is the criterion for registration" (p3).

Harwin (1992) considers that the categories of potential risk/grave concern were removed due to their being seen as a catch all safety net category. She discusses the Department of Health's figures which show a 19% increase in the numbers of children in England registered for "grave concern" between the end of March 1990 and 1991, whereas a 10% decrease was recorded for physical abuse, sexual abuse and neglect. She asserts that the grave concern category was especially used when parents were present at the case conference - due to the reluctance of the conference to act as a tribunal by making a positive finding of abuse.

Since the implementation of the Act these potential risk categories have been removed from the abuse criteria⁵. Therefore, the type of abuse or neglect that a child is likely to suffer must be assessed. However it has been argued that the wording of the new abuse and neglect categories (see Figure 2.3) is very ambiguous and that it may be too difficult to prove that injury or harm is "likely" to occur in certain circumstances. Practice wisdom, based on the researcher's clinical experience, suggests that evidence may not always be available. This lack of evidence may result in children not being placed on the child protection register. In some cases this may mean they are less protected from harm. This study will examine the effect of the changed abuse and neglect categories on child protection decision making.

It is currently uncertain as to which registration category unborn children may fit. The Department of Health (1995) figures on child protection registers show that 200 unborn children were registered between March 1991 and March 1992. There is however considerable debate about the ethics of placing a child on the register before they are born and before the opportunity to observe the parent's interaction with their new-born child. Governmental guidelines stipulated in "*Working Together*" (1988), state that on occasions there will be sufficient concern about the future risk to an unborn child to implement child protection procedures. However, it does not specify when these occasions might be. There were eight unborn children in this study and they will be discussed later.

6.2 Local authorities must work in partnership with parents

The Children Act's second fundamental principle stipulates that

"Local authorities must work in partnership with parents. The wishes and opinions of the parents and children must be ascertained and considered in any actions or plans."(Kent Social Services' Child Protection Manual, Sec 1, p1).

⁵ It has been specified that children previously placed in the "C" categories must be re-assessed, and if necessary placed in a new category.

The Children Act rests on the belief that

"children are generally best looked after within the family with both parents playing a full part." (An Introduction to the Children Act, Sec 1.3, p1).

The Act uses the phrase

""parental responsibility" to sum up the collection of duties, rights and authority which a parent has in respect of his child." (An Introduction to the Children Act, Sec 1.4, p1).

The Act's use of the term "parental responsibility" has been criticised by writers such as Newell who believes that the Children Act does not provide any positive definition of parental responsibility.

"Parents should be expected and enabled to retain their responsibilities and to remain as closely involved as is consistent with their child's welfare, even if that child cannot live at home either temporarily or permanently." (D.o.H, 1989, Principle 12, p9).

Further emphasis is given to this principle

"There are unique advantages for children in experiencing normal family life in their own birth family and every effort should be made to preserve the child's home and family links." (D.o.H, 1989, Principle 5, p8).

In the event of this ideal situation not being possible, the Children Act stipulates that social services have "joint parental responsibility" with the child's parents. This replaces social services sole responsibility. The Act has therefore emphasised increased parental involvement in all stages of child protection decision making - including attendance at case conferences.

"The Act seeks to protect children both from the harm which can arise from failures or abuse within the family and from the harm which can be caused by unwarranted intervention in their family life. There is a tension between these objectives which the Act seeks to regulate so as to optimise the overall protection provided for children." (An Introduction to the Children Act, Sec 1.31, p5).

White, Essex and O'Reilly (1993) suggest that adhering simultaneously to the principles of "The child's needs are of paramount consideration" and "Local authorities must work in partnership with parents",

may sometimes be problematic. They comment that although needs are paramount the Act bestows "parental responsibilities" on the child's carers which cannot be removed by the State except as a result of adoption. These writers conclude that "under the Act, social workers and other professionals are obliged to make an assumption of reasonableness by the parents, and to forge a consultative partnership with them from an early stage of suspicion right through investigation, decision making and therapy" (p59).

7. Conclusion

This chapter highlighted the complexities involved in child protection decision making. Where relevant, some of the questions which this study investigates were mentioned. The chapter began with a discussion of the English response to the problem of child abuse and neglect, and noted particularly that this response was selected from several possibilities. This was followed by an account of the statutory procedures which Kent Social Services have established. A presentation of the extent of child abuse and neglect followed, and problems in calculating its incidence was noted. Cases which have gone wrong were discussed and the value of intervening in childrens' lives was examined. The chapter closed with a description of the Children Act 1989 - the effects of which are investigated in this research.

Chapter Three: Group decision making at case conferences

1. Introduction

Chapter One discussed how difficulties concerning child protection decision making, may result from ambiguities in defining the fundamental concepts of childhood, child abuse and child neglect. Chapter Two discussed some of the dilemmas and difficulties involved for decision makers within the social services' child protection system. The chapters showed how such decisions about child protection are sometimes made by individuals and that their subjective opinions and personal experience may colour their decisions. However, instances of individual decision making in reality are quite rare because social workers and other child protection workers are also members of teams. This third chapter therefore specifically focuses on the psychological aspects of group decision making. According to most group theorists group decision making is characterised by many different influences which differ from the process of individual's making decisions. These differences will become clear in this chapter.

The particular focus of this chapter is to investigate the psychological aspects of group decision making in the case conference forum specifically, although it does acknowledge that many of the issues which will be discussed could also be relevant to more informal team decision making about other child protection issues under investigation in this research, such as the decision for a referral to proceed to the case conference stage. Nevertheless, a team, in the strict sense of the word, is not the same as a group. According to Douglas (1983), all groups are teams but the organisation that constitutes a team is not one generally found in other forms of group. For instance, the structure of teams is not primarily a constellation of persons but a fairly tightly knit relationship of roles.

This chapter begins by discussing how the case conference may be defined as a group. It does this by looking at the characteristics of groups and applying these criterion to the case conference setting. The remainder of the chapter is devoted to an examination of seven specific issues which can influence decision making at the case conference. These issues include how the size of the case conference may influence decision making; the relationship between the individual and the group; and concludes with a discussion of conformity, consensus and conflict at conferences, and the quality of case conference decision making.

It therefore provides the background literature for much of this thesis - especially for Chapters Seven and Eight which will describe and discuss case conference variables and will investigate how such variables predict the registration decision. Moreover, this chapter most especially relates to Chapter Nine, which will present a detailed analysis of a sub sample of 50 case conferences - including an investigation of how the decisions concerning registration and the child protection plan were reached. Some of the

factors are not explored in the study but are worth a brief mention as they are likely to implicitly influence decision making at the conference. Several hypotheses are outlined throughout the chapter. These are restated in Chapter Four and investigated and the findings discussed as appropriate in Chapters Seven, Eight and Nine.

2. The case conference as a group

A case conference may be described as a "group" using the criteria of many group theorists. For example, Sherif and Sherif (1969) claim that "a group exists when some formal or implicit social structure exists, usually in the form of status and role relationships" (p2). Often these relationships carry with them clear power and status difference. According to Sherif and Sherif therefore, a case conference is a group as such forums are characterised by the attendance of various professionals with varying levels of status and a formal structure certainly exists.

Mills (1967) defines groups as consisting of "two or more persons who come into contact for a purpose and who consider the contact meaningful" (p2). In the same vein, McDavid and Harrari (1968) define a group as "an organised system of two or more individuals who are interrelated so that the system performs some function, has a standard set of role relationships among its members, and has a set of norms that regulate the function of the group and each of its members" (p237).

According to these definitions a case conference may be called a group as case conference settings always consist of more than two persons whose purpose is to decide whether the child for whom the conference is taking place should be placed on the child protection at risk register. Members of the case conference have various roles and a set of norms govern the conference's procedures.

Bales (1950) suggests that an elementary feature of groups is that they consist of people in face to face interaction with one another. Bales starts with the assumption that "the purpose of any small group existing is to achieve some task" (p33), and he sees any activity in the group as being ultimately directed towards this end. Using Bales' criteria a case conference may be defined as a group. Participants are certainly in face to face interaction. It has the function of a group in that its primary aim is to assess the degree of risk in the child's life and to decide if the concerns are grave enough to warrant the child's name being placed on the child protection at risk register.

Kiesler (1978) asserts that groups enable people to attain information, solutions to problems, political support, or the completion of a task. Group member are dependent upon others' competence, skills or knowledge, and the group must work together. This work interdependence increases when group members must rely upon each other to share knowledge and information, reduce certainty, or otherwise co-operate to complete a task or make a decision. According to Kiesler, groups such as case conferences

- which are task orientated and work-interdependent, imply that group members are chiefly concerned about the quality and quantity of work and the definitions of the problem.

A case conference is therefore a group. Like other decision making groups, members come together to exchange opinions, facts, and arguments that are relevant to the decision in question. In the case conference forum, group members share information about the child and his/her family, which is pertinent to the registration decision. It is not entirely a closed group, although in general the same people come together for case conferences concerning the same child. Hallett and Birchall (1992) capture the complexity of the case conference forum when they remark that "even though an inner ring of mainly senior staff in social services, paediatrics, health visiting and police can be identified as frequently involved in conferences together, these people are themselves occupationally very diverse and geographically scattered. A very large number of possible permutations of different individuals from those agencies may be involved - with the possibility of more than one worker from each profession in any particular case" (p302). In contrast, White, Essex and O'Reilly (1993) emphasise the closed nature of the conference. They believe that it is not uncommon for the same set of professionals to meet several times a week accompanied by others specifically concerned about the family under consideration.

3. Group decision making at case conferences

Davis et al (1978) discuss how decision making bodies have been used to make decisions throughout history - both in democratic and autocratic societies. These writers explain their appeal as resting in the belief that groups are more accurate and that there is more moderation of extreme opinions. They believe that there is a strong intuitive feeling that in the long run collective errors should in some fashion be mutually cancelling and that collective judgements should be closer to the solution. Groups are seen to have the virtue of compromise, whereby imprudent or rash proposals can be muted. In their view "a sample of persons seems intuitively more likely to achieve consensus on a more moderate position than at the extremes" (p33). Similarly, Doise (1978) writes of the advantages of group decision making over individual decision making and states that "group cognitive structure is more potent than individual cognitive structure, even though groups have more information to cope with" (p75). Davis et al (1978) claim that ambiguous tasks possessing no compellingly correct answers are thought best addressed in groups as there is thought to be a stronger likelihood that the "best decision" will be reached as conflict over widely disparate views is possible. According to Davis et al, group decision making is viewed as a mechanism to avoid or minimise bias in reaching judgements, especially in situations of social importance, such as case conferences.

White, Essex and O'Reilly (1993) highlight that case conferences are a particular type of group and that several specific interpersonal psychological processes may be at work. A detailed exploration of these

interpersonal psychological processes is beyond the remit of this research but they are worth mentioning briefly, and each will be revisited where relevant in the remainder of this chapter.

Firstly, White et al discuss the process of "mirroring" - whereby professionals identify with particular parts of the family and "act out" the family conflicts. They suggest that mirroring may link in with personal vulnerabilities of individual workers, but also with stereotyped expectations of the attitudes of other conference members and the roles they should perform.

Secondly, these writers discuss the process of "complementarily", which involves professional workers and family members taking up roles to compliment each other, and thus maintain homeostasis. Thus the helpful worker will be complemented by the "helpless" family.

Thirdly, White et al draw attention to the issue of "professional envies and jealousies". As already stated, these writers believe that it is not uncommon for the same set of professionals to meet several times a week accompanied by others specifically concerned about the family under consideration. This inner group, according to these writers, will have established their own customary rules of behaviour, which may be based on stereotypical views of one another (such as policeman as "hawk" social worker as "rescuer") and form into rigid "stuck" complementary behaviours. These behaviours may be based upon differences of income and status, upon gender or race issues, or upon political issues to do with the deployment of resources.

Fourthly, White et al discuss the significance of "differing institutional, political and philosophical nature of agencies". Because of the different hierarchical structures existing in agencies working in child protection, a case conference may include, for instance, a GP or psychiatrist, who is present as an autonomous practitioner, a police representative who may, dependent on rank, only be empowered to "report back", and a social worker who may be making recommendations which should be approved by the social services manager. These writers believe that it is rare for these professionals and even rarer for families, to understand the complexities of the true roles and powers of the different representatives. White et al therefore conclude that "decision making may often be based on erroneous misconceptions about roles and authority" (p66).

Fifthly, White et al discuss the tenancy toward "consensus and false optimism". They claim that because of professionals' limited ability to work with conflict or disagreement, they tend to consensus. The experience at a case conference of having a reasonable discussion around (and not necessarily about) a difficult and emotive situation may lead, in the professionals involved, to a feeling of relief and resolution. In these writers view, one possible consequence is that conference members may become

inappropriately optimistic and nourish an unrealistic, unfounded hope that family circumstances will improve.

Finally White et al discuss "reaching a decision". They explore the assumption implicit in child protection procedures that members of the professional community, through the case conference process, proceed in an orderly fashion to reach consensus about the appropriate route towards protection, for instance through change and recovery. These writers believe that this assumption is naive. Even assuming that agreement about what has happened is truly reached, individuals will differ as to appropriate solutions. For example, in their view, "a psychiatrist working on an individual "pathology" model of child sexual abuse, will concentrate upon issues of therapy or (imprisonment) depending on whether the assessment is of "mad" (or bad); a family systems thinker may concentrate upon issues to do with hierarchy; and a radical feminist concentrate upon empowering the mother and child dyad and excluding the men" (p67).

According to White et al's interpretation of the case conference forum, and also in the researcher's experience, there is far more happening at the conference than a group of people sitting around a table objectively reaching a uniform decision about the child. Bales (1950) elaborates on what may be happening when he distinguishes between task-related (instrumental) behaviour and socio-emotional (expressive) behaviour. Bales notes that certain problems may arise in the task related activity which may threaten the group's stability. "Discussion may expose conflicting value systems, people may disagree, or there may be some externally imposed time table" (p34). Bales suggests that these factors are likely to generate tension and may impede the group reaching its goal. Accordingly, counteracting processes focusing on interpersonal relationships will come into play to deal with this tension. These processes are directly expressive of ones' own emotions or are concerned for the feelings of others. Bales' homeostatic principle therefore assumes that groups have a natural tendency towards equilibrium.

Applying Bales' analysis of group decision making to the case conference forum illustrates the complexities involved in case conference decision making. Conflicting value systems may be in operation (some of which are outlined in the first section of this chapter - such as varying definitions of abuse); professionals may disagree (about the registration decision, for example); an externally imposed time table (usually of one hour) is always in operation; and because child abuse and neglect is most often a very emotive and distressing subject varying emotions of case conference participants are likely to surface.

This study will give insight into some of these issues by revealing the extent to which professionals may disagree at case conferences and may be in conflict regarding the registration decision and the child protection plan.

3.1 Group size

It is difficult to judge the ideal size of a group. Slater's (1958) study considered five members to be optimum. Smaller groups seemed to be more tense, constrained, and overly tactful, whereas larger groups tended to be more aggressive, competitive and inconsiderate. With a larger group, according to Raven and Rubin (1983), one might expect more collective information and, therefore, a wiser group decision. However, they found that as the group gets larger, there is less participation by each person. Similarly, Bales and Borgatta (1955) found that participation becomes increasingly limited to one or two people in larger groups. Those who tend to dominate or who have a very clear stake in the outcome are able to take over a larger meeting, whereas they may be called to account in a smaller gathering.

Williams, Karau, and Bourgeois (1993) similarly speak of difficulties inherent in large groups. They use the term "social facilitation" to describe "an increase in individual effort when working in the presence of others compared to when working alone;" (p131) and "social loafing" to describe "a reduction in individual effort when working on a collective task" (p131). These writers assert that several studies have revealed a social loafing effect, that is that people produced lower effort levels when working collectively.

According to Riecken (1955) people who talk a great deal also have an advantage. Riecken's study has worrying implications for the case conference forum as it demonstrated that solutions were rarely adopted when their proponents were not talkative, but were almost always adopted when they were very talkative. Riecken warns that talk is not highly correlated with performance. Rather, people who talk a great deal tend to be task motivated, active, and socially extroverted. Within the case conference setting therefore, less confident members (perhaps parents) may be the least talkative, and consequently may not be heard to the same extent as more confident members (GPs, for instance). This study examines the extent to which conference participants' views are recorded, and the findings will be discussed in Chapter Nine.

This study has calculated the number of people who attended the 50 Pre Children Act conferences, and the findings will be discussed in Chapter Nine. The findings are expected to be in line with those of Bell and Sinclair (1993), who found that as a result of parental attendance at the case conferences in their study, conferences became longer and bigger and that as a result of the Children Act the average number of attendees increased from eight to ten.

3.2 Individual and the group

This thesis examines the effect of various case conference participants on decision making, and explores whose views are recorded. The relationship between individual members and the case conference group therefore warrants a brief discussion.

Group theorists have paid much attention to the nature of the individual to the group. Their often posed question is whether there is more to groups than the sum of the individuals that comprise them. Le Bon (1896) for instance, suggested that groups have some mental properties over and above the consciousness of its component individuals. Allport (1924) in sharp contrast, claimed that a group consists entirely of individuals and could be reduced to individual psychological processes.

Other group theorists such as Boulding (1962) reside between these two extremes, and claim that "groups are made up of persons, and the character and behaviour patterns of the constituent persons will certainly have something to do with their behaviour as collectives" (p80). Shaw (1981) points to the fact that "groups are composed of individuals and group products are the sum of individual contributions" (p46). In Shaw's view it is not always clear to what extent an individual's behaviour is influenced by others, but that evidence indicates that group members actions are partly determined by other group members. Shaw claims that evidence from research indicates that people behave differently in groups than when alone.

Tajfel (1978) believed that intergroup behaviour is typically homogeneous while interpersonal behaviour shows the normal range of individual difference. This view of group decision making therefore suggests that consensus in decision making is more likely to be a feature of case conferences than it would be in a one-to-one setting. This will be explored in this study, which will examine the level of consensus reached in child protection decision making at the case conference.

However, Brewer (1993) claims that individuals are members of many groups and that therefore it may be appropriate to speak of "multiple social identities" (p19). A woman police officer at a case conference, may for instance, also be a mother and a daughter. Her role as case conference participant may therefore be rather complex and defy a simple definition⁶

Frude (1990) states that studies of interactional processes in groups other than the family have shown that group decisions and group behaviours are not merely averages of individual members' judgements or experiences. What emerges as a result of the group process is often something that would not have

⁶ It may also lead to "role conflict". This is discussed in section 3.6 in this chapter.

been predicted from a knowledge of the individuals' initial positions. This phenomenon is known as "groupthink" (p34).

This term "groupthink" was coined by Janis in an effort to explain the Bay of Pigs disaster. This disaster resulted from a group of intelligent, well-informed politicians and military men convincing themselves of the need of a course of action which was to prove disastrous. Janis (1982) defined groupthink as the "deterioration of mental efficiency, reality testing and moral judgement that results from in-group pressures" (p9). He pointed out that high level of cohesiveness and positive self regard among group members cause them to stifle criticism and dissent. Symptoms of groupthink which Janis found present in the Bay of Pigs fiasco included an illusion of unanimity - although later it transpired that occasionally there had been opposing views; suppression of personal doubts and group polarisation - people do not wish to feel deviant and this encourages the illusion of unanimity.

Kelly and Milner (1996) investigated whether the concept of "groupthink" would provide an explanation for the processes and decisional outcomes in child death inquiries. They found that case conference proceedings showed strong evidence of the symptoms of groupthink; most notably, "shared rationalisations to support the first adequate alternative suggested by an influential group member; a lack of disagreement; a belief in unanimity and cohesiveness; direct pressure on dissenters and a high level of confidence in the group's decision" (p93). It therefore seems feasible to suggest that a case conference chairperson would have to be most vigilant in situations in which there appeared to be little inter-agency conflict, and those in which members are over enthusiastic for a particular course of action. Janis and Mann (1977) proposed such correctives as appointing a devil's advocate, and bringing in independent chairs. However if the conference is the subject of groupthink, then the group may resist any attempts at correctives.

3.3 Individual goals

Case conferences have a specific objective: to decide whether to register the child. Kiesler (1978) defines a goal as something that "the group is working toward that first existed as an end" (p45). Yet individual case conference members may also have their own more private professional and personal goals. Frude (1990) for instance, describes "social exchange theory" which suggests that individuals and larger systems make decisions based on minimising their costs and maximising their profits. Social exchange theory is based on the view that people act rationally and make choices that they think will provide the best pay-off. Thus they seek rewarding interactions, relationships and statuses. In a similar vein, Moreland, Levine and Cini (1993) believe that the participants in most relationships are motivated to maximise their rewards and minimise their costs, and Wilder (1993) emphasises the motivation to maximise rewards.

Applying this theory to the case conference setting means that a reward is anything that the conference member finds agreeable and a cost is anything that s/he finds disagreeable. According to Frude the choice between alternative actions depends on estimates of the probabilities of various possible outcomes. People differ profoundly in their estimates of the likely consequences of an action - such as registering a child. In Frude's view some are optimistic and assign a very low probability to negative outcomes, others are unduly pessimistic. Individuals are influenced by their past experience when they judge the value of their best course of action. The evaluation of any particular reward also differs between individuals, so that some members of a conference for instance, would place a higher value than others on the agreement of other conference members.

According to Kiesler (1978) social exchange theory assumes that people are selfish and attempt in social relationships to gain as positive an outcome as possible. In a case conference setting this theory assumes that members make choices, based upon a subjective weighing of the rewards and costs associated with their alternatives. Janis (1959) further postulates that four categories of consequences are considered and these are: utilitarian gains and losses for self; utilitarian gains and losses for relevant others; social approval or disapproval; or self-approval or disapproval.

Similarly, Moston, Stephenson and Williamson (1992) demonstrate the variety of calculations involved in evaluating the value of social interaction. In their view decisions may be influenced by the need to maintain friendships (to gain social approval; or avoid social disapproval), or to preserve a particular self-image (self-approval).

Hogg and Abrams (1993) add to the debate by claiming that control and power are two important motivational considerations. People may strive for power or control in order to achieve desired outcomes and avoid undesired outcomes. Feeling that one can influence things and people and events in the surrounding world may be directly associated with a positive self image.

Kelly and Milner (1996) believe that child protection decisions are invariably between unattractive courses of action, all of which involve some degree of potential loss. They discuss how "there is no definition in the Children Act 1989 of what constitutes the welfare of a child in terms of gains, the threshold criteria for an order being the possible losses or "significant harm" in comparison with "a similar child". There is no mention in the Act of what might constitute "significant well-being". Additionally, the nature of child care knowledge means that the certain loss usually considered in child protection practice is the potential loss to the child accruing from mother-child separation" (p97).

3.4 Presence of others

Case conference decision making occurs in the presence of other people. Group theorists differ in their explanations of how the presence of others affects individuals.

Henchy and Glass (1968) assert that the presence of others can almost always be construed as a threat of being evaluated. In a similar vein Cottrell (1968) proposes that attention from others, (not simply mere presence) may be associated with evaluation as a result of childhood conditioning experiences - thus a glance from somebody would reinstitute the person's feeling of being evaluated. Williams, Karau, and Bourgeois (1993) disagree and instead assert that it is too simplistic to suggest that people are always made anxious by the presence of others. Rather, they maintain that "there is a wide variety of instances in which the presence of others appears to be comforting or arousal-reducing" (p130). Zajonc's (1965) theory takes the task that has to be performed into account. He observed that performance was facilitated by the presence of others when tasks required well-learned behaviours but inhibited on those requiring the acquisition of new information. Another school of thought, first advocated by Le Bon (1896) argues that deindividuation, which is a state of non-self-focused attention, may occur in groups when the self is absorbed by the larger concept of the group.

Latane and Nida (1980) discuss the persuasiveness of the psychological presence of others. They suggest that there are many different ways in which other people can affect an individual, as every day in virtually every way, people are influenced by the presence of others. Latane and Nida call this effect "social impact". By social impact they mean "any of the great variety of changes in physiological states and subjective feelings, motives and emotions, cognition's and beliefs, values and behaviour, that occur in and individual human or animal as a result of the real, implied, or imagined presence or actions of other individuals" (p5).

Wicklund (1980) believes that the processes of self-awareness and social interaction have a great deal to do with one another in groups. Self-awareness may involve attention "directed either outward on to other people, or else inward, onto the self" (p189). An illustration of this interpersonal-group distinction comes from Asch's (1951) classic demonstration that people may be influenced to give incorrect answers by the presence of an incorrect majority. Asch's study, if applied to a case conference setting would have very serious implications - where for example, an incorrect assessment of the child's situation could reach consensus and subsequently be implemented in practice.

Case conference participants are by definition, making decisions in the presence of other people. This factor has an implicit effect on the registration decision and the child protection plan. More powerful members could inhibit the views of others. Thus the child may be registered although some members

may have unheard or unspoken opposing views. Less experienced professionals or family members may find the case conference forum more daunting than more experienced participants. The presence of specific people may have a particular effect. For instance, McGloin and Turnbull's (1986) study investigated the effect of parental attendance at case conferences, and discovered that professionals betrayed additional nervousness in the presence of parents. This present study will examine the effect of the presence of parents, children and various professionals on the registration decision.

3.5 Leader

Kiesler (1978) points out that "groups are marked by leaders talking more, regulating more, asking more questions and giving more orientation" (p83). According to Kiesler's criteria, the case conference chairperson may be defined as the leader of the conference. Based on the researcher's experience of attending conferences, the chairperson certainly talks more, asks more questions, and gives more orientation than other group members. Indeed this is their stipulated role and whether or not they are fulfilling this function is one of the areas investigated in this research. One such item of investigation - which relates to Kiesler's notion of chairperson's giving orientation is whether or not the chairperson gives reasons for calling the case conference. In a similar vein, Brown (1989) believes that "group leaders are characterised as possessing more status and power than most group members" (p51). His theory is certainly applicable to case conferences, where child protection legislation stipulates that chairpersons possess more power over the decision making process than other conference members.

"Decisions to place a child's name on the Kent Child Protection Register will require the agreement of the core agencies involved in the case...The chairperson will endeavour to obtain unanimous agreement between all professional contributors..."(Kent Social Services Child Protection Manual, Sec 7, p5).

Raven and Ruben (1983) stress that the effectiveness of a group depends on several factors including how the leader directs the group's activities. This emphasises the importance of good chairing at conferences as in Raven and Ruben's view such a leader invariable influences members' behaviour.

Boulding (1962) believes that an important element in the pattern of individual-group conflict is the role of the conflict absorber. In the interaction processes within any small face-to-face group, the final equilibrium may depend a great deal on the presence of one or more conflict absorbers in the group. If it does not exist Boulding warns that the tension level in the group is likely to be very high. In the researcher's experience case conference chairpersons often adopt this role of conflict absorber. On the other hand, Kiesler (1978) warns that "leaders provide more negative reactions to deviant opinions" (p83).

This research investigates conflict and disagreement in case conference decision making and will identify which professionals are involved. It will reveal whether or not chairpersons are more likely to disagree with deviant opinions.

Raven and Ruben (1983) assert that there are six bases of power which a leader may adopt. Two of these power bases may be relevant to case conference chairpersons:

- **Informational power:** The content of the information which the chairperson may possess may be a critical factor in the decision making process. They may, for instance, have a more global knowledge of legislation than other conference members. This informational influence is independent of the chairperson, and depends on the content of the information.
- **Legitimate power:** This type of power is evident in many formal social organisations, where each person has a place in the organisational chart. The present study investigates who chairs case conferences. It is expected that higher-status social services' personnel - such as Team and Area Managers will chair the majority. Their relatively high status, further enhanced by the role of case conference chair, ensures that they would have very strong legitimate power.

This research examines which professionals chair case conferences, and the effect of this on the registration decision. Higher status budget-holding social services professionals may, for instance, be less inclined to register a child due to limited resources. Other issues about the chairperson as leader are also explored, including issues about how they convene the conference.

3.6 Status and roles

Factors such as class, gender, race, and occupation, influence how members of the case conference perceive themselves and each other. Stevenson (1989) emphasises the importance of these factors when she states that "it is now widely understood that inter-agency and inter-professional working is affected by the ways the parties see each other" (p184). She cites the Beckford Report in which a health visitor's contribution was dismissed due to the inferior status accorded to health visitors by the doctor. The issue of gender in relation to occupation cannot be ignored and Stevenson draws attention to gender differences in power differentials concerning roles. She remarks that "one has only to observe the difficulty many women have in breaking into a formal conversation, even in relation to strength of voice, to see how unhelpful the interaction of gender with occupation may be. Yet, hearing the quiet, even uncertain, voice in a case conference may be critical" (p176).

According to Kiesler (1978), roles are shared expectations about subsets of individuals in the group - rather than expectations about everyone in the group. These expectations govern how the subsets should be defined, who should occupy positions in them, and what the behaviour or belief of the persons in

those positions should be. Roles may consist of explicit rules and policy or simply implicit agreements about who does what. Kiesler's view relates to White et al's (1993) fourth point which was discussed in Section 2 of this chapter, concerning the difficulties in understanding the true roles and powers of the different representatives at case conferences which led them to conclude that "decision making may often be based on erroneous misconceptions about roles and authority" (p66). On the other hand, Kiesler (1978) notes that roles are useful in that they lead to "efficient division of labour in work groups, and less obvious uses such as insuring that members act in a manner appropriate to their power" (p111). Roles function to keep people in their place.

Dalgleish (1988) takes a more negative view of roles and notes that professionals in child protection work attribute stereotypes to each other. His Australian study investigated how social workers perceived other professions. The social workers in his study were asked to read details of a number of child abuse and neglect cases and were asked to predict the decision to separate/not separate the child from their family that might be made by groups of professionals (p344). Dalgleish's study revealed that the social workers were very likely to predict the decision made by the medical practitioner and police officer as in favour of separating the child. He concludes that this may be partly attributable to a "them" versus "us" view.

Stevenson (1989) further elaborates on the issue of roles and observes that some child protection workers from different disciplines rarely meet outside the case conference. She warns that the inevitable effect of this is that "knowledge and understanding of each others' roles and responsibilities takes longer to acquire, negative experience may go uncorrected, and the workers are less aware of the stress which others may be experiencing" (p175). Stevenson speaks of difficulties between different occupational roles - in particular of the difficulties which may arise between social workers and doctors. She cites the following from the DHSS (1988b) guidance:

"All those likely to be professionally concerned with the protection of children...should be aware in particular, that legislation places the primary responsibility for the care and protection of abused children on local authorities. They advise and assist the local authority in the discharge of its child protection duties" (pp5/6).

According to Stevenson, doctors are accustomed, through training and role, to exercise authority and are often required to be expert across a wide range of matters which have little to do with medicine. At critical points in child protection when decisions must be taken, it may not be easy for doctors and paediatricians to accept an advisory, less influential role" (p185). This issue may be further complicated as Kiesler (1978) asserts that "role conflict, to some extent, occurs whenever a person occupies more than one role or whenever a person's role carries with it competing role expectations" (p114). Instances

of this abound, and include instances of doctors attending case conference where they occupy the dual role of confidante to their patient and "informer" to social services.

Similarly, social workers fill a variety of roles. These include investigating allegations of child abuse, visiting families and dealing with other agencies. Social workers also have the added task of combining the uncomplimentary roles of carer and controller. This often results in families feeling hostile toward the social worker, and makes his/her task more difficult and stressful. Seven out of the eight social workers in the Nagington and Egan (1992) study said that they experienced some conflict between these different roles.

Stevenson (1989) notes that child protection work consists of complex relationships both within and between the professionals and occupations involved, involving status and power of different kinds. In child protection discussions, some problems arise from power conflicts; but others arise when the observations and views of certain front-line workers, including play group leaders, residential care staff and family aides are not ascribed due weight because of their perceived lower status, linked perhaps to uncertain self-presentation. In case conferences, this may be further confused by uncertainty as to expertise. Stevenson stresses that the contribution that conference members make to the discussion of a child abuse case should be related to their particular area of expertise, but instead is too often inappropriately linked to perceived status. Difficulties may be further compounded when the purpose and status of the conference itself is inadequately understood by those present. The range and nature of decisions recommended during case conferences, from registration to care proceedings, to minor interventions in the family, may lead to difficulties in the minds of those present about their agency role.

According to Kiesler (1978) there is a tendency for people to like others who have socially desirable characteristics, especially physical attraction, status and power. Such people are judged more talented and competent, and their opinions are given greater weight. "That their positive features may have little to do with their actual competence is obvious, but ironically, the relative bias is greater when their competence is poor" (p325).

Raven and Rubin (1983) believe that the communication patterns within a group can determine the group's success in solving problems. They believe that communication, in turn, depends on the status of the individuals in the group; and conclude that communication and status structure are inextricably linked. Hurwitz, Zander and Hymovitch (1953) showed that when a status discrepancy exists in a problem-solving group the higher status people speak more and have more influence, while the lower-status people speak less and defer to those of higher status. Consequently, any lower status person who has something to contribute to the group solution may be inhibited from doing so, and thus the group may be rendered less effective.

Verhagen (1978) notes that several types of power - including "expert power" can be transferred into effective social influence in group interaction. The expert becomes influential when they communicate with others who are interested in solving a certain problem and who experience some uncertainty with respect to the best solution. Verhagen also points out that "persons also tend to be influenced by others who are their equals with respect to certain characteristics, fate, aspirations, and value orientations" (p155).

Sherif and Sherif (1969) maintain that both "role" and "status" refer to predictable patterns of behaviour associated with not so much particular individuals in the group but with the positions associated with those individuals. "Whereas various roles in a group can be of equal worth, different status positions are, by definition, differentially valued" (p51). Applying Sherif and Sherif's theory of groups to case conferences emphasises firstly, that roles such as being a police officer, a social worker or a medical practitioner, result in predictable patterns of behaviour more than individual differences within a given role. Secondly, their model suggests that these roles possess different status positions and consequently they are valued differently. The role of a medical practitioner at a conference may be valued more highly than a family aide as they may be perceived by those present to have higher status. This may result in some worrying consequences, as the perceived status of the medical practitioner may blind those present to the fact that the family aid may possess more intimate knowledge of the child's life; and instead the opinions of the medical practitioner may be treated more seriously even when such opinions do not relate to their specialised area of expertise.

White, Essex and O'Reilly (1993) assert that child protection procedures require a great number of contacts between a larger number of professionals from more agencies than any other type of work involving the helping professions. This leads them to conclude that the potential for role conflict is great. In a similarly cautious note they warn of the importance of professionals recognising that it is not easy for parents to contribute to case conference discussions. Parents have much less experience of the rules and procedures and complexities of professional roles and relationships, and these writers suggest that parents are likely to feel "on trial".

This study will give some insight into the effect of status on decision making by presenting an account of the extent to which various categories of professionals and family members attend case conferences and their relative effect on the decision concerning registration and the child protection plan.

3.7 Conformity, conflict and consensus in case conference decision making

The task of the case conference is to decide on whether the child will be registered and to recommend the protection plan. Although the conference's aim is to agree on the registration decision, the possibility of dissent is allowed. The statutory child protection procedures stipulate that:

"Any dissent regarding the decisions or recommendations of the child protection case conference must be recorded in the minutes of the case conference."(Kent Social Services Child Protection Manual, Sec 7, p5).

In real life there is never perfect co-ordination of interests, and conflict is always present to some degree whenever there is interpersonal interaction. Kiesler (1978) defines conflict as "the degree to which people in a common situation have incompatible interests" (p274). This relates to White et al's sixth point already outlined in Section 2, concerning interpersonal conflict between case conference members as to appropriate solutions. They cited an example of psychiatrists who may work on an individual "pathology" model of child sexual abuse, as opposed to a family systems thinker who may concentrate upon issues to do with hierarchy. Alongside this interpersonal conflict, group members may also experience conflict within themselves. Kiesler believes that all groups and individuals have mixed motives and that "there is always some motivation to co-operate with others and some motivation to compete" (p275).

Many problems and decisions have no single correct answer, and deciding whether a child should be registered often falls into this category. Lambert (1972) claimed that any group decision process leading to unanimous agreement necessarily implies a shift of the group mean relative to the individual mean choices. "The direction and size of this shift depend on the initial distribution of individual choices on the continuum" (p315). Case conferences may be forced to choose an alternative that simply looks right, because its merits can only be evaluated through subsequent experience. In these situations, according to Kiesler (1978) individual uncertainty is high, and the greater the uncertainty, the greater the influence of the group" (p198). Unless group members use some objective criteria in making their decisions, they will tend to rely upon each others opinions to do so. As Stevenson (1983) observes (Chapter One, Section 2.2), lack of hard evidence at conferences, is also a very real issue.

Case conference decision making necessarily entails collective choice and requires some level of consensus among group members on the registration decision. Perhaps initially in disagreement, members' interaction provides a mechanism for mutual influence leading to the potential for eventual consensus on the conference position. Yet, as will be discussed, Asch (1951, 1956), Festinger (1954) and Tajfel (1978) believe that groups, whose primary aim is to reach consensus are potentially dangerous

decision making forums. On the other hand, other group theorists such as Brown (1989) takes a more optimistic view of group decision making.

According to Festinger (1954) the difficulty of reaching consensus in a group decision depends on the initial disparity of opinion within the group, the extent to which members are willing to yield to a group position and the degree of consensus required by the decision rule. The case conference "decision rule" concerning registration is explicit and formal. As outlined above, the chairperson makes the ultimate decision, and if this does not happen the conference is reconvened. The discrepancy that may exist between the initial array of opinions within the group and the degree of consensus imposed by the operative decision rule must be bridged by changes of preference or by acquiescence to others' preferences. Festinger's (1954) social comparison theory emphasises that the exchange of information and the exertion of normative pressures during group interaction may invoke consensus. Usually at a case conference there is no objective, non-social way to determine if one's opinion is a "correct" one, so the conference participant may compare their opinions with that of others. According to Festinger, when everyone agrees there is little question of the validity of one's opinion, but when there is disagreement, members' evaluation of their opinion is likely to be unstable. Disagreement stimulates a search for support. Festinger suggests that this instability tends to encourage change in ones' opinion or efforts directed towards changing others' opinions to produce uniformity. He continues by claiming that discussion in consensus-seeking groups often takes the form of negative reactions between members who differ - that is, advocates of different choices often become antagonists. To disagree is to become the target of pressure. Also, Festinger suggests, the group members who agree will also like and reward one another, whereas the deviant may expect rejection form the group. Thus Festinger suggests that these mutually awarded rewards and punishments encourage agreement.

Kiesler (1978) defines a deviant as "somebody who inadvertently fails to conform to group norms" (p117). She believes that group members respond to the violation of norms with distaste and react to deviants negatively. They may "ignore or contradict the deviant, withdraw their affection, assign the deviant a less rewarding role, or otherwise show their disapproval, or use deviants as scapegoats during crises" (p119). Kiesler suggests that the limited degree to which people in a group rebel might be partly explained by the spectator-like orientation to the decision making process, of group members who have least information and power.

Festinger (1950) believes that pressure towards group uniformity arises from two sources: social reality, group members seek consensus to validate opinions not anchored in physical reality; and group locomotion, group members seek consensus in order to move towards group goals. He claims that when opinion 'discrepancies exist among group members, uniformity pressures, arising from one of the foregoing sources, produce communication directed towards reducing the discrepancies. In his view

communication can resolve communication discrepancies in two ways - by the deviant changing his opinion to the group opinion, or, the group may change its modal opinion toward the deviant's opinion. Alternatively, the group may redefine its boundaries by rejecting the deviate.

According to Kiesler (1978) mechanisms for influencing people vary - with the most obvious attempts being the use of explicit pressures, such as incentives, threats, or demands (such as respect or a salary rise). Secondly, people may also be influenced through implicit pressure, which is "pressure that people feel even though nothing specific has happened to them" (p183). They feel pressured because of what they think others expect. They may for instance observe that others in the group are all acting in a particular way or expressing the same opinions, and this may make them feel that everyone expects the same behaviour of them. Subtlety rests in the fact that the group makes no explicit move to persuade or influence. Such implicit pressure may be a reality for some lower status case conference members such as those who may be on short-term contracts and who may feel that they implicitly have to follow the status-quo, particularly if there is a higher status person from their organisation also present. Finally Kiesler postulates that social pressure may be transmitted by persuasive pressure, which is "the use of words to influence another's opinions and feelings" (p184). The target person is given information and ideas to justify change, while at the same time s/he is led to believe that attitude change is desired by the group and will be rewarded. Von Rosenstiel and Stocker-Kreichgauer (1978) also believe that ideas and information can be powerful agents of persuasion, and that "a person more readily accepts opinions positively valued by others" (p133). This implies that unproven opinions expressed at conferences may be taken on board by other conference members simply because they are positively valued by others.

Thorpe (1956) discusses social facilitation - which is based on "contagious behaviour" where the performance of a more or less instinctive pattern of behaviour in one individual will tend to act as a releaser of the same behaviour in another, and so initiates the same line of action in the whole group" (p120). This theory therefore warns of the conformative nature of group decision making in forums such as case conferences.

Douglas (1983) believes that when group members believe that most of the other group members are more competent than themselves they are more likely to conform to the pressures that the group exerts, as conformity is related to security and acceptance. Fear lies at the base of conformity. Conformity is dependent behaviour and it spreads by imitation. Douglas also claims that compliance is another possible response to the influence a group can exert. If the newcomer to the group has a strong need to belong and to be accepted, then they are likely to be compliant with the demands made by the group. An individual's need for approval, liking, and respect often underlies the willingness to comply with expectations and the individual assumes that s/he will be rejected by the group for deviance. Also, when members of a group like each other, the group is called a cohesive one. As already noted by White et al

(1993) and in reference to the Bay of Pigs Disaster, the greater the cohesiveness, the more likely they are to settle conflict by mutual compliance, and conform to the expectations of others.

Stasser, Kerr and Davis (1980) further elaborate on the occurrence of conformity in groups by claiming that socially mediated change in group decision making may result from normative or informational influence. Normative influence occurs when a group member conforms to the positive expectation of another - which leads to positive feelings such as satisfaction or pleasure. On the other hand, informational influence results when a person accepts information from another as "evidence about reality". This exchange of information can modify a group member's opinions and preferences independently of any social pressures to conform to others expectations. Applying Stasser et al's theory to case conferences emphasises for instance, the powerful influence which pre conference telephone calls may have, when core people have decided on the registration decision prior to the conference. This may result in other participants at the conference itself being unable to resist this stance - as it may seem too powerful to contest. In Stasser et al's view the potential for informational influence relies on the individual's dependence on others for information. If an individual is confident or competent at a particular task, informational influence is reduced. Conversely, "to the degree that task-mediated information is insufficient to allow a definitive judgement, influence is enhanced" (p436). Hogg and Abrams (1993) summarise such research by stating that the two social influence processes of influence both address the dependence of one individual on another - "dependence on social approval in the case of normative influence, and dependence for information about reality in the case of informational influence" (p180).

Crocker, Blaine and Luhtanen (1993) emphasise that according to social identity theory, the self-concept has two distinct aspects. One is personal identity, which refers to one's individual characteristics, and includes beliefs about one's abilities or attributes. The second is social/collective identity which concerns the characteristics of one's groups and refers to "that aspect of the individuals' self-concept which derives from their knowledge of their membership in a social group" (p54). Just as there are stable individual differences in the tendency to have a positive personal identity, there are also stable individual differences in the tendency to have a positive social or collective identity.

Festinger (1954) draws attention to a distinction between "conformity which involves a private perceptual or cognitive change - which results in seeing the world differently, and conformity which is merely a behavioural or public compliance" (p94). Public conformity is not necessarily private acceptance. Festinger's (1957) concept of cognitive dissonance helps to explain how when a group member holds conflicting cognitions, this dissonance is reduced in several ways, including redefining needs relative to the situation.

Stevenson (1989) warns that examination of the conference process as described in some of the enquiry reports she investigated, suggest that the task of avoiding group collusion is of great importance. She believes that the case conference situation where "anxiety is high, significant decisions have to be made quickly, the information to be shared is not all "hard" or readily checked as "correct" or "incorrect" has much in common with the situation which led to the Bay of Pigs disaster" (p194).

However, Brown (1988) is critical of theories of group conformity - such as Festingers', where social influence in groups equates with "conformity to the majority", with little attention to the possibility that a dissenting minority might itself have some impact. Instead Brown believes that "minorities are not completely passive recipients of influence from the majority but can elicit some change in that majority by behaving in a certain manner" (p91).

In contrast, Kiesler (1978) claims that successful individuals in successful groups can be myopic when they are faced with new problems, especially, as in the case conference situation, when they are under time pressures and decisions must be made to alleviate a crisis. The members of such groups may be convinced that they know the most about nearly everything and that there is no time or need to ask people outside the group for opinions. These groups engage in "groupthink" which results in bad decision making which is characterised by the tendency to avoid controversial issues and to fail to question weak arguments, and a shared illusion of unanimity. This relates to White et al's fifth point already outlined in Section 2, regarding case conference members being inclined towards "consensus and false optimism", due to their limited ability to work with conflict or disagreement. In White et al's view, this can lead to conference members becoming inappropriately optimistic and unrealistically hope that the child's circumstances will improve.

3.8 Quality of group decisions

Kelly and Milner (1996) recall how case conferences were specifically established to monitor and counteract the potential for risk in child protection practice. However, there is substantial evidence in psychological literature which suggests that groups do not necessarily improve decision making. A major reason that has been put forward is that of "group polarisation". Doise (1978) has studied group polarisation, and he maintains that whereas isolated individuals can envisage a problem from different angles and give a wide gamut of responses to different items; in a group situation this diversity is lost. Individuals tend to have a multidimensional approach to a problem, while groups tend to use a unidimensional one" (p76). Doise further suggests that groups, more than individuals, put stress on certain aspects of the material under discussion in order to make interaction between their members possible. When different aspects of the problem are differently striking for different individuals, agreement is only possible after the situation has been redefined. One of two things therefore has to happen: A small number of aspects of the situation or a new dimension (for example one aspect of the

child's life) must become dominant for all members and overrule the various considerations influencing individual responses; and this is especially likely to occur when there are large individual differences. Or shared cognition's and ideas already accepted by some of the group members come to be accepted by all, and this is more likely to occur when individual differences are less and there is greater polarisation of individual responses. Doise therefore concludes that "groups take decisions which on average are more risky than those taken by individuals and likewise polarise their responses to problems which have nothing to do with risk" (p69).

Brown (1965) also found that group decisions were significantly more risky than individual decisions. Kiesler (1978) suggests that this risky shift may occur because people in groups feel less personally responsible for mistakes, and that there is more diffusion of responsibility. In contrast, Vinokur and Burnstein (1974) assert that group members form a consensus around judgements that have the most persuasive weight in group discussion - regardless of whether these are cautious or risky in nature.

Kiesler (1978) notes that shifts in decision making occur particularly when all the persuasive arguments, are not fully known to each individual initially and when each hears new, more persuasive arguments or information during discussion. "In her view, superior arguments in favour of risk (or caution) cause the risky (or conservative) shift" (p318). Similarly, Lambert (1978) notes that "in risk-taking situations, if the distribution of member response preferences makes it possible to adopt the majority-rule, and if this rule is strictly followed, risky as well as conservative shifts may be observed. The former would occur if initial individual choices are risky, and the latter if they are conservative" (p53).

Similarly, Raven and Rubin (1983) believe that group polarisation may occur as a result of firstly, social comparison where group members will be concerned that their opinions are extreme enough to satisfy the group. Secondly, it may occur through informational influence where the exchange of information during a discussion brings forth arguments for the more extreme position. When people in a group all hear relatively extreme positions, these may persuade them to adopt an even more extreme position. Group discussion may further enhance the polarisation.

According to Frude (1990) "there have been many experimental demonstrations of decision shifts and the emergence of novel behaviour or experiences as a function of group interaction" (p34). He remarks that such phenomena have been demonstrated in laboratory settings with groups of strangers convened especially to take part in the experiment. These strangers have no interactive history, the tasks they face are usually artificial, and the group members have little commitment to the group. The fact that substantial "emergent" effects can be demonstrated even in these circumstances strongly suggest to Frude that similar effects emerge in family units. It seems highly probable that such effects would also

emerge in the case conference forum, where group members often know each other, they often have a previous interactive history, and the task on reaching the registration decision is very real.

This section has discussed various uncertainties which may influence the registration decision, and the possible consequences of this on case conference decision making. The present study will investigate these issues by examining the level of conformity, conflict and consensus in case conference decision making - including the registration decision and the child protection plan.

4. Conclusion

This chapter has shown how group decision making differs from individual decision making; and this has been discussed in relation to the case conference group. It has discussed how uncertainty in the case conference group often results from lack of objective criteria to make the decision; from inconsistent feedback from conference members; from impressions that experts or valued others disagree with the group; from information that shakes the group members' confidence in attributions about others; from unfamiliar settings and emergencies; or even from time pressures that prevent people from searching out relevant information. The chapter has highlighted the issues concerning group decision making which will be investigated in this study.

Chapter Four: Description of research, method, hypotheses and other studies.

1. Introduction

This fourth chapter begins with a description of the present study, and outlines the method employed in the research. Secondly, it outlines the research hypotheses under investigation some of which have already been mentioned in the review chapters. Literature relevant to these hypotheses will also be mentioned. The chapter concludes by presenting a selection of other relevant studies which have been undertaken.

This research is a detailed comprehensive description of child abuse and neglect referrals to Kent Social Services - before and after the implementation of the Children Act 1989. It follows the decision points in the child protection process: whether referrals are initially recommended to receive a conference; whether they receive a conference; and whether they are registered. It investigates the factors which influence these decisions in child protection procedures.

It has already been mentioned in Chapter Two that little is known about how decision making happens in child protection procedures and why certain courses of action are taken for some children and not others, and that very little research has previously been undertaken describing the characteristics and circumstances of children referred to social services departments in England. Several questions were raised throughout the review chapters. Such questions include the problems inherent in defining child abuse and child neglect and how this might influence child protection decision making; the effect of professionals' status at case conferences, and the issue of consensus in decision making. It is clear from the review chapters that there is a need for systematic research to investigate some of the issues.

2. Method

This section of the thesis describes the method employed in the research. It does this in three stages: firstly the method used to explore the referrals and to investigate how some of these referrals led to case conferences is described. The findings will be discussed in Chapters Five and Six. Secondly, the method used to explore the case conferences and to investigate how some of these case conferences resulted in registering the child is presented. The findings for this case conference and registration data will be discussed in Chapters Seven and Eight. Finally, the method used to explore a sub sample of 50 case conferences will be outlined and these results will be discussed in Chapter Nine.

Each section will describe firstly, the samples, secondly the documentation involved in the study, thirdly the procedure involved in using the documentation in the study, and finally the statistical analysis.

2.1 Method used for referrals

Several questions relating to children referred to social services under child protection procedures are addressed in the research. Some have already been mentioned in the review chapters. Others will be outlined later in the Hypotheses section of this chapter. The three main areas of investigation in the referral section of the research may be formulated as follows:

- Description of referrals
- Factors predicting whether the recommendation on the child's referral form is to hold a case conference or not to hold a case conference. This decision is referred to as "the decision about recommending a case conference" or "the recommendation decision" throughout this research.
- Factors predicting whether or not a case conference is subsequently held. This decision is referred to as "the decision about holding a case conference" or "the case conference decision" throughout this research.

It is important to note that the second and third areas of investigation are not the same. That is to say, that the initial decision recommending that the child is to receive a case conference as recorded on their referral form does not inevitably lead to a case conference subsequently being held. Hence these two decisions were analysed separately. It was hypothesised however, at the outset of the study that the recommendation for a case conference on the child's referral form would be very significant in predicting the subsequent occurrence of a case conference. It was also hypothesised at that early stage, that the referral variables which predict the decision about recommending a case conference, would also be significant in predicting the decision about holding a case conference.

These hypotheses were found to be upheld when this research was in its infancy, and Chapter Five will present the findings. This means that the data to be presented in this thesis is almost identical for the decision about recommending a case conference and the decision about holding a case conference. Rather than tediously repeating the findings, it was decided that this thesis would focus on one decision only. The thesis will therefore concentrate on the decision about holding a case conference (the case conference decision). This ensures that the continuity of the child's progress through the child protection system can be preserved. That is to say that referral factors can be pursued through to their case conference - which is the second stage of this research. Tables 5.1 and 5.2 in Chapter Five, present the findings for this case conference decision.

Findings for the decision about recommending a case conference will only be mentioned in the one instance where the referral factors predicting it differed in significance from the decision about holding a case conference. The decision about recommending a case conference will be the focus of Chapter Six which presents the findings of a multivariate analysis. This issue will be discussed presently in this chapter under the heading of statistical analysis. Tables 6.1 and 6.2 present the findings for this recommendation decision in Chapter Six.

2.1.1 Samples

It was decided to analyse two samples of all referrals to Kent Social Services. The two time periods were chosen so that the impact of the Children Act 1989 could be investigated by comparing both samples. The two samples of referrals are comparable in size.

The total sample consisted of 2,069 referrals to Kent Social Services. 1,024 of these referrals were received for the period 1st March 1991 to 31st August 1991, before the implementation of the Children Act 1989 which was fully implemented in Kent by November 1991. These referrals constitute the Pre Children Act sample. The remaining 1,045 referrals were received after the implementation of the Act, for the period 1st April 1992 to 31st July 1992, and these referrals constitute the Post Children Act sample. These referral forms represent six and four consecutive months of referrals to all Kent Social Services' teams. The referrals also represent the same time of the year.

2.1.2 Materials

When children are referred to Kent Social Services, a referral form entitled SS590A is completed by the investigating social worker. This referral form (see Appendix 1) contains details about the child. Such details include the child's age, gender, category of alleged abuse, details of who referred the child and a checklist to establish which agencies have information about the child and his/her family.

At the time of the Pre Children Act there were nine abuse categories included in the referral form (see Figure 2.2). A new format was introduced on 1st April 1992, as stipulated by the Children Act, wherein these nine categories were collapsed into six (see Figure 2.3). This is therefore applicable to the Post Children Act.

If a decision is made not to hold a case conference, reasons for no further action should be noted on the referral form.

2.1.3 Procedure

Referral forms for children which were received at Social Services Headquarters, Maidstone, for the periods 01.03.1991 - 31.08.1991 and 01.04.1992 - 31.07.1992 were collected by Kent Social Services personnel. These referral forms were photocopied and forwarded to the researcher.

Referral forms which did not have a clear recommendation decision as to whether or not a case conference should be held, were followed up on a few occasions so that the outcome of this group of referral (entitled the "No Decision Category") would be known.

In the first instance a selection of the Pre Act referral forms were studied in detail by the researcher so that she could devise a coding system. A coding system capable of accommodating very detailed information was constructed so that the required information could be accommodated (see Appendix 4). Coding sheets were made available and each referral form was subsequently coded.

All relevant items of information obtainable from the referral form were extracted, so that a detailed description of some of the characteristics and circumstances of these children referred under child protection procedures, throughout Kent, for the Pre and Post Children Act samples respectively, could be presented.

Factors which were hypothesised to predict the recommendation decision and the case conference decision, were also extracted from the referral form. Such items of information included details about these children's age and gender, who referred them, the agencies to whom the child is known, and details concerning whether it was deemed appropriate for the police to investigate the referrals. Other additional information included convictions, ill health and unemployment. This additional information was completed on the child's referral form at the social worker's discretion, and it was also extracted for the purposes of the research. The reasons given for a case conference not to be held, were also extracted. Appendix 4 gives the complete list of the referral items which were extracted. Hypotheses pertaining to these referrals will be outlined later in this chapter.

The data for the 1,024 Pre Children Act referrals were subsequently coded and inputted on SPSS so that statistical analyses could be undertaken. The process was repeated for the 1,045 Post Children Act referrals at the appropriate time, so that all 2,069 referrals were inputted into two separate SPSS files.

2.1.4 Statistical analysis

Statistical analysis was undertaken in the following two stages:

Univariate analysis

Frequency statistics were used in the first instance in order to gain a general picture of the variables under investigation from the available information about referrals.

Crosstabulation statistics were next undertaken in order firstly to investigate the extent to which different factors are associated with the decision about recommending a case conference. This was followed by a similar statistical analysis in order to explore the factors associated with a case conference actually being held. Such factors investigated included the category of abuse alleged to have taken place, the social services district to where the child was referred and the status of the person making the referral.

The strength of the relationship will be expressed in terms of probability and a relationship is considered statistically "significant" (S) when "p" is less than or equal to 0.05. (Tabachnick and Fidell, 1989) That is to say for instance, that the relationship between the case conference held/not held and the variable under investigation has five or less chances in 100 of occurring by chance. A relationship will be described as "very significant" (V.S) when p is less than or equal to 0.01. That is to say that there is less than or equal to one chance in 100 of the relationship occurring by chance. In summary, the smaller the "p" value, the greater the significance. (Tabachnick and Fidell, 1989) Where the "p" value is greater than .05, the relationship is labelled "not significant" (N.S). The statistical significance of the referral variables are displayed on Tables 5.1, 5.2, 6.1 and 6.2.

Chi Squares were made available through these crosstabulation statistics and these show the extent to which each variable under investigation predicts that a case conference recommendation will be made, and the extent to which they predict that a case conference will actually be held. Green and D'Oliveira (1990) note that the statistic chi square (χ^2) reflects the differences between observed and expected frequencies of the variables under investigation. The greater the difference between observed frequencies (what is actually happening in the data) and expected frequencies (what would happen if there was not a relationship between the variables), the more likely the result is to be significant. Chi square is included in Tables 5.1, 5.2, 6.1 and 6.2.

Chi square was chosen because it was the most suitable statistic, although chi square can exaggerate the significance with relatively small numbers. (Bassett, 1993). Because most of the analyses in this research were on large numbers of observations, chi square was considered to be a good test. For consistency and for purposes of comparison this univariate statistic was used throughout the present piece of work.

This statistical analysis was undertaken firstly for the Pre Children Act sample and secondly for the Post Children Act sample. A comparison was then made between both samples so that changes in practice and procedures resulting from the Children Act could be identified.

Multivariate analysis

Having identified those variables from the referral information which were statistically significant in predicting the recommendation decision and the case conference decision, hiloglinear statistics were next undertaken. The multivariate analysis focused on the recommendation decision, as it was thought that this initial decision would be "purer". That is that the recommendation decision would be uncontaminated by subsequent considerations and events which would influence the case conference decision.

Hiloglinear analysis was undertaken on a selection of variables found to be significant in predicting the case conference recommendation decision. Hiloglinear examined the association between these variables, the links between them, and the combined effect of the predictor variables under investigation. Hiloglinear identified whether or not these variables were statistically significant in how they were associated and in how they affected the case conference recommendation decision. With the use of hiloglinear as a multivariate statistical technique, complex interrelationships and associations among variables are revealed and are accounted for in statistical inference. In this way this statistic reveals the associations which are most important and whether or not they are statistically significant. According to Everitt (1977), models such as hiloglinear which use contingency tables have several advantages. Everitt claims that "firstly, they provide a systematic approach to the analysis of complex multidimensional tables, and secondly, they provide estimates of the magnitude of effects of interest; consequently they allow the relative importance of different effects to be judged" (p81).

Reasons for choosing the hiloglinear statistical package⁷:

- Hiloglinear analysis is suitable for categorical (nominal) variables. (Hedderston, 1987, p146) All of the variables (with the exception of "age" which was converted to a nominal variable and subsequently treated as one) in this research are of this type.

⁷ Other statistical packages were investigated before Hiloglinear was chosen. Those investigated included multiple regression (and consequently path analysis), but these required the independent and dependent variables under investigation to be normally distributed interval variables. Analysis of variance (ANOVA) or multiple analysis of variance (MANOVA) was also unsuitable as they require that the dependent variable is an interval measure although the independent variables may be nominal. Discriminate functional analysis was unsuitable as it is designed to work with nominal dependent variables and is best served when the independent variables being used to predict are interval measures and normally distributed.

- According to Rowntree (1983) "the idea of a normal distribution is inappropriate to category data" (p124). Hiloglinear is a nonparametric statistical technique and it makes no assumptions about population distributions. It is therefore remarkably free of limitations and is therefore very suitable for the data to be investigated in this research. Hedderson (1987) likewise claims that hiloglinear is suitable "when the data to be investigated is highly skewed in its distribution" (p146).
- Hedderson (1987) advocates the suitability of hiloglinear when "the analysis to be undertaken involves three or more variables and/or where they might be nonlinear in their effects" (p146). It allows one to analyse simultaneously multiple dependent and independent variables. This feature is essential to the present thesis as will be seen in Chapters Six and Eight, where hiloglinear is used to explore the associations between three independent and one dependent variable.
- According to Hedderson (1987:146) and Tabachnick and Fidell (1989:240), the greatest advantage of log-linear models is that they need a large number of cases. This present research certainly meets this criteria with its 2,069 cases. Hedderson and Tabachnick and Fidell advocate as a "rough rule of thumb" that "the sample size should be at least five times the number of cells in the table." This criteria has been adhered to in this research.
- This present research is non-experimental - given that the levels of the independent variables are not manipulated by the researcher. Hiloglinear analysis is suitable for non-experimental research. The non-experimental nature of this research accords with Tabachnick and Fidell's (1989) definition that "the researcher assigns labels to categories of the independent variable but only the definition of the variable is under research control" (p3).

Hiloglinear summarises and highlights the associations between variables in a complex crosstabulation table. Such tables are included in Chapters Six and Eight. Hiloglinear produces a table that shows the chi square and probabilities of each order effect. The term "interaction" is used to describe a relationship between the qualitative variables forming a contingency table.

- The first-order effects test the assumption that each category of a variable has the same number of cases.
- The two-way or second-order effects tests the assumption that the variables are independent. These effects say nothing about associations among the variables, so these effects are not of interest.
- The three-way and higher-order effects are interaction effects. Hedderson (1987) notes that "essentially, an interaction effect means that a variable has one effect for one group but a different effect for another group" (p148).

According to Tabachnick and Fidell (1989) the purpose of loglinear analysis is to discover relationships among discrete variables. "With three variables there are seven potential associations: one three-way association, three two-way associations, and three one-way associations" (p236). Only the third-order (interaction) variables will be discussed in this thesis, as only the interaction between the independent variables in predicting decision making, is of interest. With hiloglinear analysis, a hierarchical approach is taken, and it must be assumed that the log-linear effects are hierarchical. This means that if a variable is in the model as a third-order effect, it must be in the model as a second-order effect.

Hiloglinear analysis was undertaken firstly for the Pre Children Act sample and secondly for the Post Children Act sample. It was not possible to investigate the same set of independent variables in the Pre and Post Act samples. Hence, a direct comparison between both samples could not be undertaken. There were a few reasons for this, including the fact that the data available did not allow such an analysis, as it did not meet the statistical requirements for hiloglinear analysis to take place. For instance, as mentioned above, the sample size of the variable to be investigated needs to be at least five times the number of cells in the table. This issue will be further discussed in Chapter Six.

2.2 Method used for case conferences

The referrals outlined in the above section were tracked through the system and a proportion of them resulted in case conferences. This section outlines the method used to explore these case conferences, and to analyse which of these case conference factors lead to a child's name being placed on the child protection register. The findings will be fully illustrated and discussed in Chapters Seven and Eight. These two areas of investigation may be formulated as follows:

- Description of case conferences
- Factors which predict whether or not a child's name will be placed on the child protection register. (The registration decision).

This method section will firstly describe the samples, secondly the documentation involved in the study, thirdly the procedure involved in using the documentation in the study, and finally the statistical analysis will be mentioned.

2.2.1 Samples

All the referrals where a recommendation was made that a case conference be held were followed through the social services child protection system. Also, those referrals where no decision was apparent

as to whether or not a case conference was recommended were pursued. This latter group of referrals was labelled the "No Decision Group", and their process through the system was checked in order to investigate whether or not the initial indecision indicated on their referral form resulted in a case conference being held.

401 (39%) case conferences were held as a result of the 1,024 Pre Children Act referrals, and 379 (36%) resulted from the 1,045 Post Act referrals.

2.2.2 Materials

401 sets of case conference minutes were obtained from Kent Social Services' Headquarters and forwarded to the researcher for those Pre Children Act referrals which resulted in a case conference. In due course, the minutes for the 379 Post Children Act case conferences were received.

Whilst case conference minutes cannot completely reflect everything that happened at the conference, it was discussed (Chapter Two, Section 3.2), that they are nevertheless deemed to be an accurate account, according to social services statutory procedures. This means that all of the case conference minutes under investigation in this study, have been agreed by conference participants as being an accurate account of what took place.

Coding instructions were devised by the researcher so that information relevant to the hypotheses and other information of general interest could be extracted. Appendix 5 presents the list of information which was extracted. Such information includes the social services area where the case conference is held; whether action was to be taken by the police; invitation and attendance of family members and professionals - including GPs, teachers and the police.

2.2.3 Procedure

Relevant information was extracted from the case conference minutes, so that a detailed description of case conferences held throughout Kent, for the Pre and Post Children Act samples could be presented; and hypotheses predicting whether a child's name would be placed on the child protection at risk register could be investigated. Such items of information included details about the status and gender of the chairperson, details about the professionals who attended the conference, and information about parental and child attendance.

Coding instructions pertaining to the required information were devised, and Appendix 5 outlines these instructions. These items of information from the 780 sets of minutes were then coded on to coding sheets. The information was then inputted onto computer using SPSS, so that a detailed analysis of the

case conference minutes could be undertaken. Separate SPSS files were used for each of the two samples.

2.2.4 Statistical analysis

A detailed analysis of the case conference minutes was next undertaken. The univariate and multivariate statistical analysis outlined above for analysing the referrals was repeated for case conferences. Thus it only requires a brief mention here.

Univariate analysis

Frequency statistics were used in the first instance in order to gain a general description of the variables under investigation from the available information about case conferences. Information gained included details about the proportion of children whose names were placed on the child protection at risk register; their categories of registration; the extent of parental and child attendance; and which professionals attended.

Secondly, as for the referrals, crosstabulation statistics were undertaken as these statistics identify which variables are associated with the registration decision. In this way, the relationship between the items of information extracted from the case conference minutes, and the decision made by the case conference to register or not register a child could be analysed. Four referral factors of gender, age, social services district and social services area to where the child was referred were followed through the system for the referral stage and were investigated along with case conference variables to see if these were associated with the registration decision.

Similar to the univariate analysis used for the referrals, Chi Squares (χ^2) were made available through these crosstabulation statistics. These show the extent to which each case conference variable predicted that a child's name would be placed on the child protection at risk register. The strength of the relationship is expressed in terms of probability. As before (and throughout this thesis) Tabachnick and Fidell's (1989) definition of significance has been adhered to. The statistic chi square has already been described in detail in the above section.

Crosstabulation and Chi Square statistics yielded information about factors which may predict that a child's name would be placed on the child protection at risk register. Such factors investigated included the presence on various professionals, parental and child attendance, and the social services area where the conference was held. The statistical significance of the case conference variables which were investigated are displayed in Chapter Seven, Tables 7.1 and 7.2.

The above procedure for this univariate statistical analysis was firstly undertaken for the Pre Children Act sample, and was repeated for the Post Act sample. A comparison was then made between the two samples, as the implementation of the Children Act is expected to have an effect on practice and procedures. The Act for example has strongly urged increased parental participation; and as discussed in Chapter Two, the categories of registration have also changed.

Multivariate analysis

Multivariate analysis, similar to the procedure undertaken for the referrals was undertaken for the case conference minutes. Thus it warrants only a brief description here. Having identified those case conference variables from the case conference minutes which were statistically significant in predicting the registration decision, hiloglinear statistics were next undertaken on a selection of these significant variables. It was used to examine the association between combinations of case conference variables such as the links between them and the combined effect of the predictor variables under investigation. Hiloglinear identified whether or not they were statistically significant in how they were associated and in how they affected the registration decision.

As with the referral information, hiloglinear analysis was chosen as it is suitable for the case conference variables under investigation - all of which were categorical (nominal) variables. It makes no assumptions about population distributions so it is appropriate for nonparametric information which may be skewed in its distribution. The analysis of the case conference variables involves three or more variables so that the associations between three independent case conference variables and the registration decision can be examined. Finally, a large number of cases are involved in the analysis - 401 and 379 sets of case conference minutes for the Pre and Post Act samples of case conference minutes respectively.

As before, hiloglinear summarises and highlights the associations between variables in a table which show the chi square and probabilities of each order effect. These tables pertaining to case conferences are included in Chapter Seven of this thesis.

Hiloglinear analysis was undertaken firstly for the Pre Children Act sample and secondly for the Post Children Act sample. A different, but comparable, sets of variables was investigated in both samples. This will be further explained and discussed in Chapter Eight.

2.3 Method used for sub sample of case conferences

This section describes a sub sample of 50 case conferences from the Pre Children Act sample. These were further investigated in order to gain additional insight into what happens at case conferences. The

extent to which statutorily required information was recorded is explored as this indicates the extent to which this information was discussed.

This section firstly describes the sample, secondly the documentation involved in the study, thirdly the procedure involved in using the documentation, and finally the statistical analysis.

The six main areas of investigation for this sub sample will be outlined later in this chapter. They are grouped as follows:- structure/procedure of case conference; family information; sharing information with parents at case conferences; professional's participation at case conferences; outcome of conferences; and dissent, disagreement and conflict in decision making. These areas are described and then discussed in relation to their effects on the registration decision in Chapter Nine.

2.3.1 Sample

A sample of 50 sets of case conference minutes were selected from the Pre Children Act sample of 401 (12.5%). The sample was random for each of the 18 social services districts in Kent, and random tables were used in selecting the sample. Everitt (1977) defined a random sample as "each member of the population in question has an equal chance of being included" (p2). This is true of the sample under investigation.

2.3.2 Materials

Fifty sets of case conference minutes were investigated. Appendix 6 lists the items of information which were extracted from the minutes so that the hypotheses listed in the following section could be investigated. Coding instructions were devised by the researcher.

Case conference minutes for Pre and Post Act reconvened case conferences were also obtained. The reason(s) for deferring the registration decision and deciding to reconvene the conference were noted, in order to investigate if conflict and disagreement in decision making had taken place.

2.3.3 Procedure

Each set of case conference minutes was carefully read, so that the required information, if recorded, could be extracted. All the information was then recorded on coding sheets. The items of information which were extracted included information about the case conference procedure and whether or not certain items of information were recorded. All of these items pertained to the six areas of investigation mentioned above.

It was necessary to undertake content analysis in order to gain some of the required information as it was not readily available. In order to guard against subjectivity, and to ensure reliability of findings, the 50

sets of case conference minutes were coded twice. This meant that each item of information was coded twice - firstly by the researcher, and secondly by an independent coder. Information was coded onto coding sheets in a format acceptable to SPSSx.

2.3.4 Statistical analysis

Inter-rater reliability had to be firstly undertaken. This involved measuring the level of agreement between the two coders, in their coding of the questions under investigation, in order to ensure the reliability and validity of the findings. It was decided that agreement of 80% between the two coders would be acceptable. Appendix 6 indicates the level of inter-rater reliability which was obtained for each area of investigation. The information was then inputted onto computer using an SPSS package, so that it could be subsequently analysed. Frequency statistics were then undertaken in order to gain a description of the six areas of investigation. Findings are presented and discussed in Chapter Nine.

3. Hypotheses investigated

As stated in the previous section few studies have been undertaken investigating predictors of intervention in child protection decision making and therefore very little precedence is available. As such, some of the hypotheses outlined below are driven by the researcher's practice wisdom and the practice wisdom of others. They are also informed by a small qualitative study which was conducted by Nagington and Egan in 1992. The study involved interviewing eight social workers from Canterbury Social Services in order to gain an insight into how social services respond to child abuse and neglect referrals. These social workers were asked about which factors they felt would be most important in determining whether or not a case conference would be held, and the findings will be cited where relevant.

Descriptive information which has previously been unexplored, such as describing where referrals come from and who attends case conferences is included, as such information is felt to be interesting and insightful.

The hypotheses outlined below follow the "social services procedures" sequence outlined in Chapter Two, Section 3. That is to say that hypotheses relating to referrals will firstly be discussed, and these will be followed by those pertaining to case conferences. Finally, those hypotheses relating to the sub sample of 50 case conferences will be outlined.

3.1 Hypotheses about referrals

All of the following hypotheses about referrals relate to the decision about recommending a case conference as well as the decision about actually holding the conference. To avoid repetition, the later decision (ie the case conference decision) will be the one mentioned in the hypotheses.

3.1.1 Rate of referrals

The research investigates the rate of child abuse and neglect referrals to Kent Social Services, and hypothesises that the rate of children referred will increase for the Post Act sample, due to increased public awareness. This would also be in keeping with the trend in Kent in recent years - as illustrated in Appendix 3. Furthermore it is expected that this increase in referrals will lead to proportionately fewer case conferences being held - as this would be a likely response to an increased work load. Fewer case conferences may also result from the change in referral/registration categories, as the categories of "potential risk" - as already discussed (Chapter Two, Section 6), are no longer available. More factual information is required in identifying the specific type of abuse that a child is likely to suffer.

3.1.2 Gender

The social workers interviewed in Nagington and Egan's (1992) study believed that the child's gender would be unlikely to predict whether a case conference would be held. Little work has been done on examining the proportion of boys and girls referred to social services - and whether or not they proceed through the system in a similar/different manner. Dyregrov (1991) observes that gender differences are given surprisingly little attention in literature on grief in children, despite the fact that there are differences as "it is common that boys more than girls will refrain from talking about the death and that they have difficulty showing their feelings" (p52). Such differences between boys and girls may also be evident in the field of child abuse and neglect. This could result in girls being taken more seriously and more likely to be referred to social services, and more likely to receive a case conference. This research describes the gender of children referred. It examines whether or not the child's gender is significant in predicting that a case conference is held. It is hypothesised that there will be a difference between the proportion of boys and girls referred to social services, and that there will also be a difference in the rate at which they receive case conferences.

3.1.3 Age

Nagington and Egan's (1992) study suggests that younger children might be more likely to be referred to social services and also be more likely to receive a case conference. The research describes the frequency with which children of each age are referred and whether or not their year of age predicts that they will receive a case conference. The research also groups together those children aged 0 - 8 years and 9 - 17 years and hypothesises that children in the younger age category will be more likely to receive a case conference, due to their being viewed as more helpless and vulnerable.

3.1.4 Social services district/area

Kent is divided into five social services areas. Each of these areas consists of a few local offices, of which there are 18, and the term "social services district" refers to these local offices. This issue will be further elaborated in the next chapter.

It is expected that there will be differences between the rates of children referred in each district, and that these rates will change over the two time periods under investigation - due at least partly to different prevalence rates. It is also hypothesised that there will be a difference between social services districts, and also between social services areas in their rate of holding case conferences. These hypotheses are partly informed by the discussion in Chapter One concerning the difficulties in defining child abuse and neglect, and how this leads to fluidity and subjectivity in child protection decision making.

3.1.5 Referrers

The literature suggests that professionals are more likely to refer children to social services and also that social services may view referrals from fellow professionals as being more credible than referrals from lay people. This view was supported by Luckham's (1989) study which showed that 60% of the 308 referrals under investigation came from statutory agencies, such as the police, education and health. Gibbons, Conroy and Bell (1995) found that children were less likely to receive a conference if the source of the referral was anonymous or a lay person.

Milner (1993) believes that a significant factor which determines the initial progress of any investigation has been shown to be the nature of the referral. Before an investigation gets under way, different weighting is placed on the credibility of the referrer with a clear bias in favour of supposedly rational, objective referrals from professionals. In contrast, Milner claims that referrals from relatives and neighbours, are not taken as seriously. She believes that this is because such referrals usually come from women, in the private sphere of the home. She notes much anecdotal evidence that neighbours' referrals are regarded as having their origins in quarrels and noisiness, leading them to be down graded in seriousness as a result. Similarly, referrals from relatives are regularly redefined within a conceptual framework of volatile female relationships. Milner therefore complains that "referrals from women who can be expected to have intimate and detailed information about abusing parents are likely to be treated with suspicion, whilst referrals from allied professionals with briefer contact and scant information are more likely to be taken more seriously" (p50). Notions of interfering mother-in-laws, she suggests, mean that grandmothers' referrals are regarded with suspicion and not given the same credibility as those from professionals.

Like Luckham and Milner, Hill (1978) identified the police, followed by hospitals and the NSPCC, as the most influential referrers in that they lead to immediate and thorough investigation, and are more likely to proceed to case conference and registration. Similarly, Services (1986) substantiated the significance of police referrals. Dingwell et al (1983) suggested that any outside agency making a referral to social services was likely to receive an immediate response in order to reduce the prospect of criticism for inefficiency once a case is documented as a matter for concern. The influence of schools as referrers has also been noted by Denham and Thorpe (1992). In contrast, the social workers interviewed in Nagington and Egan's (1992) study thought that the status of the referrer would not influence the case conference decision.

The research gives a detailed break-down of who refers children to social services. It investigates whether the category of the individual referrer - such as neighbour, parent, teacher, GP, are associated with the case conference decision. It also investigates whether a professional or non professional status influences this decision. Due to the above-outlined views of Hill (1978), Dingwell et al (1983), Luckham (1989) and Milner (1993) it is expected that a child referred by a professional is more likely to receive a case conference than a referral from a non professional. It is also likely that the Children Act's emphasis on increased partnership could lead to referrals from non professionals becoming more influential in their power to effect a case conference in the Post Children Act sample.

3.1.6 Categories of alleged abuse

This thesis describes the alleged categories of abuse at referral, and also investigate if this influences the case conference decision. Figures 2.2 and 2.3 outline the categories of abuse under which a child may be referred and registered for the Pre and Post Act samples respectively.

Chapter One outlined the difficulties involved in defining child abuse and neglect. It also discussed various issues pertaining to different types of abuse and neglect. Suffice it to say here therefore that this study expects that the proportions of children referred under the various abuse categories will differ. For instance fewer children are expected to be referred for "less visible" abuse such as neglect or emotional abuse.

The social workers interviewed in Nagington and Egan's (1992) study believed that the category of abuse at referral would be the most important factor in determining that a referral would be taken seriously and that a case conference would be held. They believed that children referred for alleged sexual abuse would be more likely than children referred for emotional abuse to receive a case conference - given the emotive nature of child sexual abuse. Their view therefore supports some of the concerns expressed in Chapter Two including Lewis (1988). In keeping with Fisher, Bingley Miller and

Sinclair's (1995) findings, this study expects the alleged category of abuse at referral to be significant in predicting the case conference decision. For instance, children referred under the category of sexual abuse may be most likely to receive a conference whereas those referred for alleged emotional abuse may be less likely to receive this intervention. Gibbons, Conroy and Bell (1995) found that children were less likely to receive a conference if the referral concerned neglect or emotional abuse rather than physical or sexual abuse.

3.1.7 Parental awareness of referral

The extent to which parents are aware that their child is referred to social services, as indicated on the child's referral form, is described in the research. Parental awareness is expected to increase with the implementation of the Children Act, due to the Act's strong emphasis on parental involvement. The Pre and Post Children Act samples will therefore be compared to see if such a change has occurred. The research will also investigate whether a case conference is more or less likely to be held when a parent is aware that their child has been referred.

3.1.8 Police investigations

The study describes the extent to which police are recommended to investigate referrals, and investigates whether the recommendation for such an investigation influences the case conference decision. It seems likely that those referrals which are to be investigated by the police would be more likely to be recommended and receive a case conference, as they would probably represent more serious referrals. Such referrals may also be more likely to be taken seriously by social services.

3.1.9 Involvement of other Agencies⁸

The research describes the agencies to whom the child and/or family are known at the time of referral. It investigates whether the agencies to whom the child is known influences whether a case conference is held for the child. The relationship between the child being known to each individual agency and the case conference decision is examined. Practice wisdom suggests that children and/or their families who are known to agencies such as probation, education welfare officers or the police would be in the minority and that these children would represent more serious cases and would therefore be more likely to receive a conference.

3.1.10 Further referral details

Miscellaneous information concerning referrals is entered under the heading of "Other Details / Convictions" on the child's referral form (see Appendix 1), at the social worker's discretion.

⁸ See Appendix 1 for Agencies listed on referral form.

Consequently it cannot be analysed in any systematic way. The information will be described however so that a fuller picture of these childrens' lives may be gained.

This additional information is of importance as child abuse and neglect is considered by several experts in the field, as being the end result of a system of interaction between spouses, parent and child, child and environment, and parent and society. Parton (1991) for example, claims that what affects one affects the other. Greenland (1987) in giving evidence in the Beckford case identified social factors such as unemployment, poverty and poor housing, as contributing to child abuse. In a similar vein, Browne's (1993) prospective study found that abusing families scored higher than non abusing families on risk factors including family violence (30% as opposed to 2%), socio-economic problems such as unemployment (71% as opposed to 2%), mental illness, drug or alcohol addiction (35% as opposed to 5%).

The literature postulating a multifactorial model of child abuse generally focuses on the issues of convictions, domestic violence, poverty, substance abuse, ill health and mental illness. It is hypothesised that these issues will be noted by the decision makers in this study, and that such factors may influence their decision making. For instance, Gibbons, Conroy and Bell (1995) found that the child was more likely to receive a case conference if the parent was recorded as having a criminal record, a history of substance abuse, a psychiatric disorder, or a history of domestic violence.

Convictions

Six of the eight social workers interviewed in Nagington and Egan's (1992) study felt that the child's parents having previous convictions would predict that the child would be recommended and receive a case conference. This was thought to be especially true if the offence was related to an offence against children, or of a violent nature.

Domestic Violence

Herman and Hirschman (1981) suggest that the most common profile of abusing families is one in which the father is dominant and authoritarian, and the mother is often dependent, passive and ineffectual. Several writers however, disagree with this view. Milner (1993) for instance, believes that because women are seen as responsible for the care and control of their children, when something goes wrong she is blamed for inadequacy and negligence. Browne (1993) comments that many women have been accused of being an inadequate parent because they failed to protect their children from physical or sexual abuse. He suggests that some of these women may also be sexually or physically abused by their husband/partner, and that "women who are abused at the same time as their children are not in a position to make choices and cannot be judged on the basis of not choosing to protect their children" (p156).

In a similar vein, Goddard and Hiller's (1993) study of 206 cases of child abuse, found that domestic violence occurred in 40% of child sexual abuse cases and in 55% of physical abuse cases. They concluded that wife battering was the most common context in which child abuse occurred. Similarly, Gibbons (1994) found that domestic violence was recorded in over a quarter of the referrals in her study. Walker (1984) in the USA found that battered women were eight times more likely to abuse their children when they themselves were being battered; and that 53% of individuals who show violence toward their partner also abuse their children. Browne and Saqi (1988) discuss how wife abuse and child physical abuse are closely linked. Similarly Dietz and Craft (1980) discuss how wife abuse occurs in families where there is child sexual abuse. Farmer and Owen's (1993) study revealed that in 59% of the cases of children subject to physical abuse, neglect or emotional abuse, there was concurrent violence in the family, usually inflicted by men on women.

Poverty

Lynch (1988) asserts that children exposed to extreme poverty, inadequate housing, poor health care and inadequate nutrition have little hope of growing into happy, healthy, competent adults. She concludes that "these same adverse social conditions may provoke a parent into physically abusing a child or lead to such feelings of despair that a child is neglected" (p203). In a similar vein, Frude (1980) cites housing difficulties as one example of creating marital problems. He believes that this "can make the parents angry and this can result in the child being hit" (p12).

Gillham (1994) remarks that "child abuse appears to get worse in times of economic recession" (p116). Birchall (1989) reports that there is overwhelming evidence that socioeconomically deprived groups constitute the bulk of registered cases. The Audit Commission (1994) states that a large number of studies find that material circumstances are closely related to the well-being of the child.

Substance Abuse

Four of the eight social workers interviewed in Nagington and Egan's (1992) study felt that case conferences would be more likely to be held for children whose parents abuse drugs or alcohol, because of concern for the child's emotional well being, as well as the risk of physical harm. This view is supported by Martin and Waters (1982) who ascertain that alcohol releases inhibitions and causes violence such as physical child abuse. MacFarlane and Waterman (1986) believe that overuse of alcohol frequently characterises the father of girls who have been victims of incest. These writers conclude that "alcohol is probably not only these men's usual style of coping with anxiety, but also tends to disinhibit the father's behaviour and facilitate sexual abuse" (p206).

Ill Health and Mental Illness

Roberts (1988) states that numerous studies have noted parents to be showing psychiatric symptoms of stress at the time of abuse, notably depression and anxiety. Lynch (1975) asserts that there is a high prevalence of ill health in abusing families, and concludes that it makes sense that parents need to be in good physical health to cope adequately with the demands of children.

Several studies have focused on mothers only. Corrigan (1994) for instance, described recent research on maternal depression and claimed that it affects 10-15% of mothers, and that it has a major impact on the quality of mother-infant interaction. Hyman's (1978) study discovered that half the mothers in the study were having treatment for psychological illness before the reported abuse. Gibbons, Conroy and Bell (1995) found that mental illness was a factor in 13% of their child abuse cases.

3.1.11 Decision not to hold a case conference

The research documents the reasons given on the referral forms for no further action to be taken, following the referral and perhaps the initial investigation. Practice wisdom suggests that referrals which fail to reach a case conference may be lacking in evidence, or that the source of the referrals may be questionable, for instance, they may have been made anonymously.

3.2 Hypotheses about case conferences

The hypotheses outlined in this section pertain to case conferences and how certain aspects of case conferences may predict the registration decision.

3.2.1 Referrals resulting in case conferences

It is hypothesised that the rate of referrals leading to case conferences will decrease in the Post Children Act sample. This is expected due to the expected increase in referrals - and its subsequent increase in work-load and demand for resources; and in keeping with the trend in Kent in recent years.

3.2.2 Gender

The research describes the proportion of boys and girls who received case conferences and investigates whether or not their gender influenced the registration decision. No differences are expected between the rates at which boys and girls are registered.

3.2.3 Age

The research describes the year of age of the children who received case conferences. It compares the rates at which younger children - aged 0 to 8 years, and older children - aged 9 to 17 years, received case conferences. It then investigates whether the child's age predicted the registration decision. Both

samples of children will be compared. It is hypothesised that younger children will be more likely to be placed on the child protection at risk register due to their being perceived as more vulnerable.

3.2.4 Social services district and area

The research hypothesises that there will be differences between areas and between districts in their rates of registering children. This finding is expected because office policies differ from district to district and from area to area; as well as Area Directors directives. This hypothesis is also influenced by Gibbons, Conroy and Bell's (1995) finding that "in 51% of conferences all or some of the children were placed on the register but there was significant variation by area, partly due to other differences in policy and practice" (p71). The registration decision will also be influenced by the group decision making forum of the conference, as discussed in Chapter Three. Differences are also expected due to the subjective nature of child abuse and neglect, as discussed in Chapter One.

3.2.5 Individual or family case conference

The research differentiates between "individual" and "family" case conferences - where the former is held for one child only and the latter is held for more than one sibling. The extent to which these conferences are held is described. It is expected that family conferences will be more likely to result in registration due to professionals' anxiety being "multiplied." Also it might be that abuse seems more credible when it has been suffered by more than one sibling.

3.2.6 The child's history in the child protection system

Aspects of the child's involvement with social services are described. Issues investigated include whether or not the child or the child's siblings had a previous case conference, or whether they had been registered. It is hypothesised that children whose names or whose siblings names' were previously registered will be more likely to be registered. This hypothesis is influenced by Sheff's (1975) labelling theory which implies that once a family has been labelled as an "at risk family" they are more likely to be perceived in this light and re-labelled.

The hypothesis that children whose names or whose siblings names' were previously registered will be more likely to be registered, is also influenced by Gibbons, Conroy and Bell's (1995) study. Their findings led them to remark that "with 45% of all the referred families having previously been investigated after allegations of maltreatment, 15% of children or their siblings having been on the child protection register and 10% having been the subject of Care Orders, child abuse and neglect often appears to be a chronic phenomenon" (p45).

3.2.7 Chairperson

The designation of the chairperson will be investigated in this research. Randall and Packman's (1989) study of 21 case conferences found that they were invariably chaired by an area manager of social services who was not directly concerned with the case. The researcher's experience suggests that they will be chaired by team managers, divisional managers, and independent chairpersons - who are always appointed by the social services departments. It is hypothesised that there will be differences between these professionals in their rate of registering children. Conferences chaired by independent chairpersons are expected to register children more frequently, due to their relative lack of exposure to child abuse and neglect in some instances, and also because they need not be concerned about supplying resources.

The proportion of men and women who chair case conferences will be investigated, and its possible effect on the registration decision is explored. The chairperson's gender is not expected to affect the registration decision.

3.2.8 Parental/family invitation and attendance at case conferences

This research examines the extent to which parents, carers and children are invited to and attend case conferences. As a result of the Children Act's emphasis on parental attendance at case conferences, there has been a substantial amount of research undertaken in the area.

Some positive findings come from McGloin and Turnbull's (1986) study which reviewed a small sample of conferences in Greenwich. They found that 65% invited parents to the full conference, the majority of whom attended and valued their inclusion even when there was conflict and an unwanted outcome. Bell and Sinclair (1993) evaluated parental attendance at 83 initial case conferences in Leeds from May 1991 to June 1992 - before and after the implementation of the Children Act. They compared parents being invited and parents not being invited. Like McGloin and Turnbull (1986) they concluded that "parents very much want to go to case conferences and that 72% of parents who were invited attended" (p24). They found this to be true even in those cases where parents found the experience of attending difficult. Bell and Sinclair discovered that parents feel fairly treated at conferences, and that their relationship with their social worker is less likely to be impaired than if they do not attend. Similarly, Mittler (1995) found that "nearly all the parents and young people felt that family members should always be invited and that attendance was a valuable though painful experience" (p14).

Bell and Sinclair (1993) found that 92% of professionals were in favour of parental attendance and their attitudes were positive and improved over time. They noted that "workers from social services had a beginning optimism which was maintained over time; health occupied the middle ground; whereas

workers from education and the police were initially more negative, but also more subject to positive attitude change as a result of their experience" (p9). Nevertheless, their study revealed that 8% of professionals found the involvement of parents unhelpful at the case conference. They found that parental presence had a particularly negative impact when parents left prematurely, and/or when they became distressed, or made a strong statement pleading innocence or impossible circumstances, presenting workers with a daunting picture of social disadvantage as well as an often distressing account of a child's abuse. Bell and Sinclair noted that this could sometimes evoke "unhelpful feelings of helplessness, fear and sympathy in the professionals, which could make it difficult to separate feelings of sympathy for the parents and assessing risk for the child" (p12).

Farmer and Owen (1993) found that parents attended 59% of conferences, but many felt intimidated, embarrassed, and humiliated in conferences, although in spite of this they wished to attend and to put their point of view. Like Farmer and Owen, Corby, Millar and Young's (1995) study of family members' attendance at case conferences revealed that they are not empowered because they found the child protection conferences process too daunting and inhibiting and it failed to encourage them to express their views, let alone any disagreement. Their study found that "most parents felt inhibited by the formality of the conference procedures and the number of professionals attending, particularly in cases concerning registration. Many felt that conference outcome was a foregone conclusion. Corby et al conclude that parental attendance may have the opposite effect to that which is intended - parents feeling that they could not influence key decisions made about the protection of their children" (p24).

Stevenson (1989) noted some obstacles in parental involvement at case conferences. She remarks on the difficulties which a man may have in speaking openly in front of a group of strange people about the details of his alleged sexual activities. She concludes that, one might go so far as to say that his willingness to speak might be unhealthy, given the social taboos which exist" (p196).

Mittler (1995) more optimistically, noted that family members' participation increased after the initial conference. She found that more than half the family members who attended conferences reported increased awareness of their perceptions and actions. Also, parents were better able to modify their responses to their children because of what the professionals were saying.

Bell and Sinclair (1993) found that the involvement of parents in the initial child abuse case conference was generally welcomed by all participants. In most cases professionals thought it improved the quality of the decisions made and, to some degree, engendered a more positive social worker/parent relationship upon which to build the ongoing child protection work. It improved the quality of information which was more clarified and more focused. Parents perceived the conference decision as representing a

shared inter-agency view. The assessment and treatment plan was enhanced as its various components could be discussed and negotiated with parents.

However, Bell and Sinclair's (1993) research revealed some concerns. They found that more than half the professionals attending conferences thought that discussion in front of parents may be inhibited. Their research concluded that "as a consequence of the professional's preoccupation at getting parental participation at case conferences right is a concentration on procedure and interagency communication at the expense of engagement with the child" (p25). Mittler (1995) warns of the importance of remembering that the focus of child protection meetings is the safety and welfare of the child. She asserts that "discomfort and formality cannot, perhaps should not, be removed: the purpose of the meeting should not be fudged" (p14).

Bell and Sinclair's (1993) study, like this one, examined the effect of parental attendance on the registration decision. They found that parental attendance did not effect the registration decision.

This study hypothesises that there will be an increase in parental invitation and parental and child attendance at case conferences in the Post Children Act sample - due to the Act's emphasis on increased parental participation. It also hypothesises, in the light of Bell and Sinclair's (1993) study, that parental attendance will not be a significant predictor of the registration decision.

This study also investigates the extent to which the child's mother or father attend conferences alone. It is hypothesised that mothers will attend more often on their own than fathers, because mothers are still more involved in child rearing. For instance, of the 12 "difficult" case conferences in Bell and Sinclair's (1993) study, nine (75%) were attended by mothers alone, although three quarters of the children lived with both parents.

This thesis examines the effect of fathers who attend alone and mothers who attend alone on the registration decision. Differences between fathering and mothering have been highlighted by several writers. Milner (1993) for instance, believes that although fathering is ill defined it is nevertheless of higher status than mothering. She continues by claiming that fathering is "inaccessible to scrutiny in child protection terms" (p52). Howitt (1992) on the other hand, illustrates with live cases "the tendency for blame to be addressed to the stepfather where the injuries could just as easily have been inflicted by the mother" (p186). This study expects that the presence of mothers on their own, or fathers on their own will not have a significant effect on the registration decision.

3.2.9 Child invitation and attendance

This research investigates the extent to which children attend case conferences, and the possible effects that this may have on the registration decision. Corby, Millar and Young's (1995) study found that very few children accepted invitations to attend conferences. Those who attended were inhibited by the conference format and made little contribution to the proceedings. Some of these children were also exposed to sensitive private information about family members, and some to public hostility from parents who felt wrongly accused of their mistreatment. While Corby et al believe that children's rights in child protection work should be recognised, they also warn that the potential for conflict of interest between parents and children in these cases should also be acknowledged, and conclude that "it is clearly not empowering to expose children to stress of this kind" (p24).

The 22 social workers interviewed in Bell and Sinclair's 1993 study believed that the child should not attend their conference, except possibly adolescent children whose interests clearly conflicted with their parents. These writers found that "the views of the child were only obtained in 23% of cases" (p17). The frequency of children attending case conferences in this study is expected to be in line with Farmer and Owen's (1993) finding that only 9% of children attended their case conference and Spicer's (1995) research where child attendance was only 6% of conferences.

3.2.10 Professionals' invitation and attendance at case conferences

This study describes the extent to which various designations of professionals are involved in child protection decision making. It does this by exploring the extent to which various categories of professionals are invited to conferences; the extent to which they are subsequently present or absent at case conferences; and the extent to which they submit reports in their absence. Worryingly, Spicer's (1995) research for instance, revealed that relevant professionals were absent in 75% of conferences when their attendance was deemed to be essential by other case conference participants. This present research also examines the effect of the presence of different professional on the registration decision.

Stevenson (1989) observes that those who come together at a case conference have very different patterns and pace of work. To a GP for example, whose average consultation time is around six minutes, some child protection meetings seem interminable. Case conferences also present logistical difficulties for professionals whose working day is tightly structured around surgery, ward rounds or classroom teaching.

Randall and Packman (1989) noted the composition of 21 case conferences. They found that the chair was invariably taken by a social services area manager and there was an additional social services manager present at half the conferences. At least one, and often two, field social workers attended, and

occasionally a residential social worker as well. The overall effect was a heavy social service presence at every conference. Randall and Packman's study revealed that health visitors and their managers were the next most frequent participants, with a range of other health service professionals - psychiatrist, paediatrician, nurse, community physician all appearing once or twice. GPs were only present once. Representatives from the police, schools, educational welfare and educational psychology, probation, NSPCC, DHSS, made up the rest of the group where a membership of between eight to ten people was the norm.

Gibbons, Conroy and Bell (1995) describe the composition of conferences in eight authorities. They noted that apart from social services staff, police were most often represented as they attended 82% of conferences; nurses (including health visitors, ward staff and nursing managers) attended 78%; teachers or education-based social workers attended 61%; and doctors were the least represented professional grouping (39%) and GPs rarely attended (19%).

Services and Randall (1989) in a comparative study found that in Cleveland examining doctors rarely attended conferences or submitted reports, but in Cumbria paediatrician attended whenever involved. Services and Randall (1989a) also found that police and school staff seldom attended. White, Essex and O'Reilly (1993) also discuss how it was rare in Cleveland for examining doctors to attend case conferences or sent reports to social services, and relied on others to present their views. Health visitors were reported not to attend regularly.

Gibbons (1994) found that interagency co-ordination in general was good, but problems remained with the role of GPs and teachers in child protection. Similarly Spicer (1995) found that GPs were only present at 21% of conferences. He also noted that there was a poor contribution from schools during holidays.

The ongoing criticisms of GPs rarely attending conferences may be partly due to a dilemma concerning confidentiality. The British Medical Council (1993) states that patients are entitled to expect that the information about themselves or others which a doctor learns during the course of a medical consultation, investigation or treatment, will remain confidential. According to the Council, an explicit request by a patient that information should not be disclosed to particular people, or indeed to any third party, must be respected except in the most exceptional circumstances, for example where the health, safety or welfare of someone other than the patient would otherwise be at serious risk. The British Medical Council stipulates that the duty of confidentiality owed to a person under 16 is as great as the duty owed to any other person.

Bell and Sinclair (1993) discuss conference size. They note that parental attendance caused conferences to become an average of 20 minutes longer, and bigger with the average number of attendees increasing from eight to ten. This proved stressful for some professionals, such as doctors with fixed clinic times, which meant that either they were unable to come, or had to leave before the end when the effective decisions were undertaken. However, their study found "no evidence that parental attendance causes professionals' non attendance" (p9).

It is hypothesised that professionals will differ in their rate of involvement in cases of child abuse and neglect and that this will be reflected in their rate of invitation to conferences. The police and teachers for instance, are expected to be invited frequently, whereas probation are expected to be seldom invited.

It is also hypothesised that there will be differences between professional groups in their rate of attending conferences. In view of some of the studies outlined above (Randall and Packman 1989, and Gibbons 1994), GPs are expected to rarely accept their invitation to attend conferences.

The effect of professional's presence at the case conference on the registration decision is also examined. Chapter Three discussed the issue of status in groups and how some theorists (Kiesler 1978, Verhagen 1978 and Sherif and Sherif 1969) believe that people who are perceived to be of higher status are most influential in group interaction. It is therefore hypothesised that "higher" status professionals will be significant in predicting the registration decision. Also, such professionals are probably more likely to attend the more serious case conferences. These higher status professionals include people such as detective inspectors and paediatricians.

3.2.11 Rate of registration

The research describes the proportion of children whose names were placed on the child protection at risk register. It is expected that the Post Children Act referrals will result in fewer registrations. This is expected due to the expected increase in the rate of children referred; due to the abolishment of the potential risk categories; and in keeping the downward registration trend in Kent as illustrated in Appendix 3.

3.2.12 Category of registration

This research describes the categories of registration used in the Pre and Post Act samples and compares both samples.

Fisher, Bingley Miller and Sinclair's (1995) pre Children Act study found that the grounds for registration differ depending on the type of harm causing concern. They discovered that in the case of sexual abuse particularly, registrations depended upon direct evidence of abuse, such as physical signs,

or evidence of abuse of another child in the household. Children were not registered if the direct evidence was inconclusive or if the child and the presumed perpetrator were separated. Fisher et al discovered that indirect evidence such as family characteristics and motivation were unimportant. Registrations in the cases of suspected physical abuse were also determined to a lesser extent, on direct evidence. These writers found that "cases involving suspected sexual abuse were significantly less likely to be registered than those involving suspected physical abuse" (p196). Luckham's (1989) study showed that children were infrequently registered under the category of emotional abuse.

This study expects a difference between the samples in their categories of registration, due to the changes in the registration criteria implemented by the Children Act. For instance, Gibbons, Conroy and Bell (1995) found that the category of grave concern/potential risk - which became obsolete in November 1991 (see Figures 2.2 and 2.3), accounted for about half the registrations on English registers in 1991. This study expects that the abolition of these categories will result in increased registration in the other categories.

3.2.13 Child protection plan

This study describes the various types of interventions constituting children's protection plans. Such interventions include various types of therapy and support, and a variety of examinations, investigations and interviews. This information will be useful as it will give a clearer insight into the types of intervention offered at case conferences.

It is expected that such recommendations made by the conference will increase for the Post Act sample, due to the expected decrease in the rate of registration. This expectation is partly influenced a Statement by Tim Yeo - then Parliamentary Under Secretary of State for Health. He stated that "this reduction does not mean that children and their families are no longer being offered services, nor that children in need of protection are not receiving it... Our aims were to sharpen the focus of local authorities and other agencies on the reasons for placing children on the register and keeping them there, as well as ensuring proper targeting of the Child Protection Services with effective Individual Plans being made. (Press Release: 9.3.1993. Dept of Health No. 93-610)

3.3 Further hypotheses about the nature and operation of case conferences

This section of hypotheses refers to six further areas of the case conference minutes which were investigated. The Method Section at the beginning of this chapter outlined each area of investigation. The questions explored are based on the case conference format which was discussed in Chapter Two, Section 3.2. The six sets of hypotheses are as follows:

3.3.1 Structure and procedure of case conference

Reference was made to the importance of good chairing in Chapter Three - which emphasised that chairpersons must listen to and encourage the participation of all conference members; and to beware of an overly compliant group.

Bell and Sinclair (1993) acknowledged that the role of the chairperson is complex and demanding. In their view skills prerequisite for good chairing included "clarity about remit, sifting the quality of the questions by asking probing questions, inviting and affirming contributions, outlining various options and giving space for exploring hypotheses. Attention to the group process was necessary to maintain the focus on the child and to allow contributors to feel safe and valued" (p18).

Kent Social Services have specific guidelines for conducting case conferences and it seems likely that these would be adhered to. Such procedural guidelines stipulate that the chairperson must give reason(s) for holding the conference; details of previous case conferences (if applicable) must be stated; and the agencies involved must be recorded. This study examines the extent to which this statutorily required information was recorded on the 50 case conference minutes under investigation, as this indicates the extent to which this information was discussed. Insight will therefore be gained on whether these conferences adhered to Kent's guidelines for conducting conferences.

3.3.2 Family information

Similarly, Kent Social Services guidelines stipulate that certain information about the child and his/her family must be obtained. Such information includes family and household composition; the family's current circumstances; the family's history with specific information about each child and adult; and parents' account of events. The extent to which this very important information about the child's life was recorded, is examined. It is hypothesised that there will sometimes be no indication that such information was shared at the case conference. That is to say that important decisions concerning the child's life - such as the registration decision, may be made in the absence of necessary information concerning the family.

3.3.3 Sharing information with parents

As already discussed in this chapter and referred to in Chapter Two, the extent to which children and parents are invited to and attend conferences, and the effect of these factors on the registration decision have been investigated. The distinction between parental attendance and parental involvement at conferences was already highlighted in this chapter (Section 3.2.8) in relation to Corby, Millar and Young's (1995) view. Bell and Sinclair (1993) in a similar vein, interviewed 51 key carers (50 of whom were mothers), and 71 other family members, in order to investigate their experience of the case

conference. They found that although over 75% knew that the child's name went on a "list", less than 33% had any idea "what happened to the list, how to de-register, or about the complaints procedure" (p20).

This study of a 50 case conferences examines whether parental presence at the conference influenced the content of the information discussed and shared at the conference. It does this by examining whether novel information was discussed by the conference participants when the parent(s)/carer(s) left the conference, and if so whether this information was shared with them if and when they re entered. If such information is discussed "behind the parent's backs" it would serve to undermine the philosophy behind inviting parents to attend. The research investigates whether the information discussed in the parents absence, influenced the registration decision and/or the child protection plan. Bell and Sinclair (1993) found that "many of the professionals who believed that certain things did not get said when parents were present, were reassured by the presence of a safe zone, when parents were asked to leave and there was scope for private discussion of the issues" (p13). Bell and Sinclair thus conclude that in some instances parental presence had an adverse effect on professional's participation, as some professionals were careful and hesitant about offering information, and in some cases professionals started to talk when the parents left the conference.

It is therefore hypothesised that in some instances new information will be discussed in the parents absence; that this information may influence the registration decision; and that it may influence the child protection plan.

3.3.4 Professional's contribution to case conference discussion

As already stated this research investigates the extent to which professionals are invited to and attend case conferences, and the effect of these factors on the registration decision. This sample of case conference minutes further investigates issues about professionals' attendance by exploring the extent to which opinions are recorded. An understanding therefore is gained of how professionals contribute to the conference discussion, and how this relates to the registration decision. It is hypothesised that higher status case conference participants will be more likely to have their contribution to the conference recorded, than those members with lower status. This is despite the fact that lower status professionals - such as family aides, may sometimes have a more intimate knowledge of the family's circumstances. This hypothesis is prompted by Sherif and Sherif's (1969) and Brown's (1989) view of group decision making as characterised by status and role relationships, which carry with them clear status and power differences.

Professionals are required to submit reports in their absence. This section investigates which reports were recorded as having been discussed and an account of these reports is given.

3.3.5 Outcome of case conference

Case conference minutes are required to record the concerns which have been identified about the child's life and also to state the reasons for registering or not registering the child. This information is obviously of vital importance, as it relates to the purpose of the conference - which is to assess whether or not the child is at risk. Yet practice wisdom suggests that this decision is sometimes a rushed affair, so it is probable that it will not always be recorded - reflecting the fact that it is sometimes not clearly discussed.

3.3.6 Dissent, disagreement and conflict in decision making

It was discussed in Chapter Three how case conferences function as a group. It was noted there that some group theorists (Asch (1951), Festinger (1953) and Tajfel (1978)) regard a group whose primary aim is to reach consensus as a potentially dangerous decision making forum.

This research therefore explores the degree to which consensus is reached concerning the registration decision in this sample of case conferences. It was discussed in Chapter Two (Section 3.2) how the possibility for dissent concerning the registration decision is explicitly allowed for, and that scope is made for such dissent, conflict, and/or disagreement to be recorded in the case conference minutes (see Appendix 2). The study investigated if the following areas of potential disagreement were recorded:

- Dissent concerning the registration decision; if yes, who dissents.
- Disagreement concerning the child protection plan; if yes, who disagrees.
- General conflict/disagreement; If yes, who is in conflict.

The extent to which dissent, disagreement, and conflict is recorded is described. The findings should give insight on how the registration decision is reached at case conferences. The findings will particularly relate to the discussion of group decision making presented in Chapter Three.

It is expected that in some cases, the conference's discussion of the registration decision and the child protection plan will result in dissent, disagreement and conflict due to it being expected that consensus would be difficult to obtain. This is expected to be especially true of case conferences which had to be reconvened due to the fact that the initial conference could not reach a conclusive decision. Another reason for expecting conflict and disagreement at case conferences is due to the problems in defining what constitutes childhood, child abuse and child neglect - which have been discussed in Chapter One.

4. Other relevant studies

There are a few other studies which have attempted to address a limited number of the issues investigated in this research and a selection of these will now be briefly described. Their findings will be

given when the findings of this present study are presented, so that they can be compared and contrasted where possible.

- Harwin (1992) examined child protection procedures and work practices in four areas of Wales, for a three month period from April - June 1991, prior to the Children Act. As such it omits an investigation of the Children Act and therefore does not reflect current child protection decision making.
- Luckham's (1989) study for the Basildon Area of Essex Social Services between May 1985 and October 1988 provided a profile of characteristics and management of child abuse cases. Data were collected on 308 children referred to Basildon Social Services and whether or not the children were registered. Some of the factors investigated in the Basildon study are also explored in the present research and a comparison of the findings will be made later. Luckham's study however, does not follow the child's progress through the social services system and therefore valuable information concerning the factors which influence the occurrence of a case conference, what actually happens at a case conference, and the process of registration, are absent from his study. Luckham, in fact recommends "an evaluation of case conferences" (p1). Luckham's study predates the implementation of the Children Act 1989, so an evaluation of the effects of the Act is missing. In contrast to Luckham's study this present one looks at the whole process of the child's journey through the system, whereas studies such as Luckham's "take snapshots" along the way.
- Hughes (1993) conducted a study of child sexual abuse referrals in the Hereford Social Services Area in order to examine whether symptoms and features at referral stage may be associated with outcomes. Referrals from January 1991 to December 1992, totalling 148, were examined. Some of the referral variables investigated correspond with those examined in this research, and comparisons will be made where possible. Hughes' study is a "snap shot" view and therefore does not explore the complete process which a referral undergoes, nor does it investigate the effects of the Children Act 1989; nor does it investigate all categories of abuse and neglect.
- Bingley Miller, Fisher and Sinclair (1993) undertook a study for an English Authority which wished to understand the growth in the number of children on their child protection register. Their study examined data on 817 referrals for suspected child abuse from April 1989 to April 1990. It explored if the existence of a common policy resulted in a similar pattern of decision making throughout the department. Their study focused on decisions to refer children to case conferences, and to register them, and on the way these decisions are influenced by local

politics and particular individuals. Bingley Miller et al's study contains a considerable amount of information about referrals, and where possible, comparisons will be made with this present research. It does not explore case conference factors, nor does it examine the possible effects of the implementation of the Children Act.

- In a related study Fisher, Bingley Miller and Sinclair (1993) conducted a postal study of 123 cases subject to a case conference in 1989, in an English Authority. Their study aimed to identify factors which distinguished children who were registered from children who were not, and describes the reasons for registration, in order to gain knowledge about the factors which predict registration. Where relevant, comparisons will be made with the research on hand. However, Fisher et al's study did not investigate case conference variables nor did it pay attention to the Children Act 1989.
- Gibbons, Conroy and Bell (1995) conducted a study for the Department of Health in an attempt to understand the wide variations in numbers of children on child protection registers in authorities of similar type; and to explain wide variations in operational practices. They used a combination of a national postal survey of English registers and a more detailed study in eight authorities. Their research was intended to provide information on firstly, the extent of variation in the way child protection registers were operated and how they were used within the child protection system; secondly, the variations in the processes that led to a child's name being placed on the register and thirdly, the effects of being placed on the register. Gibbons et al's national postal survey was undertaken in the first quarter of 1991 and was completed by 90 English registers. Its purpose was to identify practices that might artificially operate to increase the rate of children on child protection registers, as well as to describe more generally the way in which central registers were staffed, operated and used. In Gibbons et al's more detailed study undertaken in the small sample of eight authorities children referred to social services for alleged abuse and neglect were identified at the point of referral and then tracked through the system up to the point of registration, or earlier closure of the investigation. This more detailed study examined whether areas with high registration rates would have more children referred or whether they would have lower thresholds - that is, investigate less serious referrals. It also investigated whether such areas would conference a higher proportion of referred children, more of whom would be placed on the register - also at lower levels of seriousness. The effects of registration in the following 26 weeks were examined. Gibbons et al's (1995) study is comparable in several respects to this present one, and comparisons will be made when the findings from this study are presented.

Chapter Five: Description of referral variables and their effect on child protection decision making

1. Introduction

This fifth chapter is concerned with reporting the findings of the study. It begins with a discussion of decision makers' subjectivity in child protection decision making, which was apparent from reading the referral forms. This is followed by an overview of how the 2,069 referrals under investigation were processed through Kent Social Services' child protection system. It continues by describing and discussing each of the referral variables. Each variable is presented separately in so far as information about the variable is available as sometimes information was missing. The variable is discussed firstly in relation to the children who constituted the Pre Children Act sample, and secondly in relation to those in the Post Children Act sample. Thirdly, the variable is compared across both samples. The effect of each of the variables on the case conference decision (the decision to actually hold a conference) is then examined, firstly for the Pre Act and secondly for the Post Act, and finally both samples are compared. As mentioned in Chapter Four the recommendation decision (the initial decision concerning whether a conference is recommended) will only be mentioned if it differs in significance from the case conference decision.

2. Subjectivity in child protection decision making

Chapter One discussed how the different fundamental philosophies which child protection decision makers have about childhood, influence the decisions they make about child abuse and neglect referrals. These subjective definitions of childhood, child abuse and child neglect became apparent on reading the referral forms, and it was clear that this subjectivity was influential in decision making - although it could not be analysed in any systematic way in this research⁹.

Such subjectivity was especially apparent in grey areas where so-called normal child rearing practices merged with abusive or neglectful child-rearing. For instance, it was recorded on the referral forms how some decision makers viewed "chastisement" as "acceptable", others defined it as "abusive". Some viewed "spoiling" as "bad child rearing practice" while another decided that the child was "loved". Some viewed a child who "adopts a protective parental role towards her parents" as "mature and well adjusted", whereas others viewed such behaviour as "worrying". Some viewed a child who is "sent to his bedroom without his tea" as "acceptable parenting", whereas others labelled it as "emotionally abusive". This subjectivity and uncertainty was also evident in the sexual arena with some child

⁹ This topic is highlighted in Chapter Ten as warranting further exploration in a future study.

protection decision makers believing that young children of different genders "undressing and playing exploratory games" was evidence of "worrying sexual behaviour" whereas another sees it as akin to playing "doctors and nurses which all children play".

Nagi (1977) interestingly comments that it is inevitable that in any continuum a doubtful middle area will exist. He claims that at the heart of the problem lies the question of what forms of maltreatment are to be considered disciplinary, excessive or abusive. Nagi also found that the most skilled professionals were the least confident about the values of intervention. In a similar vein, Howitt (1992) notes that "decisions about abuse may be expected to have a degree of discretion built into them and to be prone to the influence of factors which are not properly concerned with child abuse decisions" (p186).

3. Overview of how referrals were processed

Figures 5.1 and 5.2 illustrate what happened to the Pre and Post Children Act samples of referrals respectively. The Pre Children Act sample will firstly be described.

3.1 Pre Children Act referrals

1024 SS590A referral forms were received in Kent Social Services Headquarters, in the six month period from 1 March to 31 August 1991. All these referrals were followed through the social services system. The 8th July 1992 was chosen as the cut off date for obtaining information about them. The outcome of these referrals is detailed in Figure 5.1, where it can be seen that an initial recommendation to hold a case conference was apparent in 412 (40%) of referrals. Figure 5.1 also shows how various changes in decision took place resulting in 412 conferences actually being held - including 11 which were reconvened. That is to say that 40% of referrals resulted in a conference.

3.2 Post Children Act referrals

1045 Child Protection cases were received in Kent Social Services Headquarters in the four month period 1 April to 31 July 1992. These Post Children Act referrals were, as in the Pre Children Act sample, tracked through the social services system. The 1st March 1993 was chosen as the cut off date for obtaining the required information. The outcome of these referrals is detailed in Figure 5.2. That figure shows that an initial recommendation decision to hold a case conference was apparent in 396 (38%) of referrals. Various changes in decision took place resulting in 386 conferences actually being held including 7 which were reconvened. A total of 37% of referrals resulted in a case conference.

Pre Children Act Referrals

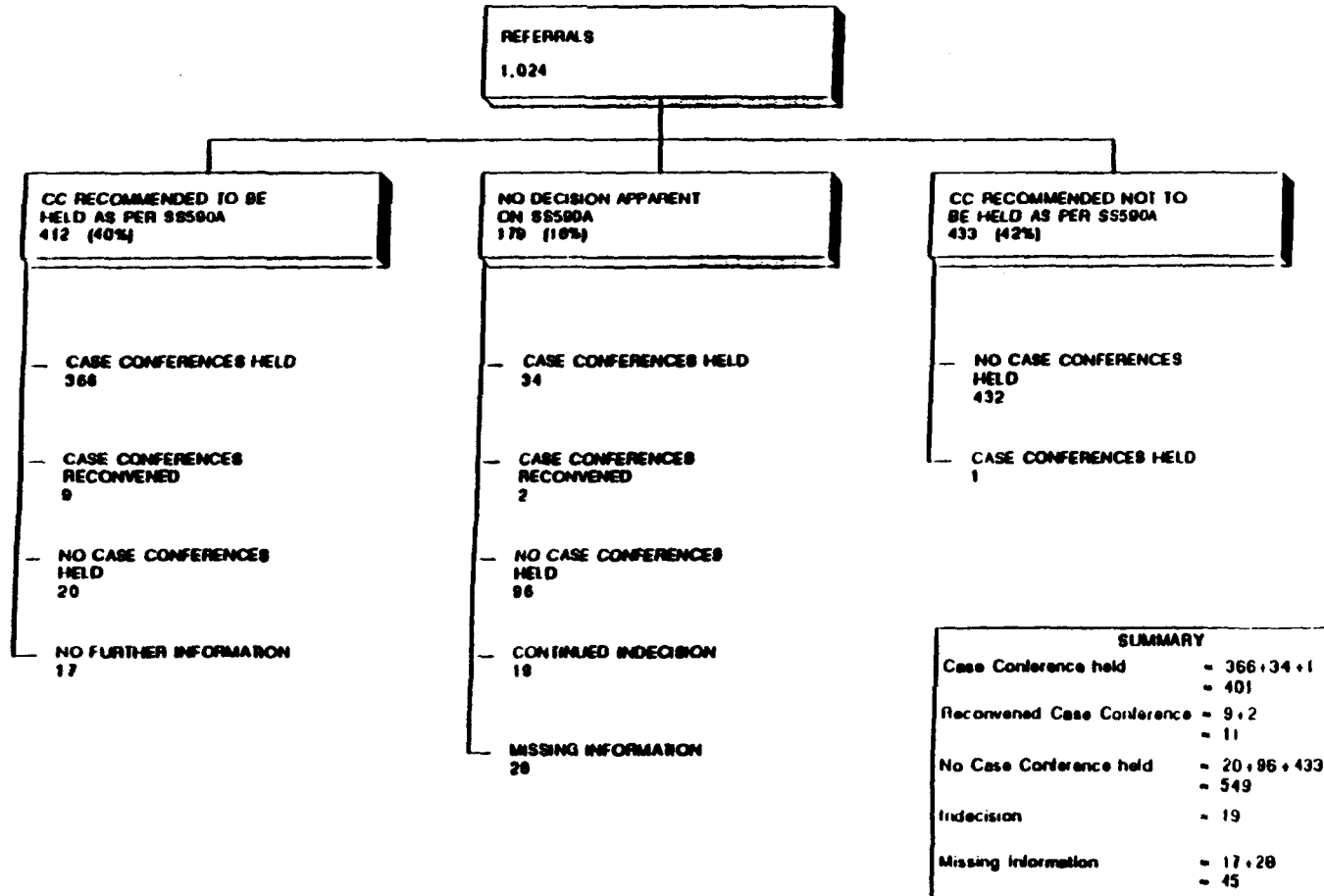


Figure 5.1



Post Children Act Referrals

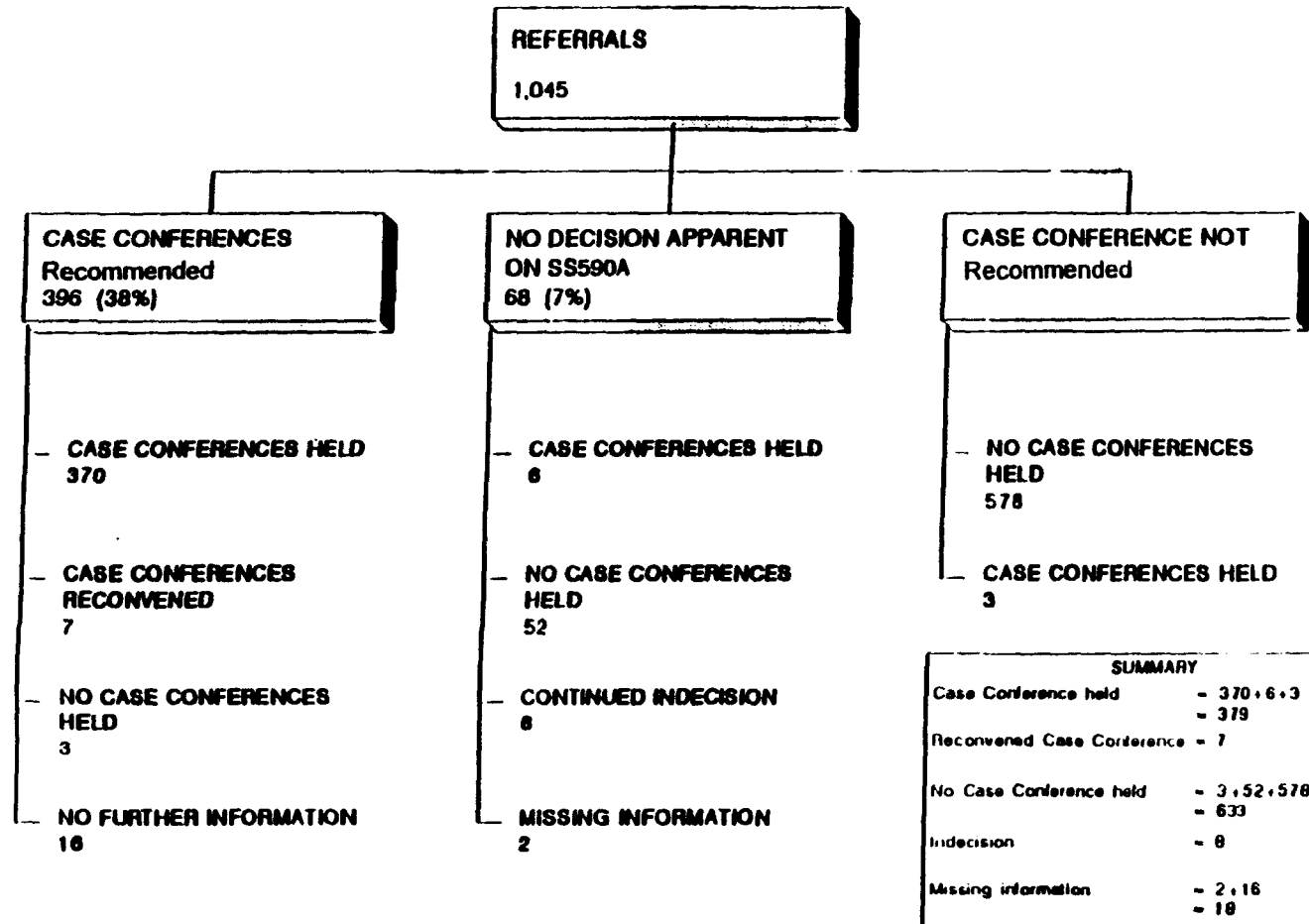


Figure 5.2

3.3 Discussion of Pre and Post Act referrals

Forty per cent and 37% of the Pre and Post Act samples of child protection referrals respectively, reached an interagency child protection conference. This compares to 24% of the 1,888 referrals in Gibbons, Conroy and Bell's (1995) study.

It was hypothesised in Chapter Four that there would be an increase in the rate of referrals to social services for the Post Act, and this proved to be true. There were 1,024 referrals for the six month Pre Children Act sample compared to 1,045 referrals in the four month Post Children Act sample. This represents a monthly increase of 53% in the amount of referral forms received in Headquarters. In effect, the Pre Act average of 67 case conferences per month in Kent increased to 95 per month in the Post Act. This large increase follows the pattern of recent years - as illustrated in Appendix 3.

It is possible that the publicity and training around the implementation of the Children Act 1989, has increased the awareness of professionals and the public about child protection issues, and has thus contributed to the increase in referrals. It seems likely that this 53% monthly increase in referrals puts increased pressure on social services - both in terms of work load and resources. It is interesting to note that four of the eight social workers interviewed in Nagington and Egan's (1992) study felt that their work load was too heavy and that their case load was too high.

Chapter Four, Section 2.1 stated that there are two decisions involved concerning case conferences. The first decision concerns the initial recommendation that a case conference should be held. This decision is indicated on the child's referral form. The case conference decision happens later and is indicated by the fact that a case conference is actually held. It was mentioned in Chapter Four that the case conference recommendation decision on the child's referral form, would be very significant in predicting whether a case conference would subsequently be held. As can be seen in Figures 5.1 and 5.2 the findings support this expectation. The recommendation to hold a case conference on the child's referral form correctly predicted that a case conference would actually be held in 91% of the Pre Act referrals and 95% of Post Act referrals. This increase from 91% to 95%, as will be seen throughout this thesis, is in keeping with the general trend of increased decisiveness in decision making in the Post Children Act sample. This finding also serves to show that a recommendation for a child to receive a case conference does not inevitably imply that the child will actually receive a case conference.

It was hypothesised in Chapter Four that the increased rate of referrals would result in fewer case conferences being held - as this would be a likely response to an increased work load, and to the change in referral / registration categories. This proved to be true. As a result of 1,024 Pre Act referrals in the six month period, 401 case conferences (39% of referrals) were held. In the four month period the 1045 Post Act referrals, led to 379 case conferences (36% of referrals). This decrease of 3% in the rate of

holding conferences is quite important when considered in relation to the 53% increase in the monthly rate of referrals. The reduction in the proportion of case conferences held for the Post Children Act sample is in keeping with the trend in Kent in recent years. It may be the result of social workers and managers adopting slightly more stringent criteria. Or it may be indicative of Kent's increasing work load and a possible decrease in resources. This study will investigate factors concerning the seriousness of the referrals.

Considerable reduction has occurred in the "no decision" category. No decision concerning whether a case conference would be held or not, was relevant to 18% of the Pre Act sample compared to 7% of the Post Act sample. It may represent sharper and more confident decision making, which may be partially influenced by the new categorisation system, implemented with the Children Act, as described earlier. Alternatively it may indicate that the increased workload of 53% in monthly referrals, required more hasty decisions to be made. Either of these possible explanations would serve also to explain the fact that no decision had still been made for 19 referrals in this category at least ten months after the child had been referred, in the Pre Act compared to only eight referrals in the Post Act sample where no decision had been made at least seven months after the child had been referred.

Five per cent of referrals in the Pre Act sample which had recommended that a case conference be held, definitely did not receive a case conference. The more decisive trend in the Post Act resulted in such a change of decision in only 1% of referrals.

4. Referral variables and the case conference decision

Chapter Four discussed how several items of information (variables) are available from the SS590A referral form (see Appendix 1). Hypotheses about the referrals were outlined in Chapter Four, and as stated in that chapter, these hypotheses dictated which variables were extracted from the referral form. Other variables were extracted because the practice wisdom acquired by the researcher in her seven years of clinical work in the area of child protection, suggested that these variables could be significant in predicting child protection decision making. Finally, the remaining variables were extracted so that a fuller account of the circumstances of children referred to Kent Social Services could be obtained. As outlined in the literature review, there is little precedence to follow, so the relatively unknown warrants investigation.

The first four variables to be presented - namely the child's age and gender, and the social services district and area to where the child was referred and where the case conference was held, are followed through the entire child protection system. These four variables will therefore be revisited in Chapter

Seven so that their effect on the registration decision can be examined. Relevant summary tables concerning these variables will be available in Chapter Seven.

The remaining referral variables presented in this chapter pertain only to the first stage of child protection procedures. They are therefore investigated in relation to whether or not they are significant in predicting whether a case conference is held. Each of these referral variables will now be described and discussed - firstly for the Pre Children Act, secondly for the Post Act, and then compared across both samples.

Tables 5.1 and 5.2 summarise the findings for the Pre and Post Children Act referral variables, respectively. They summarise the significance of the predictors and indicate which variables were very significant, significant, or not significant, in predicting that a case conference would actually be held. Significant referral variables are indicated in bold. These two tables will need to be consulted throughout this chapter.

Variable Name	Chi Sq	d.f.	p	NS/S/VS
Gender	2.904	2	.10	N.S.
Year of Age	19.410	17	.50	N.S.
Younger and Older Age	1.089	2	.30	N.S.
Social Services District	53.002	17	.00001	V.S.
Social Services Area	26.740	4	.0001	V.S.
Method of referral	2.047	2	.50	N.S.
Individual Referrer	71.363	12	.00001	V.S.
Global Referrer	31.992	2	.00001	V.S.
Individual Abuse Category	6.504	6	.30	N.S.
Global Abuse Category	9.415	6	.250	N.S.
Court Order	3.431	1	.10	N.S.
Parental awareness of referral	64.906	2	.00001	V.S.
Police to Investigate	3.516	1	.10	N.S.
Child known to:-				
Local Case Index	24.975	1	.00001	V.S.
Springfield	7.447	1	.005	V.S.
Child Protection Index	25.521	1	.00001	V.S.
N.S.P.C.C.	14.014	1	.00001	V.S.
Police	45.237	1	.00001	V.S.
Health Visitor	2.145	1	.250	N.S.
General Practitioner	.044	1	.90	N.S.
Clinical Medical Officer	18.743	1	.00001	V.S.
School	.553	1	.50	N.S.
Education Welfare Officer	10.498	1	.005	V.S.
Probation	24.494	1	.00001	V.S.

Table 5.1: Pre Children Act: Association between referral variables and the case conference decision

Variable Name	Chi Sq	d.f.	p	NS/S/VS
Gender	4.023	2	.10	N.S.
Year of Age	22.157	17	.250	N.S.
Younger and Older Age	5.530	2	.10	N.S.
Social Services District	50.549	17	.00001	V.S.
Social Services Area	22.570	4	.0001	V.S.
Method of Referral	3.792	2	.250	N.S.
Individual Referrer	71.347	12	.00001	V.S.
Global Referrer	14.456	2	.00001	V.S.
Individual Abuse Category	28.202	6	.00001	V.S.
Global Abuse Category	15.489	6	.025	S.
Court Order	9.966	1	.005	V.S.
Parental awareness of referral	36.916	2	.00001	V.S.
Police to Investigate	2.519	1	.10	N.S.
Child known to:-				
Local Case Index	18.900	1	.00001	V.S.
Springfield	24.145	1	.00001	V.S.
Child Protection Index	9.276	1	.005	V.S.
N.S.P.C.C.	15.498	1	.00001	V.S.
Police	36.931	1	.00001	V.S.
Health Visitor	.027	1	.70	N.S.
General Practitioner	1.944	1	.250	N.S.
Clinical Medical Officer	12.843	1	.00001	V.S.
School	.060	1	.80	N.S.
Education Welfare Officer	13.280	1	.00001	V.S.
Probation	14.245	1	.00001	V.S.

Table 5.2: Post Children Act: Association between referral variables and the case conference decision.

4.1 Gender

The rate of boys and girls referred to Kent Social Services and their corresponding rate of receiving case conferences is included in the information presented in Table 7.4 in Chapter Seven.

Referrals for the Pre Act consisted of 487 (48%) boys and 526 (51%) girls. This trend was accentuated in the Post Act when referrals consisted of 488 (47%) boys and 552 (53%) girls. Proportionately more girls were referred in both samples. This is especially true when considered in the light of the 1991 census where the child population in Kent for those aged 0 - 17 years was 51% (175,494) male, and 49% (166,948) female. Girls were thus consistently over-represented in referrals in both samples.

4.1.1 Gender and the case conference decision

The higher proportion of girls referred was accompanied by proportionately fewer receiving case conferences. 200 boys (41% of those referred) as compared to 203 girls (39% of those referred) in the Pre Act, received case conferences. Post Children Act referrals resulted in 181 boys (37% of those referred) and 200 girls (36% of those referred) receiving case conferences. However these differences were not statistically significant, although they may indicate discreet differences in responses to the alleged abuse and/or neglect of a child depending on their gender. The child's gender was not significant in predicting whether or not the s/he received a case conference in the Pre Act sample ($\chi^2 = 2.90$, $df = 2$, $p < 0.10$). Gender was also not significant in the Post Act sample ($\chi^2 = 4.02$, $df = 2$, $p < 0.10$). This finding is keeping with Nagington and Egan's (1992) study outlined in Chapter Four.

4.2 Year of age

Firstly an investigation of the ages of the children referred was undertaken on a year by year basis; secondly, a comparison of older and younger children was undertaken. There is a fairly even distribution of referrals across the age range, which consistently increases for children aged two to eight years at referral. The mean age for children referred in both samples was eight years. The age distribution of the children referred in the two samples is included in the information illustrated on Table 7.5 in Chapter Seven.

Few unborn children were referred in either sample - six and two respectively. The fact that fewer unborn children were referred in the Post Act sample may be coincidental. Alternatively it may be a reflection of the changed categorisation implemented with the Children Act, which, as discussed in Chapter Two, Section 6.1, stipulates that abuse must be proven to be likely to occur.

The 53% monthly increase in referrals is not explained by the fact that the Children Act increased Social Service's statutory obligations to children from 17 to 18 years of age, as only nine referrals (9%) of the Post Act sample were aged 18.

4.2.1 Year of age and the case conference decision

The child's age on a year by year basis was not significant in predicting whether the child received a case conference in the Pre Act sample ($\chi^2 = 19.4$, $df = 17$, $p < 0.50$). Neither was it significant for the Post Act ($\chi^2 = 22.16$, $df = 17$, $p < .250$). Information presented in Table 7.5 in Chapter Seven includes the frequency with which children of each age received conferences. It shows that the age distribution is similar across both samples. It is also evident that the rate at which case conferences were held decreased for all age groups for the Post Act sample. All the findings in this study point to the fact that this decrease is not the result of less serious referrals. Just as children aged 17 or over were unlikely to be referred, they were also unlikely to receive a case conference - although this had increased for the Post Act sample with nine of the 26 children in this age group receiving a conference; as opposed to only one of the 16 referred receiving a conference in the Pre Act sample.

4.3 Older and younger children

A comparison between children aged 0-8 and 9-17 revealed that children in the younger age group were more likely to be referred. Of those children whose ages were known, 574 (58%) in the Pre Act and 593 (58%) in the Post Act, were aged 8 or less.

4.3.1 Older and younger age and the case conference decision

Neither group of children was significantly more likely to receive a case conference in the Pre Act ($\chi^2 = 1.09$, $df = 2$, $p < 0.30$) or Post Act ($\chi^2 = 5.53$, $p < 0.10$) samples.

Nevertheless, as evidenced in Table 7.6 in Chapter Seven, older children were slightly more likely than younger children to receive a conference in both samples (45% and 41% respectively, as opposed to 41% and 39%). This finding is contrary to the expectation based on Nagington and Egan's (1992) study, outlined in Chapter Four, which suggested that younger children would be more likely to receive a conference, due to their being viewed as more helpless and vulnerable. Greenland (1987) identified that the child being under five years of age at the time of abuse or neglect was a high risk factor in his retrospective study of 168 cases of death from child abuse and neglect in North America and Britain. Table 7.6 demonstrates how the rate of holding case conferences decreased for both age groups.

4.4 Social services area

There are five social services areas in Kent. The rate at which children were referred to them in the Pre Act ranged from 12% of all referrals being referred to South East Kent, to 27% of the Pre Act referrals

being referred to Medway/Swale. There was less variation in referral rates to areas in the Post Act - ranging from 14% of all referrals to Mid Kent to 24% to Dartford and Gravesham.

The rate at which children are referred to the various social services areas is not accounted for by differences in child populations between areas, because each area's referral rates are not consistently in proportion to its child population. Table 5.3 demonstrates the wide variability in rates of children referred to the five areas per head of population in 1991.

Social Services Area	Child Population	Pre Children Act		Post Children Act	
		No. of children referred	No. of children referred per 10,000	No. of children referred	No. of children referred per 10,000
Canterbury and Thanet	65,900	268 (26%)	41	218 (22%)	33
Dartford and Gravesham	52,100	169 (17%)	32	240 (24%)	46
Medway / Swale	83,600	269 (27%)	32	193 (19%)	23
Mid Kent	91,800	191 (19%)	20	143 (14%)	15
South East Kent	60,600	118 (12%)	19	208 (21%)	34

Table 5.3: Rate of referrals to social services areas and child population

Table 5.3 also demonstrates change in referral rates across the two time periods with Canterbury and Thanet's rate of referrals decreasing by 0.0008% of its child population whereas South East Kent's increased by 0.0015%.

4.4.1 Social services area and the case conference decision

The social services area where a conference took place was known for 393 conferences in the Pre Children Act and 364 in the Post Act. Some of the difficulties in defining child abuse and neglect and how this leads to fluidity and subjectivity in child protection decision making, were discussed in Chapter One. It was hypothesised in Chapter Four that there would be differences between social services areas in their rate of holding case conferences. This hypotheses was upheld for both samples.

The social services area to which a child was referred was found to be a very significant predictor of whether or not a case conference was held in the Pre Act sample ($\chi^2 = 26.74$, $df = 4$, $p < 0.0001$). Table 5.4 shows the wide variations between areas in their rate of holding case conferences ranging from

Dartford and Gravesham which conferenced only 42 (25%) of its referrals whilst Canterbury and Thanet held conferences for 133 (50%).

Social services area was also a very significant predictor in the Post Act sample ($\chi^2 = 22.57$, $df = 4$, $p < 0.0001$). Table 5.4 shows that the variation ranged from Dartford and Gravesham again holding proportionately fewer conferences - only 67 (28%) of its referrals, to South East Kent's 91 (44%).

S.S.Area	Pre Children Act			Post Children Act		
	Referrals	CC Held	Reg	Referrals	CC Held	Reg
Cantbury & Thanet	268	133	58	218	70	28
Dartford & Gravesham	169	42	21	240	67	31
Medway / Swale	269	99	46	193	78	31
Mid Kent	191	80	56	143	72	39
South East Kent	118	55	27	208	91	33

Table 5.4: Social services areas' referrals, conferences and registrations

4.5 Social services district

Further analysis was undertaken to see if referral rates would vary within each social services area. Each area consists of a few social services offices - each which comprises one or more Children and Families Teams. For the purposes of this thesis each office is called a "district". Canterbury and Thanet Social Services Area for instance, has four "districts" - Canterbury, Coastal, Thanet North and Thanet South. The five areas consist of 18 districts¹⁰ and these are listed in Appendix 4 (List A).

It was predicted in Chapter Four that there would be differences within areas in their rate of holding case conferences. This expectation proved to be true for both samples. There was wide variation in the numbers of referrals to each district. In the Pre Children Act sample, Gillingham had the highest number of referrals, 117 cases (12% of all referrals), whilst Shepway had the least at 21 (2% of referrals). In the Post Act sample, Gravesham had the highest at 153 cases (15% of referrals) whilst Shepway had the least at 13 (1% of referrals).

¹⁰ The term "social services area" is meaningful in Kent Social Services' vocabulary, but the term "social services district" is meaningless, and the term is employed specifically for this research.

There was also considerable variation within given districts across the two time periods. Comparative figures for the two periods for each district reveal that Ashford had a three-fold increase in referral rates.

4.5.1 Social services district and the case conference decision

The influence of social services area on the case conference decision was an interesting discovery. Hence an investigation of the effect of social services districts was deemed necessary as differences between areas may mask individual district differences in their rates of holding case conferences.

The social services district to which a child was referred was a very significant predictor of the case conference decision in the Pre Act sample ($\chi^2 = 53.00$, $df = 17$, $p < 0.00001$). It was also very significant in the Post Act sample ($\chi^2 = 50.55$, $df = 17$, $p < 0.00001$).

The number of conferences held throughout Kent varied enormously from district to district in both samples - as displayed on Table 5.4. In the Pre Act sample the average rate of holding conferences was 39% of referrals. Dover held proportionately the most at 31 (66% of its referrals) whilst Gravesham held the least at 16 (20% of referrals). In the Post Act sample the average rate of holding case conferences had decreased to 36%. Maidstone held proportionately the most conferences at 28 (65% of its referrals), whilst Rochester held proportionately the least at 7 (17% of referrals).

4.6 Method of referral

There were 947 and 997 referrals in the Pre and Post Act samples respectively where the method of referral was known. The method used to refer a child to social services is fairly consistent across both samples, with three quarters of referrals made by telephone. There was a 4% increase in referrals being made in person.

Referral Method	Pre Act	Post Act
In Person	118 (12%)	156 (16%)
By Telephone	765 (75%)	791 (76%)
By Letter	64 (6%)	50 (5%)
Not recorded	77 (7%)	39 (3%)

Table 5.5: Method of referring children to Kent Social Services

4.6.1 Method of referral and the case conference decision

There were 892 and 979 referrals for the Pre and Post Act samples respectively, where the method of referral and the case conference decision, was known. It was hypothesised that referrals made in person may be more likely to result in a case conference. However, this hypothesis was not upheld as the method of referral was not significant in predicting the case conference decision either in the Pre Act ($\chi^2 = 2.05$, $df = 2$, $p < 0.50$) or Post Act ($\chi^2 = 3.79$, $df = 2$, $p < 0.250$) samples.

4.7 Individual categories of referrers

People from different professions and various aspects of the child's life refer children to social services. Only the most frequent referrers were included in this study.

In the Pre Children Act sample the biggest single category of referrer was the natural parent of the child, which constituted 148 (14%) of referrals. The next largest category was teacher which accounted for 121 (12%), followed closely by the police who referred 112 (11%) children. GPs referred 88 (9%) children, 56 (5%) children referred themselves, and 86 (8%) referrals were referred anonymously.

In the Post Children Act sample the first and second largest categories of referrers are reversed with teachers as the largest source of referrals, accounting for 145 (14%) referrals, followed by natural parents who referred 127 (12%) children. The police made 87 (8%) referrals. The child referred him/herself in 74 (7%) cases and social services employees 73 (7%). Neighbours referred 56 (5%) children and 69 (7%) referrals were made anonymously.

Gibbons' (1994) study of 1,888 referrals revealed that schools were the largest source of referrals, followed by health staff, followed by lay people. Other social services departments were the next largest source of referrers and this was followed by Police/Probation. 6% of the referrals in Gibbons' study were anonymous.

4.7.1 Individual category of referrer and the case conference decision

The position of the person making the referral was very significant in predicting that a case conference would be held in the Pre Act sample ($\chi^2 = 71.36$, $df = 12$, $p < 0.00001$). It was also very significant in the Post Act ($\chi^2 = 71.35$, $df = 12$, $p < 0.00001$).

Table 5.6 shows that in the Pre Act sample, referrals made anonymously, or from neighbours, friends, teachers, and natural parents were highly unlikely to result in a case conference being held; whereas

referrals from GPs, health visitors/school nurses, or social services employees were more likely to result in a case conference.

In the Post Act, as before, referrals from anonymous sources, friends, neighbours and teachers were significantly less likely to result in a conference. As illustrated in Table 5.6, referrals from GPs were the most likely to receive a case conference.

Referrer	Pre Children Act			Post Children Act		
	Referrals	CC Held	CC not Held	Referrals	CC Held	CC not Held
Anon	69(9%)	14(20%)	55(80%)	67(8%)	11(16%)	56(84%)
Parent	131(18%)	63(48%)	68(52%)	132(17%)	67(51%)	65(49%)
Sibling	14(2%)	8(57%)	6(43%)	45(6%)	23(51%)	22(49%)
Relative	23(3%)	14(61%)	9(39%)	27(3%)	9(33%)	18(67%)
Neigh'r	56(8%)	12(21%)	44(79%)	55(7%)	6(11%)	49(89%)
Friend	35(5%)	11(31%)	24(69%)	22(3%)	8(36%)	14(64%)
Child	50(7%)	23(46%)	27(54%)	72(9%)	42(58%)	30(42%)
Teacher	94(13%)	42(45%)	52(55%)	133(17%)	34(26%)	99(74%)
G.P.	72(10%)	42(58%)	30(42%)	37(5%)	24(65%)	13(35%)
H.V.	49(7%)	30(61%)	19(39%)	41(5%)	21(51%)	20(49%)
SS Staff	47(6%)	35(74%)	12(26%)	66(8%)	34(52%)	32(48%)
Police	82(11%)	44(54%)	38(46%)	81(10%)	35(43%)	46(57%)
Hos SW /Nurse	20(3%)	10(50%)	10(50%)	12(2%)	5(42%)	7(48%)
Total	742			790		

Table 5.6: Individual referrers and the case conference decision

Interesting changes are evidenced between the two time periods - which may be only partly explained by the decrease from 39% to 36% in the rate of holding conferences. Changes included the decreased power of various referrers in effecting a case conference - relatives by 28%; social services employees by 22%; teachers by 19%; police by 11%; neighbours by 10% and health visitors by 10%. Only three categories of referrers' power to effect a conference increased: Children referring themselves, or being referred by their friends resulted in 12% and 5% more conferences respectively being held; and GPs power in effecting conferences increased by 7%.

4.8 Global categories of referrers

Individual categories of referrers were collapsed into the more global categories of "Professionals" (such as teachers and GPs), "Non Professionals" (such as family, neighbours and the child him/her self) and "Anonymous" as it was thought to be of interest to compare these categories of referrers. The frequency with which children were referred to Kent Social Services by these categories of referrers (where such information was available) is illustrated on the following Table 5.7. Based on the literature cited in Chapter Four, it was expected that professionals would be more likely to refer children to social services. Table 5.7 illustrates how this expectation has been upheld.

Global Category of Referrer	Pre Act	Post Act
Professionals	393 (46%)	487 (51%)
Non Professionals	370 (44%)	393 (41%)
Anonymous	86 (10%)	69 (8%)

Table 5.7: Global category of referrer and referral rates

4.8.1 Global category of referrer and the case conference decision

Based on the literature cited in Chapter Four, it was hypothesised that referrals from professionals would be significantly more likely to result in a conference. A comparison of professional, non professional and anonymous referrers revealed that the global category of referrer was very significant in predicting the case conference decision in the Pre Act ($\chi^2 = 32.00$, $df = 2$, $p < 0.00001$) and Post Act ($\chi^2 = 14.46$, $df = 2$, $p < 0.00001$) samples.

	Pre Children Act		Post Children Act	
	CC Held	CC Not Held	CC Held	CC Not Held
Professionals	225(49%)	234(51%)	170(36%)	300(64%)
Non Profs.	131(37%)	224(63%)	163(42%)	222(58%)
Anonymous	15(18%)	67(82%)	13(19%)	56(81%)

Table 5.8: Global category of referrer and the case conference decision

Table 5.8 demonstrates that the hypothesis was upheld for the Pre Act sample where referrals from professionals were more likely to result in a conference. That is to say that 49% of referrals from professionals resulted in a case conference compared to 37% from non-professionals.

It is hypothesised in Chapter Four that the Children Act's emphasis on increased partnership could lead to referrals from non professionals becoming more influential in their power to effect a case conference in the Post Children Act sample. This hypothesis proved to be true. As displayed in table 5.8 referrals from professionals became less likely to result in a case conference whereas referrals from non-professionals became more likely.

Referrals made anonymously were unlikely to result in a case conference, in either sample. The outcome of 82 of the anonymous Pre Act sample is known and reveals that only 15 (18%) resulted in a case conference. The corresponding figure for the Post Act is 13 (19%). In some instances this line of action may be desirable as the referral may be malicious or over-zealous. As discussed in the previous chapter however there is also the possibility that it may not have been possible for the referral to reach the case conference stage, due to difficulties in tracing and following up the referral.

4.9 Specific category of alleged abuse

The referral form requires the investigating social worker to categorise the allegation of abuse or neglect. These categories were outlined in Chapter Two, Tables 2.2 and 2.3. As discussed in Chapter Two, the Children Act stipulated changes in the abuse and neglect categories, resulting in the "potential risk" categories no longer existing in their own right. Rather they have been incorporated - to some extent, into the present six categories.

The primary category of alleged abuse and neglect at referral was known for 930 (91%) and 963 (92%) of the Pre and Post Act referrals respectively, and this information is shown in Table 5.9. Chapter One outlined the difficulties involved in defining child abuse and neglect and expected that the proportions of children referred under the various abuse categories would differ. For instance it expected fewer children to be referred for "less visible" abuse such as neglect or emotional abuse. This proved to be true for both samples.

In the Pre Children Act sample, the sexual abuse category accounted for the most referrals at 356 (38%) followed by physical abuse which accounted for 330 (36%). In the Post Act these two referral categories were reversed with the physical abuse category accounting for 398 (41%), followed by the sexual abuse category which was applicable to 383 (40%).

Gibbons' (1994) study of 1,888 child protection referrals revealed that 44% of referrals were for physical abuse, 28% were for sexual abuse and 3% were for emotional abuse. Whilst her findings for alleged

physical and emotional abuse are comparable to those in this present study, a greater number of referrals to Kent were for alleged sexual abuse.

4.9.1 Specific category of alleged abuse and case conference decision

It was hypothesised in Chapter Four, that the category of abuse at referral would be a significant predictor of whether or not a case conference would be held. It was hypothesised that children referred for alleged sexual abuse would be significantly more likely to receive a conference; and that those referred for alleged emotional abuse would be less likely to receive a conference.

The alleged primary abuse category on the child's referral form was not significant in predicting that a case conference would be held in the Pre Act sample ($\chi^2 = 6.50$, $df = 6$, $p < .30$). This finding therefore does not support the hypotheses outlined in Chapter Four. The range of differences between categories in their power to effect a conference ranged from 23% of emotional abuse referrals to 56% of sexual neglect, leading to conference. Table 5.9 demonstrates these and other findings.

The Post Act findings represent a major change from the Pre Act, and the specific category of alleged abuse proved to be a very significant predictor of whether or not a case conference was held ($\chi^2 = 28.20$, $df = 6$, $p < 0.00001$). This ranged from only 28% of emotional abuse resulting in a conference to 77% in the case of emotional neglect - as Table 5.9 demonstrates.

The rate of holding case conferences for the two largest categories of abuse was fairly consistent across both samples. Physical abuse resulted in 37% and sexual abuse in 42% in the Pre Act. The corresponding figures for the Post Act were 34% and 43%.

Category	Pre Children Act		Post Children Act	
	Referrals	C.C. Held	Referrals	C.C.Held
Phy. Abuse	330 (32%)	123 (37%)	398 (38%)	134 (34%)
Emot. Abuse	13 (1%)	3 (23%)	18 (2%)	5 (28%)
Sex Abuse	356 (35%)	150 (42%)	383 (36%)	166 (43%)
Phy. Neglect	91 (9%)	35 (38%)	80 (8%)	28 (35%)
Emot.Neglect	17 (2%)	6 (35%)	26 (2%)	20 (77%)
Sex. Neglect	9 (1%)	5 (56%)	14 (1%)	4 (29%)
Pot. Risk	114 (11%)	50 (44%)	44 (4%)	13 (30%)

Table 5.9: Category of alleged abuse and case conference decision

4.10 Global category of alleged abuse

Secondly the two physical categories, the two emotional categories, the two sexual categories and the three potential risk categories were amalgamated, to investigate the frequency of referral in each category. The findings are demonstrated on Table 5.10.

Category	Pre Children Act	Post Children Act
Physical	399 (46%)	470 (50%)
Emotional	29 (3%)	43 (5%)
Sexual	346 (40%)	381 (41%)
Potential Risk	100 (11%)	42 (4%)

Table 5.10: Global category of alleged abuse and referral rates

The global category of physical - including abuse and neglect was the largest category of referral in both samples. This was followed by the sexual category in both samples. The emotional category including abuse and neglect was seldom used as the primary referral category. It was used in only 29 (3%) and 43 (4%) of the Pre and Post Act referrals, respectively.

The three potential risk categories, when added together, were used as the primary category of referral in 100 (11%) and 42 (4%) of the Pre and Post Act referrals respectively. These categories were

theoretically obsolete at the time of the Post Act sample - which accounts for it being used in 7% fewer referrals.

A comparison of the Pre and Post Children Act samples suggest that children previously classified as potential risk have been absorbed by the remaining categories, most notably physical abuse which has proportionately increased the most accounting for 4% more referrals in the Post Act samples.

4.10.1 Global category of alleged abuse and case conference decision

Each of these four more global categories of abuse - physical, emotional, sexual and potential risk, were investigated in those 874 referrals in the Pre Act and 936 referrals in the Post Act, to see if they would predict whether or not a case conference would be held.

These global categories were not statistically significant in predicting that a case conference would be held in the Pre Act ($\chi^2 = 9.42$, $df = 6$, $p < 0.250$). There were differences however, with emotional abuse being the least likely to receive a case conference with only 31% of such referrals resulting in a conference. The sexual abuse category was the most likely to result in a conference at 45%.

These four global categories of abuse were significant in the Post Act in predicting whether or not a case conference would be held ($\chi^2 = 15.49$, $df = 6$, $p < 0.025$). Their power to predict a conference ranged from 26% of potential risk referrals resulting in conferences to 53% of those in the emotional categories. The finding for the Post act referrals that the individual categories of abuse at referral were statistically very significant ($\chi^2 = 28.20$, $df = 6$, $p < 0.00001$) and decreased in significance for the global categories ($\chi^2 = 15.49$, $df = 6$, $p < 0.025$) means that there was more variation between individual categories than between global categories.

A noticeable finding for the Post Act was the decrease in referrals for potential risk leading to a conference - from 44% to 26%. The physical and sexual abuse categories became slightly less likely to result in a conference than in the Pre Act. The Post Act emotional abuse category was the only one more likely than not to lead to a case conference. Table 5.11 demonstrates these findings.

The categorisation system stipulated by the Children Act may therefore be an improvement, especially if it is forcing social workers to be more precise about the concerns they have about a child. On the other hand this newer categorisation system may have the unfortunate side effect of making it more difficult for a case conference to be held for a child where the social worker has a "niggling", "hard to pin-point feeling", that something is not "quite right" in a child's life. This may explain why referrals for potential risk were less likely to result in a conference in the Post Act.

Alleged Abuse Cat.	Pre Children Act			Post Children Act		
	CC Held	CC Not Held	n	CC Held	CC Not Held	n
Physical	160 (40%)	239 (60%)	399 (46%)	163 (35%)	307 (65%)	470 (50%)
Emotional	9 (31%)	20 (69%)	29 (3%)	23 (53%)	20 (47%)	43 (5%)
Sexual	155 (45%)	191 (55%)	346 (40%)	160 (42%)	221 (58%)	381 (41%)
Pot.Risk	44 (44%)	56 (56%)	100 (11%)	22 (26%)	31 (74%)	42 (4%)

Table 5.11: Global categories of alleged abuse and the case conference decision

4.11 Court Order

This information about the child was missing in 16% of referral forms in both samples. No distinction was made between the different types of court orders, such as supervision orders and care orders, as this information is not available from the referral form. Table 5.12 demonstrates consistency across both samples in the rate at which children are known to be the subject of court orders.

Court Order:	Pre Children Act	Post Children Act
Child known to be subject of Court Order	41 (4%)	52 (5%)
Child known not to be subject of Court Order	819 (80%)	822 (79%)

Table 5.12: Rate of children who are the subject of Court Orders

4.11.1 Court Order and the case conference decision

Whether or not a child was the subject of a court order was not a significant predictor of the case conference decision in the Pre Act sample ($\chi^2 = 3.43$, $df = 1$, $p < 0.10$).

Unlike the Pre Children Act, the Post Children Act sample demonstrated that a child known to be the subject of a court order was very significantly more likely to receive a case conference ($\chi^2 = 9.97$, $df = 1$, $p < 0.005$). Of those 52 children who were known to be the subject of a court order 29 (58%) received a

case conference. Those who were known not to be the subject of a court order were significantly less likely to receive a conference - 36% as compared to 64%.

4.12 Parental awareness of referral

The social worker completing the child's referral form is required to indicate whether or not the child's parents are aware that their child has been referred to Kent Social Services. Of those 802 Pre Children Act referrals where this information was known, parents were aware of the referral in 514 cases (64% of referrals) and not aware of the referral in 288 cases (36% of referrals). Of the 900 Post Act referral where this information was known, parents were aware of the referral in 590 instances (66% of referrals) and not aware in 310 (34%).

Whether or not the parent is shown as being aware of the referral depends on the time at which the form is completed by the social worker. It is also dependent on whether or not it is deemed advisable for the parent to be told of the referral before some investigation is carried out.

This apparent 2% increase in parental awareness in the Post Act supports the hypothesis in Chapter Four, which expected parental awareness to increase for the Post Act, due to the Children Act's strong emphasis on parental involvement which should be reflected in an increased openness regarding referral to social services.

4.12.1 Parental awareness and case conference decision

There was a very significant relationship between parental awareness of the referral and whether or not a case conference was held in the Pre Act ($\chi^2 = 64.91, df = 2, p < 0.00001$) and Post Act ($\chi^2 = 9.97, df = 2, p < 0.00001$) samples. Table 5.13 demonstrates the breakdown for both samples.

Case Conference Decision:	Pre Children Act		Post Children Act	
	Parent Aware	Parent Unaware	Parent Aware	Parent Unaware
CC Held	270 (53%)	69 (24%)	272 (46%)	80 (26%)
CC Not Held	244 (47%)	219 (76%)	318 (54%)	230 (74%)
Total	514	288	590	310

Table 5.13: Parental awareness of referral

The most important finding for both the Pre and Post Act samples concerns the very high number of children referred without their parents being aware of the referral - 288 (36%) and 310 (34%)

respectively. About three quarters of these children in each sample, did not receive a case conference and this begs the question of whether some of the parents may never have become aware that their child had been referred.

4.13 Police investigation

Of the 861 Pre Act referrals where the decision concerning a police investigation was known, police were to investigate 613 (60%) referrals. Of the 716 Post Act referrals where this decision was known, police investigations increased to 701 (67%) referrals, in spite of the fact that the rate of referral had increased by 53% per month. This may indicate that the seriousness of the referrals, at least as judged by the police and social services, had not decreased.

Davies (1995) warns that more care should be taken by social services before they enter into joint investigations with the police. He believes that "police involvement may be more traumatic for the family and may not be in the best interests of the child" (p20).

4.13.1 Police investigation and child protection decision making

Pre Children Act

It was outlined at the beginning of this chapter that the effect of each variable on both the recommendation decision and the case conference decision was investigated. It was explained how the case conference decision would be the focus of attention in this chapter, and that the recommendation decision would only be mentioned if it differed from the case conference decision. This study discovered that the police investigation factor in the Pre Act, was the only variable to differ in significance for both decisions.

That is to say that in the Pre Children Act sample a decision for a police investigation to be undertaken was very significant in predicting that a recommendation would be made to hold a case conference ($\chi^2 = 13.74$, $df = 1$ $p < 0.00001$). The decision for the police to investigate the referral was not significant in predicting the subsequent occurrence of a case conference ($\chi^2 = 3.52$, $df = 1$, $p < 0.10$). Hence, the hypothesis outlined in Chapter Four that referrals recommended a police investigation would be more likely to receive a conference, did not prove to be true. The findings are illustrated on Table 5.14.

It is possible that the outcome of police investigations in the Pre Act may partly account for the 9% of conferences which were recommended to be held on the child's referral form, but which were subsequently not held.

C.C Decision	Pre Children Act		Post Children Act	
	Police to investigate	Police not to investigate	Police to investigate	Police not to investigate
C.C Held	258 (45%)	111 (38%)	284 (41%)	7 (26%)
C.C Not Held	314 (55%)	178 (62%)	405 (59%)	20 (74%)
Total	572 (66%)	289 (34%)	689 (96%)	27 (4%)

Table 5.14: Police investigation and case conference decision

Post Children Act

In contrast to the Pre Children Act, the decision for the police to undertake an investigation was not significant in predicting the recommendation decision ($\chi^2 = 3.43$, $df = 1$, $p < 0.10$).

As in the Pre Children Act sample, police investigation did not predict whether a conference was held ($\chi^2 = 2.52$, $df = 1$, $p < 0.10$). This information was known in 861 and 716 cases respectively, and is summarised in Table 5.14. The table illustrates that those referrals which the police were not to investigate were highly likely not to receive a conference (62% and 74% respectively).

4.14 NSPCC investigations

The NSPCC was responsible for only six investigations in the Pre Children Act sample, and for one investigation in the Post Children Act sample.

4.15 Involvement of other agencies

Social workers investigating referrals of suspected child abuse and neglect are required to contact other agencies including the police, medical services and the authority's information systems, to establish whether or not the child or the child's family is known to them (see Appendix 1). Table 5.15 gives a breakdown of the agencies to whom the child or the child's family were known at the time of the referral, for the Pre and Post Children Act samples.

Information concerning whether the child was known to these agencies was sometimes not completed in the referral form. In some of these instances, for reasons of age particularly, the agency in question was not applicable to the child. Age appropriateness has been included in this analysis.

Agency Contacted	Pre Act Known (%)	Post Act Known (%)
Local Case Index	517 (51)	341 (33)
Springfield	29 (3)	28 (3)
Child Protection System	208 (20)	278 (27)
NSPCC	184 (18)	169 (16)
Police	438 (43)	453 (43)
Health Visitor	449 (44)	429 (41)
General Practitioner	760 (74)	795 (76)
Clinical Medical Officer	427 (42)	538 (52)
School	566 (55)	609 (58)
Education Welfare Officer	159 (16)	186 (18)
Probation	209 (20)	259 (25)
Playgroup/Nursery	71 (7)	88 (8)

Table 5.15: Frequency of child/family known to other agencies

There is considerable consistency across both time periods in the rate at which children and/or their families are known to other agencies.

51% and 33% of the Pre and Post Act referrals respectively, were known to the Local Case Index (LCI). This local system contains all social services' clients in Kent - not only those involved in child protection.

20% and 27% of referrals for the Pre and Post Act samples respectively, were known to the Child Protection System (CPS). This system contains information from referral forms, details of case conferences and registrations of all child abuse cases in Kent.

The 18% decrease in children known to the LCI and the 7% increase in those known to the CPS between the 1991 and 1992 sample is interesting, in the light of the Nagington and Egan's (1992) study. Social

workers in that study stated their preference for the LCI in their every day activities as it contains very basic details of children and their families. They used the CPS when there was grave concern about a child. They felt that the LCI system is more flexible and accessible, although the CPS contains much more detailed information. The finding outlined above for the Pre Act sample which was approximately when the study was undertaken is consistent with this view. The increase in the CPS for the Post Act sample may indicate an improved system or an increased need by social workers to access more detailed information.

The finding that 184 (18%) and 169 (16%) children for the Pre and Post Acts respectively were known to NSPCC, seems relatively high in view of the finding outlined in the last section which revealed that NSPCC's involvement in child protection decision was minimum. They were to undertake only six and one investigations, respectively.

43% of children belonged to families which were known to the police in both samples, and 20% and 25% respectively to the probation service. This finding is in line with on the one hand, reported associations between child abuse and criminality; and on the other with writers who believe that social work is about the policing of the poor. The 5% increase in those known to probation for the Post Act sample gives further support to the belief that the higher rate of referrals in this later sample does not represent less serious referrals. Thus is further supported by the 2% increase from 16% to 18% who were known to education welfare officers.

42% of children were known to clinical medical officers in the Pre Act sample and this increased by 10% for the Post Act sample. The proportion of children known to health visitors decreased for the Post Act sample from 44% to 41%. Given that the age distribution of both samples was fairly similar this 3% decrease in children known to health visitors is disappointing as health visiting is such an important feature of preventative child protection.

4.15.1 Child/family known to agencies and case conference decision

Tables 5.1 and 5.2 illustrate the association between the child/family known to the various agencies and the case conference decision, for the Pre and Post Act samples respectively. As the tables illustrate, there was a very significant relationship between whether the child was known to certain agencies, and whether a case conference was held. The tables show the consistency across the two time periods, of each agency's relationship with the case conference decision.

There was a very significant relationship between whether the child was known to Kent Local Case Index, Springfield, Kent Child Protection System, NSPCC, Police, principal medical officer, educational welfare officer and probation. When the child/child's family was known to these agencies s/he was

significantly more likely to receive a case conference; or if unknown to these agencies was very significantly less likely to receive a conference.

The child being known to health visitor, GP and school, was not significant in predicting that a case conference would, or would not be held, in either the Pre or the Post Children Act samples.

In summary therefore, as predicted in Chapter Four, agencies who know the child through exceptional circumstances - such as the police and NSPCC, predict the case conference decision. On the other hand, agencies who almost always know the child - such as GPs and school, do not have this significant effect on the case conference decision. Hence the child, when known to these latter agencies is as likely as not to receive a case conference, as the effect of these agencies averages out.

4.16 Further referral details

As discussed in Chapter Four, the social worker completing the child's referral form is invited to note any other significant information about the child and family's circumstances under the heading of "Other Details/Convictions" (see Appendix 1). There was a wide variety of information recorded, and this was extracted for both samples. The information gained from the Post Act will be the focus of this research - given that the information is more recent. It was also more extensive and comprehensive - possibly due to improved recording on the referral form, which may be an effect of the research itself.

This information concerning the child's life is included at the social worker's discretion. The following summary presented on Table 5.16 can therefore be taken as an indication of the presence of the factors in the samples as wholes. It is very likely that these factors were present in many of the other referrals.

Chapter Four discussed how the current literature recognises a "multifactorial" causation of abuse. Such a model according to Freeman (1983) has to encompass personalities, environmental stress, and wider social and cultural dimensions. Such issues include convictions, domestic violence, poverty, substance abuse and mental illness and ill health. It was hypothesised in Chapter Four that these would be the areas of concern in several of the referral forms in this present study.

Further Referral Details	N (%)
Child has problems: [Behav/social/emotional problems 195 (19%); delayed devel (failure to thrive, delayed speech) 127 (12%); Withdrawn 64 (6%)].	386 (39%)
Parental Convictions	265 (25%)
Unsatisfactory mothering	221 (22%)
Domestic violence	185 (18%)
Parents dishonesty/theft	154 (15%)
Child or siblings previously/presently on the CPR	146 (14%)
Significant adult in child's life on probation/in custody	124 (12%)
Father alleged or charged with offences against children	98 (9%)
Child not attending school regularly	84 (8%)
Ill health of mother	74 (7%)
Other bruises/injuries	73 (7%)
Substance Abuse [(Drugs/glue sniffing 46 (4%); Alcohol problems 25 (2%)]	71 (7%)
Financial difficulties	55 (5%)
Mother has learning difficulties	53 (5%)
Child's siblings in care	42 (4%)
Mother depressed	39 (4%)
Child attends special school	38 (4%)
Father is a Schedule One Offender	34 (3%)

Table 5.16: Post Act - Further referral details

This research reveals a high level of criminality. This may be partly due to the fact that this section of the form is entitled "Other Details / Convictions". Nevertheless, the police were recorded as being involved in 40 of the domestic violence cases. There is a very high level of general convictions, and a high level of theft and dishonesty (possibly related to financial difficulties). More specific crimes relating to fathers, includes 98 (9%) who were alleged or charged with offences against children, and 34 (3%) fathers who were Schedule One Offenders. The findings are comparable with Gibbons, Conroy and Bell's (1995) study which found that criminal records were recorded in 13% of their cases.

It was hypothesised in Chapter Four that domestic violence would be a feature of many referrals, based on the assertion of several writers that there is a strong relationship between child abuse and domestic

violence. (Browne 1993, Goddard and Hiller 1993, Gibbons 1994, Walker 1984, Browne and Saqi 1988, Dietz and Craft 1980, Farmer and Owen 1993). This expectation proved to be true, with 18% of children in this Post Act sample recorded as coming from families with domestic violence. Gibbons, Conroy and Bell (1995) found that 27% of the child abuse cases in their study involved "violence to a partner". A link between parental stress and child abuse was discussed in chapter Four (for instance Roberts, 1988). Studies focusing only on mothers were mentioned (Corrigall 1994 and Hyman 1978). It was hypothesised that parental stress and ill health would be evident in several of the referrals in this present study. This study found that mothers suffering from depression was mentioned in 4% of the referrals. (Fathers depressed was only mentioned twice in the Post Act). "Unsatisfactory mothering" was recorded in 22% of referrals. Kempe's (1972) medical model of child abuse claims that 90% of battering mothers and fathers have serious problems in mothering - mostly resulting from their own unsatisfied, infantile needs. Mothers having learning difficulties was noted in 5% of referrals. In accordance with Lynch (1975), mothers suffering from ill health was indicated in 7%.

It was hypothesised in Chapter Four that poverty would be a feature of several of the referrals. Financial problems were noted in 5% of referrals. Gibbons, Conroy and Bell (1995) found that the topic of finances was only minutes at 18% of conferences, and that the topic of housing was only minuted at 35%. Luckham's (1989) study showed that recording of factors such as occupation and income were unavailable in over half his sample of 308 cases. It was hypothesised in Chapter Four that substance abuse would be a feature of some referrals in this study. The studies of Nagington and Egan (1992), Martin and Waters (1982), MacFarlane and Waterman (1986) and Velleman (1993) were cited to support this hypotheses. Substance abuse was noted as a problem in 7% of referrals in this present study and this included alcohol which was only noted in 2% cases. Gibbons, Conroy and Bell (1995) found that substance abuse was an issue in 20% of the cases in their study.

4.16.1 Further referral details and case conference decision

The "Other Details/ Convictions" which emerged in sufficient numbers to enable further investigation are discussed below, in relation to their influence on the case conference decision, in the Pre and Post Children Act samples. Information concerning whether or not a case conference was held was sometimes unavailable. In some referrals there was evidence of continued indecision on which course of action to pursue, therefore the numbers do not always tally and the percentage total do not always reach 100%. It will also be noticed that in general, there was more information available for the Post Act sample. This may be due to improved form filling, or alternatively, an increased awareness of the multifactorial causation of abuse.

Further Referral Details	n	CC Held	No CC
Child has problems	242	119 (49%)	110 (45%)
Convictions	115	65 (57%)	44 (38%)
Unemployment	103	52 (51%)	42 (41%)
Ill health of mother	93	36 (39%)	49 (53%)
Substance abuse	66	32 (50%)	32 (50%)
Domestic violence	36	11 (31%)	23 (64%)
Financial difficulties	30	10 (33%)	17 (57%)
Father charged with offences against children	24	9 (38%)	8 (33%)

Table 5.17: Pre Act - Further referral details and case conference decision

Further referral Details	n	CC Held	No CC
Child has problems	386	162 (42%)	216 (56%)
Convictions	265	124 (47%)	133 (50%)
Domestic violence	185	63 (36%)	106 (61%)
Father charged with offences against children	98	41 (42%)	52 (53%)
Substance abuse	77	35 (45%)	42 (55%)
Ill health of mother	74	29 (39%)	44 (60%)
Financial difficulties	55	18 (33%)	33 (60%)
Unemployment	21	10 (48%)	11 (52%)

Table 5.18: Post Act - Further referral details and case conference decision

In the Pre Children Act sample, children having social, psychological or emotional problems was the largest category of further details supplied by the social worker on completing the child's referral form. Convictions and unemployment were the second and third largest categories respectively, and these two were the only ones more likely than not to result in a case conference being held. In contrast, a referral involving domestic violence, financial difficulties, and a mother with ill health, were less likely to receive a case conference.

Similarly in the Post Children Act sample a child with social, emotional, psychological problems, proved to be the largest single category and this, as before was followed by convictions. Domestic violence was noted as a relevant problem more often in the Post Act sample.

The findings are in keeping with the decreased rate of holding case conferences in the Post Act sample. In this later sample, referrals containing the eight categories of "other details" under investigation, were all less likely to result in a case conference. Although this information, as discussed, is completed at the social worker's discretion, consistency in practice may be assumed. This trend, was not as prevalent in the Pre Children Act sample. Thus, there may need to be some cause for concern, in so far as serious referrals including information on convictions, unemployment, domestic violence, substance abuse, financial difficulties, ill health of mother, father charged with offences against children, were all more likely not to receive a case conference. This may be due in part to the increased referral rate and the resultant overload on social services employees' time and energy.

4.17 Decision not to hold a case conference

The research documents the reasons given for no further action to be taken following the referral, and perhaps the initial investigation. Referrals which fail to receive a case conference may lack evidence, or the source of the referrals may be questionable, for instance, they may have been made anonymously.

The reasons for deciding not to hold a case conference are required to be noted on the referral form (see Appendix 1). However in some cases the reasons were not recorded, although it may be available elsewhere in the child's records. In some instances more than one reason may be given for the decision not to hold a conference. 42% of the Pre Children Act referral forms and 56% of the Post Act referral forms indicated a decision not to hold a case conference. Table 5.19 is the result of collapsing smaller categories of reasons for not holding a case conference into broader categories. The percentage of referrals resulting in a case conference not being held for a reason given is indicated within the brackets.

The biggest single reason for not holding a case conference in the Pre and Post Act samples was "lack of/unconfirmed/not enough evidence" which accounted for 247 (24%) and 383 (37%) cases respectively. This finding highlights the difficulties in acquiring evidence for some referrals. In some instances this would refer to a child's lack of disclosure. However, White, Essex and O'Reilly (1993) warn of the danger of child protection procedures in Britain treating disclosure as an isolated event. Instead, these writers assert that "disclosure is a process, which may unravel over a long period of time" (p71). Children rarely produce information in one full and comprehensive interview.

Reasons for not holding a case conference	Pre Act	Post Act
Insufficient evidence. Included unsubstantiated allegations, lack of disclosure, denial, refusal of interview, no physical evidence.	247 (24%)	382 (37%)
No parenting concerns. Included parents aware of risk but taking precautions, marital violence does not involve child, husband taking more responsibility, risk relates to siblings only.	52 (5%)	146 (14%)
Support offered to family. Included family referred to D.C.F.P., mother offered therapy.	17 (2%)	61 (6%)
Perpetrator no longer has contact. Included perpetrator in prison, left family home.	15 (1%)	35 (3%)
Normal sexual behaviour. Included child's sexual curiosity, sexuality involved was between children only, normal sexual games between children.	8 (1%)	10 (1%)
Monitoring. Included family to be monitored by social services, school, GP.	1 (/) (1%)	27 (3%)
Child's living environment has become safer. Included child living with relatives, boarding school, Care Order.	10 (1%)	30 (3%)
Other meetings adequate. Included case conferences for other sibling, planning / co-ordination meetings.	5 (/) (1%)	16 (2%)
Case Conference deferred pending further investigation. Included police investigations, medical examinations.	7 (1%)	76 (7%)
¹¹ Full investigation reveals no concerns. Included no concern by other agencies, investigated by police.	0	241 (23%)

Table 5.19: Reasons for not holding a case conference

Table 5.19 illustrates that all categories of reasons for not holding a case conference increased for the Post Act sample. This may be partly due to better form filling - as an effect of the research itself. This increase is in keeping with the decreased rate of holding case conferences. It is evidenced that other options apart from child protection procedures are more likely to be considered - support offered to family increased by 4%, monitoring increased by 3%, and referrals where other meetings were deemed to be sufficient increased by 2%.

¹¹ This category was introduced for the Post Act.

5. Conclusion

The Pre and Post Children Act referral variables and their relationship with the case conference decision were the subject of this chapter. It was discussed how the findings for the case conference decision held true for the recommendation decision, with the exception of the variable entitled "police investigation", in the Pre Act sample. It was revealed how some referral variables - such as the referrer and the district to which the child is referred, were found to predict the case conference decision; whereas others, such as the child's gender and age, were not significant. The findings were discussed throughout the chapter, and will be revisited in Chapter 10.

Chapter Six: Associations between a selection of referral variables and the recommendation decision

1. Introduction

It was explained in Chapter Four how this sixth chapter focuses on the recommendation decision, as it purer because it is not contaminated by subsequent considerations governing whether or not a conference is actually held. This chapter is concerned with associations between some of the referral variables which were found to be significant in predicting the recommendation decision. This chapter reveals which associations are most important and investigates whether these associations are statistically significant in how they affect the recommendation decision.

Chapter Four's Method section discussed how hiloglinear statistics was chosen to undertake this multivariate analysis. This hiloglinear statistical analysis was undertaken firstly for the Pre Children Act sample and secondly for the Post Act sample. It was not possible to analyse the same group of significant variables in both samples. This was due to the same variables not being consistently significant across both sample. The combinations of variables chosen for the Pre and Post Act analyses were influenced by the need to meet the necessary statistical criteria for the hiloglinear package to be valid. However, although a direct comparison between the same group of variables for the Pre and Post Act samples cannot take place, the variables are as comparable as possible; and each combination is interesting in its own right.

The referral variables relationship with the initial recommendation decision to hold/not hold a case conference indicated on the child's referral form - in firstly, the Pre Children Act and secondly, the Post Children Act, are displayed in Tables 6.1 and 6.2 respectively. The tables indicate those variables which were very significant, significant, or not significant, in predicting whether or not a recommendation to hold a case conference was made on the child's referral form. Referral variables which were found to be significant are indicated in **bold**. These tables will need to be consulted throughout this chapter.

Variable Name	Chi Sq	d.f.	p	NS/S/VS
Gender	.614	2	.80	N.S.
Year of Age	20.278	17	.25	N.S.
Younger and Older Age	1.694	2	.250	N.S.
Social Services District	75.30	17	.00001	V.S
Social Services Area	58.582	8	.00001	V.S.
Method of referral	.513	2	.50	N.S.
Individual Referrer	63.982	12	.00001	V.S.
Global Referrer	33.851	2	.00001	V.S.
Individual Abuse Category	9.287	6	.25	N.S.
Global Abuse Category	10.338	6	.10	N.S.
Court Order	1.837	1	.250	N.S.
Parental awareness of referral	77.965	2	.00001	V.S.
Police to Investigate	13.736	1	.00001	V.S.
Child known to:-				
Local Case Index	26.612	1	.00001	V.S.
Springfield	5.150	1	.025	S
Child Protection Index	25.153	1	.00001	V.S.
N.S.P.C.C.	8.076	1	.005	V.S.
Police	41.802	1	.00001	V.S.
Health Visitor	1.362	1	.250	N.S.
General Practitioner	.212	1	.70	N.S.
Clinical Medical Officer	14.549	1	.00001	V.S.
School	.855	1	.30	N.S.
Education Welfare Officer	10.008	1	.005	V.S.
Probation	9.527	1	.005	V.S.

Table 6.1: Pre Children Act: Association between referral variables and the recommendation decision

Variable Name	Chi Sq	d.f.	p	NS/S/VS
Gender	1.959	2	.50	N.S.
Year of Age	18.674	17	.30	N.S.
Younger and Older Age	1.118	2	.70	N.S.
Social Services District	45.062	17	.00001	V.S.
Social Services Area	55.037	8	.00001	V.S.
Method of referral	5.364	2	.10	N.S.
Individual Referrer	81.242	12	.00001	V.S.
Global Referrer	18.678	2	.00001	V.S.
Individual Abuse Category	24.802	6	.00001	V.S.
Global Abuse Category	14.846	6	.025	S.
Court Order	8.826	1	.005	V.S.
Parental awareness of referral	46.476	2	.00001	V.S.
Police to Investigate	3.427	1	.10	N.S.
Child known to:-				
Local Case Index	16.027	1	.00001	V.S.
Springfield	20.696	1	.00001	V.S.
Child Protection Index	8.535	1	.005	V.S.
N.S.P.C.C.	17.867	1	.00001	V.S.
Police	41.226	1	.00001	V.S.
Health Visitor	.065	1	.80	N.S.
General Practitioner	1.964	1	.250	N.S.
Clinical Medical Officer	11.198	1	.00001	V.S.
School	.053	1	.90	N.S.
Education Welfare Officer	14.228	1	.00001	V.S.
Probation	15.303	1	.00001	V.S.

Table 6.2: Post Children Act: association between referral variables and the recommendation decision

The relationships which were statistically significant in predicting the recommendation decision for both the Pre and Post Act samples may be summarised as follows:

- The social services district and the social services area to where the child was referred.
- The referrer - their individual designation and their global designation (professional, non professionals or anonymous).
- Parental awareness of the referral
- If the child was known to the Local Case Index, Springfield, Child Protection Index, NSPCC, police, principal medical officer, education welfare officer, probation.

These significant referral variables were common to both samples. However, as discussed, the univariate analysis also revealed that there were differences between the two samples. In the Pre Children Act whether or not the police were to investigate the referral was significant. In the Post Children Act sample the child's alleged specific category of abuse at referral and whether the child was referred in the more global categories of physical, emotional, sexual and potential risk were significant; and whether or not the child was known to be the subject of a court order.

2. Pre Children Act multivariate analysis

Hiloglinear analysis was undertaken using three independent variables which the univariate analysis had identified as being significantly associated with the recommendation decision (see Table 6.1). The dependent variable was the recommendation decision.

- The three independent variables and the one dependent variable were:
- The social services district to which the child was referred. There are 18 districts in Kent, and this means that there are (18) levels for this variable.
- The status of the referrer. That is to say whether the person referring the child was a professional or a non professional person. The category of anonymous referrer was not included, so there are (2) levels for this variable.
- Whether or not the police were to investigate the referral. There are (2) levels for this variable.
- Two outcomes for the dependent variable are included. These are the recommendation to hold a case conference and the recommendation not to hold a conference. Hence, there are (2) levels for this variable.

There were thus 144 levels (cells) for the variables under investigation.

These particular referral variables were chosen for further analysis as it was thought to be particularly interesting to look at the links between them, and their influence on the recommendation decision. This analysis would provide more insight into what influences the recommendation decision in each of the social services districts. For instance would the influence of the status of the referrer be more influential in some districts? Would police investigations have the same effect on the recommendation decision throughout all districts?

Only 677 of the total 1,024 referrals were accepted for this hiloglinear analysis. These 677 referrals almost meet Hedderson's (1987) and Tabachnick and Fidell's (1989) criteria that sample size needs to be five times the number of cells.

The remaining 347 referrals were not accepted because information on the three independent and one dependent variable under investigation was missing or outside the range of this analysis. Appendix 7 highlights the breakdown of the missing and/or out-of-range data. It shows how some referrals were missing more than one variable. This missing and/or out of range data may be summarised as follows:

- The social services district was missing in 9 referrals.
- In 158 cases details about the referrer were missing or the child was referred anonymously.
- Whether or not the police were to undertake an investigation was missing in 110 referrals.
- The 179 referrals where a recommendation decision was not apparent on the referral form were not included in this analysis.

Everitt (1977) succinctly captures the issue by stating that "the main concern of contingency tables is the analysis of data which arise when a sample from some population is classified with respect to two or more qualitative variables" (p2). In this present research therefore only those referrals where information on all four variables was available is included in the hiloglinear analysis.

As well as Appendix 7 illustrating the missing and/or out-of-range data, it also illustrates necessary background information on the variables under investigation. These variables have also been discussed in Chapter Five.

Appendices 8 - 25 present a detailed description of the associations between the social services district factor, the status of the referrer factor, and the police factor; and their relationship to the recommendation decision.

3. Results of Pre Children Act multivariate analysis

Hiloglinear produces a table which is entitled "tests of partial associations". The table gives the partial chi square and the probabilities for the associations of each order effect with the recommendation decision. The left column entitled "variables affecting outcome", designates each of these associations. Table 6.3 summarises the associations and those significant associations are indicated in **bold**.

Test of Partial Associations - Summary of Statistical Associations

<i>Variables affecting outcome</i>	<i>Degrees of Freedom</i>	<i>Partial χ^2</i>	<i>Significance</i>
Social Services District x Referrer x Recommendation Decision	17	41.742	p<0.001
Social Services District x Police Investigation x Recommendation Decision	17	28.420	p<0.04
Referrer x Police Investigation x Recommendation Decision	1	3.266	p<0.071
Social Services District x Recommendation Decision	17	81.345	p<0.00001
Referrer x Recommendation Decision	1	19.881	p<0.00001
Police Investigation x Recommendation Decision	1	29.079	p<0.00001

Table 6.3: Pre Children Act: Factors affecting the recommendation decision

Table 6.3 demonstrates that the three relevant second-order (or two-way) effects were very significant. That is to say that there was a very significant association between the recommendation decision and the three separate independent variables under investigation. These second-order effects have already been discussed in Chapter Five's univariate statistics analysis and need not be discussed again.

The associations of interest are the third-order (or three-way) effects. These reveal the links between referral variables in their association with the recommendation decision. That is to say that these three-way effects are interaction effects. Hedderson (1987) defines a third-order or interaction-effect as "essentially meaning that a variable has one effect for one group but a different effect for another group" (p148). There were three three-way interactions between the referral variables and the recommendation decision and these were:

- Social Services District x Referrer x Recommendation Decision
- Social Services District x Pol. Investigation x Recommendation Decision
- Referrer x Police Investigation x Recommendation Decision

Two of these third-order associations were significant whilst one was not. They will now be discussed in order of significance.

3.1 Social Services District x Status of Referrer x Recommendation Decision

The interaction between the social services district to where the child was referred, whether the person referring the child was a professional or non professional, and the recommendation decision was the most significant third-order effect ($\chi^2 = 81.345$, $df = 17$, $p < 0.00001$). This suggests that different social services districts have different interactions between the status of the referrer and the recommendation decision.

Table 6.4 presents excerpts from Appendices 8 - 25. It illustrates how a higher proportion of conferences were recommended to be held when the referral was made by a professional person in the majority of districts: Canterbury, Thanet South, Gravesham, Dartford, Chatham, Gillingham, Swale, Maidstone, Sevenoaks, Tunbridge Wells, Ashford and Dover. A higher proportion of conferences were recommended when the referrer was a non professional in only four districts - Coastal, Thanet North, North Downs and Shepway.

S.S. District	Non Prof Referrer		Prof Referrer	
	n	CC Recommended	n	CC Recommended
Canterbury	12	5 (42%)	53	31 (58%)
Coastal	20	17 (85%)	22	18 (82%)
Thanet North	22	14 (64%)	21	11 (52%)
Thanet South	8	5 (63%)	14	11 (79%)
Gravesham	27	4 (15%)	18	9 (50%)
Dartford	8	1 (13%)	20	12 (60%)
North Downs	11	7 (64%)	15	4 (27%)
Chatham	8	3 (38%)	4	3 (75%)
Gillingham	29	6 (21%)	48	26 (24%)
Rochester	4	2 (50%)	12	6 (50%)
Swale	31	10 (32%)	29	15 (52%)
Maidstone	19	10 (53%)	26	16 (62%)
Sevenoaks	7	0	18	14 (78%)
Tombridge	10	5 (50%)	8	4 (50%)
Tunbridge Wells	43	13 (30%)	19	12 (63%)
Ashford	18	7 (39%)	17	7 (41%)
Dover	15	11 (73%)	21	17 (81%)
Shepway	9	7 (78%)	6	2 (33%)
Total	301	127 (42%)	371	218 (59%)

Table 6.4: Pre Act - S.S. district, referrer and the recommendation decision

Table 6.4 illustrates sharp contrasts. For instance Shepway recommended a conference if the child was referred by a non professional person in 78% of referrals, whereas Sevenoaks never recommended a conference if the child was referred by a non professional - although it conferenced 78% of referrals from professionals.

The table presents information on the 672 Pre Children Act referrals where the status of the referrer, the social services district and the recommendation decision were known. Table 6.4 shows how an average of only 42% of referrals from non professionals resulted in a recommendation for a case conference, as compared to 59% of referrals from professionals.

3.2 Social Services District x Police Investigation x Recommendation Decision.

This third-order interaction effect between the social services district to where the child was referred and whether or not the police were to investigate the referral were significantly associated with the decision concerning the case conference recommendation ($\chi^2 = 28.420$, $df = 17$, $p < 0.04$). The following table 6.5, demonstrates that referrals which were to be investigated by the police resulted in a higher proportion of case conferences being recommended in all social services districts - with the two exceptions of Maidstone and Tunbridge Wells. This was a very significant factor in some districts with for instance, Coastal and Dover recommending conferences for 93% and 91% respectively, of those referrals which were to be investigated.

The social services districts of Coastal (Appendix 9) and Tunbridge Wells (Appendix 22) illustrate how two districts operated similarly if the police were not to investigate the referral, but if the police were to investigate, a very different pattern of recommendations for case conferences is apparent. Children are far more likely to be recommended a conference in Coastal - 93%; and more likely not to be recommended a conference in Tunbridge Wells - 62%.

Table 6.5 presents excerpts from Appendices 8 - 25. It illustrates how a higher proportion of case conferences were recommended to be held in 15 of the 18 social services districts when the police were to investigate the referral. The three exceptions to this finding were Maidstone, Sevenoaks and Tunbridge Wells.

S.S District	Police to investigate		Police not to investigate	
	n	CC Recommended	n	CC Recommended
Canterbury	22	17 (77%)	43	19 (44%)
Coastal	30	28 (93%)	12	7 (58%)
Thanet North	28	19 (68%)	15	6 (40%)
Thanet South	13	10 (77%)	9	6 (67%)
Gravesham	43	13 (30%)	7	0
Dartford	24	12 (50%)	4	1 (25%)
North Downs	22	11 (50%)	4	0
Chatham	7	5 (71%)	5	1 (20%)
Gillingham	50	21 (42%)	27	11 (41%)
Rochester	4	3 (75%)	12	5 (42%)
Swale	50	22 (44%)	10	3 (30%)
Maidstone	39	21 (54%)	8	5 (63%)
Sevenoaks	24	6 (25%)	1	1 (100%)
Tombridge	17	9 (53%)	1	0
Tunbridge Wells	53	20 (38%)	9	5 (56%)
Ashford	13	9 (69%)	22	5 (23%)
Dover	11	10 (91%)	25	18 (72%)
Shepway	11	9 (82%)	4	0

Table 6.5: Pre Act - SS district, police to inv. and the recommendation decision

3.3 Status of Referrer x Police Investigation x Recommendation Decision

This third-order effect was not significant. The interaction between whether the referrer was a professional or non professional and whether or not the police were to investigate the referral was not significant in its association with the recommendation decision.

4. Discussion

Hiloglinear analysis of these selected Pre Children Act variables revealed that the social services district to where the child was referred together with whether the referrer was a professional or non professional, and the recommendation decision was the most significant third-order effect. Twelve of the 18 districts were more likely to recommend a case conference if the child was referred by a professional person. It may be that these districts are impressed by status or that these districts contain influential professionals.

This association was followed in significance by the interaction between the social services district and whether or not the police were to investigate the referral. Referrals which were to be investigated by the police were found to result in a higher proportion of conferences being recommended in 15 of the 18 social services districts. This issue will be further discussed in Chapter 10.

5. Post Children Act multivariate analysis

Section 1 of this chapter summarises the Post Children Act referral variables which were found to associate significantly with the recommendation decision. These variables were presented in more detail in Table 6.2.

Hiloglinear analysis was undertaken using three of these independent variables which the univariate analysis had identified as being significantly associated with the recommendation decision (see Table 6.2). The dependent variable was the recommendation decision.

The combination of independent variable which were used in the Pre Act analysis could not be repeated in the Post Act analysis - with the exception of the status of referrer factor. The police investigation factor did not remain significant in predicting the recommendation decision in the Post Act, so it could not be included in this analysis. It was statistically impossible to include the 18 social services districts, as this would exceed the number of cells advocated by Hedderson (1987) and Tabachnick and Fidell (1989) - as outlined below. Instead the five social services areas were included. The global category of abuse at referral was included. This had not been significant in the Pre Act sample and it was thought that including it in this multivariate analysis may give some insight as to why it became significant. The dependent variable - the recommendation decision, is consistent across both samples.

In summary, the three independent variables and one dependent variable were:

- The social services area to where the child was referred. There are five social services areas in Kent and this means that there are (5) levels for this variable.
- The status of the referrer. That is whether the person referring the child was a professional or a non professional person. The category of anonymous referrer could not be included, so there are (2) levels for this variable.
- The global category of alleged abuse. That is to say whether the child was referred in the emotional, sexual or physical abuse and neglect categories. Hence there are (3) levels for this variable.
- Two outcomes for the dependent variable are included. These are the recommendation to hold a case conference and the recommendation not to hold a case conference. So there

were (2) levels for this variable. The 68 referrals where no decision was apparent in the referral form were not included in the analysis.

Altogether there were 66 levels for the variables under investigation. 706 of the total 1,045 referrals were accepted for this analysis. This meets Hedderson's (1987) and Tabachnick and Fidell's (1989) criteria that sample size needs to be five times the number of cells. The remaining 339 referrals were not accepted due to information concerning the three independent variables and one independent variable was missing or outside the range of this analysis. Hiloglinear includes only those referrals where information on all four variables was available.

Appendix 26 highlights the breakdown of the missing and/or out-of-range data. It shows how some referrals were missing more than one variable. This missing and/or out of range data may therefore be summarised as follows:

- The social services area was missing in 43 referrals.
- Details of the referrer were missing or the child was referred anonymously in 165 referrals.
- In 126 referrals the category of abuse was missing or the referral was for "potential risk".
- The 179 referrals where no decision was apparent on the referral form were not included in this analysis.

As well as highlighting the missing and out-of-range data, Appendix 26 also recalls background information pertinent to the variables under investigation. These variables have also been discussed in Chapter Five.

Appendices 27 - 31 present a detailed description of the associations between the social services area factor, the status of the referrer factor, the global category of abuse factor; and their relationship to the recommendation decision.

6. Results of Post Children Act multivariate analysis

The following table entitled "Tests of Partial Associations" presents the partial chi square and the probabilities for the associations of the second-order and third-order effect with the recommendation decision. The table summarises the associations and the left column designates each of these associations. Those which are significant are indicated in bold. Table 6.6 demonstrates that two of the three second-order effects were significant. The association between social services area and the recommendation decision was very significant. There was also a significant association between the alleged category of abuse at referral and the

recommendation decision. This is due to the fact that this multivariate analysis could not include the category of anonymous referrer. There was no significant difference between referrals from professionals and non professionals in their association with the recommendation decision. These second-order effects have already been discussed in depth in Chapter Five and do not need further discussion.

Tests of Partial Associations: Summary of Statistical Associations

<i>Variables affecting outcome</i>	<i>Degrees of Freedom</i>	<i>Partial χ^2</i>	<i>Significance</i>
Social Services Area x Referrer x Recommendation Decision	4	10.721	p<0.03
Social Services Area x Cat of Abuse x Recommendation Decision	8	42.052	p<0.00001
Referrer x Category of Abuse x Recommendation Decision	2	6.246	p<0.044
Social Services Area x Recommendation Decision	4	17.563	p<0.0015
Referrer x Recommendation Decision	1	.226	p<0.6345
Cat of Abuse x Recommendation Decision	2	6.642	p<0.0361

Table 6.6: Post Children Act: Factors affecting the recommendation decision

The third-order interaction effects are of interest here as they reveal the links between referral variables in their association with the recommendation decision. There were three three-way interactions between the referral variables and the recommendation decision. These were:-

- Social Services Area x Category of Abuse x Recommendation Decision
- Social Services Area x Status of Referrer x Recommendation Decision
- Status of Referrer x Category of Abuse x Recommendation Decision.

All three third-order effects were statistically significant although only one of these associations was very significant. These associations shall now be discussed in order of significance.

6.1 Social Services Area x Category of Abuse x Recommendation Decision

The association between the social services area to where the child was referred, the category of alleged abuse at referral, and the recommendation decision was a very significant third-order effect ($\chi^2 = 42.052$, $df = 8$, $p<0.0001$). That is to say that different areas have different patterns of the influence of the category of abuse on the recommendation decision. This is evidenced throughout Appendices 27 - 31. In effect this means that children referred to one social services area under a specific category of abuse

are very significantly more likely to be recommended a case conference than if they were referred to a different social services area.

The social services areas of Canterbury and Thanet (Appendix 27) and South East Kent (Appendix 31), for instance demonstrate that both social services areas operate in a similar pattern when dealing with referrals of physical abuse/neglect with both areas more likely not to recommend a case conference - Canterbury and Thanet 73%, and South East Kent 58%. There is however a dramatic difference between them in referrals of sexual abuse/neglect. South East Kent was more likely to recommend a case conference, 40 (69% of sexual referrals) and Canterbury and Thanet was less likely to recommend a conference for sexual cases, 22 (41% of its sexual referrals).

The following Table 6.7, summarises relevant information from Appendices 27 - 31. It shows how referrals for emotional abuse/neglect were the most likely to receive a recommendation for a conference in four of the five social services areas. For instance, 90% of referrals for emotional abuse/neglect in Canterbury resulted in a recommendation for a conference whereas 73% of referrals for physical abuse/neglect resulted in a recommendation not to hold a conference.

In Dartford and Gravesham, 68% of referrals for sexual abuse resulted in a recommendation not to hold a conference, whereas in South East Kent 69% of their sexual abuse/neglect referrals resulted in a recommendation for a conference.

S.S.Area	Abuse Category	C.C recommended	C.C not recommended
Canterbury and Thanet	Emotional	9 (90%)	1 (10%)
	Sexual	22 (41%)	32 (59%)
	Physical	25 (27%)	69 (73%)
Dartford and Gravesham	Emotional	1 (100%)	-
	Sexual	31 (32%)	67 (68%)
	Physical	29 (38%)	48 (62%)
Medway/Swale	Emotional	4 (100%)	-
	Sexual	27 (56%)	21 (44%)
	Physical	24 (38%)	39 (62%)
Mid Kent	Emotional	4 (67%)	2 (33%)
	Sexual	28 (48%)	30 (52%)
	Physical	31 (61%)	20 (39%)
South East Kent	Emotional	2 (17%)	10 (83%)
	Sexual	40 (69%)	18 (31%)
	Physical	30 (42%)	41 (58%)

Table 6.7: Post Act - S.S. area, abuse category and recommendation decision

6.2 Social Services Area x Status of Referrer x Recommendation Decision

There was also a statistically significant interaction between the social services area to which a child was referred and the status of the referrer on the recommendation decision ($\chi^2 = 10.721$, $df = 4$, $p < 0.03$). That is to say that social services areas were found to have different patterns in the influence of the referrer factor on the recommendation decision.

The following table 6.8, summarises relevant information from Appendices 27 - 31. It illustrates that three of the five social services areas were more likely to make a recommendation for a case conference if the referrer was a professional. The most noticeable finding was for Dartford and Gravesham which made a recommendation not to hold a conference in 72% of its referrals from professionals. As noted in the preceding section, these referrals were for the sexual and physical abuse/neglect categories.

S.S. Area	Non Professional Referrer		Professional Referrer	
	C.C. recommended	C.C. not recommended	C.C. recommended	C.C. not recommended
Cant & Thanet	21 (28%)	53 (72%)	36 (42%)	49 (58%)
Dart & Graves	28 (47%)	32 (53%)	33 (28%)	83 (72%)
Medway /Swale	25 (44%)	32 (56%)	30 (52%)	28 (48%)
Mid Kent	33 (53%)	29 (47%)	30 (57%)	23 (43%)
S.E. Kent	46 (59%)	32 (41%)	26 (41%)	36 (59%)
Total	153 (46%)	178 (54%)	155 (41%)	219 (59%)

Table 6.8: Post Act - S.S. area, status of referrer and recommendation decision

6.3 Status of referrer x Category of Abuse x Recommendation Decision

There was a statistically significant relationship between the status of the referrer, the category of alleged abuse at referral and the recommendation decision ($\chi^2 = 6.246$, $df = 2$, $p < 0.044$). That is to say that different patterns of interaction were apparent between the category of abuse and whether the child was referred by a professional or non professional person, on the recommendation decision.

The following table illustrates that the greatest effect of the status of the referrer relates to the emotional category. Referrals for the emotional categories are more likely to be recommended a conference if the referrer is a professional person, 68%, as opposed to 45% of emotional referrals from non professionals. Referrals for physical abuse are more likely not to be recommended a conference - regardless of whether the referrer is a professional or non professional. The child is less likely to be recommended a conference for the sexual categories if the referrer is a professional person, 41% as compared to 51% if the referrer is a non professional.

Referrer	Abuse Category	CC recommended	CC not recommended
Non Prof.	Emotional	5 (45%)	6 (55%)
	Sexual	93 (51%)	89 (49%)
	Physical	55 (40%)	83 (60%)
Prof.	Emotional	15 (68%)	7 (32%)
	Sexual	55 (41%)	79 (59%)
	Physical	85 (39%)	134 (61%)

Table 6.9: Post Act - Referrer, abuse category and recommendation decision

7. Discussion

Multivariate analysis revealed that the three third-order association under investigation were all significant. The relationship between the social services area to where the child was referred, the category of alleged abuse at referral, and the recommendation decision was the most significant relationship. It discovered that referrals for emotional abuse/neglect were the most likely to receive a recommendation for a conference in four of the five social services areas. There was also a significant interaction between the social services area and the status of the referrer on the recommendation decision. Three of the five social services areas were more likely to make a recommendation for a case conference if the referrer was a professional, although Dartford and Gravesham was an exception and made a recommendation not to hold a conference in 72% of its referrals from professionals. There was a significant relationship between the status of the referrer, the category of alleged abuse at referral and the recommendation decision. The greatest effect of the status of the referrer related to the emotional category - with referrals for the emotional categories more likely to be recommended a conference if the referral is a professional person. The child was less likely to be recommended a conference for the sexual categories if the referrer was a professional.

Chapter Seven: Description of case conference variables and their effect on the registration decision

1. Introduction

This seventh chapter begins with a description of the reasons for holding the case conferences under investigation. It continues with a description of each of the case conference variables for the Pre and Post Children Act samples. It compares the findings for both samples in order to investigate whether the implementation of the Children Act has influenced the factors under investigation. The chapter examines the effect of each case conference variable on the registration decision.

401 case conferences were held as a result of the 1,024 Pre Children Act referrals to Kent Social Services, and 379 conferences resulted from the 1,045 Post Children Act referrals. Chapter Five identified and discussed the referral variables which predicted that these case conferences would take place. Chapter Four outlined the case conference variables under investigation, and relevant hypotheses were outlined therein.

2. Reasons for holding the case conference

The reasons for holding the case conference - as given by the chairperson at the beginning of the conference are listed on Table 7.3. The reasons are not mutually exclusive, as more than one reason can be given; hence the percentages have not been calculated.

Table 7.3 shows that most common single reason given for calling a case conference was the "possible non accidental injury / possible physical abuse" category. This accounted for the occurrence of 111 (28%) case conferences in the Pre Act and 113 (30%) in the Post Act.

However, if the four categories expressing concern about sexual abuse are collapsed into one more global category, this would be a more frequent reason for calling the conference. It applied to 136 (34%) and 125 (33%) conferences for the Pre and Post act samples respectively. Such categories include sexual abuse in and outside the child's home, not known where the sexual abuse may have happened, and potential risk of sexual abuse.

The final category of reasons presented on Table 7.3 may appear nonsensical. Nevertheless, according to the conference minutes, these reasons were the only ones given for why the case conference was taking place.

Reason for Case Conference	Pre Act	Post Act
Possible non accidental injury/alleged physical abuse	113	111
Alleged/possible sexual abuse in home	30	17
Alleged/possible sexual abuse outside home	36	24
Alleged/possible sexual abuse (where n/k)	41	58
Child has behavioural problems (not attending school, difficult to control)	7	18
Physical neglect (including hunger, lack of hygiene)	23	30
Child is alleged as perpetrator of sexual abuse / indecent assault	14	6
Child is living with or Significant Person is Schedule One Offender	12	18
Poor parenting/lack of parental protection	28	24
Unborn baby	3	6
Emotional neglect	13	7
Potential risk: Sexual abuse (eg involvement with person known/suspected for sex offences)	29	26
Potential risk: Non sexual (eg siblings in care, on CPR; CC for sibling)	49	28
"Place of Safety"	1	13
"Under CPR Procedures", "Review"/"Reconvened" (no reasons given)	19	53

Table 7.3: Reasons for holding the case conference

3. Case conference variables and the registration decision

The remainder of this chapter is concerned with describing the findings for the case conference variables, and discussing their effect on the registration decision. The following tables 7.1 and 7.2 illustrate each of the case conference variables relationship with the registration decision for the Pre and Post Children Act samples respectively.

Variable Name	Chi Square	d.f.	p<	N.S/S/V.S
Gender	3.200	1	.100	N.S
Year of Age	15.742	17	.70	NS
Younger and Older Age	4.422	1	.050	S
Social Services District	65.470	17	.00001	V.S
Social Services Area	13.353	4	.01	S
Parents Present/Absent	5.238	1	.025	S
Mother only Present/Absent	.028	1	.25	N.S
Father only Present/Absent	5.578	1	.025	S
Child Present/Absent	2.571	1	.250	N.S
Designation of Chairperson	1.622	2	.50	N.S
Sex of Chairperson	4.448	1	.05	S
Previous C.C.s Held	3.087	1	.10	N.S
Child previously on C.P.R	3.807	1	.10	N.S
Siblings previously on C.P.R	.013	1	.95	N.S
Sibs currently on C.P.R	7.657	1	.01	S
Individual or Family C.C.	39.582	1	.00001	V.S
Police to Investigate	5.821	1	.025	S
Care Proceedings to take place	12.625	1	.00001	V.S
Professionals present:-				
S.S.Team Leader/Manager	.00012	1	.99	N.S
Police	.352	1	.070	N.S
Detective Inspector	8.341	1	.005	V.S
Probation Officer	.707	1	.50	N.S
Head / Class Teacher	6.128	1	.025	S
Educ Welfare Officer	5.169	1	.025	S
H.V/Midwife/Clinic Nurse	1.382	1	.250	N.S
G.P.	3.102	1	.10	N.S
Paediatrician	1.451	1	.250	N.S
Principal Medical Officer	.221	1	.70	N.S
Psycho/Play Therapist	1.707	1	.250	N.S
Foster/Adoption Officer	.0554	1	.90	N.S
N.S.P.C.C.	10.909	1	.005	V.S
Solicitor/Legal Services	4.200	1	.050	S
Nursing Manager	2.458	1	.10	N.S
District/School Nurse	1.509	1	.250	N.S

Table 7.1: Pre Act: Case conference variables and the registration decision

Variable Name	Chi Square	d.f.	p<	N.S/S/V.S
Gender	.00002	1	.99	N.S
Year of Age	20.548	18	.30	N.S
Younger and Older Age	.2015	1	.80	N.S
Social Services District	32.461	17	.025	S
Social Services Area	3.845	4	.50	N.S
Parents Present/Absent	1.357	1	.25	N.S
Mother only Present/Absent	.468	1	.70	N.S
Father only Present/Absent	5.510	1	.025	S
Child Present/Absent	6.849	1	.010	S
Designation of Chairperson	3.185	2	.250	N.S
Sex of Chairperson	.841	1	.50	N.S
Previous CCs Held	9.019	1	.005	V.S
Child previously on C.P.R	5.978	1	.025	S
Sibs previously on C.P.R	5.058	1	.025	S
Sibs currently on C.P.R	14.107	1	.00001	V.S
Individual or Family C.C.	11.821	1	.00001	V.S
Police to Investigate	4.200	1	.50	N.S
Care proceedings to take place	10.070	1	.005	V.S
Professionals present:-				
S.S.Team Leader/Manager	2.224	1	.250	N.S
Police	1.211	1	.30	N.S
Detective Inspector/Sergeant	.041	1	.80	N.S
Probation Officer	.673	1	.50	N.S
Head / Class Teacher	3.536	1	.10	N.S
Education Welfare Officer	1.949	1	.250	N.S
HV/Midwife/Clinic Nurse	51.754	1	.00001	V.S
G.P.	4.496	1	.05	S
Paediatrician	1.023	1	.30	N.S
Principal Medical Officer	3.092	1	.10	N.S
Psycho/Play Therapist	3.802	1	.10	N.S
Foster / Adoption Officer	2.648	1	.10	N.S
N.S.P.C.C.	-	-	-	-
Solicitor / Legal Services	.640	1	.50	N.S
Nursing Manager/Director	5.943	1	.025	S
District / School Nurse	2.622	1	.025	N.S

Table 7.2: Post Act: Case conference variables and the registration decision

4. Child's gender and its effect on child protection decision making

The following Table 7.4, summarises the findings for gender and its influence on child protection decision making, discussed in Chapter Five and in this present chapter. The table displays the rate of boys and girls referred to Kent Social Services, and their corresponding rate of receiving case conferences and being placed on the child protection at risk register. The table illustrates that the rate of referrals resulting in registration is consistent in both samples, with 19% of boys and 19% of girls referred being registered in the Pre Act, and 16% of boys and 16% of girls in the Post Act.

	Pre Children Act			Post Children Act		
	Referral	CC Held	Name on CPR	Referral	CC Held	Name on CPR
Boy	487 (48%)	200(41% of boys referred)	93 (47% of boys who received CC/19% of boys referred)	488 (47%)	181 (37% of boys referred)	77 (43% of boys who received CC/16% of boys referred)
Gir	526 (51%)	203 (39% of girls referred)	98 (48% of girls who received CC/19% of girls referred)	552 (53%)	200 (36% of girls referred)	86 (43% of girls who received CC/16% of girls referred)

Table 7.4: Effect of gender on child protection decision making

Chapter Five revealed that the child's gender was not significant in predicting the case conference decision. It was hypothesised in Chapter Four that the child's gender would not be significant in predicting the registration decision, and this was found to be the case in both the Pre and Post Act samples ($\chi^2 = 3.200$, $df = 1$, $p < 0.100$) and ($\chi^2 = 0.00002$, $df = 1$, $p < 0.99$), respectively.

5. Year of age and child protection decision making

Table 7.5 summarises the ages of children and its influence on child protection decision making, discussed in Chapter Five and in this present chapter. It demonstrates the age of the child at the time of referral, the age distribution of children who received case conferences, and the age distribution of children who were registered. Age is given in years, with months rounded up or down to the nearest year (percentages are also rounded up or down to the nearest whole figure). The table can only include children whose ages were given on their referral form.

Age Yrs	Pre Children Act			Post Children Act		
	Referrals	CC Held	Reg-CPR	Referrals	CC Held	Reg-CPR
<1	23 (2%)	12 (3%)	7 (4%)	18 (2%)	9 (2%)	5 (3%)
1	58 (6%)	27 (7%)	15 (8%)	56 (5%)	27 (7%)	18 (11%)
2	65 (7%)	27 (7%)	13 (7%)	72 (7%)	25 (7%)	9 (6%)
3	74 (8%)	26 (7%)	16 (8%)	75 (7%)	27 (7%)	14 (9%)
4	83 (8%)	32 (8%)	20 (10%)	73 (7%)	23 (6%)	9 (6%)
5	69 (7%)	28 (7%)	15 (8%)	75 (7%)	28 (7%)	11 (7%)
6	76 (8%)	29 (7%)	17 (9%)	90 (9%)	32 (8%)	11 (7%)
7	67 (7%)	22 (6%)	12 (6%)	67 (7%)	27 (7%)	12 (7%)
8	59 (6%)	20 (5%)	11 (6%)	67 (7%)	19 (5%)	9 (6%)
9	51 (5%)	19 (5%)	8 (4%)	56 (5%)	17 (5%)	6 (4%)
10	61 (6%)	25 (6%)	15 (8%)	41 (4%)	16 (4%)	8 (5%)
11	41 (4%)	13 (3%)	7 (4%)	63 (6%)	17 (5%)	9 (6%)
12	49 (5%)	20 (5%)	10 (5%)	41 (4%)	12 (5%)	12 (7%)
13	45 (5%)	20 (5%)	7 (4%)	62 (6%)	13 (6%)	9 (6%)
14	54 (6%)	21 (5%)	11 (6%)	53 (5%)	21 (6%)	9 (6%)
15	50 (5%)	19 (5%)	9 (5%)	49 (5%)	14 (4%)	5 (3%)
16	45 (5%)	23 (6%)	6 (3%)	43 (4%)	22 (6%)	6 (4%)
17	13 (1%)	1 (.2%)	0	17 (2%)	8 (2%)	1 (1%)
18	3 (.3%)	0	-	9 (1%)	1 (.2%)	0

Table 7.5: Effect of age on child protection decision making

Just as children aged 17+ were unlikely to be referred or to receive a case conference, they were also unlikely to be registered. This may be due to the fact that social services statutory obligation for these children finished when they reached 17 years in the Pre Act, and at 18 years in the Post Act. In the Pre Act of those 24 children aged 16-18 years only 6 (25%) were registered, whilst the remaining 18 (75%) were not. The proportion of registrations was similar for the Post Act - of the 31 children aged 16-18 years, 7 (23%) were registered, whilst the remaining 24 (77%) were not. It seems likely that young people in this age group are often in dire need of help and support, and there is a danger that they may fall between child and adult mental health systems.

Children of any specific year of age were not significantly more or less likely to be registered in the Pre Act ($\chi^2 = 15.742$, $df = 17$, $p < 0.70$) or Post Act ($\chi^2 = 20.548$, $df = 18$, $p < 0.30$). In general, children of all years of age were more likely to be registered than not registered in the Pre Act, and were generally more likely not to be registered in the Post Act.

In the Pre Act sample the registration decision was known for 5 of the 6 unborn children and revealed that 4 were registered, and 1 was not. Of the two unborn children in the Post Act 1 was registered, and 1 was not.

5.1 Younger and older age and child protection decision making

Table 7.6 summarises the effect of younger and older age on the case conference decision and the registration decision. The consistent finding that younger children are more likely to be referred and less likely to receive case conferences, but when they do, they are more likely to be registered, is displayed on the table. It may be a cause for concern, as this age group are the most vulnerable and are least able to articulate their needs.

Age: Years	Pre Children Act			Post Children Act		
	CC Not Held	CC Held	Reg (% of CC)	CC Not Held	CC Held	Reg (% of CC)
0-8	314 (59%)	222 (41%)	126 (57%)	349 (61%)	223 (39%)	98 (44%)
9-17/18	212 (55%)	172 (45%)	73 (42%)	222 (59%)	154 (41%)	65 (42%)

Table 7.6: Older and younger age and child protection decision making

It was hypothesised in Chapter Four that younger children would be more likely to be registered due to their being perceived as more vulnerable. This hypothesis was upheld for the Pre Act sample - with younger children being significantly more likely to be registered ($\chi^2 = 4.422$, $df = 1$, $p < 0.050$). That is to say that of the 222 children aged 8 or less 126 (57%) were registered, as compared to only 42% of the 172 older children - as Table 7.6 demonstrates.

The Post Act in contrast, revealed that neither age group was significantly more likely to be registered ($\chi^2 = 0.2015$, $df = 1$, $p < 0.80$). Nevertheless, the same trend was apparent with 44% of younger children registered as opposed to 42% of older children.

6. Social services area and the registration decision

It was hypothesised in Chapter Four that the social services area where the conference takes place would predict the registration decision. This hypothesis was true for the Pre Act sample but was not for the Post Act.

The social services area was significant in predicting the registration decision in the Pre Act sample ($\chi^2 = 13.353, df = 4, p < 0.01$). The average rate of registration for this sample was 53% but as illustrated on table 7.7, registration ranged from 45% in Canterbury and Thanet to 70% in Mid Kent. The social services area in the Post Act sample was not significant in predicting the registration decision ($\chi^2 = 3.845, df = 4, p < 0.50$). The average rate of registration had decreased by 8% to 45%. The range of registration was limited - from South East Kent's registration rate of 38% to Mid Kent's rate of 52%. The 8% decrease in registration for the Post Act sample is evidenced in each of the five areas registering fewer children. This decreased registration rate ranged from Canterbury and Thanet's 1% to Mid Kent's 18%, as Table 7.7 displays.

S.S.Area	Pre Children Act			Post Children Act		
	Child registered	Child not registered	CCs n=	Child registered	Child not registered	CCs n=
C'bury & Thanet	58 (45%)	70 (55%)	128	28 (44%)	35 (56%)	63
Dartford & G'sham	21 (57%)	16 (43%)	37	31 (48%)	34 (52%)	65
Medway & Swale	46 (48%)	49 (52%)	95	31 (42%)	42 (58%)	73
Mid Kent	56 (70%)	24 (30%)	80	39 (52%)	36 (48%)	75
South East Kent	27 (52%)	25 (48%)	52	33 (38%)	55 (62%)	88
Total	208 (53%)	184 (47%)	393	162 (45%)	202 (55%)	364

Table 7.7: Social services areas and the registration decision

The social services area where the case conference was held was not known for 9 and 15 of the Pre and Post Act conferences, respectively.

6.1 Social services district and the registration decision

It was hypothesised in Chapter Four that the social services district where the conference was held would be significant in predicting the registration decision. This finding was upheld for both samples.

The social services district was very significant in predicting the registration decision for the Pre Children Act sample ($\chi^2 = 65.470$, $df = 17$, $p < 0.00001$). As stated above the average rate of registration for this sample was 53%, but there was massive variation between districts. For instance, Ashford registered 14 (93%) of the 15 children it case conferenced, whilst North Downs only registered 1 (7%) of its 15.

Although the social services district was significant for the Post Act sample - it was not significant to the same extent as in the Pre Act ($\chi^2 = 32.461$, $df = 17$, $p < 0.025$). This implies more consistency in decision making for this later sample. The 8% decrease in the registration rate was evidenced by most district inclining towards non registration. Huge variation between districts is again evidenced in this Post Act, with Shepway placing 6 (86%) of its 7 children on the register, whilst Rochester registered only 1 (14%) of its 7.

6.2 Social services district and area and child protection decisions

The following table summarises the findings for social services area and social services district, discussed in Chapter Five and in this present chapter.

Social Services	Pre Children Act		Post Children Act	
	CC Decision	Reg Decision	CC Decision	Reg Decision
Area	V.S	S	V.S	N.S
District	V.S	V.S	V.S	S

Table 7.8: Summary of effect of district and area on decision making

The social services district where the conference was held was very significant in predicting the registration decision in the Pre Act, but this significance decreased when districts were collapsed into their constituent areas, as extreme rates of registration were lost, although there were still significant differences between areas.

Less variation concerning the registration decision was apparent in the Post Act where the general decrease in registration had a flattening effect on any variation. The 8% decrease in the registration rate was reflected by a decrease in each area's registration, and this may be a cause for concern.

The fact that the variation was greater between districts than between areas means that there is a wider difference between district practice than between area practice. The findings imply that area policy may

be more consistent than district policy. District factors creating this greater variation cannot be fully accounted for by Area Managers directives or a given social services area's politics.

7. Individual or family case conference

In the Pre Children Act sample, 240 (60%) case conferences were held for individual children and these are described as "individual case conferences" in this research. 159 (40%) conferences were held for more than one child, and these are labelled "family case conferences". In the Post Children Act sample, 216 (57%) case conferences were individual case conferences and 162 (43%) were family case conferences.

7.1 Individual or family conference and the registration decision

Table 7.9 illustrates those case conferences where the registration decision was known. It shows how 73% and 55% of family conferences in the Pre and Post Act samples respectively, resulted in registration.

Chapter Four hypothesised that family conferences would be more likely to result in registration. This hypothesis was upheld with family case conferences being very significantly more likely to result in registering the child for both the Pre and Post Act samples ($\chi^2 = 39.582$, $df = 1$, $p < 0.00001$ and $\chi^2 = 11.821$, $df = 1$, $p < 0.000010$), respectively.

Registration Decision	Pre Children Act		Post Children Act	
	Individual C.C	Family C.C	Individual C.C	Family C.C
Registration	95 (40%)	113 (73%)	77 (37%)	87 (55%)
No Reg.	140 (60%)	42 (27%)	131 (63%)	71 (45%)
Total	235	155	208	158

Table 7.9: Individual/family conference and the registration decision

8. Children who are part of another child's case conference

In the Pre and Post Children Act samples 68 (17%) and 76 (20%) children respectively, received case conferences whose names were not on the conference title. This study examines the extent to which these children were registered and the extent to which other recommendations were made, as, by definition, these decisions would have been made in the absence of some relevant people in the child's life - the child's teacher, for instance.

8.1 Child part of another's conference and the registration decision

Of the 68 children in the Pre Act sample, 30 (44%) were placed on the child protection register. Of the 76 children in the Post Act sample, only 14 (18%) were registered.

8.2 Child part of another child's conference and recommendations

In the Pre Act sample recommendations were more likely to be made for children whose names were not on the case conference title, if the child was registered (65% compared to 35%). The Post Act sample, in contrast, found that recommendations were more likely to be made for children whose names are not on the case conference title, if the child was not registered (43% as opposed to 57%). Such recommendations included examinations, further investigations and therapy.

9. Child's history of the child protection system and registration decision

This section describes the child's history in the child protection system. This includes a discussion of the extent to which children had previously been registered on the child protection at risk register, and a discussion of whether or not the child had siblings previously or currently registered. These issues are examined in relation to whether or not they predict the registration decision.

There were a small proportion of children whose names were on the register prior to the case conference under investigation in this research. In the Pre Children Act, 27 (7%) children were currently registered, whilst 359 (90%) were not. The comparable figures for the Post Act sample were 20 (5%) and 340 (90%) respectively. These 27 and 20 children respectively were not included in this part of the analysis.

9.1 Child previously on register and the registration decision

The rate of children whose names had previously been registered was 57 (14%) and 66 (17%), in the Pre and Post Acts respectively; whilst 321 (80%) and 295 (78%), respectively had never been registered.

It was hypothesised in Chapter Four that children who were previously registered would be more likely to be re-registered. This hypothesis was not upheld for the Pre Act sample, but it did prove to be true for the Post Act.

The child's name previously on the child protection register was not significant in predicting that the child would be re-registered in the Pre Act sample ($\chi^2 = 3.807$, $df = 1$, $p < 0.10$). Of the 56 children who had previously been registered, 36 (54%) were re-registered. This is 1% higher than the average registration rate for this sample.

The child having previously been registered was significant in predicting that the child would be re-registered in the Post Act sample ($\chi^2 = 5.978$, $df = 1$, $p < 0.025$). Of the 63 children who had previously been registered, 37 (59%) were re-registered. This is 15% higher than the average registration rate for this sample.

9.2 Child's siblings previously registered and the registration decision

Sixteen per cent of children - 62 and 60 respectively, in the Pre and Post Children Act samples had siblings who had previously been registered.

It was hypothesised in Chapter Four that children who had siblings previously registered would be more likely to be registered. This hypothesis was not upheld for the Pre Act sample ($\chi^2 = 0.013$, $df = 1$, $p < 0.95$), but was true for the Post Act ($\chi^2 = 5.058$, $df = 1$, $p < 0.025$). Of the 58 children whose siblings were previously registered in this later sample, 34 (59%) were registered.

9.3 Child's siblings currently registered and the registration decision

26 (7%) children in the Pre Act sample had siblings currently on the child protection register, and 19 (5%) of the Post Act sample.

The child having siblings currently registered significantly predicted that the child would be registered in the Pre Act sample ($\chi^2 = 7.657$, $df = 1$, $p < 0.01$). Of the 26 cases where this was applicable, 21 (81%) of the children were registered.

In the Post Act sample a child having siblings currently on the child protection register was even more significant in predicting that the child would be registered ($\chi^2 = 14.107$, $df = 1$, $p < 0.00001$). Of the 18 children whose siblings were currently registered, 16 (89%) were registered. This is 45% higher than the average rate of registration in this sample.

9.4 Summary of child's history of the system and the registration decision

The following table summarises the findings discussed in this section concerning the child's history of the child protection system. This information is presented with relevant statistical information in Tables 7.1 and 7.2. As discussed throughout this section, the table demonstrates that the child's history of the child protection system was more predictive of the registration decision in the Post Act sample.

Child's history:-	Pre Children Act	Post Children Act
Child previously registered	N.S	S
Sibs previously registered	N.S	S
Siblings currently registered	S	V.S

Table 7.10: Summary of child's history of C.P. system and registration decision

10. Designation of case conference chairperson and the registration decision

Divisional managers were more than twice more likely to chair case conferences in the Pre Act sample, than team managers - 226 (56%) conferences as compared to 108 (27%). Independent chairpersons chaired only 19 (5%) conferences. In the Post Act divisional managers chaired 154 (41%) and team managers chaired 119 (31%) conferences. Conferences chaired by independent chairpersons increased by 2% to 27 (7%).

Designation	Pre Children Act		Post Children Act	
	Reg	Not Reg	Reg	Not Reg
Team Manager	60 (58%)	43 (42%)	50 (43%)	65 (57%)
Divisional Manager	117 (58%)	107 (48%)	77 (52%)	70 (48%)
Independent Chair	12 (63%)	7 (37%)	16 (59%)	11 (41%)

Table 7.11: Designation of chairperson and the registration decision

It was hypothesised in Chapter Four that conferences chaired by independent chairpersons would register significantly more children. This hypothesis was not upheld - although as the table below shows, such conferences had a slightly higher registration rate. The designation of the chairperson did not predict the registration decision in the Pre or Post Act samples ($\chi^2 = 1.622$, $df = 2$, $p < 0.50$) and ($\chi^2 = 3.185$, $df = 2$, $p < 0.250$), respectively.

10.1 Gender of case conference chairperson and the registration decision

The majority of conferences were chaired by men. They chaired 239 (60%) and 218 (58%) of case conferences in the Pre and Post Acts respectively.

It was hypothesised in Chapter Four that the chairperson's gender would not be significant in predicting the registration decision. However, it was found to be significant in predicting the registration decision in the Pre Act sample ($\chi^2 = 4.448$, $df = 1$, $p < 0.05$). 57% of conferences chaired by men resulted in registration compared to 46% of those chaired by women.

The chairperson's gender was not statistically significant in predicting the registration decision in the Post Children Act sample ($\chi^2 = 0.841$, $df = 1$, $p < 0.50$). Nevertheless, chairmen continued to register proportionately more children than chairwomen (47% as opposed to 42%).

11. Parental and family invitation and attendance at case conferences

This section of the thesis investigates the extent to which parents, parental figures and children are invited to case conferences; the extent to which they attend; and the effect of their attendance on the registration decision. Each of these variables shall now be discussed in turn.

11.1 Parental invitation

The findings show that even before the implementation of the Act, Kent Social Services had a good record of inviting parents to attend. It was hypothesised in Chapter Four that there would be an increase in parental invitation to case conferences in the Post Children Act sample, and this was found to be true. In the Pre Children Act 357 (89%) of parents were invited, and it was only apparent in 21 instances that parents were not invited. In the Post Children Act 367 (97%) were invited and there were only three cases where parents were shown not to have been invited.

11.2 Parental attendance

It was hypothesised in Chapter Four that parental attendance at case conferences would increase for the Post Act sample. This proved to be true, with parents, either together or on their own, attending 81% of the Pre Act case conferences, and 89% conferences in the Post Children Act sample.

11.3 Parents attending together and the registration decision

In the Pre Children Act sample both parents were present for at least part of the conference in 20% of cases. This had increased slightly to 23% in the Post Children Act sample.

It was hypothesised in Chapter Four that parental attendance would not be significant in predicting the registration decision. This hypothesis was not upheld for the Pre Act sample, but did hold true for the Post Act.

When the child's natural parents together attended the case conference, either in full or in part, the child was significantly more likely not to be registered in the Pre Children Act sample ($\chi^2 = 5.238$, $df = 1$, $p < 0.025$). Of the 79 cases where the child's parents attended, 32 (41%) of children were registered when their parents were present, as opposed to 47 (59%) who were not registered. In contrast, whether or not the child's natural parents together attended a case conference in the Post Act, was not statistically significant in predicting the registration decision ($\chi^2 = 1.357$, $df = 1$, $p < 0.25$).

11.4 Mother present on her own and the registration decision

As stated in Chapter Four the child's natural mother was more likely to attend in the Post Act sample, being present for some/all of 178 (45%) of conference in the Pre Children Act sample and in 178 (50%) of the Post Act sample.

As hypothesised in Chapter Four, the presence or absence of the child's mother was not significant in predicting the registration decision for the Pre or Post Act.

In the Pre Act 51% of children were registered in her presence ($\chi^2 = 0.028$, $df = 1$, $p < 0.25$). In the Post Act 48% were registered when she was present ($\chi^2 = 0.468$, $df = 1$, $p < 0.70$). These findings are illustrated on Table 7.12.

Registration Decision	Pre Children Act		Post Children Act	
	Mtr present	Mtr Absent	Mtr Present	Mtr Absent
Registered	85 (51%)	88 (50%)	73 (48%)	89 (44%)
Not Reg	82 (49%)	88 (50%)	80 (52%)	113 (56%)

Table 7.12: Mothers' attendance at conference and the registration decision

11.5 Father present on his own and the registration decision

The child's natural father was present at the conference on his own for some/all of the case conference in 16% of both samples.

It was hypothesised that the attendance of the child's father on his own at the conference would not predict the registration decision. This hypotheses was not upheld for the Pre or Post Act sample.

The child's natural father present at the case conference was significant in predicting that the child would be registered in the Pre Act sample ($\chi^2 = 5.578$, $df = 1$, $p < 0.025$). When he was present 67% of children were registered whereas only 33% were not registered. Similarly in the Post Act, the presence of the child's natural father alone at the case conference significantly predicted that the child would be registered ($\chi^2 = 5.510$, $df = 1$, $p < 0.025$). The child was registered in 61% of cases when he was present and not registered in only 39% of cases. The significance of fathers' presence is apparent from the Table 7.13.

Registration Decision	Pre Children Act		Post Children Act	
	Ftr Present	Ftr Absent	Ftr Present	Ftr Absent
Registered	33 (67%)	149 (49%)	31 (61%)	131 (43%)
Not Reg	16 (33%)	154 (51%)	20 (39%)	173 (57%)

Table 7.13: Fathers' attendance at conference and the registration decision

11.6 Comparison of father's and mother's attendance

Table 7.14 illustrates the extent to which fathers alone and mothers alone attend conferences. It is important to note that the comparison is not between lone mothers and lone fathers, as these parents attending the conference on their own does not inevitably imply the status of lone parenthood. It was hypothesised in Chapter Four that mothers would be more likely to attend conferences. The table below illustrated that mothers were three times more likely to attend their child's conference in both samples.

Parental presence:	Pre Act	Post Act
Mother present alone	167	153
Father present alone	49	51

Table 7.14: Comparison of fathers' and mothers' attendance

The finding that the presence of the child's natural mother on her own at the conference was not significant whilst that of the natural father's was significant in predicting that the child would be registered was an interesting discovery. It is difficult to explain although it may be that fathers attending conferences on their own are viewed with suspicion. Or given that fathers attend only one third as many conferences as mothers, it may be that fathers attend the more serious conferences, which by definition would be more inclined towards registration.

11.7 Child present at conference, and its effect on the registration decision

As hypothesised in Chapter Four, children's presence at case conferences was rare. They attended 22 (5%) of the Pre Act sample, and this increased to 34 (9%) in the Post Act sample.

The child was less likely to be registered when s/he was present, although this did not reach statistical significance in the Pre Act sample ($\chi^2 = 2.571$, $df = 1$, $p < 0.250$). This trend reached statistical significance in the Post Act where the child was significantly less likely to be registered when present ($\chi^2 = 6.849$, $df = 1$, $p < 0.010$). Table 7.15 demonstrates these findings.

Registration Decision	Pre Act Child Present	Post Act Child Present
Registered	8 (36%)	8 (24%)
Not Registered	14 (64%)	26 (76%)

Table 7.15: Child's attendance and the registration decision

11.8 Parental figures/relatives/friends and the registration decision

Many different combinations of people involved in the child's life attended the case conferences under investigation. Such people included:

- Mother and newer partner were present at 14 (3%) Pre Act conferences and 59 (16%) Post Act.
- Father and newer partner were present at 8 (2%) conferences in the Pre Act and 16 (4%) in the Post Act.
- Other parental figures - including grandparents and relatives, were present at 21 (5%) and 31 (8%) Pre and Post Act conferences, respectively.
- Legal representatives of the parents were recorded as present at only 9 and 10 conferences in the Pre and Post Act samples respectively.

None of these people, or combinations of people, were significant in predicting to registration decision.

12. Professionals invitation and attendance at case conferences

This section of the thesis explores the extent to which various categories of professionals are invited to conferences; the extent to which they are subsequently present or absent at conferences; and the effect of their presence on the registration decision.

The extensive list of categories of professionals who attend case conferences is outlined in Appendix 5, List D. This thesis discusses the 16 designations who are most involved in child protection decision making. Appendix 5, List E illustrates the ten categories used in this research to code information about these 16 designations of professionals' absence, presence, and rates of submitting reports at case conferences. For the purpose of this thesis, categories 1,2,3 and 4 are collapsed into the global category of "Present"; and categories 5,6,7 and 8 are collapsed into the category of "Absent".

Information concerning the invitation of each designation of professionals, their level of attendance and the effect of this on the registration decision is summarised and presented in the following figures.

Those pertaining to the Pre Act are displayed in Figure 7.1, and those pertaining to the Post Act in Figure 7.2.

The first column displays the extent to which professionals were invited to case conferences. This is divided so that their frequency of attendance or absence is displayed.

12.1 Professionals' invitation

It was stated in Chapter Four that professionals would differ in their rate of being invited to conferences. For instance, the police and teachers were expected to be invited frequently, and probation officers were expected to be seldom invited. Figures 7.1 and 7.2 illustrate sharp contrasts. They show how the police were the professionals most frequently invited to conferences in both samples. This was followed by GPs and principal medical officers in the Pre Act, and followed by health visitors and GPs in the Post Act. Teachers were the fourth largest category of invitees in both samples. Both samples show that probation, therapists, and NSPCC were rarely invited.

Professionals Present at C.C. Pre Children Act

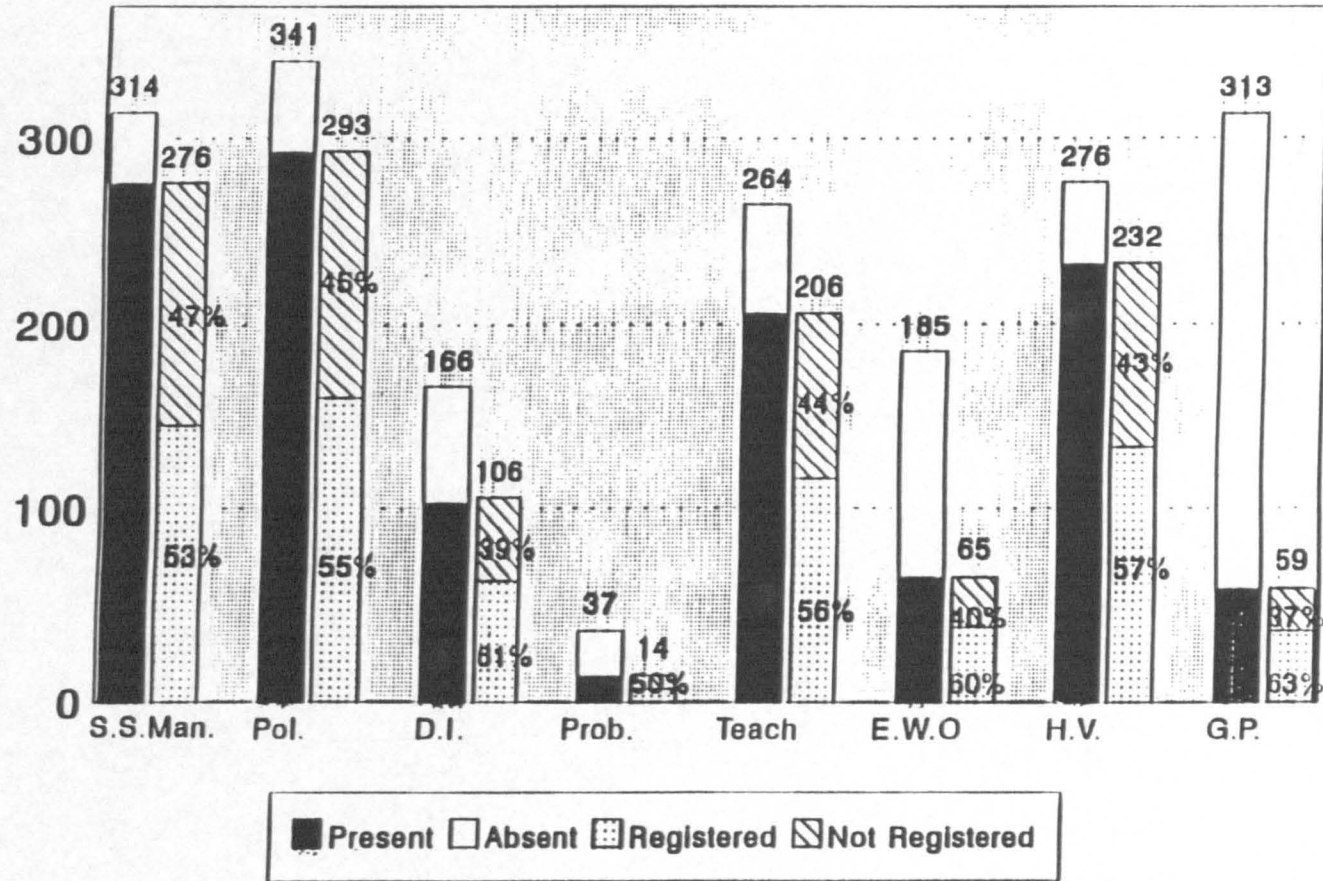
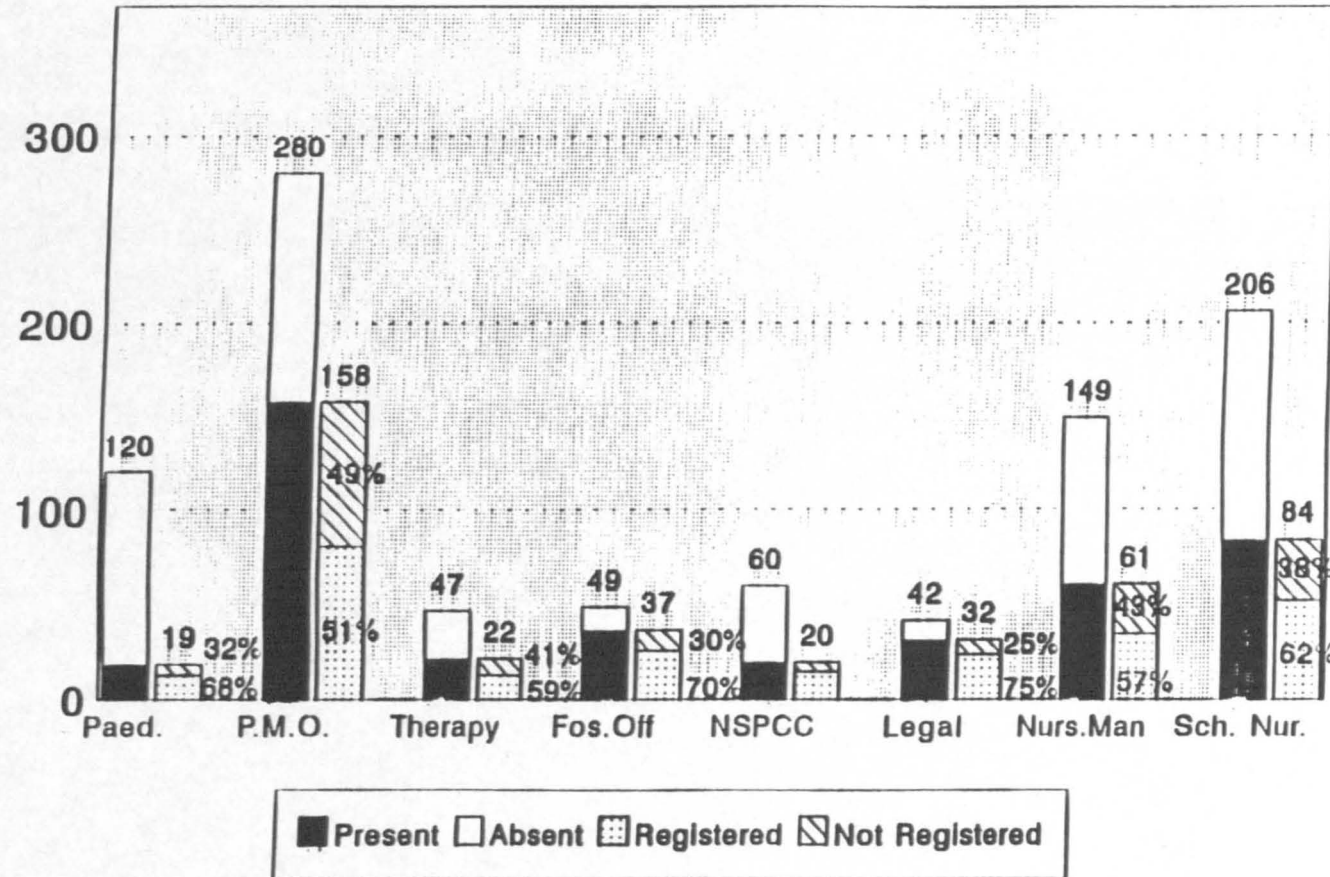
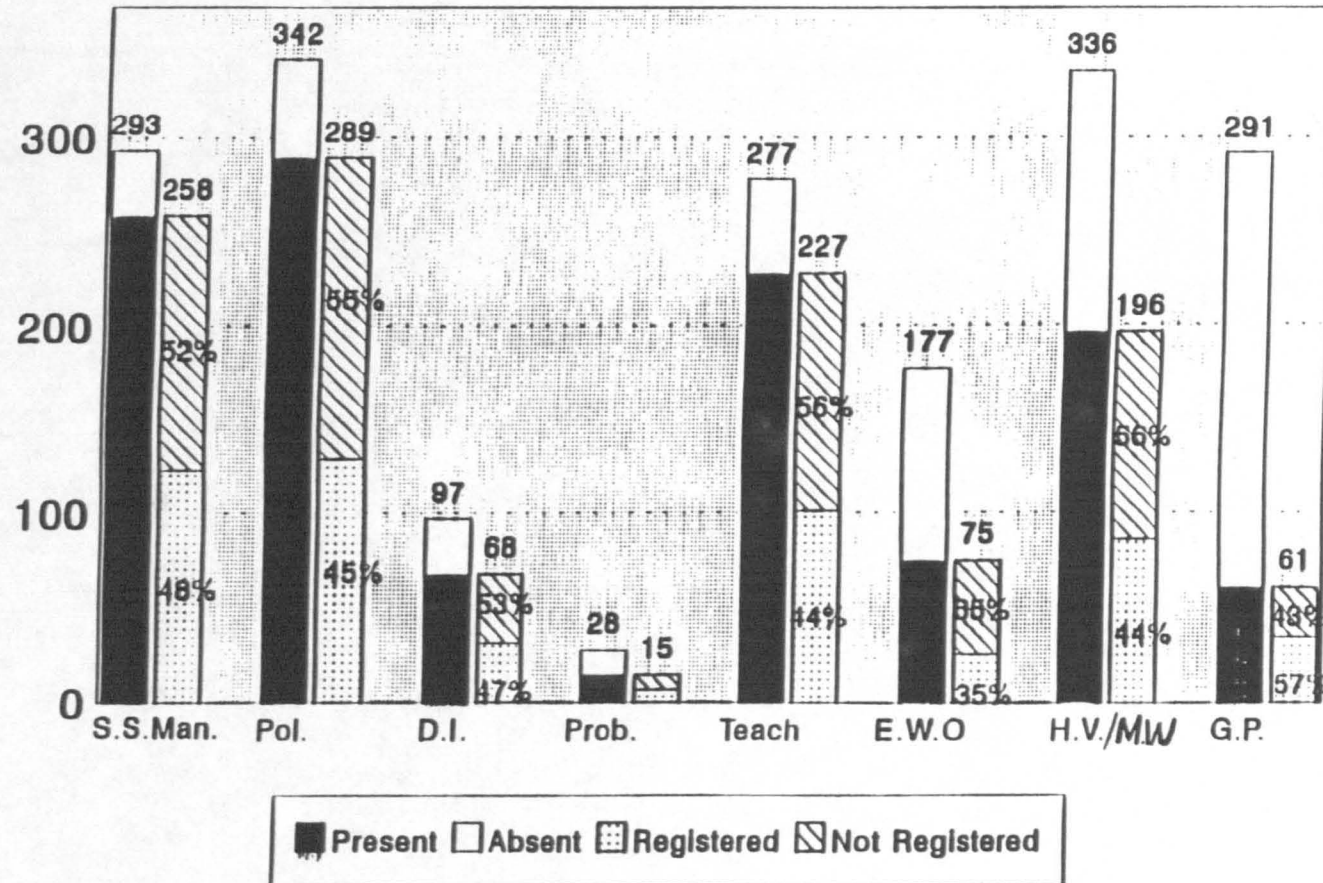


Figure 7.1

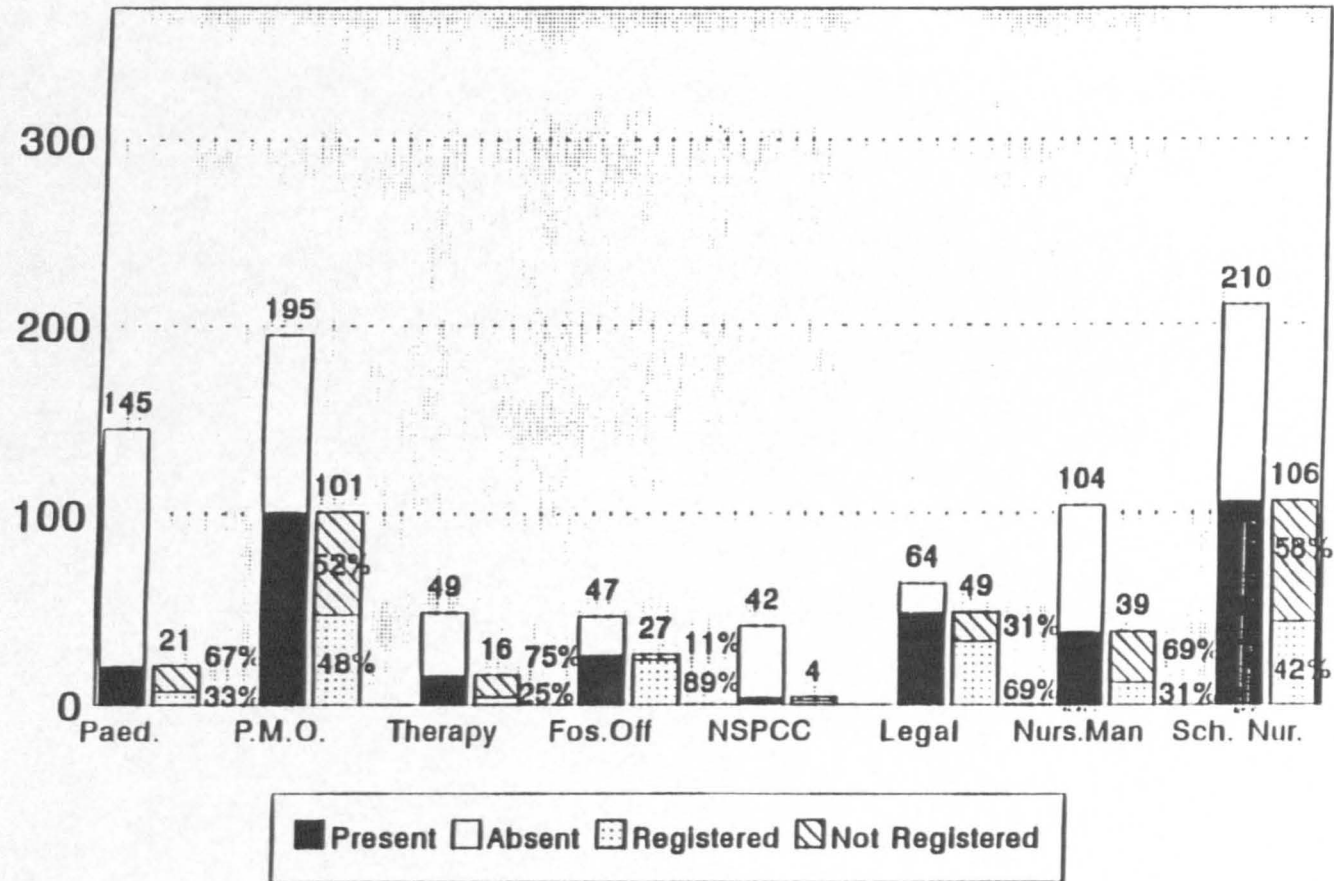
Professionals Present at C.C. Pre Children Act



Professionals Present at C.C. Post Children Act



Professionals Present at C.C. Post Children Act



12.2 Professionals' attendance

It was hypothesised in Chapter Four that there would be differences between professionals in their rate of attending conferences. It was hypothesised that GPs would rarely attend, and Figures 7.1 and 7.2 demonstrate that this hypothesis was upheld. In contrast, police and teachers accepted most of their invitations to conferences.

Health visitors rate of attendance decreased from 232 (58%) to 196 (52%). Browne (1993) documents how there is a growing recognition that child abuse and neglect is a product of poor parent/child relationship, and that consequently, preventative interventions should be aimed towards strengthening this relationship. He asserts that since health visiting began in 1867 it has "limited the amount of physical neglect and malnutrition suffered by British children" (p11). He remarks that health visitors have the unique position of being in contact with all families with a new-born. Thus they can offer help and support to parents without stigmatising the family as a problem family. Thus, "they may intervene to halt the progression of underlying family processes that lead to the physical and emotional abuse and neglect of children" (p8). The decrease in the rate of health visitors attending conferences in the Post Act is therefore disappointing.

12.3 Professionals attendance and the registration decision

This section of the thesis explores the extent to which professionals' attendance/absence at case conferences had a significant effect on the registration decision. Not all designations of professionals could be included in the statistical analysis, as there were sometimes too few of a given designation involved.

The analysis examines the effect of 16 designations of professionals' presence or absence at conferences on the registration decision. The second column of Figures 7.1 and 7.2 relates to professions' presence at the conference and how it affects the registration decision.

Table 7.13 summarises these relationships and highlights the differences between the Pre and Post Act samples. Tables 7.1 and 7.2 at the beginning of this chapter present a full statistical account of these relationships.

Table 7.13 shows that the professionals under investigation vary in their power to predict the registration decision. Several designations who attended case conferences in the Pre and Post Act samples had a non significant relationship with the registration decision. These need not be discussed here, except to say that those professionals whose presence did not predict the registration decision were mostly those who often attended conferences and whose influence on the registration decision was 50:50.

Significant relationships for firstly, the Pre Act and secondly, the Post Act, will now be discussed. It was hypothesised in Chapter Four that "higher" status professionals would be significant in predicting the registration decision. The following findings will reveal how this hypothesis was only partly upheld.

Designation of Professional	Pre Act	Post Act
Team Leader	N.S	N.S
Police Officer	N.S	N.S
Detective Inspector/Sergeant	V.S	N.S
Probation Officer	N.S	N.S
Head/Class Teacher	S	N.S
Education Welfare Officer	S	N.S
Health Visitor/Midwife	N.S	V.S
G.P.	N.S	S
Paediatrician	N.S	N.S
Principal Medical Officer	N.S	N.S
Play Therapist/Psychotherapist	N.S	N.S
Foster/Adoption Officer	N.S	N.S
N.S.P.C.C.	V.S	-
Solicitor/Legal Services	S	N.S
Nursing Manager/Director	N.S	S
District/School Nurse	N.S	N.S

Table 7.16: Professional's attendance and registration decision

12.3.1 Pre Children Act

NSPCC professionals and detective inspectors/sergeants were the only designations which had a very significant relationship with the registration decision ($\chi^2 = 10.909$, $df = 1$, $p < 0.005$ and $\chi^2 = 8.341$, $df = 1$, $p < 0.005$) respectively. This finding is in line with Farmer and Owen's (1993) study which found that the factors which were significantly related to the decision to register the child were previous involvement of the family with other agencies, especially the NSPCC.

Head/class teachers ($\chi^2 = 6.128$, $df = 1$, $p < 0.025$), education welfare officers ($\chi^2 = 5.169$, $df = 1$, $p < 0.025$) and solicitor/legal services ($\chi^2 = 4.200$, $df = 1$, $p < 0.050$), had a significant relationship with the registration decision.

Designation of Professional	Registered		Not registered	
	Present	Absent	Present	Absent
** Detective Insp/Serg	63 (61%)	24 (38%)	40 (39%)	39 (62%)
** NSPCC Officer	15 (75%)	12 (30%)	5 (25%)	28 (70%)
* Education Welfare Officer	39 (60%)	51 (43%)	26 (40%)	69 (57%)
* Head/Class Teacher	116 (56%)	22 (38%)	90 (44%)	36 (62%)
* Solicitor / Legal Services	24 (75%)	4 (40%)	8 (25%)	6 (60%)

*p<0.05 **p<0.01

Table 7.17: Pre Act - Significant Professionals

Table 7.17 demonstrates that the child is significantly more likely to be registered if an NSPCC officer or detective inspector/sergeant attends the conference (75% as opposed to 25% and 61% as opposed to 39%, respectively); and an increased likelihood of the child not being registered if they are absent. This finding may perhaps be explained by the fact that such professionals would only attend the more serious cases.

The table demonstrates the same trend for head/class teachers, education welfare officers and solicitor/legal services. Their presence was significant in predicting that the child would be registered - 56% as opposed to 44%, 60% as opposed to 40% and 75% as compared to 25%, respectively. Similar to the above trend, their absence was significant in predicting that the child would not be registered.

12.3.2 Post Children Act

The designation of health visitor/midwife/clinical nurse advisor was the only category of professional which had a very significant relationship with the registration decision in the Post Act ($\chi^2 = 51.574$, $df = 1$, $p < 0.00001$). The two designations of nursing manager/director and GP were significant to a lesser extent ($\chi^2 = 5.943$, $df = 1$, $p < 0.025$ and $\chi^2 = 4.496$, $df = 1$, $p < 0.05$).

Designation of Professional	Registered		Not registered	
	Present	Absent	Present	Absent
** Health Visitor / Midwife / Clinical Nurse Advisor	86 (44%)	116 (83%)	10 (56%)	24 (17%)
* General Practitioner	35 (57%)	97 (42%)	26 (43%)	133 (58%)
* Nursing Manager / Director	12 (31%)	36 (55%)	27 (69%)	29 (45%)

*p<0.05 **p<0.01

Table 7.18: Post Act - Significant Professionals

Table 7.18 demonstrates that the child is less likely to be registered if a health visitor/midwife/clinical nurse advisor is present (44% as compared to 56%). A very high proportion of children were registered in health visitors' absence (83% as compared to 17%).

The same trend is true when nursing managers/directors attend. Their presence significantly predicts that the child will not be registered (31% as compared to 69%).

When a GP attended the conference children were more likely to be registered (57% as opposed to 43%), and less likely to be registered if a GP was absent (42% as opposed to 58%). This is the only Post Act trend similar to those found in the Pre Act - that is to say that the professional's attendance made it more likely that the child would be registered.

13. Outcome of case conferences

As discussed in Chapter Two, the main function of case conferences is to decide whether or not to place the child on the child protection at risk register. Conferences also have to recommend action to monitor and protect the child, as well as action towards change and recovery. This section explores these decisions, and where relevant examines their effect on the registration decision.

13.1 Rate of registration

It was stated in Chapter Four that the Post Children Act referrals would result in fewer registrations and this expectation was upheld. The child's name was placed on the child protection register in 208 (53%) cases in the Pre Children Act sample and this decreased to 165 (45%) in the Post Act sample. This equates to only 208 (20%) of the Pre Act referrals leading to registration. The rate of registration decreased to 165 (16%) in the Post Act. This suggests that an initial response other than a full child protection investigation - such as assessment for another form of support, may be more appropriate in many referrals. This view is in accordance with Gibbons (1994) who asserts that many families struggling with child rearing in difficult circumstances come to the attention of social services and are prematurely defined as potential child protection cases rather than as families containing children in need. In her view, too many investigations take place that produce neither protective action nor the offer of any other service.

In keeping with Gibbons, Parke (1980) warned of the danger of labelling a family as abusive, and claims that it has important implications for treatment. Once an agency labels a parent as abusive, other agencies tend to accept this label, and treat the family accordingly, even though the second agency may not have labelled the family as abusive by its own criteria. Gelles (1973) wisely argues that being labelled an abuser may produce the personality characteristics - such as anxiety and depression, which

may later be called the causes of the abuse. Similarly, the social isolation characteristics of the abusive family may also result from community rejection of the label.

Like Gibbons, Davies and Little (1995) note that for referrals following the child protection route, much of the emphasis is on investigation - to see whether or not abuse has occurred. A more balanced view which would lead to more satisfactory outcomes would place emphasis upon the establishing whether any action is needed to safeguard a child's welfare, but not be dominated by questions of abuse.

13.2 Categories of registration¹²

Tables 2.2 and 2.3 in Chapter Two give a description of child abuse registration categories. The following Table 7.19 illustrates the categories of registration which were used to register the children in this study.

Registration Category	Pre Act: Frequency	Post Act: Frequency
A1 - Physical Abuse	35 (17%)	59 (36%)
A2 - Emotional Abuse	6 (3%)	11 (7%)
A3 - Sexual Abuse	38 (18%)	46 (28%)
B1 - Physical Neglect	15 (7%)	35 (21%)
B2 - Emotional Neglect	10 (5%)	25 (15%)
B3 - Sexual Neglect	9 (4%)	5 (3%)
C1 - Potential Risk	11 (5%)	3 (2%)
C2 - Potential Risk	19 (9%)	-
C3 - Potential Risk	93 (45%)	5 (2%)

Table 7.19: Categories of registration

Chapter Four expected that the abolition of the potential risk categories would result in increased registration in the other categories for the Post Act sample. The above table demonstrates how the registration categories of physical abuse and physical neglect increased by 19% and 14%, respectively. The sexual abuse and emotional neglect categories increased by 10%.

The potential risk categories were used to register 59% of children in the Pre Act sample. It thus seems reasonable to conclude that the increase in these four above mentioned registration categories may be partly due to the fact that they are absorbing those cases which would previously been categorised as

¹² A child may be registered in more than one category.

potential risk. The 8% decrease in registration in the Post Act may be partly due to more stringent criteria required for registration in the absence of the old potential risk categories.

The fact that 4% of children were registered for potential risk in the Post Act - months after its abolishment, seems to indicate a time-lag between issuing central guidance and its implementation.

13.3 Informing parents of the registration decision

Childrens' parents were informed of the case conference decision at the conference in 56% of the Pre Act sample and this increased to 65% for the Post Act sample. This seems an encouraging indicator of improved partnership as emphasised by the Children Act 1989. There was a definite decision not to inform the parents of the case conference registration decision in only two and one of the Pre and Post Children Act case conferences, respectively.

13.4 Case conference recommendations

Table 7.20 presents the list of recommendations - which is a breakdown of the child protection plans for those children who received a case conference. Note that in some cases more than one recommendation was made.

Chapter Four expected that recommendations made by the conference would increase for the Post Act sample, due to the expected decrease in the rate of registration. It is reasonable to assume that some recommendations were not detailed in the minutes. However, assuming consistency of practice across both samples, the 8% decrease in registration has not generally led to an increase in other recommendations made by the conference. The most notable exceptions are the 15% increase in conferences recommending financial help and help regarding housing; and the 10% increase in conferences recommending a psychiatric or psychological assessment of the child.

The case conference recommendations which emerged in this study, as illustrated in Table 7.20, reveal a wide diversity of interventions. This accords with Frude's (1990) suggestion that child abuse should be viewed less as a single "syndrome" and more as the common result of all sorts of different antecedent patterns leading to the violent attack. This means that "in some cases, effecting a situation change may be the most useful therapeutic intervention, while in other cases the most appropriate focus might be on the attitudes towards the particular child, general expectations about children or beliefs about the value of harsh training" (p146).

Frude therefore suggests that treatment should be carefully tailored to the individual case. However Farmer and Owen (1995) discovered that child protection plans made at initial conferences in their

study, were limited because the preoccupation with risk meant that there was only an average of nine minutes to consider the needs of the child and family. They also found that parents and children had not been involved in making the plans and therefore, a vital source of information was missing. Furthermore, Farmer and Owen discovered that the dynamics of the family and the possible underlying cause of the abuse were rarely discussed. They discovered that important aspects of the child's future protection were overlooked in over a third of the protection plans formulated at initial conferences. The detrimental effects of inadequate child protection plans cannot be over estimated. Farmer and Owen found that there was a close link between the adequacy of the initial child protection plan and the child's safety. In half the cases where this plan was inadequate a child was subsequently re-abused or neglected.

Several of the case conferences in this study, as illustrated in Table 7.20 recommended that the child receive therapy. Lewis (1988) states that although it is clear that the violence visited on a particular child needs to be terminated, the exact methods of treatment remain unexplored. Lewis warns that if therapy is chosen for a child "it is unclear as to how to effectively alter the experience, especially in the young child. A greater match between theories of development and theories of treatment is required if we are to systematically explore this problem" (p6).

Recommendations of Child Protection Plan	Pre Act (n = 401)	Post Act (n = 379)
"Therapy offered to child/family" Included family/individual/occupational/play therapy	65 (16%)	56 (15%)
"Psychiatric or psychological assessment of child/family."	51 (13%)	88 (23%)
"Support offered to child" Included befriending and nursery care.	141 (35%)	132 (35%)
"Support/advice offered to family" Included help regarding finances and housing	254 (63%)	294 (78%)
"Child to be referred to Education personnel" Included Educational Psychologist, Education Welfare Officer or School Counsellor.	6 (1%)	14 (4%)
"Extra support for family" Included input from Family Aide.	97 (24%)	107 (28%)
"Specific examination / interview to be undertaken." Included medical examination for child, diagnostic interviews and full multi-agency assessment	135 (34%)	99 (26%)
"General investigations/interviews to take place" Included joint interviews and legal advice.	239 (60%)	178 (47%)
"Monitoring" Included school/police/health monitoring the family and notifying social services of any change.	152 (38%)	94 (25%)
"Child's living arrangement to change" Included child's removal from home, Place of Safety, Voluntary Care Order, placed with foster parents.	48 (12%)	47 (12%)
"Future meetings to take place" Included planning meetings and case conferences to be reconvened if necessary.	310 (77%)	277 (73%)

Table 7.20: Recommendations of Child Protection Plan

14. Action to be taken as a result of the case conference

As well as the recommendations of child protection plans - as outlined above, other areas of child protection are statutorily and routinely discussed. This section will examine these actions recommended to take place as a result of the case conference. These actions will also be explored to see if they associate with the registration decision.

14.1 Police to investigate, and the registration decision

As a result of the Pre Children Act conferences, action was to be taken by the police in 94 (23%) cases. This decreased slightly to 80 (21%) in the Post Act sample, possibly due to the finding discussed in Chapter Four that police investigations at the referral stage has increased.

Of the 94 cases in the Pre Act where the police were to investigate, 60 (65%) had been registered and 33 (35%) had not. There was a significant association between the recommendation for a police investigation and the registration decision ($\chi^2 = 5.821$, $df = 1$, $p < 0.025$).

Of the 80 Post Act cases which police were recommended to investigate, 42 (56%) had been registered and 33 (44%) had not. There was not a significant relationship between recommendation for a police investigation and the registration decision ($\chi^2 = 4.200$, $df = 1$, $p < 0.50$).

14.2 Care proceedings and the registration decision

Care proceedings were rare. According to the conference minutes they were recommended in only 33 (8%) and 22 (6%) of the Pre and Post Act cases, respectively.

There was a very significant relationship between the decision that care proceedings would take place and the fact that the child had been registered in the Pre and Post Act samples ($\chi^2 = 12.625$, $df = 1$, $p < 0.00001$) and ($\chi^2 = 10.070$, $df = 1$, $p < 0.005$), respectively. Of the 33 Pre Act conferences where care proceedings to take place, 27 children had been registered. Of the 21 cases in the Post Act where care proceedings were recommended to take place 17 children had been registered.

14.3 Criminal Injuries Compensation and the registration decision

According to the conference minutes, criminal injuries compensation was applicable to only 12 (3%) and 14 (4%) of the Pre and Post Act conferences respectively. Although social services are only responsible for claiming this compensation when the child is in Care, they may assist in advice on how to claim in other cases.

Of the 12 Pre Act cases where this compensation was to be applied for, six (50%) had been registered and the remaining six not. There were too few cases to undertake a statistical analysis, but it seems reasonable to assume that the decision to apply for this compensation was not associated with the registration decision. Most notably, judging by the conference minutes, it is likely that no discussion concerning criminal injuries compensation took place in the remaining Pre Act conferences.

Criminal injuries compensation was to be applied for in 14 cases in the Post Act, nine of which were registered (64%) and five (36%) were not. There was an indication that this compensation had been discussed more frequently in this later sample as it was recorded as having been discussed in 25% of cases.

15. Conclusion

This seventh chapter presented and discussed the findings for the case conference variables under investigation and examined how these variable associated with the registration decision. It found that case conference variables - such as where the conference was held, and whether the child's father attended the conference on his own, predicted the registration decision. Other case conference variable were found not to predict this decision. These included the child's gender and the designation of the chairperson. Several changes occurred between the two time periods. These were discussed throughout the chapter and are evidenced in Tables 7.1 and 7.2 at the beginning of the chapter. The findings discovered and subsequently discussed in this chapter will be revisited in Chapter Ten.

Chapter Eight: Association between a selection of case conference variables and the registration decision

1. Introduction

This chapter is concerned with the associations between some of the individual case conference variables which were identified as predicting the registration decision in Chapter Seven. This chapter will reveal the associations which are most important and will investigate whether or not these associations are statistically significant in how they affect the registration decision.

Chapter Four discussed how hiloglinear statistics were chosen to undertake this multivariate analysis. This hiloglinear statistical analysis was undertaken firstly for the Pre Children Act sample and secondly for the Post Act sample. It was not possible to analyse the same three significant independent variables in both samples. It was only possible to repeat the analysis for two of the variables, and reasons for this will become clearer later in this chapter.

The relationships between the case conference variables and the registration decision for the Pre and Post Children Act samples, are displayed in Tables 7.1 and 7.2 respectively, at the beginning of Chapter Seven. The tables indicate which variables which were very significant, significant, or not significant, in predicting the registration decision. These tables will need to be consulted throughout this chapter.

The Pre Children Act will firstly be discussed, and this will be followed by a discussion of the Post Children Act.

2. Pre Children Act multivariate analysis

The Pre Children Act case conference variables which were significantly associated with the registration decision may be summarised as follows:

- Younger and older age
- The social services area and district where the conference was held
- Whether the parents were present and whether the father was present on his own
- Chairperson's gender
- Child's siblings currently on the child protection register
- Individual or family conference
- The presence of the following professionals at the conference: detective inspector/sergeant; head/class teacher; education welfare officer; NSPCC officer; solicitor/legal services.
- Whether the police were to investigate, or care proceedings were to take place as a result of the conference.

Hiloglinear analysis was undertaken using three of these independent (predictor) variables. These were:

- The social services area. This included the five social services areas where the conference was held. There are thus (5) levels for this variable.
- Type of case conference: Whether the conference was for an individual child, or for more than one child. Hence, there were two (2) levels for this variable.
- Whether the child's father was present alone, or not present alone, at the conference. So there are two (2) levels for this variable.
- The dependent variable was the registration decision. Two outcomes are included. These were the decision to register the child and the decision not to register the child. Hence, there are (2) levels for this variable.

There were thus 40 levels (cells) for the variables under investigation.

These independent case conference variables were chosen as it was felt to be particularly interesting to look at the links between them, and their influence on the registration decision. For instance it was discussed in Chapter Seven how the presence of a father on his own at a conference was significantly more likely to result in registration of the child. It was also discussed how case conferences for more than one child were significantly more likely to result in registration. This multivariate analysis provides more insight into the links between these variables, and their effect on the registration decision.

Appendix 32 shows how some of the case conference minutes were missing more than one variable. It highlights the breakdown of the missing and/or out-of-range data:

- The social services area was missing twice
- Type of conference was missing twice
- Whether or not father was present alone at the conference was missing twice
- The registration decision was missing in nine of the conference minutes.

Of the 401 case conferences held in this Pre Children Act sample, 390 cases were accepted and used in the analysis. This meets Hedderson's (1987) and Tabachnick and Fidell's (1989) criteria that sample size needs to be five times the number of cells. The remaining 11 could not be included due to the above-outlined missing data on the variables under investigation. This present hiloglinear analysis only includes those referrals where information on all four variables was available.

As well as highlighting missing or out-of-range data, Appendix 32 also recalls the necessary background information on the variables under investigation. These variables have also been discussed in Chapter Seven.

Appendices 33 - 37 present a detailed description of the associations between the social services area factor, the type of conference factor, and the father present factor; and their relationship to the registration decision.

3. Results of Pre Children Act multivariate analysis

Table 8.1 is entitled "Tests of Partial Associations". It gives the partial chi square and the probabilities for second-order and third-order associations with the registration decision. The left column, entitled "effect name", designates each association examined in the analysis. Associations between the case conference variables and the registration decision are summarised in the Table. Significant associations are indicated in bold.

Tests of Partial Associations: Summary of Statistical Associations

<i>Variables affecting outcome</i>	<i>Degrees of Freedom</i>	<i>Partial χ^2</i>	<i>Significance</i>
Social Services Area x Conference Type x Registration Decision	4	27.624	p<0.00001
Social Services Area x Father Present x Registration Decision	4	7.577	p<0.108
Type of Case Conference x Father Present x Registration Decision	1	1.149	p<0.2837
Social Services Area x Registration Decision	4	15.293	p<0.004
Type of Conference x Registration Decision	1	40.934	p<0.00001
Father Present x Registration Decision	1	3.556	p<0.059

Table 8.1: Pre Children Act - Factors affecting the registration decision

Table 8.1 shows that two of the three second-order effects were very significant. That is to say that there was a very significant association between the registration decision and the two separate independent variables of social services area and type of case conference. These second-order effects have already been discussed in Chapter Seven's univariate statistics analysis and need not be discussed again.

The third-order interaction effects are of more interest here as they give insight into the links between the case conference variables under investigation in their association with the registration decision. There

were three three-way interactions between the case conference variables and the registration decision.

These were:

- Social Services Area x Type of Conference x Registration Decision
- Social Services Area x Father Present x Registration Decision
- Type of Case Conference x Father Present x Registration Decision

Only one of these three associations was significant whilst the other two were not. These associations shall now be discussed in order of significance.

3.1 Social services area x type of conference x registration decision

The results show that the interaction between the social services area where the conference was held, whether the conference was for one child or for more than one child; and the registration decision was a very significant third-order effect ($\chi^2 = 27.624$, $df = 4$, $p < 0.00001$). This reveals that there was considerable variation between the five social services areas on the influence of the type of case conference on the registration decision. The finding that different areas have different patterns of the influence of the type of conference on the registration decision is evidenced throughout Appendices 33 - 37. The following table has extracted relevant information from those appendices:

S.S. Area	Individual Conference		Family Conference	
	Registered	Not Reg	Registered	Not Reg
Canterbury & Thanet	22 (28%)	58 (72%)	36 (75%)	12 (25%)
Dartford & Gravesham	7 (39%)	11 (61%)	14 (74%)	5 (26%)
Medway / Swale	27 (50%)	27 (50%)	19 (46%)	22 (54%)
Mid Kent	26 (58%)	19 (42%)	30 (91%)	3 (9%)
South East Kent	13 (34%)	25 (66%)	14 (100%)	-

Table 8.2: Pre Act: Social services area, conference type and registration decision

The only social services area which was more likely to register children at individual conferences was Mid Kent. Canterbury and Thanet, South East Kent and Dartford and Gravesham registered only 28%, 34% and 39% of children at individual conferences, respectively. All social services areas - with the exception of Medway/Swale, are at least three times more likely to register members of family conferences than not register them.

3.2 Social services area x father alone at conference x registration decision

The interaction between social services area, whether or not the child's father attended the conference on his own, and the registration decision was not a significant relationship ($\chi^2 = 7.577$, $df = 4$, $p < 0.108$). That is to say that no one social services area was significantly more or less likely than another to have fathers present alone at case conferences predicting that the child would or would not be registered.

3.3. Type of conference x father alone at conference x registration Decision

The interaction between whether the child received an individual or a family case conference and whether the father was present alone at the conference, was not significant in its relationship with the registration decision ($\chi^2 = 1.149$, $df = 1$, $p < 0.2837$). That is to say that the father factor was not more likely to influence the registration decision in an individual or family case conference.

4. Summary of findings for Pre Children Act multivariate analysis

This multivariate analysis revealed that only one association of the case conference variables under investigation was significant in its relationship with the registration decision. This was the association between the social services area where the conference took place and whether the conference was held for one or more than one child.

The findings revealed that only one social services area was more likely to register children than not register them, at individual conferences. Four of the five areas were at least three times more likely to register members of family conferences than not register them.

5. Post Children Act multivariate analysis

Table 7.2 at the beginning of Chapter Seven presents details of the case conference variables which predicted the registration decision in the Post Children Act. In summary these are:

- The social services district where the conference was held
- If child's father was present on his own or if the child was present
- If previous case conferences were held, if the child was previously registered or if the child's siblings were previously or currently registered.
- Individual or family conference.
- The presence of the following professionals at the conference: Health visitor / midwife / clinic nurse; GP; nursing manager / director.
- Whether the police were to investigate or whether care proceedings were to take place as a result of the conference.

Hiloglinear analysis was undertaken using three of these significant independent variables. These were:

- Father present/not present on his own at the case conference. There were thus two (2) levels for this variable.
- Type of case conference - whether the conference was for one child or for more than one child. Hence, there were two (2) levels for this variable.
- Whether or not the child's name had previously been on the child protection register. There were therefore two (2) levels for this variable.
- As for the Pre Act, two outcomes for the dependent variable were included. These were the decision to place the child's name on the child protection register or not. So there were two (2) levels for this variable.

As before, the number of cells was found by multiplying together the number of categories in each variable. There were thus 16 levels (cells) in this analysis.

These independent variables were chosen for hiloglinear analysis because each had already shown itself to be significant, and it was thought to be interesting to look at the links between them, and their influence on the registration decision. Two of the three independent variables - fathers' attendance and type of conference, are repeated for this Post Act analysis. Social services area could not be included as it ceased to be significant for the Post Act sample. The factor of "child's name previously registered" is included. This was not significant in the Pre Act, and it was thought that including it in this Post Act analysis may give some insight into why it became significant. Finally these independent variables were chosen for hiloglinear analysis because they met the necessary criteria for the hiloglinear statistical package to be valid.

Of the 379 case conferences held in this Pre Children Act sample, 349 cases were accepted and used in the analysis. The remaining 30 could not be included due to missing or out of range data on the above-outlined case conference variables. Hiloglinear includes only those referrals where information on all four variables was available. Nevertheless this meets Hedderson's (1987) and Tabachnick and Fidell's (1989) criteria that sample size needs to be five times the number of cells.

Appendix 38 highlights the breakdown of the missing and/or out-of-range data. It may be summarised as follows:

- Details of fathers' attendance was missing twice
- Type of conference was missing once
- Whether the child was previously registered was missing in 18 cases
- The registration decision was not known in 12 cases.

As well as demonstrating the missing and/or out-of-range data, Appendix 38 also illustrates background information on the variables under investigation. These have already been discussed in detail in Chapter Seven.

Appendices 39 and 40 present a detailed description of the associations between the father's presence/absence at the conference, the type of conference, whether the child was previously registered; and their relationship to the registration decision.

6. Results of Post Children Act multivariate analysis

The following table entitled "Tests of Partial Associations" presents the partial chi square and the probabilities for the associations of the second-order and third-order effect with the registration decision. The table summarises the associations and the left column designates each of these associations. Associations between the case conference variables and the registration decision are summarised in the following table, and those which are significant are indicated in bold.

Tests of Partial Associations - Summary of Statistical Associations

<i>Variables affecting outcome</i>	<i>Degrees of Freedom</i>	<i>Partial χ^2</i>	<i>Significance</i>
Father at CC x Type of CC x Registration Decision	1	5.886	p<0.015
Father at CC x Child's name previously on CPR x Registration Decision	1	9.200	p<0.002
Type of CC x Child's name previously on CPR x Registration Decision	1	4.850	p<0.028
Father at CC x Registration Decision	1	2.702	p<0.100
Type of CC x Registration Decision	1	6.013	p<0.014
Child's name previously on CPR x Registration Decision	1	5.448	p<0.02

Table 8.3: Post Children Act: Factors affecting the registration decision

Table 8.3 demonstrates that two of the three second-order effects were significant. The third second-order effect of father present at the conference with the registration decision ceased to be significant in this analysis. These second-order effects have already been discussed in Chapter Seven and do not need further discussion.

The third-order interaction effects are of interest here as they give insight into the links between the three case conference variables under investigation in their association with the registration decision. There

were three three-way interactions between the case conference variables and the registration decision. These were:

- Father present at C.C. x Child previously registered x Reg Decision
- Father present at C.C. x Type of conference x Registration Decision
- Type of C.C. x Child previously registered x Registration Decision

The three of these third-order effect were significant. These associations will now be discussed in order of significance.

6.1 Father present at conference x child previously registered x reg decision

The results show that this was the most significant third-order effect and it was the only one which reached the statistical level of very significant ($\chi^2 = 9.200$, $df = 1$, $p < 0.002$). This means that there are very different patterns between whether or not the child's father was present on his own at the conference, whether or not the child had previously been registered, and these were very significantly associated with the registration decision. Appendices 39 and 40 illustrate this. The following table illustrate relevant information from these appendices.

Father's Attendance	Previously registered		Not previously registered	
	Registered	Not Reg	Registered	Not Reg
Present Alone	3 (38%)	5 (62%)	25 (64%)	14 (36%)
Not Present Alone	34 (62%)	21 (38%)	95 (38%)	152 (62%)

Table 8.4: Post Act - Fathers attendance, child's history of registration and the registration decision

The father factor has different patterns on the influence of whether or not the child was previously registered and the registration decision. This is particularly true if the child has not previously been registered - as 64% of these children were registered when their father was present on his own at the conference, as compared to only 38% when their father is absent.

6.2 Father alone present x type of conference x registration decision

There was also a statistically significant interaction between the father's presence/absence and the type of conference on the registration decision ($\chi^2 = 5.886$, $df = 1$, $p < 0.015$). This means that father's presence/absence was found to have different patterns in the influence of the type of case conference on the registration decision.

Father's Attendance	Individual C.C.		Family C.C.	
	Registered	Not Reg	Registered	Not Reg
Present Alone	4 (29%)	10 (71%)	24 (73%)	9 (27%)
Not Present Alone	71 (39%)	112 (61%)	58 (49%)	61 (51%)

Table 8.5: Post Act - Fathers attendance, conference type and the registration decision

Father's presence/non presence on their own at their child's case conference have different patterns on the influence of the type of case conference on the registration decision. The same pattern on the registration decision is apparent regardless of whether or not the father is present on his own for an individual case conference. However a different pattern emerges when the conference is for more than one child. When the father is present on his own at family conferences, registration is very likely to take place.

6.3 Type of conference x child previously registered x registration decision

There was a significant interaction between the type of case conference the child received, whether the child's name had previously been registered and the registration decision ($\chi^2 = 4.850$, $df = 1$, $p < 0.028$).

Table 8.6 demonstrates the findings:

Conference Type	Child previously registered		Not previously registered	
	Registered	Not Reg	Registered	Not Reg
Individual	14 (44%)	18 (56%)	59 (36%)	104 (64%)
Family	23 (74%)	8(26%)	59 (49%)	62 (51%)

Table 8.6: Post Act - Conference type, Child's history of registration and the registration decision

The two types of case conferences had different patterns on the influence of whether the child had been previously registered. The combination of factors most likely not to result in registration were the child not being previously registered and receiving an individual case conference. The most notable finding was that the child was significantly more likely to be re-registered when they received a family case conference and had been previously registered.

7. Discussion.

The results of this hiloglinear analysis of the Post Children Act case conference variables under investigation show that the most significant third-order association with the registration decision, was whether or not the child's father was present on his own at the conference and whether or not the child

had previously been registered. In particular, if the child had not previously been registered, they were significantly more likely to be registered when their father was present on his own at the conference.

There was also a significant interaction between the father's presence/absence and the type of conference on the registration decision. When the father is present on his own at family conferences, registration is very likely to take place.

There was also a significant interaction between the type of case conference the child received, whether the child's name had previously been registered, and the registration decision. The combination of factors most likely not to result in registration were the child not being previously registered and receiving an individual case conference. The most notable finding was that the child was significantly more likely to be re-registered when they received a family case conference and had been previously registered.

Chapter Nine: In depth investigation of a sub sample of case conferences.

1. Introduction

A random sample of 50 sets of case conference minutes, representative of the 18 social services districts were investigated, from the Pre Children Act sample. This represents 12.5% of the 401 Pre Children Act case conferences. Chapter Four's Method section outlines the method employed to investigate these minutes. Further investigation of these minutes was undertaken so that a detailed description of what happens at case conferences would be gained, so that for example, some of the hypotheses outlined in Chapter Three about decision making could be investigated.

As discussed in Chapter Two, whilst case conference minutes do not completely reflect everything that happens at the conference, they have nevertheless been confirmed as an accurate account of what took place at the conference by each of the conference participants - with the exception of parents. This study's examination of the extent to which statutorily required information was recorded therefore indicates the extent to which this information was discussed. Thus an account is given of the extent to which relevant information is shared at case conferences.

Six main areas of investigation have been explored with this sub sample of minutes, and each of these will be discussed in this chapter. The questions which have been investigated for each area of investigation will be presented on a table in its relevant section. These questions are also presented in Appendix 6 along with each question's level of inter-rater agreement, which was defined in Chapter Four's Method section. As Appendix 6 illustrates, there was generally a high level of agreement between the two coders.

This chapter firstly evaluates the structure/procedure of the case conference according to the statutory guidelines. Secondly, family information is investigated and this includes issues such as the family's composition, history and current circumstances. Thirdly, the chapter explores the issue of sharing information with parents at case conferences. The fourth section is devoted to the issue of professionals' participation at conferences - and includes an examination of whose opinions are recorded or not. The fifth section examines the outcome of case conferences and includes such outcomes as the child protection plan, registration decision and further investigations to take place. The sixth section is devoted to examining the issue of dissent, disagreement and conflict in case conference decision making, and a section on reconvened conferences is included in the discussion. Each of these areas will be discussed in turn, but firstly, some necessary background information is presented.

2. Background Information

The size of the case conferences was firstly examined as this underlies much of the discussion in the remainder of this chapter. It particularly relates to the significance of group size which was discussed in Chapter Four. Conference size is also interesting - given its controversial nature in the light of encouraging parental and child attendance at conferences.

The average size of these 50 Pre Children Act conferences was found to be 9.68. However huge variation in size was apparent - with a range from four attendees to 21.

Randall and Packman's (1989) found that a membership of 8 - 10 participants was the norm in their Pre Act study. Gibbons, Conroy and Bell (1995) describe the composition of Post Act conferences in eight authorities, and found that the average conference attendance was 8.4 professionals. Bell and Sinclair (1993) found that the Children Act's emphasis on parental attendance caused conferences to become bigger - the average number of attendees increased from 8 to 10.

Conferences in Kent therefore seem a little larger than those mentioned above. This is especially true when one considers that this sample was Pre Children Act - although as already mentioned, Kent had a high record of parental attendance at conferences even before the implementation of the Act.

3. Structure / procedure of case conference

Kent Social Services have specific guidelines for conducting case conferences and these are outlined in Kent's Child Protection Procedures Manual. This study evaluates the structure / procedure of these 50 case conference, to see if practice adheres to these guidelines. Kent Social Services' procedural guidelines stipulate that the following three areas addressed by the questions on Table 9.1, must be recorded. Each will now be discussed separately.

Structure / procedure of case conference
<ul style="list-style-type: none">• Does the chairperson state the reasons for holding the conference?• Do the case conference minutes record the chairperson's statement of details of previous case conferences relating to the family?• Are the agencies involved recorded?

Table 9.1: Structure and procedure of conferences

3.1 The chairperson must give reason(s) for holding the conference

This study found that the chairperson's reasons for holding the conference were recorded in 44 (88%) cases, but not in 6 (12%) cases.

Kiesler (1978) believes that how a problem is defined affects the rest of the problem solving process. This implies that those conferences where a reason was not given for their occurrence, may have lacked a sense of direction throughout. This issue has been discussed in Chapter Four's section on aims and objectives - which stipulated the importance of clearly defined goals in group decision making.

3.2 Details of previous case conferences, if applicable, must be stated.

The case conference minutes recorded details of whether or not a case conference had previously been held in 41 (82%) cases. Such details were not recorded in 9 (18%) cases. This lack of thoroughness in these 9 cases means that these children's histories of the child protection system may have been ignored.

3.3 The agencies involved must be recorded.

The agencies involved were only recorded in 12 (24%) cases, and were not recorded in the remaining 76% cases. In the light of Chapter Two's discussion of the importance of inter-agency co-ordination, this finding has to be viewed with disappointment.

4. Family information

The study investigates the recording of family information and the extent to which this very important information about the child's life was recorded. Table 9.2 illustrated the questions investigated concerning family information.

Family Information
<ul style="list-style-type: none">• Is the family and household composition recorded?• Are the family's current circumstances recorded?• Is the family's history with specific information about each adult recorded?• Is the family's history with specific information about each child recorded?• Is the parents' account of events and explanations of allegation or injuries recorded?

Table 9.2: Family information

Kent Social Services guidelines stipulate that the information addressed in Table 9.2 about the child and his/her family must be obtained. In this way it is hoped that a more informed decision can be made and

it ensures that everybody present at the conference has access to this important information. Each area of investigation will now be discussed.

4.1 Family and household composition

This was recorded in 43 (86%) cases. The 7 cases where this was not discussed raise some concerns. For instance, the conference would be likely not to have become aware if overcrowding was an issue in the child's home. The omission of this information has also implications for the child's safety in that Schedule One Offenders may - unknowing to the conference, be part of the child's household. In a somewhat similar vein Gibbons, Conroy and Bell (1995) found that family relationships were minuted at 74% of conferences.

4.2 The family's current circumstances

These were recorded in 35 (70%) cases. It is unlikely that those 15 conferences which did not discuss the child's current circumstances, could have been capable of making well informed child protection decisions about the child's future.

4.3 The family's history with specific information about each adult

This was recorded in 26 (52%) cases. The fact that such information was only obtained at slightly more than half the conferences raises some serious issues. Important events in the lives of relevant adults - such as previous charges of child abuse, history of substance addiction, history of poor impulse control, may not have come to light. Practice wisdom suggests that the fact that this information was obtained so seldom may be rooted in the issue of civil liberty and adults right to privacy; and is linked to the awkwardness of asking adults personal questions.

Gibbons, Conroy and Bell's (1995) study found that parents' past history was minuted at 80% of conferences in their study - 10% more often than in this study.

4.4 The family's history with specific information about each child

This was recorded in 38 (76%) cases. This finding is in line with Gibbons, Conroy and Bell (1995) whose study found that "the child's health and development was minuted at 88% of conferences" (p71).

4.5 Parents account of events and explanations of the allegations or injuries

These were recorded in 44 (88%) cases. It is difficult to imagine how good child protection decision making could have happened at the 6 conferences where this was not discussed. Presumably hearsay evidence and speculation would have been part of the decision making process.

4.6 Summary of findings for recording of family information

The fact that there was no indication that the above-mentioned family information was shared at the case conference in some cases is worrying. It indicates that important decisions concerning the child's life - such as the registration decision, may have been made in the absence of necessary information. On the other hand, writers such as Walton (1993) question the importance of such information and asks if it can honestly be said that inter-professional communication which maximises information necessarily leads to better decision-making?

5. Sharing information with parents at case conferences

The issue of parental attendance at case conferences was included in Chapter Two's discussion of The Children Act and in Chapter Three's section on status and roles in group decision making. Most especially it was the focus of attention in Chapter Seven where the extent to which children and parents are invited to, and attend case conferences, and the effect of these factors on the registration decision, was described. This sub sample of conferences goes a step deeper and examines whether or not the presence of parents influences the content of the information discussed and shared at the conference. It does this by examining whether novel information was discussed by the conference participants when the parent(s)/carer(s) left the conference, and if so whether this information was shared with them if and when they re-entered the conference. If such information was discussed "behind the parent's backs" it would serve to undermine the policy of inviting parents to attend. The research gauges the importance of this information by investigating whether or not it influenced the registration decision and/or the child protection plan. Table 9.3 illustrates the questions which were investigated.

Sharing information with parents

- Is novel information discussed when the child(ren)/parent(s) leave the case conference?
- Is this information shared with the parent when they re enter the case conference?
- Do the case conference minutes indicate that this novel information influences the child protection plan?
- Do the case conference minutes indicate that this information influenced the decision to register/not register the child?

Table 9.3: Sharing information with parents

Based on Bell and Sinclair's (1993) finding, Chapter Four hypothesised that in some instances new information would be discussed in the parents absence and that this information may influence the registration decision and the child protection plan.

5.1 Findings for sharing information with parents at conferences

Novel information discussed when the parent(s) leaves the room was not applicable to 19 (38%) cases, due to the non presence of the parent(s) at the conference. Of the remaining 31 (62%) cases where the parent(s) were present for part of the conference, novel information was not discussed in 23 cases and was discussed in their absence in only 4 cases.

Of these 4 cases, some of the information was shared with the parent(s) when they re entered the case conference in 2 cases. Parent(s) did not return in 1 case, and it is unclear from the minutes of the remaining conference as to whether the information was shared with the parent.

The novel information influenced the child protection plan in 2 of the 4 conferences. It also directly influenced the registration decision in 2 of the 4 cases. It is unclear from the minutes of the 2 remaining conferences as to whether or not it was influential.

The finding that there was no indication that novel information was discussed in parents' absence in 23 of the 27 conferences they attended, seems to reflect a spirit of true partnership and openness. Where novel information was discussed it influenced the registration decision and child protection plan in 2 conferences, and was not shared with parents. This may have led these parents to feel confused and disempowered, and possibly less co-operative in implementing the child protection plan.

6. Professionals participation at case conferences

Chapter Seven discussed the extent to which professionals are invited to and attend/do not attend case conferences, and the effect of this on the registration decision.

This section goes a step further and discusses which professionals' opinions are/are not recorded; and the effect of this on the registration decision. The findings will be of interest in yielding more insight into case conference procedures - particularly in the light of Chapter Four's discussion of group decision making.

This section of the thesis will firstly discuss the extent to which various designations of professionals attended this sub sample of case conferences. Their contribution to the conference is explored by investigating whether each designation of professionals' opinions are recorded. The findings will indicate whether or not some professionals are more likely to contribute to case conference than others. An understanding therefore is gained of which professionals contribute to the case conference discussion, and how this may affect and relate to the registration decision. Table 9.4 displays the questions which have been investigated.

Professionals' participation at conferences

- Whose opinions are recorded?
- Whose opinions are not recorded?
- Which reports were discussed?

Table 9.4: Professionals' participation at case conferences

Secondly, professionals are required to submit reports in their absence. This sub sample of case conference minutes will investigate which reports are recorded as having been discussed. A detailed account of these reports is given.

As mentioned in the Introduction to this chapter, case conference minutes are deemed to be an accurate representation of what actually happens at the conference, and the chairperson is required to sign the minutes to confirm their accuracy. Some of the case conference minutes in this study are incomplete. Hence the following findings may not fully reflect reality as some professionals may have contributed to the case conference but their input may not be recorded. However, the findings may serve to illustrate some trends.

Table 9.5 illustrates the extent to which the various designations of professionals who attended three or more conferences, had their opinions recorded or not recorded. Note that the registration decision was not apparent on one set of case conference minutes, hence the totals may not always tally. That is to say that they may equal 49 instead of 50.

Designation	Present	Input recorded	Reg CPR	Not Reg CPR	Input not recorded
Social Worker	41	39	21	17	2
Police	36	32	20	11	4
Team Leader	27	21	12	9	6
Health Visitor	27	23	13	9	4
Teacher	24	24	13	10	-
Clinical Med. Officer	19	14	7	6	5
General Practitioner	14	14	10	4	-
Detective Inspector	12	8	8	-	4
School Nurse	12	9	4	5	3
Fostering Officer	10	9	4	5	1
Educ. Welfare Officer	8	6	4	1	2
Solicitor	6	4	3	1	2

Table 9.5: Rate of recording professionals and the registration decision

6.1 Discussion of findings for professionals' participation at conferences

It was hypothesised in Chapter Four that higher status case conference participants would be more likely than lower status members to have their contribution to the conference recorded. Table 9.5 illustrates that this hypothesis was not upheld, for instance clinical medical officers and detective inspectors did not have their input recorded in 5 and 4 conferences, respectively. Teachers and GPs were the only categories of professionals always to have their input recorded.

The participation of 236 professionals at these 50 conferences has been investigated and has revealed that the input of 203 (86%) participants has been recorded. The finding that 33 (14%) of professionals did not have their input recorded begs the question of whether they contributed to the conference; or whether they did contribute but were not heard - possibly due to their input being out of line with the general discussion.

6.2 Reports discussed at the case conference

The following table illustrates the extent to which reports were discussed at case conferences.

Reports discussed at Conferences	n = 50
Social Workers' reports	26 (52%)
Health Visitors' reports	12 (24%)
Medical reports	11 (22%)
School reports	8 (16%)
Police reports	3 (6%)
Psychologist/Therapist reports	2 (4%)
Education Welfare Officer report	1 (2%)

Table 9.10: Reports discussed at the case conference

As Table 9.10 demonstrates, the findings reveal that reports were not a strong feature of the 50 conferences under investigation. Excluding those from social workers, the average rate of submitting reports is 0.74 per conference.

7. Outcome of case conference

Chapter Seven discussed the outcome of case conferences, and included such outcomes as the registration decision, the child protection plan, and further actions to take place. This study of 50 conferences - as Table 9.11 demonstrates, investigates if the concerns which have been identified about the child's life at the conference have been recorded on the minutes. It also investigates if the reasons for registering or not registering the child have been stated.

Case conference outcomes
<ul style="list-style-type: none"> • Are the concerns identified recorded? • Do the case conference minutes clearly state the reasons for registering / not registering the child?

Table 9.11: Case conference outcomes

Both of the items displayed on Table 9.11 are statutorily required to be recorded. This statutory requirement is understandable - give that this information is of vital importance in assessing the child's risk. Practice wisdom suggests that the discussion concerning registration may sometimes be a rushed affair, and hence it was hypothesised in Chapter Four that the reasons for the registration decision may not always be recorded - reflecting the fact that it is sometimes not clearly discussed.

Corby and Mills' (1986) found that there are too few explicit criteria used for making child protection decisions - such as the decision to register a child. Their view implies that the reasons for the registration

decision not being recorded could be masking unclarity in this decision. This was discussed in Chapter Two - which noted that several writers believe that case conference outcomes are often too vague, and lacking in objectivity.

Gibbons (1994) found that case conferences were not clearly focused, and suggests that they could be more clearly focused if the format of minutes ensured that there was a formal statement of the unresolved child protection issues that made an inter-agency protection plan necessary. All elements of the child protection plan should be specifically related to the assessed risks.

7.1 Findings for recording of case conference outcomes

29 (58%) case conferences in this present study resulted in registration, and 20 (40%) conferences did not register the child. The registration decision is unknown in 1 (2%) case. This registration rate of 58% is slightly higher than the registration rate of 53% for the whole Pre Children Act sample.

The reasons for registering or not registering the child were recorded in 39 (78%), but were not recorded in 11 (22%) cases. The concerns identified were recorded in 43 (86%) cases, and not recorded in 7 (14%) cases.

The finding that reasons for the registration decision were not noted in 22% of cases seems worrying, and probably cannot be completely attributed to poor record keeping. Rather it may serve to illustrate that some conferences lack objectivity in decision making or that sometimes this decision is a rushed affair or is sometimes not clearly discussed.

8. Dissent, disagreement and conflict in decision making at case conferences

Chapter Three discussed the functioning of case conferences in terms of the social psychology of groups. Writers such as Asch (1951), Festinger (1953) and Tajfel (1978) suggest that a group whose primary aim is to reach consensus is primarily a dangerous decision making forum (as dissent, conflict, and/or disagreement may not be allowed to happen), although writers such as Brown (1989) takes a more optimistic view of group decision making. This study of 50 conferences explores the issue of dissent, disagreement and conflict in case conference decision making, and the areas explored are presented on the following Table 9.12.

Dissent, disagreement and conflict at case conferences
<ul style="list-style-type: none">• Is dissent recorded concerning registering/not registering the child?• If yes, who dissents?• Is disagreement recorded concerning the child protection plan?• If yes, who disagrees?• Is conflict/disagreement recorded?• If yes, who is in conflict?

Table 9.12: Dissent, disagreement and conflict at case conferences

The possibility for dissent in case conference decision making is explicitly allowed for in statutory child protection procedures, and scope is made for such dissent, conflict, and/or disagreement to be recorded in the case conference minutes. The procedures state that:

"Any dissent regarding the decisions or recommendations of the child protection case conference must be recorded in the minutes of the case conference."(Kent Child Protection Manual, Sec 7, p5)

It was hypothesised in Chapter Three - due to the discussion of group decision making, that dissent, disagreement and conflict would be rarely - if ever recorded. This hypothesis is also supported by Gibbons, Conroy and Bell's (1995) finding that dissent was only recorded in under 5% of the conferences in their study.

However, Gibbons et al (1995) found that dissent was more likely to be recorded in conferences where decisions were deferred - just under 10%. They conclude that "possibly deferred decisions are more likely when there is disagreement between conference members" (p72). For this reason, a discussion of

the 16 reconvened conferences for the entire Pre and Post Children Act sample is included in this section of the thesis.

8.1 Findings for dissent, disagreement and conflict at conferences

Dissent concerning the registration decision was only recorded in 1 (2%) case. The dissenter was a principal medical officer. Dissent was not recorded in the remaining 49 (98%) conferences. Disagreement concerning the child protection plan was only recorded in 1 (2%) case. It was not apparent from the minutes who was in disagreement. Disagreement was not recorded in the remaining 49 (98%) cases. General conflict or disagreement concerning anything to do with the conference decision making was never recorded.

8.2 Reconvened case conferences

Nine and seven case conferences from the Pre and Post Act samples respectively were reconvened. That is to say that in these instances the conference was unable to reach a conclusive decision - so decisions were deferred and a decision made that the conference would be reconvened.

Practice wisdom, together with Gibbons, Conroy and Bell's (1995) findings - mentioned above, suggests that conferences requiring to be reconvened would contain conflict and disagreement in child protection decision making. Hence, both sets of case conference minutes for each case were obtained in order to undertake the investigation.

The findings revealed that conflict, disagreement or dissent was never recorded for these case conferences. Instead, decision making was deferred in all 16 instances due to lack of information. The reasons given for reconvening the conference included "previous conference adjourned for medical examination" (case 0284); "decision to be deferred until comprehensive assessment can be made to decide if the child is to be returned home...police to be invited to reconvened conference" (case 0008); "child needs to be re-interviewed" (case 0683); and "further information is required on the remainder of the family" (case 0665).

9. Conclusion

This chapter raises some concerns resulting from the lack of recording of statutorily required information on case conference minutes, as it may be assumed that this important information about the child's life was sometimes not discussed. Such items of information include for instance, the family's history with specific information about each adult and each child.

The finding that 14% of conference members may not have participated is worrying and is in keeping with the notion of groups may be characterised by a diffusion of individual responsibility, as discussed in Chapter Four. The finding emphasises the importance of case conferences needing to ensure that it serves as a means of intensifying individual responsibility rather than diffusing it.

The finding that dissent, conflict and disagreement were so rarely recorded raises very serious concerns. Most particularly in the light of Chapter Three's discussion of group decision making - including reference to the Bay of Pigs fiasco. It also relates to Kelly and Milner's (1996) study which found that the case conferences leading to child deaths, in their study showed "strong evidence of the symptoms of groupthink" including "a lack of disagreement" (p93). The aim of conferences should be to use conflict, and the different perspectives it can bring to light, to formulate and good decisions from which many benefit.

Chapter Ten: Discussion.

1. Introduction

This chapter draws the thesis to a close by briefly summarising some of the main findings and discussing some of their implications. A discussion of the limitations of the research follows. Areas for future research are highlighted as appropriate throughout the chapter.

2. Comments on child's journey through the child protection system

There was a monthly increase of 53% in the rate of referrals for the Post Children Act sample. According to the variables investigated in this thesis, such as police investigations which increased by 7%, and the 5% and 2% increase in those known to probation and education welfare officers respectively, it was concluded that the increased referral rate did not represent less serious referrals.

These Post Act referrals resulted in 3% fewer case conferences. It was discussed in Chapter Five how referrals containing serious information about convictions, unemployment, domestic violence, substance abuse, financial difficulties and ill health, were all more likely not to receive a case conference. This is worrying in the light of Farmert and Owen's (1995) study which discovered that case conferences also function as a gateway to resources.

It was noted in Chapter Seven that the registration rate decreased from 53% of Pre Act conferences to 45% of the Post Act sample. The wide variety of recommendations made for childrens' protection plans were outlined and it was concluded that - with a few exceptions, including a 15% increase in conferences recommending financial help and help with housing, the decrease in registration has not generally led to an increase in other recommendations. This decrease in registration rate therefore warrants further investigation.

The increased rate of referrals may be straining resources and this may have contributed to the decreased rate of holding conferences. The alteration in referral categories - with the abolishment of the potential risk categories, stipulated by the Children Act, may be contributing to both the decreased rate of holding conferences and the decreased registration rate.

Only 20% of referrals led to registration in the Pre Act and this had decreased to 16% in the Post Act. It was suggested in Chapter Seven that an initial response - other than a full child protection investigation, may be more appropriate in many cases. The finding that less than one sixth of Post Children Act referrals resulted in registration gives support to current thinking which advocates that cases be viewed

as "children in need where there may be a protection problem" (HMSO, 1995: 48) - thereby focusing on issues of prevention and treatment; as opposed to spending vast quantities of time and resources on investigative and assessment issues. This wider perspective of the child protection process has the advantage of shifting the focus of attention from "events" to the notion of "career" - thereby focusing on more holistic and preventative intervention.

3. Summary of findings for referrals

Children aged 0-8 years constituted 58% of both samples. These younger children were consistently less likely to receive conferences, but when they did, they are more likely to be registered. The need for an appropriate response to this age group - including the provision of adequate resources such as playgroups and nurseries, was noted. Chapters Five and Seven discovered that children aged 17+ were unlikely to be referred, case conferenced or registered, and noted the danger of these children falling between child and adult mental health systems.

Chapter One discussed how the different philosophies which child protection decision makers hold about childhood influence their decisions about child abuse and neglect referrals. Some examples of these subjective decisions were presented in Chapter Four, and these included issues such as chastisement. It is clear from that discussion that as a society we firstly have to reach some level of consensus as to what constitutes abuse and neglect, and secondly we need to agree on which potentially abusive situations require intervention.

The wide variety of further details recorded on the referral forms at the social worker's discretion - such as the high level of criminality and domestic violence, seems to reinforce the common view of abusing families - with the mother as victim and the father as law breaker and/or violent. This may be an accurate picture of these families. However, this information is also influenced by the subjective frame of reference of the social worker completing the referral form. As already stated this information is gathered in an almost random way, so the social worker has to be selective. The further details which were recorded are in line with current literature - which recognises a multifactorial causation of abuse encompassing personalities, environmental stress, and wider social and cultural dimensions (Freeman, 1983). Similarly, Gil (1975) observes that all aspects of the causal context must be accepted, otherwise the problem cannot be eradicated. Chapter Five discussed how it is certain that these factors were present in many more of the other referrals. A tick chart, or some other efficient consistent method of gathering this essential information should be provided on the referral form, as such information is vital to gain at the referral stage.

Subjectivity in child protection decision making may also partly account for the significance of the social services district and area in predicting whether the child would receive a conference. Area and district continued to be significant in predicting the registration decision in the Pre Act. District was continued to be significant in the Post Act, but social services area was no longer significant - possibly resulting from the decreased rate of registration having a flattening effect on previous differences in registration rates between areas. The registration rate decreased for each of the five social services areas for the Post Act sample.

The vast variation within and between areas in the rate at which referrals resulted in case conferences needs further exploration. Do the differences mean that some districts and areas receive more or less serious referrals? Does it mean that the seriousness of referrals are simply defined differently - dependent perhaps on team policy, office culture or as discussed in Chapter One, an individual's subjective definition of what constitutes an "at risk" referral? The wide variation in rates of referrals within a given district across the two time samples throws into question the fixed size of social work teams.

The continuing variation between districts in their rate of registering children in the Post Act, need further exploration. Gibbons and Bell (1995) for instance, suggest that because the incidence and prevalence of child maltreatment are unknown, it is impossible to know how far differences in registration rates reflect "real" differences. There may be widely differing interpretations of what constitutes "abuse" between different authorities, even within the governments' guidelines and definitions.

Further insight was gained about the significance of social services district in predicting the recommendation decision in Chapter Six, which revealed that there was a very significant interaction between the district to which the child was referred and whether the referrer was a professional or non professional. A higher proportion of conferences were recommended to be held when the referrer was a professional, in 12 of the 18 districts. Some of these districts recommended few, if any conferences, if the referrer was a non professional person. Overall, an average of only 42% of referrals from non professionals resulted in a recommendation for a case conference, as compared to 59% of referrals from professionals. This finding is in keeping with much of the literature outlined in Chapter Two, and illustrated the higher status attributed to referrals from professionals.

There was also a statistically significant interaction between the social services area to which a child was referred and the status of the referrer on the recommendation decision in the Post Act. The finding is the opposite to the one found in the Pre Act, with an average of 46% of referrals from non professionals resulting in a recommendation for a conference, compared to 41% from professionals. The finding for

the Post Act sample therefore seems to illustrate the spirit of partnership advocated by the Children Act - with referrals from non professionals having gained credibility.

Although it was hypothesised that referrals made by professionals would be more likely to receive a case conference, this hypothesis was upheld for the Pre Act sample only. Referrals made anonymously were unlikely to result in a case conference in either sample. The fact that the child's parents were the largest and second largest group of referrers in the Pre and Post Acts respectively, emphasises that some parents need support in parenting their children. The finding that teachers were the largest and second largest group of referrers in the Pre and Post Acts respectively, highlights the need for adequate support and training for this group of professionals. For instance, Hallett and Birchall (1992) found that GPs and teachers were frequently not well informed about child protection issues, yet others who might be expected to collaborate with them, had high expectations of what they had to offer.

Referrals to be investigated by the police increased by 7% in the Post Act. It was discussed in Chapter Five how a decision for a police investigation to be undertaken in the Pre Act, was very significant in predicting that a recommendation would be made to hold a case conference, whereas the decision for a police investigation was not significant in predicting the subsequent occurrence of a case conference. This seems to suggest that the police are more influential at the earlier investigative stage of the decision making process. A recommendation for the police to investigate a child's referral was not significant in predicting the recommendation or case conference decision in the Post Act.

The interaction between the social services district to which the child was referred and whether the police were to investigate the referral was significantly associated with the recommendation decision in the Pre Act. This meant that referrals which were to be investigated by the police resulted in a higher proportion of case conferences being recommended in 15 of the 18 social services districts. It may be that referrals which require a police investigation represent more serious referrals, and are thus more likely to be recommended a conference. Or it may be that the police are very influential and have a high level of status in many social services districts - particularly, as mentioned above, in the early investigative stage.

It was revealed in Chapter Five that fewer children were referred for "less visible" abuse such as neglect or emotional abuse, and that sexual abuse and physical abuse accounted for the most referrals in both samples. A comparison of the Pre and Post Children Act samples suggest that children previously referred for potential risk have been absorbed by the remaining categories, most notably physical abuse which accounted for 6% more referrals in the Post Act. The categorisation system stipulated by the Children Act may therefore be an improvement if it is forcing social workers to be more precise concerning their concerns about a child. On the other hand, it may have the unfortunate effect of making

it more difficult to refer a child where the social worker has a "niggling feeling" that something is "not quite right" in a child's life.

It was hypothesised in Chapter Four that the alleged category of abuse at referral would be significant in predicting the case conference decision. The specific or global category of alleged abuse was not significant in predicting the case conference decision in the Pre Act but were significant in the Post Act. Most notable in the Post Act was the decreased likelihood of potential risk referrals leading to a conference. The physical and sexual abuse categories were slightly less likely to lead to a conference than in the Pre Act. The Post Act emotional abuse category was the only category more likely than not to lead to a case conference.

In the Post Act, the association between the social services area to which the child was referred, the category of alleged abuse at referral, and the recommendation decision was very significant. The finding that children referred to one social services area under a specific category of abuse are very significantly more likely to be recommended a case conference than if they were referred to a different area is difficult to explain, and warrants further exploration. The finding that referrals for emotional abuse/neglect were the most likely to receive a recommendation for a conference in four of the five social services areas is also surprising - given the discussion in Chapter Four concerning such abuse being less visible and therefore in danger of being taken less seriously than other types of abuse.

There was a significant relationship between the status of the referrer, the category of alleged abuse at referral and the recommendation decision in the Post Act. The greatest effect of the status of the referrer related to the emotional category - with these referrals more likely to be recommended a conference if the referrer was a professional person. In contrast, referrals for the sexual categories were less likely to be recommended a conference if referred by a professional person.

It was hypothesised in Chapter Four that the spirit of partnership with parents which is such a feature of the Children Act, would be reflected in an increase in parental awareness of their child's referral to social services in the Post Act. This was found to be the case. Thirty six percent of parents in the Pre Act were not aware that their child had been referred and this decreased to 34% in the Post Act. Whilst it is sometimes appropriate for the parent not to be aware of their child's referral at the time the referral form is completed, these figure seem high. Hopefully the increase in parental unawareness does not represent an increased non-involvement of parents due to Kent Social Services' increased referral rate, and by definition, an increased workload. There was a very significant relationship in both samples between the parent being unaware of the referral and their child not receiving a case conference (76% and 74% respectively). The question was posed in Chapter Five as to whether these parents ever became aware that their child had been referred.

The extent to which children are known to other agencies was reported in Chapter Five. As already mentioned, almost half the children belonged to families which were known to the police, and there was an increase in those known to probation and education welfare officers. It noted with regret that those known to health visitors decreased. One sixth of children referred were known to NSPCC and this was noted with surprise, given that it was revealed in Chapter Five that they were to undertake a total of only seven investigations. It was revealed in Chapter Five that children known to Kent Social Services' information systems, NSPCC, police, principal medical officer, education welfare officers and probation were significantly more likely to receive a conference. Presumably children would only be known to such agencies because of exceptional circumstances. In contrast those agencies who almost always know the child, such as health visitors and the school do not have a significant effect on the case conference decision, as their effect averages out.

It was reported in Chapter Five how 42% and 56% of the Pre and Post Act referral forms respectively, indicated a decision not to hold a case conference; and that the biggest single reason for not holding a conference in both samples was lack of evidence, which accounted for 24% and 37% cases respectively. This category included unsubstantiated allegations, denial of abuse and lack of disclosure as well as no physical evidence or the injuries/bruises can be explained. The difficulty in obtaining evidence poses a huge challenge to child protection decision makers.

4. Summary of findings for case conferences

The main reason for holding a case conference was for possible non accidental injury/alleged physical abuse which accounted for over a quarter of conferences in both samples. Reasons for holding the conference and details of previous conferences were not recorded in 20% of the sub sample of 50 Pre Children Act conferences.

It was discussed in Chapter Nine how the average size of the sample of 50 conferences was 9.68, and that these conferences were larger than those in other studies. Chapter Three's discussion of the social psychology of groups highlighted that it may be difficult for parents and children to feel confident in participating at such large gatherings. Farmer and Owen (1995) found that regardless of the composition of the conference, parents felt that there were simply too many people in attendance. It was particularly common for them to feel threatened by the police presence at conferences.

Chapter Seven provided a description of the child's and his/her siblings' history in Kent's child protection system. It found that the child's history did not predict the registration decision in the Pre Act. However, all the items concerning the child's history in the Post Act significantly predicted that the child would be

registered. It may be realistic to view the past as predictive of the future, in which case this finding may be attributed to decision makers' increased vigilance. Or the finding may be explained by Gibbons and Bell (1995) who believe that "child abuse and neglect often appears to be a chronic phenomenon" (p45) - and thus likely to reoccur. For instance this present study found that 14% and 17% of children receiving conferences in the Pre and Post Acts respectively, had previously been registered. Alternatively, the finding that a child's history predicted registration in the Post Act, may be the outcome of an increased workload - where less time and possibly resources, are available to assess the child's current situation. In accordance with Sheff's (1975) theory, the family is more likely to be re-labelled. The finding that a child's history predicted registration in the Post Act therefore needs further exploration.

Seventeen per cent and 20% of Pre and Post Act conferences respectively, were for children whose names were not on the case conference title, and 44% and 18% of these respectively, resulted in registration. It was noted in Chapter Seven that this decision, as well as other recommendations, would by definition, have been made in the absence of relevant people in the child's life - such as their teacher. It is feasible to suggest that the decision not to register a child may have been made in the absence of vital information.

It was discussed in Chapter Seven how the majority of conferences in both samples were held for individual children. As hypothesised, it was found that family case conferences were significantly more likely to result in registration. This may be because professionals' worries are multiplied. It may also be because family case conferences may be more likely to contain intra-familial abuse, whereas stranger/outsider abuse may be more pertinent to individual conferences. The former may be viewed as posing more risk to the child. The finding that children receiving family conferences are significantly more likely to be assessed by the conference as being at risk, emphasises that in such cases, intervention should be holistic and not geared towards one child only, as this by definition cannot be effective.

The social services area where the conference was held, whether the conference was for one child or for more than one child and the registration decision, was a very significant interaction for the Pre Children Act sample. Only one social services area was more likely to register children than not register them, at individual conferences. Four of the five areas were at least three times more likely to register members of family conferences than not register them.

There was also a significant interaction between the type of conference, whether the child had previously been registered and the registration decision, in the Post Act. The combination of factors most likely not to result in registration were the child not being previously registered and receiving an individual case conference. Most notably, the child was significantly more likely to be re-registered when they received a family conference and had been previously registered.

The hypothesis that the designation of the conference chairperson - including independent chairpersons, would predict the registration decision, was not upheld. It was hypothesised that the chairperson's gender would not predict the registration decision and this hypothesis was also not upheld - with chairmen being significantly more likely to register children in the Pre Act and this trend continued - to a lesser extent in the Post Act. It is difficult to speculate why men are more likely to register children and this gender difference in registration rates warrants further investigation.

The rate at which parents were invited to and attended conferences increased in the Post Act sample. Although parental presence at the conference predicted that the child would not be registered in the Pre Act, it was no longer significant in the Post Act - possibly due to conference participants becoming more accustomed to the presence of parents, and parents attending more often. Mothers attending alone increased by 5% to 50% of conferences in the Post Act. Fathers rate of attending remained the same at 16%. Mothers' presence was not significant in predicting the registration decision, whereas the presence of fathers significantly predicted that the child would be registered. As discussed in Chapter Seven, there may be a reasonable explanation for this unexpected finding. For instance it could be that fathers only attend the most serious conferences. However there may be a more worrying explanation as it may be that fathers are viewed with suspicion by conference participants. On the other hand Farmer and Owen (1995) found that children were more likely to be registered whenever their mothers were regarded as responsible for the abuse.

The most significant multivariate interaction in the Post Children Act was between whether the child's father was present alone at the conference, whether the child had previously been registered and the registration decision. This was particularly true when the child has not previously been registered - as 64% of these children were registered when their father was present on his own.

There was also a significant interaction between the father's presence/absence and the type of conference on the registration decision. The same pattern on the registration decision was apparent for individual case conference - regardless of whether the father was present on his own - with children being less likely to be registered. However when the father was present on his own at family conferences, registration occurred at 73% of cases.

It was discussed in Chapter Nine how parents were present for some or all of 27 of the sub sample of 50 conferences, and that there was an indication that novel information was discussed in their absence at only four conferences. Of these, some of the information was shared when they re entered the conference in two cases. The novel information certainly influenced the child protection plan and the registration decision in two of the four conferences.

Childrens' parents were informed of the registration decision at 56% of the Pre Children Act conference, and this increased to 65% for the Post Act sample. This may be seen as an encouraging indicator of improved partnership as emphasised by the Children Act 1989.

Children rarely attended and when they did they were less likely to be registered. Hughes (1992) discusses childrens' views on attending case conferences and reveals ways of ensuring that their views are heard. The study described how Hereford and Worcester Social Services investigated the views of approximately 200 children in their care. These childrens' comments fall into the following three areas:

"If adults have got things to sort out between them they should do it without me there" (p3).

Hughes postulates that many children would be happier and many issues dealt with more openly, if there were a two-stage review meeting. The first stage would enable adults to get their own acts together in a separate forum. In Hughes' view this has enables a relaxed, child centred meeting subsequently, with a small number of participants.

"Too many people at meeting - I don't know some of them but they know all about me" (p3).

Hughes comments that this is a growing problem in the wake of the Act.

"I can't really say what I want in front of mother/carer so it's better to say nothing" (p4).

Several children have been encouraged to send letters or prepare other work instead of, or as well as, coming to the meeting.

It was discussed in Chapter Two that other agencies play an important role in child protection, and that therefore interagency communication and co-operation is vital; and that this is aided by the existence of case conferences. However, agencies involved were only recorded in 24% of the sub sample of 50 conferences and this seems to undermine the importance of inter-agency co-ordination.

It was shown in Chapter Seven how differences were found between the various categories of professionals in their rate of attending conferences. For instance, it was found that GPs rarely attended, and that the rate of health visitors' attendance has declined.

It was hypothesised in Chapter Four's discussion of the social psychology of group decision making, that higher status professionals would be significant in predicting the registration decision. This hypothesis was partly upheld although few professionals were significant in predicting the registration decision in either sample.

In the Pre Act NSPCC officers and detective inspectors/sergeants were the only professionals who had a very significant relationship with the registration decision - with the child very significantly more likely to be registered if either of these professionals were present. This finding upholds the hypothesis, although it is also true that such high status professionals would probably only attend more serious conferences. The presence of head/class teachers, education welfare officers and solicitors/legal services was significant, to a lesser extent, in predicting that the child would be registered.

In the Post Act, the designation of health visitor/midwife/clinical nurse advisor was the only category which had a very significant relationship with the registration decision. Their presence meant that the child was very significantly less likely to be registered. The two designations of nursing manager/director and GP were significant to a lesser extent. Like health visitors, the presence of nursing managers/directors was significant in predicting that the child would not be registered. In contrast, the presence of a GP significantly predicted that the child would be registered.

The finding that GPs were the only category of professional to significantly predict that the child would be registered in the Post Act is possibly due to the fact that GPs only attend more serious conferences, and also to the high status accorded to them. The finding that health visitor/midwife/clinical nurse advisor and nursing managers/directors significantly predict that the child will not be registered is difficult to explain within the remit of this research. It may be caused by factors not investigated in this study - such as a feeling of anti-registration in these disciplines. An alternative speculation might be that conference participants are less worried about a child if a member of these professionals is involved in the child's life.

Chapter Nine investigation of 50 conferences examined which professionals' opinions were/were not recorded. It discovered that higher status case conference participants were no more likely than lower status members to have their contribution to the conference recorded. This finding is surprising in the light of Chapter Three's discussion of status in groups. It was found that 33 (14%) of professionals did not have their input recorded and Chapter Nine discussed possible explanations for this. Professionals are required to submit reports in their absence, but excluding those from social workers, the average rate of submitting reports was only 0.74 per conference.

The potential risk categories were used to register 59% of children in the Pre Act sample. It seems reasonable to conclude that the abolishment of these categories contributed to the registration categories of physical abuse and physical neglect increasing by 19% and 14%, respectively in the Post Act. The sexual abuse and emotional neglect categories increased by 10%. The abolishment of the potential risk categories may therefore be forcing decision makers to be more specific about their concerns.

A discussion concerning issues of consensus and dissent in case conference decision making was presented in Chapter Three and it was hypothesised in Chapter Four that conflict and disagreement in decision making would occur at some conferences - particularly those requiring to be reconvened. This hypothesis was not upheld however and it was discussed in Chapter Nine how dissent concerning the registration decision was only recorded in one (2%) of the 50 conferences, and disagreement concerning the child protection plan was only recorded once (2%). General conflict or disagreement concerning anything else concerning child protection decision making was never recorded. Conflict, disagreement or dissent was never recorded at reconvened case conferences. The serious implications of the rarity of dissent, disagreement and conflict in case conference decision making was discussed in Chapter Nine, particularly in the light of Chapter Three's discussion of group decision making - including reference to the Bay of Pigs fiasco. It also relates to Kelly and Milner (1996) who found that the case conferences leading to child deaths in their study showed "strong evidence of the symptoms of groupthink - including a lack of disagreement" (p93).

The reasons for the registration decision were not recorded in 11 (22%) of the 50 conferences, and the concerns identified were not recorded at seven (14%). These findings support the concerns expressed by Farmer and Owen (1995), concerning the quality of child protection plans. It was also discovered in Chapter Nine that statutorily required information such as family and household composition, the family's current circumstances, the family's history with specific information about each child and parents explanations of the allegations or injuries were not recorded in approximately quarter of the 50 case conferences. The most notable finding was that the family's history with specific information about each adult was only recorded in 26 (52%) cases. The fact that such information was only obtained at slightly more than half the conferences raises serious issues concerning the quality of decisions made at conferences. These were discussed in Chapter Nine.

5. Practical and methodological limitations of thesis

This section of the thesis gives a brief account of some of the practical and methodological limitations of the thesis - some discovered during the course of the study, and others identified with the benefit of hindsight.

5.1 Sample size

The large sample size consisting of two populations of referrals totalling 2,069 children had the advantage of being large enough to draw significant conclusions. However it proved too large to allow a completely thorough investigation of all possible findings. Choices had to be made concerning which avenues of investigation to pursue and some avenues had to be resisted. The questions pursued were also influenced by Kent Social Services' requirements of the research.

5.2 Limitations of documentation

The study was dependent on the information available from the referral forms and the case conference minutes. It seems reasonable to suggest that the documents investigated in this research do not entirely reflect everything that happened. Information that may have been relevant in predicting child protection decisions was not always available from this documentation. For instance, Farmer and Owen (1995) found that the severity of the abuse was closely related to the registration decision. However, this information was unavailable to this research. This study may not have identified some variables predictive of the child protection decisions under investigation, due to these variables not being identified and extracted by the researcher in the first instance. Hence some important issues may have been missed. There were also specific problems associated with both documents. Each will now be discussed.

5.2.1 Referral forms

The referral forms were not designed for computer analysis, and this had implications for how the information was presented on the forms - with information concerning "convictions / other details" being presented in an essay-like way, and needing to be searched for the required information. Therefore a coding system had to be devised, so that the required information could be accommodated on coding sheets and fed into the computer.

The referral forms were often incomplete and important information was sometimes missing. Sections of the form requiring only a tick or a cross were usually completed. The more open ended sections of the form such as "other details / convictions" and the child protection checklist (see Appendix 1) was often incomplete or blank. The latter category of information may have been missing due to relevant personnel from these agencies being unavailable at the time they were contacted by the social worker. Although the same difficulties occurred in coding both the Pre and Post Children Act referral forms, the latter sample were generally less problematic and were completed more fully and comprehensively. This improvement in form filling may be an effect of the research itself, as awareness of the research grew.

The issue of incomplete referral forms was addressed by Nagington and Egan's (1992) research. The social workers interviewed stated that completing these referral forms is a very time-consuming task and may not be seen as a top priority by social workers - especially if some of the information is available from the child's case notes, or duplicated elsewhere in Kent Social Services' child protection information system.

5.2.2 Case Conference Minutes

Similarly, the case conference minutes were not designed for computer analysis. Therefore a coding system had to be devised, so that the required information could be accommodated on coding sheets and fed into the computer. Much of the information for analysis was presented in an essay-like way, and had to be searched for the required information.

The quality of the case conference minutes varied considerably, and there was wide variation across Kent in the format in which the minutes were recorded. As with the referral forms important information was sometimes missing. It was revealed in Chapter Nine for instance, that in the sub sample of 50 Pre Act conferences, agencies involved were not recorded in 76% of conferences, the family's history with specific information about each adult was not recorded in 48%, the reasons for the registration decision were not recorded in 22%, and the concerns identified were not recorded in 14% of conferences. As with the referral forms, the quality of case conference minutes improved for the Post Children Act sample. As with the referral forms, this improved form filling may have been an effect of the research itself.

5.3 Race, religion, language and culture

There is a possibility that a child's racial background, religious persuasion, language or culture may predict the child protection decisions investigated in this research. However, it was not possible to examine these factors in this study. This was due to this information not being specifically requested on the child's referral form - although it may be noted at the social worker's discretion. Neither is this information specifically requested on conference minutes, although it may be discussed by the conference participants and subsequently noted. Because this information was not documented in any systematic way, it could not be investigated in this research. Nevertheless, as part of the Children Act's emphasis on the child's welfare being of paramount consideration, it seeks to encompass an understanding of "the whole child" including Britain's multi-ethnic and multi-cultural 1990s' society.

"A child's age, health, personality, race, culture and life experiences are all relevant to any consideration of needs and vulnerability and have to be taken into account when planning or providing help." (D.o.H, 1989, Principle 4, p7).

White, Essex and O'Reilly (1993) emphasise this aspect of the Act which requires decision makers to take into account issues of race, culture and religion. They note that seven of the 21 child abuse inquiries during the 1980s involved children who were black or of mixed race, yet little has been said about the effect of this upon working relationships with a predominantly white professional group. This issue of race and culture has also been noted by the Department of Health's Summary of Inquiries

Reports (1991). It concluded that inquiries were poor in terms of their consideration of structural issues, particularly race and gender.

Some commentators also believe that some racial groups of children are more likely to be in care or accommodated by local authorities than white children. Rowe, Hundleby and Garnett (1989) found that black children of mixed parentage were far more likely than white children or children whose parents were both black to come into care in the first place and to remain longer in care.

There is therefore a need for this important information concerning the child's race, religion, language and culture to be systematically collected. This would enable an investigation of whether all children are equally likely to travel through the child protection decision making system. When reading through the referral forms and the case conference minutes in this research, it was apparent that there were difficulties concerning multi-cultural variations. The fact that this wealth of information was not available for investigation seems a loss.

5.4 Social, personal and economic factors

It also seems likely that social, personal and economic factors about the child's life may predict the child protection decision investigated in this research. Currently, such information is not collected or recorded systematically and is only included at the social worker's discretion. Consequently, it could not be statistically analysed in this research. This loss was noted with regret in Chapter Five - particularly in the light of Chapter Two's discussion of the fact that a multifactorial model of the causation of child abuse is now generally accepted. The systematic collection of this information would ensure that a truer picture of the child's life would be gained.

6. Alternative approaches

This present research was non experimental in design. An alternative approach could be a qualitative one, where case vignettes could be used to assess child protection decision making.

Another possibility would be for decisions - such as those made at case conferences, to be observed by sitting in on conferences. Bales' (1950) analysis - as described in Chapter Three, could be used, and this would enlighten the present study. An analysis of the structure of conferences and of the way in which decisions were made would thus be obtained - taking into account socio-emotional (expressive) behaviour as well as task related (instrumental) behaviour.

It was discussed in Chapter One how the difficulties of defining child abuse and neglect sometimes lead to subjective decision making. This view was substantiated on reading the referral forms and this was discussed in Chapter Four. However, it would be more thorough to perform a content analysis of this

decisions were made would thus be obtained - taking into account socio-emotional (expressive) behaviour as well as task related (instrumental) behaviour.

It was discussed in Chapter One how the difficulties of defining child abuse and neglect sometimes lead to subjective decision making. This view was substantiated on reading the referral forms and this was discussed in Chapter Four. However, it would be more thorough to perform a content analysis of this subjective decision making, so that areas posing confusion could be systematically detected. This would provide a reliable and informative starting-point for gaining more clarity on what society views as abusive and what is included in the remit of normal child-rearing practice.

The thesis highlighted the fact that group decision making at case conferences is not unproblematic, and that dissent, disagreement and conflict was rarely recorded. An alternative approach would be to investigate other decision making forums. It would be informative to investigate, for instance, if the registration decision would be unanimous if this decision was reached through private ballot at the conference.

7. Conclusion

This research has been concerned with describing and understanding the way the child protection process works. It set out to describe referrals of alleged child abuse and neglect to Kent Social Services before and after the implementation of the Children Act 1989. It has examined predictors of decision making and intervention in these referrals and has investigated the effect of the Act.

The study found that there are factors which predict the case conference recommendation decision, the case conference decision and the registration decision. Most notably, the variability between social services districts and areas, concerning these child protection decisions, indicates that there is a level of subjectivity involved. This variability is also suggestive of randomness in these decisions.

The research discovered several differences between the Pre and Post Act samples - which may be at least partly accounted for by the implementation of the Children Act in Kent in November 1991. The effects of the Act seem varied. Positive findings include referrals from non professionals being more likely to receive a conference as well as an increase in parental attendance at conferences. The finding that the child's history of the child protection system became more influential has to be viewed cautiously, as has the decreased rate of holding conferences and the decreased rate of registration.

Some of the questions explored in this research are comparable to those examined by other writers. Findings were compared where possible and this proved interesting and insightful. As discussed in the Introduction however, much of the ground traversed in this thesis remains unexplored. As well this thesis providing some answers therefore, it has also yielded many very new questions whose answers lie dormant, or whose answers have left many more questions in their wake. It is essential that these new questions are further explored because intervening in the lives of children alleged to have been abused or neglected should be understood as fully as possible.

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Child Protection Form SS590A

The starting point of the child protection system in England and Wales is that any person who has knowledge or a suspicion that a child is being abused or is at risk of abuse has a duty to refer their concern to the agencies with statutory duties and powers to investigate and intervene.

There is a need to investigate whenever a case is referred alleging abuse. All allegations should be regarded as serious, especially those made by close relatives, friends or neighbours, or by children or parents referring themselves for help, and investigated urgently. It is equally important that child abuse is recognised and investigated in cases already known to agencies but when the issue of child protection was not the reason for the initial referral or current involvement. It is essential that local authorities do not lose sight of the need to invoke child protection procedures when an allegation is made concerning abuse of a child in a local authority placement.

The initial steps for the investigating agencies must be to establish the relevant factual circumstances of the child and the possible source of harm or danger.

This form is used to record information for the social work file and to be entered on to the Child Protection Information System. The Computerised system holds details of all child protection cases and the Child Protection register. As well as statistical information from which resources will be allocated, the system forms a data bank of case information to assist social workers and their managers in child protection work.

How To Use The Child Protection Form SS590A

SS590A must be completed for every child protection referral. A separate form must be completed for each child that is the subject of such a referral.

It is essential that SS590A is completed as fully as possible.

Page 1 gives the basic details of the child, plus details of the family and any other significant persons, and any associated names which may be used in connection with the case.

Page 2 gives details of the actual referral and how it was dealt with.

Page 3 is the checklist to establish what information is known about the family by other agencies.

In each case one copy should be used for computer input, one copy sent to Social Services Headquarters at Springfield and one copy on the case file.

Kent County Council Social Services Department

SS590A
Jan. 1992
Page 1 of 4

Strictly Confidential

One form for each child:

Copies to -

Computer input

Social Services HQ

Case file

Child Protection Referral

Please use BLOCK CAPITALS throughout

Basic Details	
CP Number:	MIS Number:
Surname:	Forename:
Associated Name 1:	Associated Name 2:
Associated Name 3:	Associated Name 4:
Home Address:	Gender: Male ... Female ... Unborn ...
.....	Date of Birth:
.....	Place of Birth:
Post Code:	Telephone Number:
Social Services Area:	Team/Local Office:

Relationships/Significant Persons					CP Number and other details: employment, relevant convictions, school etc.
Name including aliases	Date of Birth	Relationship to child	Gender	Title/ Marital Status	
* Indicate if any of the above do not live in the same household and insert address if known in last column.					
Any known previous family addresses:.....					
.....					
.....					

Strictly Confidential

Child Protection Referral

Referral Date:

Method of referral: 1. In person 2. By telephone 3. By letter 4. Not known

Allegation made by (give name): Position:

Referring agent (e.g. school): Telephone number:

Allegation received by (give name): Designation

Nature of allegation: AI AII AIII
(Abuse category) BI BII BIII

Other relevant information:

Is the child known to be the subject of any Court Order? Yes No

If yes, please give details and date:

Is parent aware of referral? Yes No Please complete check list on page 3.

To be investigated by: 1. Police Case Conference to be held: Yes No
(please tick) 2. NSPCC
 3. Social Services If yes give date:

If no further action please give details of any investigations and reasons for no further action:
.....
.....
.....
.....

Checklist informants advised of above decisions: Date

Name of investigating Social Worker:

Signed: Date

Divisional Manager: Date

Strictly Confidential

Child Protection Referral - Checklist



Not required for computer purposes.

Agency contacted	Name and Telephone No.	Date and Time	Known/ Not Known	Agency Concern	Ongoing Involvement	Comments (use other side if required)
Local Case Index						
Springfield						
CP System						
N.S.P.C.C.						
Police						
Health Visitor Senior Nurse Manager						
G.P.						
Clinical Medical Officer						
School						
E.W.O.						
Probation						
Playgroup Nursery Childminder						
Other (please specify)						

Agency	

ATTENDANCE LIST

Appendix 2

Name of Child/Family	Date of Conference
----------------------	--------------------

PLEASE READ BEFORE SIGNING BELOW

The matters raised in the course of this Meeting/Case Conference are confidential to the members of this meeting and the agencies they represent. However, at some time in the future it may be helpful to make the minutes of this meeting available to Solicitors, Child Psychiatrists, Guardians ad Litem, or other professionals involved in the welfare of the child or children. If you have an objection to this please raise it at the beginning of this meeting.

NAME AND AGENCY OR ORGANISATION	SIGNATURE	ABSENT APOL. (tick)

CHAIRPERSON: _____

PLANNING/STRATEGY MEETING or INITIAL/REVIEW CASE CONFERENCE- Review CC

STRICTLY CONFIDENTIAL : NOT TO BE REPRODUCED WITHOUT PERMISSION

FILE IN A SECURE PLACE OR DESTROY IF NO LONGER NEEDED

DATE OF CONFERENCE:

CHILD'S NAME

HOME ADDRESS

PRESENT ADDRESS

FAMILY NAMES

D.O.B.

RELATIONSHIP

ADDRESS

REASON FOR THE MEETING

UPDATE:

DECISIONS:

- (a) Is registration to take place?
- (b) If yes, which children, which category?
Name type of abuse
- (c) Who is to inform the parents?
- (d) Who is to be the Key Worker?
- (e) Criminal Injuries Compensation Board?

RECOMMENDATIONS:

- (a) Is action to be taken by the police?
- (b) Are Care Proceedings (or other legal proceedings) to be instituted?
- (c) Action plan

NAMES OF THOSE INVITED	AGENCY/DESIGNATION	PRESENT (YES/NO) (APOLS.)	MINUTES (YES/NO)

COPIED FOR INFORMATION

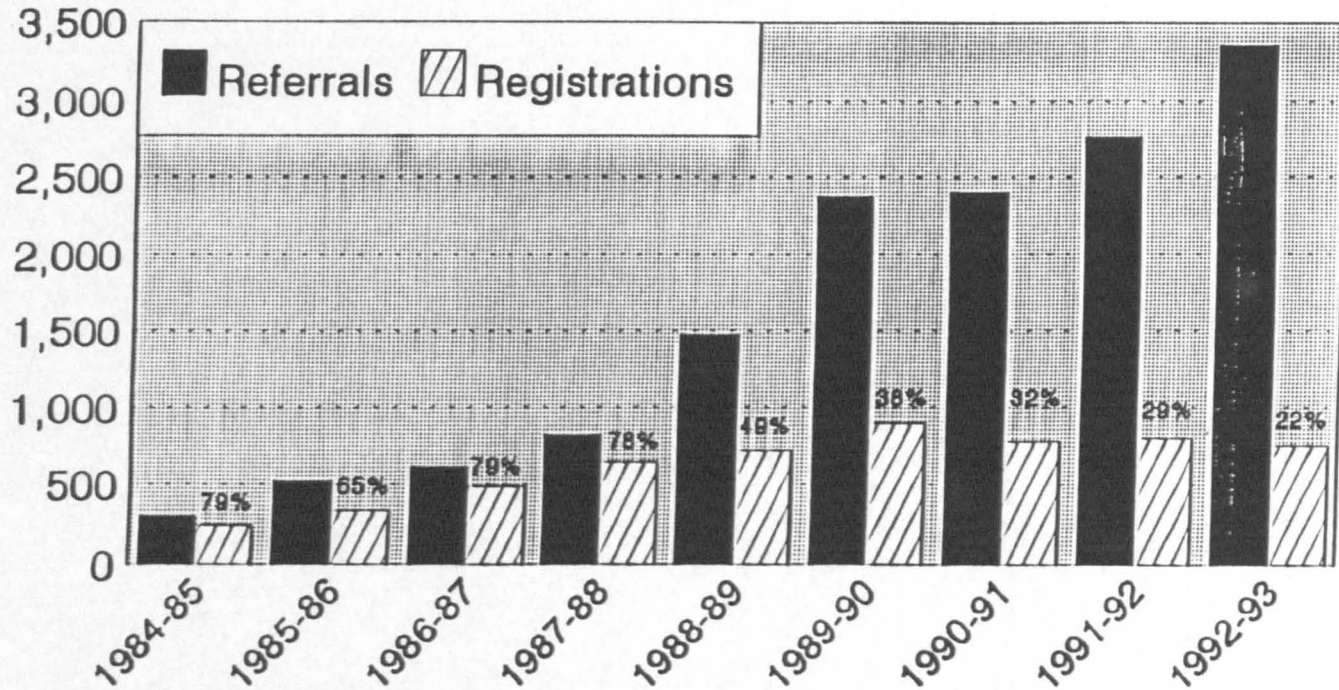
DATE AND PLACE OF REVIEW CONFERENCE

CHAIRPERSON

DATE

Kent Child Protection Statistics

1984-1993



Referrals	303	522	612	819	1,476	2,381	2,409	2,767	3,357
Registrations	240	337	485	642	717	895	776	801	752

CODING INSTRUCTIONS FOR SOCIAL SERVICES REFERRAL FORMS SS590As

RECORD 1

<u>Computer Variable Name</u>	<u>Column</u>	
ID	1 - 4	Client No.
CCHED	8	Case Conference held : Yes = 1 No = 2 N/K = 9
CCDATE	9 - 14	Case Conference date, or 999999
SEX	16	Sex M = 1 F = 2 unborn = 3 N/K = 9
MBIRTH	17 - 18	Month of birth Unknown = 99
YBIRTH	19 - 20	Year of birth Unknown = 99
SSAREA	21 - 22	Social Services Area (ie Local Office). Unknown = 99 SEE LIST A
POCODE	23 - 30	Postal code Unknown = 99999999
REFDATE	31 - 36	Referral Date Unknown = 999999
METREF	38	Method of Referral : numbered as on page 2 SS590A form 1 - 3. Unknown (4) = 9
POPEALL	39 - 40	Position of person making allegations. Unknown = 99 SEE LIST B
ABUSEONE	41	Abuse Category - Primary. Not known = 9
ABUSESEC	42	- Secondary. Not known = 9
CORDER	43	Court order. Y = 1 N = 2 N/K = 9
CORDERD	44 - 49	Date of Court order if applicable, or 999999
PARENTR	50	Is parent aware of referral? Y = 1 N = 2 N/K = 9
POLINV	51	Investigated by Police Y = 1 N = 2 Missing = 9
NSPCCINV	52	Investigated by NSPCC Y = 1 N = 2 Missing = 9
SSINV	53	Investigated by S.S. Y = 1 N = 2 Missing = 9
NOFURACT	55 - 56	No further actions/reasons, etc. Missing = 99 SEE LIST C
DMSIG	57 - 62	Date dealt with (ie date signed by Div. Manager) Missing = 999999

RECORD 2

(Checklist 1 - 12, i.e. Page 3 of Form SS590A)
 Known = 1, N/K = 2, Missing = 9, N/A = 0

KLCI	6	Local Case Index
KSFIELD	7	Springfield
KCPSYST	8	CP System
KNSPCC	9	NSPCC
KPOLICE	10	Police
KHVIS	11	Health Visitor/Senior Nurse/Manager
KGP	12	GP
KPYEDOF	13	Clinical Medical Officer
KSCHOOL	14	School
KEWO	15	E W O
KPROB	16	Probation
KPLAY	17	Playgroup/Nursery/Childminder
KCCO	18	Community Charge Officer
KSNS	19	Special Needs School
KPOWO	20	Portage Worker
KPASCH	21	Past school
KNSHSM	22	School Nurse/School Health/School Medical
KHOSP	23	Hospital
KOTHSSD	24	Social Services (outside own area)
KMHT	25	Mental Health
KDCFP	26	D C F P
KJOLT	27	Jolt
KHCENT	28	Health Centre
KCNP	29	C N P
KCLINIC	30	Clinic
KOTHPROB	31	Probationer (outside own area)
KHOMEST	32	Homestart volunteer
KED	33	Educational Psychologist/special needs/educator/Welfare
KPSC	34	F S C
KUT	35	Occupational Therapy
KDCFT	36	D C F T
KDOCT	37	Doctor/CoC/CMO
KWOMREF	38	Womens Refuge

KCFTC	39	CFTC/CTFC
KWEO	40	Welfare Office
KFOSPAR	41	Foster parent
KPYSCH	42	Psychiatrist
KCOUNS	43	Commsior
KTEAMMAN	44	Team Manager
KAAE	45	A & E
KDOC	46	Doctor/Paediatrician
KFAMAID	47	Family Aide
KCMO	48	Clinical Medical Officer
KPSYCHOL	49	Psychologist
KPSW	50	F S W
KFOAUTH	51	Foster Authorities
KCN	52	Community Nurse
KSW	53	Sessional Worker
KADDICT	54	Addiction Centre
KLOOFF	55	Local Office
CCSHELD	58	Was there a Case Conference subsequently/actually held? Y = 1. N = 2. Continuing

Indecision = 3. Missing info = 9 -

RECORD 4

Other Details/Convictions, etc. Y = 1 N/K or Missing = 9

CONV	6	Convictions (inc. minor/any/previous offences)
UNEMP	7	Unemployment
DRUGGLUE	8	Drugs/Glue sniffing
FINANCE	9	Financial difficulties
ILLHEALTH	10	Ill health (general)
DUBCMIND	11	Dubious childminders
BSPSSMP	12	Behavioural/social/psychological/emotional problems (inc. sexualised behaviour)/special needs
CAREY	13	Other siblings in care/child previously in care/accommodated/subject presently in care
ALCHOL	14	Alcoholic abuse
DOMVIOLE	15	Police - domestic scenes/common assault
DOMVIOLE	16	Hostility from cohab/violent partner/marital problems/member of family
DELAY	17	Delayed development - failure to thrive/delayed speech/under-achieving
DISHON	18	Dishonesty (parents)/theft
NOSCHREG	19	Not attending school regularly
PMOTHING	20	Poor parenting concerns
MOTHDEP	21	Mother - depression/poor mental state/suicidal
SPECSCH	22	Child attends special school/has educational needs
NOMEDACC	23	Parents refused to allow school medical access/unco-operative with medical checks
CARE	24	Subject living with foster parents/voluntary care/in care/accommodated
FATHDEP	25	Father psychological problems/depression
MOTLEDIF	26	Mother/father/family/child: learning difficulties/limited intellect
HUSBINJ	27	Mother trying to protect herself & children from husband/partner's injunction/or violence
CHWTHDR	28	Child shows no emotions/withdrawn/quiet/does not mix well/depressed/unhappy
CHBULLSC	29	Child bullied at school
TRAVFAM	30	Not attending school - parents educate child (travelling family)/home tuition
SEXABUSE	31	Diagnosed as sexually abused
POS	32	Place of safety order for period (past or present)
PARAGG	33	Parents aggressive - authorities, inc. feuds with relatives/neighbours
CLIENPRG	34	Client (child) pregnant/suspected pregnancy (is not yet confirmed)
TRWTHPO	35	Child in trouble with police - stealing, running away
CULTCHPU	36	Cultural difference in child punishment
PAROVPRO	37	Parents too overprotective/spoil
EDPSYCH	38	Seeing Educational Psychologist/Child Psychologist/Clinical Psychologist
FATHCHAR	39	Father/mother/significant person charged/alleged/accused with other offences against children
CHFTTS	40	Child having fits, headbanging
CHRUNAY	41	Child missing/runs away frequently
FAKESILL	42	Subject fakes illnesses, etc. stomach ache
BRUINI	43	Bruises/injuries noticed
PRCOTDE	44	Previous cot death
CHSCAPEG	45	Child is scapegoat/problems at home
CHISABUR	46	Child - abuser - inappropriate behaviour - another child
POORHYG	47	Poor hygiene
PERSONCH	48	Undergone personality change recently
ABUSEDIS	49	Disclosure of abuse - e.g. teacher/unknown/previous abuse
MOHIEXP	50	Mother/father/steparent's expectations of child too high
CHUNWEIG	51	Child underweight
CHDEAF	52	Subject lives in "deaf" boarding school
VIOLFAM	53	Police considered a violent family
CHSCPAR	54	Children scared/very scared of parents
POMOTH	55	Poor mousing concerns, e.g. Mother doesn't keep child's clinic appointments

RECORD 1 : Column 21 & 22**LIST A**

Social Services Areas : Unknown = 99 Caravan. etc. = 00

Canterbury & Thanet

- 01 Canterbury
- 02 Coastal (Faversham, Whistable, Herne Bay)
- 03 Thanet North : Margate
- 04 Thanet South : Ramsgate

Dartford & Gravesham

- 05 Gravesham (Gravesend)
- 06 Dartford
- 07 North Downes (Swanley)

Medway/Swale

- 08 Chatham
- 09 Gillingham
- 10 Rochester
- 11 Swale (inc. Sheppey, Sheerness, Sittingbourne)

Mid Kent

- 12 Maidstone
- 13 Sevenoaks
- 14 Tonbridge
- 15 Tunbridge Wells

South East Kent

- 16 Ashford
- 17 Dover
- 18 Shepway (Folkestone)

RECORD 1 : Columns 39 & 40**LIST B****Allegations made by :**

- 99 Don't know
- 01 Anonymous
- 02 Natural parent
- 03 Maternal brother/sister
- 04 Other relative (ie aunt, uncle, cousin, grand-parent, etc.)
- 05 Step-parent
- 06 Parents co-hab/partner
- 07 Teacher/school counselor/nursery teacher
- 08 G.P./Doctor
- 09 Health Visitor/School Nurse
- 10 Social Services employees, eg: family aides, SW's, etc.
- 11 Neighbours
- 12 Friends
- 13 Step-sister
- 14 Step-brother
- 15 Child him/herself
- 16 Police
- 17 Psychologist
- 18 Hospital SW or Nurse
- 19 Foster parent
- 20 Probation Officer
- 21 D C F T (Dept. of Child & Family Therapy)
- 22 N S P C C
- 23 Friend of child or friend's parent (? 12)
- 24 Team Leader/Project Leader
- 25 Employee
- 26 CAB organiser
- 27 Homestart volunteer
- 28 Midwife
- 29 Community Home/Centre

30 Internal referral, ie child in voluntary care
 31 E.W.O. (Educational Welfare Office)
 32 Crèche Leader
 33 Housing Officer
 34 Clinical Medical Officer
 35 Landlord/Landlady
 36 Boyfriend of subject/parent of boyfriend
 37 Childminder
 38 F S C (Family Support Centre)
 39 Foster child
 40 Divorces
 41 Conference
 42 SEEBoard personnel
 43 Solicitor
 44 Mental Health Team
 45 Family Services Officer
 46 Member of Household (not clear if or what relation)/lodger/su pair

RECORD 1: Column 41 & 42 - Abuse Category :

AI (Physical Abuse) = 0	AII (Emotional Abuse) = 1	AIII (Sexual Abuse) = 2
BI (Physical Neglect) = 3	BII (Emotional Neglect) = 4	BIII (Sexual Neglect) = 5
Potential Risk :	CI = 6	CII = 7 CIII = 8
Not Known = 9		

01 Malicious call
 02 Lack of disclosure (evidence from child)
 03 Denial from parents
 04 No/not enough evidence/not confirmed/no specific allegations
 05 Injury/bruising can be explained as accident or illness or plausible
 06 No physical evidence
 07 Unsubstantiated allegations/concerns/inappropriate referral
 08 Alleged perpetrator has no contact with child/stranger abuse
 09 Denial from child
 10 History of disputes between separated parents
 11 Sexual curiosity of child - sexuality involved between children, no adults involved
 12 Child retraced disclosure
 13 No concerns about parents ability to protect their child (eg abuser is an outsider)
 14 Support offered to family/child/member of family/support requested
 15 False allegation made by child
 16 Perpetrator has now left the family home, is no further contact
 17 Mother got rid of inadequate baby-sitter
 18 Perpetrator/alleged perpetrator is in prison/in custody/arrested
 19 Parent given a warning
 20 Family/friend has influenced the child to make false allegations
 21 Disturbance due to bullying by another child in the family
 22 Case Conference to be held for another child in the family
 23 Marital violence doesn't involve child
 24 Child now with relatives/boarding school
 25 Child 18, no longer lives with parents, referred to Mental Health Services
 26 Family moved to another Social Services Area
 27 Family monitored by SS/SS to be contacted if situation changes/child to be visited/followed up by SS
 28 Child on Care Order - no longer at risk
 29 Incident 'one-off'
 30 Extensive checks - no investigation possible
 31 Child classed as adult - rape proceedings
 32 No allegations relating to subject, only to siblings in the same family
 33 Instead of Case Conference - Co-Ordination Meeting/Planning Meeting/Meeting not under CPR regs.
 34 In past year no sign of inappropriate behaviour
 35 Parents, drink problem, but not abusive
 36 Child and Mother deny knowledge of how the injury happened
 37 Already discussed at a previous Case Conference
 38 Strange noises explained - child quadriplegic
 39 Normal exploring games between children
 40 Concerns not as serious as reported
 41 Referring agent (ie mother) not able to elaborate due to mental state
 42 Baby-sitter denies abuse
 43 No risk from mother's violent behaviour
 44 Child not ready to detail assaults - referred to DCFP/CFTC
 45 No further action as long as mother attends new P.I. sessions
 46 Incident seen as out of perspective due to child's age
 47 Husband taking more responsibility for children
 48 Mother to give up work to care for child
 49 Over-chastisement - not physical abuse
 50 Child seems happy and at ease with parents
 51 Family advised to seek help from DCFP
 52 Parent refused to allow the child to be interviewed or person in parental position
 53 Investigated by Police on duty

CODING INSTRUCTIONS FOR SOCIAL SERVICES CASE CONFERENCE MINUTES**RECORD 1 (Facts and Background Information)**

Computer Variable Name	Column	
ID	1 - 4	Child's I.D. No.
OTHCC	5	Part of others) Case Conference Y = 8 Not Known/Not Applicable = 9
TYPECC	6	Initial or Review CC Initial = 1 Review = 2 Re-convened initial and initial part of CC has been coded = 3 Re-convened initial and re-convened part of CC has been coded = 4 No information whatsoever = 5 No CC held (no CC Miss) = 6 Transfer from other Area where CC have been held before = 7 Not Known = 9
CCDATE	7 - 12	Case Conference Date (or 999999)
SSAREA	13 - 14	Social Services Area where CC is held SEE LIST A
VENUE	15	Venue SS building = 1 Hospital = 2 Others = 3 (produce list) N/K = 9
PINVIT	17	Parental participation: "Parents" invited = 1 "Parents" not invited = 2 No parental figures involved = 3 N/K if invited or not = 9
NPARS	18	Natural Parents: Present for all = 1 Present for some = 2 Absent = 3 N/K how long present = 5 Present for decision only = 6 N/A = 0
NMOTHER	19	Natural Mother only
NFATHER	20	Natural Father only
MNEWP	21	Mother and newer partner
FNEWP	22	Father and newer partner
OTHERP	23	Other parental figures (in parenting role)
CHILD	24	Child
RELFR	25	Relative/friends of parents
LEGAL	26	Family's legal representative
DESCHAR	28	Designation of Chairperson SEE LIST B
SEXCHAR	29	Sex of Chairperson M = 1 F = 2 N/K = 9
HOMANY	31	How many Case Conferences held previously 0 - 8 N/K = 9
NAMCPP	32	Has Child's name previously been on CP Register Yes = 1 No = 2 N/K = 9
CATEGP	33 - 34	If Yes, which Categories N/A = 99 SEE LIST C
NAMCPC	35	Is child's name currently on CP register Y = 1 N = 2 N/K = 9
CATEGC	36 - 37	If Yes, which Categories N/A = 99
SIBCPP	38	Has child's sibling previously been on CP Register Y = 1 N = 2 N/K = 9
CATEGSP	39 - 40	If Yes, which Categories N/A = 99
SIBCPC	41	Are child's siblings currently on CP Register Y = 1 N = 2 N/K = 9
CATEGSC	42 - 43	If Yes, which Categories N/A = 99
		(Designation of people present/absent/not involved at Case Conference) SEE LIST D and E
DSWSS	45	Social worker - (Unqualified, Qualified, Senior)
DTLMASS	46	Team Leader/Manager - Social Services Senior Practitioner
DAIDSS	47	Social Services - Family Aide/Family Support Worker
DFAST	48	FAST (make note for possible other Seasonal Workers)
DPCWPC	49	Police - P.C., W.P.C.
DDIDS	50	Detective Inspector (D.I) or Detective Sergeant (D.S)
DPSURG	51	Police Surgeon
DPROBAT	52	Probation
DSCHOT	53	School - Head Teacher, Class Teacher
DSCHOC	54	School Counsellor
DEDPSY	55	Educational Psychologist
DEWO	56	Education Welfare Officer (E.W.O)
DSCNURS	57	School Nurse/Community Nurse
DHV	58	Health Visitor/Midwife/Clinical Advisor to HV/Clin.Nurse Advisor/Neighbourhood Manager
DAENURS	59	Hospital Nurse/Accident & Emergency Nurse
DGP	60	General Practitioner (G.P.)

DPAED	61	Paediatrician
DMEDOF	62	Principal Medical Officer/Clinical M.O./Senior M.O./Hospital Doctor, etc.
DMHTCPN	63	Mental Health Team (SW), Community Psychiatric Nurse (CPN)
DPSYCHI	64	Psychiatrist
DPSYCHO	65	Clinical Psychologist
DTHERAP	66	Play Therapist/Psychotherapist/Therapist/DCFP, etc. (emotional needs generally)
DSPECND	67	Occupational/Speech Therapist/Special Needs (physical) (inc. Mary Sheridan Centre/South Downs)
DFAUTH	68	Foster Authoriser/Fostering Officer/Adoption Officer or Agency/Homesfinding (SW)/LINK
DFPAREN	69	Foster Parents
DJOLT	70	J.O.L.T.
DNSPCC	71	N.S.P.C.C.
DVTEER	72	Volunteers - Womens Refuge: Religious people - vicars, etc: Befrienders
DPLAY	73	Play Group/Nursery/Child Minder
DLEGAL	74	Solicitor/Legal Services
DGUARD	75	Guardian Ad Litem
DMINUTE	76	Minute Taker/Social Services Clerk/Team Secretary
DCPCO	77	Child Protection Co-Ordinator
DARMY	78	Army personnel (eg Welfare/SAIFA)
DSNURS	79	Senior Nurse
DNURSM	80	Nursing Managers/Directors, etc.

RECORD 2**COMPUTER****Variable Name****Column**

REASON1	6 - 7	Reason 1 for calling Case Conference								<i>SEE LIST F</i>
REASON2	8 - 9	Reason 2								
REASON3	10 - 11	Reason 3	.							
REASON4	12 - 13	Reason 4	.							
REASON5	14 - 15	Reason 5	.							
TYPO 9)	17	Type of Case Conference :	Individual CC = 1	Family CC = 2	Other = 3	N/K =				
OTHERD	18	Were Decisions/Recommendations made for other children who were not originally named on the Case Conference title?								
			Y = 1	N = 2	N/K = 9					
OTHERPR	19	Decision made at Case Conference to register another child in family whose name was not on CC title								
			Y = 1	N = 2	N/K = 9					
CPRYES	21	Is Child's name to be put on CPR	Y = 1	N = 2	Missing or N/A = 9					
CPRCAT	22 - 24	If Yes, which categories	N/A = 999							<i>SEE LIST C</i>
CPREMOV	25	Is Child's name to be removed from CPR		Y = 1	N = 2	N/A = 0	N/K =			
9										
PINFORM	26	Will the parents be informed of CC decision?		Y = 1	N = 2	N/A = 0	NK =			
9										
WHOINFP	27 - 28	Who will inform them/Designation	N/A = 00	Missing = 99						<i>SEE LIST D</i>
		Informed at Case Conference = 88								
KEYWOK	29	Will there be a Keyworker?	Y = 1	N = 2	N/A = 0	N/K = 9				
DKEYWOK	30 - 31	Designation of Keyworker	N/A = 00	N/K = 99						<i>SEE LIST D</i>
CICB	32	Criminal Injuries Compensation Board?		Y = 1	N = 2	N/K = 9	N/A =			
POLICE	33	Is Action to be taken by the Police?	Y = 1	N = 2	N/K = 9	N/A = 0				
CAREPRO	34	Are care proceedings (other legal proceedings) to take place?	Y = 1	N = 2	N/K = 9	N/A =				

(Decisions/Recommendations/Protection Plan/Action to be taken, etc. (x 10))

SEE LIST G

DEC1	36 - 37	Decision, etc... 1
DEC2	39 - 40	Decision, etc... 2
DEC3	42 - 43	Decision, etc... 3
DEC4	45 - 46	Decision, etc... 4
DEC5	48 - 49	Decision, etc... 5
DEC6	51 - 52	Decision, etc... 6
DEC7	54 - 55	Decision, etc... 7
DEC8	57 - 58	Decision, etc... 8
DEC9	60 - 61	Decision, etc... 9
DEC10	63 - 64	Decision, etc... 10

(Designation of people present/absent/not involved at Case Conference continued from Record 1)

SOCIAL SERVICES AREAS

LIST A

Outside Kent = 88 Unknown = 99 No fixed address (eg caravan. etc.) = 00

Canterbury & Thanet

- 01 Canterbury
- 02 Coastal (Faversham, Whistable, Herne Bay)
- 03 Thanet North : Margate
- 04 Thanet South : Ramsgate

Dartford & Gravesend

- 05 Gravesend (Gravesend)
- 06 Dartford
- 07 North Downs (Swanley)

Medway/Swale

- 08 Chatham
- 09 Gillingham
- 10 Rochester
- 11 Swale (inc. Sheppey, Sheerness, Sittingbourne)

Mid Kent

- 12 Maidstone
- 13 Sevenoaks
- 14 Tonbridge
- 15 Tunbridge Wells

South East Kent

- 16 Ashford
- 17 Dover
- 18 Shepway (Folkestone)

DESIGNATION OF CHAIR PERSON AT CASE CONFERENCE

LIST B

SSD	Team Manager	1	
	Divisional Manager	2	
	Area Manager	3	
Independent (list)	NSPCC	4	(N/K from where)
		5	
		6	
Other (ie SSD)		7	
Child Protection Co-Ordinator		8	
Not known		9	

CATEGORY OF ABUSE

LIST C

AI (Physical Abuse) = 0 AII (Emotional Abuse) = 1 AIII (Sexual Abuse) = 2
 BI (Physical Neglect) = 3 BII (Emotional Neglect) = 4 BIII (Sexual Neglect) = 5
 Potential Risk : CI = 6 CII = 7 CIII = 8
 Not Known = 9

LIST OF DESIGNATIONS OF PEOPLE WHO MAY ATTEND CASE CONFERENCES**LIST D**

45	Social worker - (Unqualified, Qualified, Senior)
46	Team Leader/Manager - Social Services Senior Practitioner
47	Social Services - Family Aide/Family Support Worker
48	FAST (make note for possible other Seasonal Workers)
49	Police - P.C., W.P.C.
50	Detective Inspector (D.I) or Detective Sergeant (D.S)
51	Police Surgeon
52	Probation
53	School - Head Teacher, Class Teacher
54	School Counsellor
55	Educational Psychologist
56	Education Welfare Officer (E.W.O)
57	School Nurse/Community Nurse
58	Health Visitor/Midwife/Clinical Advisor to HV/Clin.Nurse Advisor/Neighbourhood Manager
59	Hospital Nurse/Accident & Emergency Nurse
60	General Practitioner (G.P.)
61	Paediatrician
62	Principal Medical Officer/Clinical M.O./Senior M.O./Hospital Doctor, etc.
63	Mental Health Team (SW), Community Psychiatric Nurse (CPN)
64	Psychiatrist
65	Clinical Psychologist
66	Play Therapist/Psychotherapist/Therapist/DCFP, etc. (emotional needs generally)
67	Occupational/Speech Therapist/Special Needs (physical) (inc. Mary Sheldon Centre/South Downs)
68	Foster Authorities/Fostering Officer/Adoption Officer or Agency/Homesfinding (SW)/LINK
69	Foster Parents
70	J.O.L.T.
71	N.S.P.C.C.
72	Volunteers - Womens Refuge; Religious people - vicars, etc; Befrienders
73	Play Group/Nursery/Child Minder
74	Solicitor/Legal Services
75	Guardian Ad Litem
76	Minute Taker/Social Services Clerk/Team Secretary
77	Child Protection Co-Ordinator
78	Army personnel (eg Welfare/SAAFA)
79	Senior Nurse
80	Nursing Managers/Directors, etc.

CODING SYSTEM FOR PEOPLE PRESENT/ABSENT AT CASE CONFERENCE

LIST E

PRESENT and REPORT submitted	1
Two+ people present and report(s) submitted	2
PRESENT only	3
Two+ people present only	4
ABSENT and REPORT submitted	5
Two+ people Absent and report submitted	6
ABSENT only	7
Two+ people absent	8
Information missing/Not known/Not involved	9
Not invited, are involved	0

REASONS FOR CALLING CASE CONFERENCE

LIST E

- 01 Possible non accidental injury/alleged physical abuse
- 02 Alleged/possible sexual abuse in home
- 03 Alleged/possible sexual abuse outside home
- 04 Alleged/possible sexual abuse (where N/K or mentioned)
- 05 Child has behavioural problems (not attending school, difficult to control, etc.)
- 06 Physical Neglect. (eg. hunger/lack of hygiene ...)
- 07 Child is alleged as perpetrator of sexual abuse, indecent assault
- 08 Child is living with or Significant Person is Schedule 1 Offender
- 09 Poor parenting/lack of parental protection
- 10 Unborn baby - concerns over siblings (ward of court, etc.)
- 11 Emotional neglect
- 12 Potential Risk (sexual)(eg involvement with person known/suspected for sex.offences)
- 13 At Risk (eg siblings in care, on CPR; CC for sibling; (ditto non-sexual offences)
- 14 "Place of Safety"
- 15 CPR Procedures
- 16 Review : no reasons given
- 17 Re-convened : no reasons given
- 99 Missing/Not Known

Appendix 6: Questions investigated in sub sample and Inter-rater reliability

Questions investigated in sub sample	Inter-rater reliability
<p>Structure / procedure of case conference</p> <ul style="list-style-type: none"> - Does the chairperson state the reasons for holding the conference? 98% - Do the case conference minutes record the chairperson's statement of details of previous case conferences relating to the family? 100% - Are the agencies involved recorded? 100% 	
<p>Family Information</p> <ul style="list-style-type: none"> - Is the family and household composition recorded? 96% - Are the family's current circumstances recorded? 92% - Is the family's history with specific information about each adult recorded? 90% - <i>Is the family's history with specific information about each child recorded?</i> 94% - Is the parents' account of events and explanations of allegation or injuries recorded? 96% 	
<p>Sharing information with parents</p> <ul style="list-style-type: none"> - Is novel information discussed when the child(ren)/parent(s) leave the case conference? 92% - Is this information shared with the parent when they re enter the case conference? 90% - Do the case conference minutes indicate that this novel information influences the child protection plan? 86% - Do the case conference minutes indicate that this information influenced the decision to register/not register the child? 88% 	
<p>Professionals' participation at conferences</p> <ul style="list-style-type: none"> - Whose opinions are recorded? not applicable - Whose opinions are not recorded? not applicable - Which reports were discussed? not applicable 	
<p>Case conference outcomes</p> <ul style="list-style-type: none"> - Are the concerns identified recorded? 94% - Do the case conference minutes clearly state the reasons for registering/not registering the child? 92% 	
<p>Dissent, disagreement and conflict at conferences</p> <ul style="list-style-type: none"> - Is dissent recorded concerning registering/not registering the child? 100% - If yes, who dissents? not applicable - Is disagreement recorded concerning the child protection plan? 100% - If yes, who disagrees? not applicable - Is conflict/disagreement recorded? 100% - If yes, who is in conflict? not applicable 	

**Appendix 7: Pre Act recommendation decision:
background information for multivariate analysis**

Referrals to social services districts

S. S. District	Referrals
Canterbury	88
Coastal	83
Thanet Nth: Margate	60
Thanet Sth: Ramsgate	37
Gravesham	80
Dartford	47
North Downes	42
Chatham	32
Gillingham	117
Rochester	29
Swale	91
Maidstone	56
Sevenoaks	33
Tombridge	25
Tunbridge Wells	77
Ashford	50
Dover	47
Shepway	21
<i>Missing / Out of Range</i>	9

Status of referrers

Status of Referrer	Referrals
Non Professional	370
Professional	496
<i>Missing/Out of Range</i>	159

Appendix 7: Continued

Police investigations

Police Investigation	Referrals
Police to Investigate	613
Police not to Investigate	301
<i>Missing/Out of Range</i>	<i>110</i>

Recommendation decision

Recommendation Decision	Referrals
Case Conference to be Held	412
Case Conference not to be Held	433
<i>Missing / Out of Range</i>	<i>179</i>

**Appendix 8: Pre Act: Canterbury x Referrer x Police Investigation
and the Recommendation Decision**

S.S.District	Status of Referrer	Police Investigation	Recommend. Decision	Observations (%)
Canterbury	Non Prof	Police to Investigate	C.C. recommended	2 (.3%)
			C.C. not recommended	1 (.1%)
		Police not to Investigate	C.C. recommended	3 (.4%)
			C.C. not recommended	6 (.9%)
	Professional	Police to Investigate	C.C. recommended	15 (2.2%)
			C.C. not recommended	4 (.6%)
		Police not to Investigate	C.C. recommended	16 (2.4%)
			C.C. not recommended	18 (2.7%)
				T = 65 (9.6%)

**Appendix 9: Pre Act: Coastal x Referrer x Police Investigation
and the Recommendation Decision**

S.S.District	Status of Referrer	Police Investigation	Recommend. Decision	Observations (%)
Coastal	Non Prof	Police to Investigate	C.C. recommended	15 (2.2%)
			C.C. not recommended	0
		Police not to Investigate	C.C. recommended	2 (.3%)
			C.C. not recommended	3 (.4%)
	Professional	Police to Investigate	C.C. recommended	13 (1.9%)
			C.C. not recommended	2 (.3%)
		Police not to Investigate	C.C. recommended	5 (.7%)
			C.C. not recommended	2 (.3%)
				T = 42 (6.2%)

**Appendix 10: Pre Act: Thanet North x Referrer x Police Investigation
and the Recommendation Decision**

S.S.District	Status of Referrer	Police Investigation	Recommend. Decision	Observations (%)	
Thanet North: Margate	Non Prof	Police to Investigate	C.C. recommended	11 (1.6%)	
			C.C. not recommended	6 (.9%)	
		Police not to Investigate	C.C. recommended	3 (.4%)	
			C.C. not recommended	2 (.3%)	
	Professional	Police to Investigate	C.C. recommended	8 (1.2%)	
			C.C. not recommended	3 (.4%)	
		Police not to Investigate	C.C. recommended	3 (.4%)	
			C.C. not recommended	7 (1%)	
					T = 43 (6.4%)

**Appendix 11: Pre Act: Thanet South x Referrer x Police Investigation
and the Recommendation Decision**

S.S. District	Status of Referrer	Police Investigation	Recommend. Decision	Observations (%)
Thanet South: Ramsgate	Non Prof	Police to Investigate	C.C. recommended	5 (.7%)
			C.C. not recommended	1 (.1%)
		Police not to Investigate	C.C. recommended	0
			C.C. not recommended	2 (.3%)
	Professional	Police to Investigate	C.C. recommended	5 (.7%)
			C.C. not recommended	2 (.3%)
		Police not to Investigate	C.C. recommended	6 (.9%)
			C.C. not recommended	1 (.1%)
				T = 22 (3.2%)

**Appendix 12: Pre Act: Gravesham x Referrer x Police Investigation
and the Recommendation Decision**

S.S.District	Status of Referrer	Police Investigation	Recommend. Decision	Observations (%)
Gravesham	Non Prof	Police to Investigate	C.C. recommended	4 (.6%)
			C.C. not recommended	19 (2.8%)
		Police not to Investigate	C.C. recommended	0
			C.C. not recommended	4 (.6%)
	Professional	Police to Investigate	C.C. recommended	9 (1.3%)
			C.C. not recommended	11 (1.6%)
		Police not to Investigate	C.C. recommended	0
			C.C. not recommended	3 (.4%)
				T = 50 (7.4%)

**Appendix 13: Pre Act - Dartford x Referrer x Police Investigation
and the Recommendation Decision**

S.S.District	Status of Referrer	Police Investigation	Recommend. Decision	Observations (%)	
Dartford	Non Prof	Police to Investigate	C.C. recommended	1 (.1%)	
			C.C. not recommended	6 (.9%)	
		Police not to Investigate	C.C. recommended	0	
			C.C. not recommended	1 (.1%)	
	Professional	Police to Investigate	C.C. recommended	11 (1.6%)	
			C.C. not recommended	6 (.9%)	
		Police not to Investigate	C.C. recommended	1 (.1%)	
			C.C. not recommended	2 (.3%)	
					T = 28 (4.1%)

**Appendix 14: Pre Act - North Downs x Referrer x Police Investigation
and the Recommendation Decision**

S.S.District	Status of Referrer	Police Investigation	Recommend. Decision	Observations (%)
North Downs	Non Prof	Police to Investigate	C.C. recommended	7 (1%)
			C.C. not recommended	3 (.4%)
		Police not to Investigate	C.C. recommended	0
			C.C. not recommended	1 (.1%)
	Professional	Police to Investigate	C.C. recommended	4 (.6%)
			C.C. not recommended	8 (1.2%)
		Police not to Investigate	C.C. recommended	0
			C.C. not recommended	3 (.4%)
				T = 26 (3.8%)

**Appendix 15: Pre Act: Chatham x Referrer x Police Investigation
and the Recommendation Decision**

S.S.District	Status of Referrer	Police Investigation	Recommend. Decision	Observations (%)
Chatham	Non Prof	Police to Investigate	C.C. recommended	3 (.4%)
			C.C. not recommended	2 (.3%)
		Police not to Investigate	C.C. recommended	0
			C.C. not recommended	3 (.4%)
	Professional	Police to Investigate	C.C. recommended	2 (.3%)
			C.C. not recommended	0
		Police not to Investigate	C.C. recommended	1 (.1%)
			C.C. not recommended	1 (.1%)
				T = 12 (1.8%)

**Appendix 16: Pre Act - Gillingham x Referrer x Police Investigation
and the Recommendation Decision**

S.S.District	Status of Referrer	Police Investigation	Recommend. Decision	Observations (%)
Gillingham	Non Prof	Police to Investigate	C.C. recommended	5 (.7%)
			C.C. not recommended	17 (2.5%)
		Police not to Investigate	C.C. recommended	1 (.1%)
			C.C. not recommended	6 (.9%)
	Professional	Police to Investigate	C.C. recommended	16 (2.4%)
			C.C. not recommended	12 (1.8%)
		Police not to Investigate	C.C. recommended	10 (1.4%)
			C.C. not recommended	10 (1.4%)
				T = 77 (11.4%)

**Appendix 17: Pre Act - Rochester x Referrer x Police Investigation
and the Recommendation Decision**

S.S.District	Status of Referrer	Police Investigation	Recommend. Decision	Observations (%)		
Rochester	Non Prof	Police to Investigate	C.C. recommended	2 (.3%)		
			C.C. not recommended	1 (.1%)		
		Police not to Investigate	C.C. recommended	0		
			C.C. not recommended	1 (.1%)		
	Professional	Police to Investigate	C.C. recommended	1 (.1%)		
			C.C. not recommended	0		
		Police not to Investigate	C.C. recommended	5 (.7%)		
			C.C. not recommended	6 (.9%)		
						T = 16 (2.4%)

**Appendix 18: Pre Act - Swale x Referrer x Police Investigation
and the Recommendation Decision**

S.S.District	Status of Referrer	Police Investigation	Recommend. Decision	Observations (%)	
Swale	Non Prof	Police to Investigate	C.C. recommended	10 (1.4%)	
			C.C. not recommended	16 (2.4%)	
		Police not to Investigate	C.C. recommended	0	
			C.C. not recommended	5 (.7%)	
	Professional	Police to Investigate	C.C. recommended	12 (1.8%)	
			C.C. not recommended	12 (1.8%)	
		Police not to Investigate	C.C. recommended	3 (.4%)	
			C.C. not recommended	2 (.3%)	
					T = 60 (8.9%)

**Appendix 19: Pre Act: Maidstone x Referrer x Police Investigation
and the Recommendation Decision**

S.S.District	Status of Referrer	Police Investigation	Recommend. Decision	Observations (%)	
Maidstone	Non Prof	Police to Investigate	C.C. recommended	9 (1.3%)	
			C.C. not recommended	8 (1.2%)	
		Police not to Investigate	C.C. recommended	1 (.1%)	
			C.C. not recommended	1 (.1%)	
	Professional	Police to Investigate	C.C. recommended	12 (1.8%)	
			C.C. not recommended	8 (1.2%)	
		Police not to Investigate	C.C. recommended	4 (.6%)	
			C.C. not recommended	2 (.3%)	
					T = 45 (6.6%)

**Appendix 20: Pre Act - Sevenoaks x Referrer x Police Investigation
and the Recommendation Decision**

S.S.District	Status of Referrer	Police Investigation	Recommend. Decision	Observations (%)	
Sevenoaks	Non Prof	Police to Investigate	C.C. recommended	0	
			C.C. not recommended	14 (2%)	
		Police not to Investigate	C.C. recommended	0	
			C.C. not recommended	0	
	Professional	Police to Investigate	C.C. recommended	6 (.9%)	
			C.C. not recommended	4 (.6%)	
		Police not to Investigate	C.C. recommended	1 (.1%)	
			C.C. not recommended	0	
					T = 25 (3.7%)

**Appendix 21: Pre Act - Tombridge x Referrer x Police Investigation
and the Recommendation Decision**

S.S.District	Status of Referrer	Police Investigation	Recommend. Decision	Observations (%)	
Tombridge	Non Prof	Police to Investigate	C.C. recommended	5 (.7%)	
			C.C. not recommended	4 (.6%)	
		Police not to Investigate	C.C. recommended	0	
			C.C. not recommended	1 (.1%)	
	Professional	Police to Investigate	C.C. recommended	4 (.6%)	
			C.C. not recommended	4 (.6%)	
		Police not to Investigate	C.C. recommended	0	
			C.C. not recommended	0	
					T = 18 (2.7%)

**Appendix 22: Pre Act - Tunbridge x Referrer x Police Investigation
and the Recommendation Decision**

S.S.District	Status of Referrer	Police Investigation	Recommend. Decision	Observations (%)	
Tunbridge Wells	Non Prof	Police to Investigate	C.C. recommended	12 (1.8%)	
			C.C. not recommended	26 (3.8%)	
		Police not to Investigate	C.C. recommended	1 (.1%)	
			C.C. not recommended	4 (.6%)	
	Professional	Police to Investigate	C.C. recommended	8 (1.2%)	
			C.C. not recommended	7 (1%)	
		Police not to Investigate	C.C. recommended	4 (.6%)	
			C.C. not recommended	0	
					T = 62 (9.1%)

**Appendix 23: Pre Act - Ashford x Referrer x Police Investigation
and the Recommendation Decision**

S.S.District	Status of Referrer	Police Investigation	Recommend. Decision	Observations (%)		
Ashford	Non Prof	Police to Investigate	C.C. recommended	3 (.4%)		
			C.C. not recommended	1 (.1%)		
		Police not to Investigate	C.C. recommended	4 (.6%)		
			C.C. not recommended	10 (1.4%)		
	Professional	Police to Investigate	C.C. recommended	6 (.9%)		
			C.C. not recommended	3 (.4%)		
		Police not to Investigate	C.C. recommended	1 (.1%)		
			C.C. not recommended	7 (1%)		
						T = 35 (5.2%)

**Appendix 24: Pre Act - Dover x Referrer x Police Investigation
and the Recommendation Decision**

S.S.District	Status of Referrer	Police Investigation	Recommend. Decision	Observations (%)		
Dover	Non Prof	Police to Investigate	C.C. recommended	7 (1%)		
			C.C. not recommended	1 (.1%)		
		Police not to Investigate	C.C. recommended	4 (.6%)		
			C.C. not recommended	3 (.4%)		
	Professional	Police to Investigate	C.C. recommended	3 (.4%)		
			C.C. not recommended	0		
		Police not to Investigate	C.C. recommended	14 (2%)		
			C.C. not recommended	4 (.6%)		
						T = 36 (5.3%)

**Appendix 25: Pre Act - Shepway x Referrer x Police Investigation
and the Recommendation Decision**

S.S.District	Status of Referrer	Police Investigation	Recommend. Decision	Observations (%)
Shepway	Non Prof	Police to Investigate	C.C. recommended	7 (1%)
			C.C. not recommended	0
		Police not to Investigate	C.C. recommended	0
			C.C. not recommended	2 (.3%)
	Professional	Police to Investigate	C.C. recommended	2 (.3%)
			C.C. not recommended	2 (.3%)
		Police not to Investigate	C.C. recommended	0
			C.C. not recommended	2 (.3%)
				T = 15 (2.2%)

**Appendix 26: Post Act recommendation decision:
Background information for multivariate analysis**

Referrals to Social Services Areas

Social Services Area	Referrals
Canterbury and Thanet	218
Dartford and Gravesham	240
Medway / Swale	193
Mid Kent	143
South East Kent	208
<i>Missing / Out of Range</i>	43

Referrers

Status of Referrer	Referrals
Non Professional	487
Professional	487
<i>Missing / Out of Range</i>	165

Categories of alleged abuse at referral

Category of Abuse	Referrals
Emotional Abuse	44
Sexual Abuse	397
Physical Abuse	478
<i>Missing / Out of Range</i>	126

Post Act Recommendation Decision

Recommendation Decision	Referrals
Case Conference to be Held	396
Case Conference not to be Held	581
<i>Missing / Out of Range</i>	68

**Appendix 27: Post Act: Canterbury and Thanet x Referrer x Abuse Category
and the Recommendation Decision**

S.S. Area	Referrer	Abuse Category	Recommend. Decision	Observations (%)
Canterbury and Thanet	Non Prof	Emotional	C.C. recommended	1 (.14%)
			C.C. not recommended	1 (.14%)
		Sexual	C.C. recommended	11 (1.55%)
			C.C. not recommended	19 (2.69%)
		Physical	C.C. recommended	9 (1.27%)
			C.C. not recommended	33 (4.67%)
	Prof	Emotional	C.C. recommended	8 (1.13%)
			C.C. not recommended	0
		Sexual	C.C. recommended	11 (1.56%)
			C.C. not recommended	13 (1.84%)
		Physical	C.C. recommended	17 (2.41%)
			C.C not recommended	36 (5.1%)
			Total	159 (22.52%)

**Appendix 28: Post Act: Dartford and Gravesham x Referrer x Abuse Category
and the Recommendation Decision**

S.S. Area	Referrer	Abuse Category	Recommend. Decision	Observations (%)
Dartford and Gravesham	Non Prof	Emotional	C.C. recommended	0
			C.C. not recommended	0
		Sexual	C.C. recommended	22 (3.12%)
			C.C. not recommended	21 (2.97%)
		Physical	C.C. recommended	6 (.85%)
			C.C. not recommended	11 (1.56%)
	Prof	Emotional	C.C. recommended	1 (.14%)
			C.C. not recommended	0
		Sexual	C.C. recommended	9 (1.27%)
			C.C. not recommended	46 (6.52%)
		Physical	C.C. recommended	23 (3.26%)
			C.C. not recommended	37 (5.24%)
			Total	176 (24.93%)

**Appendix 29: Post Act: Medway / Swale x Referrer x Abuse Category
and the Recommendation Decision**

S.S. Area	Referrer	Abuse Category	Recommend. Decision	Observations (%)
Medway / Swale	Non Prof	Emotional	C.C. recommended	2 (.28)
			C.C. not recommended	0
		Sexual	C.C. recommended	14 (1.98%)
			C.C. not recommended	12 (1.7%)
		Physical	C.C. recommended	9 (1.27%)
			C.C. not recommended	20 (2.83%)
	Prof	Emotional	C.C. recommended	2 (.28%)
			C.C. not recommended	0
		Sexual	C.C. recommended	13 (1.84%)
			C.C. not recommended	9 (1.27%)
		Physical	C.C. recommended	15 (2.12%)
			C.C. not recommended	19 (2.7%)
			Total	115 (16.29%)

**Appendix 30: Post Act - Mid Kent x Referrer x Abuse Category
and the Recommendation Decision**

S.S. Area	Referrer	Abuse Category	Recommend. Decision	Observations (%)
Mid Kent	Non Prof	Emotional	C.C. recommended	2 (.28%)
			C.C. not recommended	2 (.28%)
		Sexual	C.C. recommended	17 (2.41%)
			C.C. not recommended	22 (3.12%)
		Physical	C.C. recommended	14 (1.98%)
			C.C. not recommended	5 (.71%)
	Prof	Emotional	C.C. recommended	2 (.28%)
			C.C. not recommended	0
		Sexual	C.C. recommended	11 (1.56%)
			C.C. not recommended	8 (1.13%)
		Physical	C.C. recommended	17 (2.41%)
			C.C. not recommended	15 (2.12%)
			Total	115 (16.29%)

**Appendix 31: Post Act: South East Kent x Referrer x Abuse Category
and the Recommendation Decision**

S.S. Area	Referrer	Abuse Category	Recommend. Decision	Observations (%)
South East Kent	Non Prof	Emotional	C.C. recommended	0
			C.C. not recommended	3 (.42%)
		Sexual	C.C. recommended	29 (4.11%)
			C.C. not recommended	15 (2.12%)
		Physical	C.C. recommended	17 (2.41%)
			C.C. not recommended	14 (1.99%)
	Prof	Emotional	C.C. recommended	2 (.28%)
			C.C. not recommended	7 (.99%)
		Sexual	C.C. recommended	11 (1.56%)
			C.C. not recommended	3 (.42%)
		Physical	C.C. recommended	13 (1.84%)
			C.C. not recommended	27 (3.82%)
			Total	141 (19.97%)

**Appendix 32: Pre Act registration decision -
Background information for multivariate analysis**

Rate of conferences held in social services areas

Social Services Area:	Frequency
Canterbury and Thanet	131
Dartford and Gravesham	37
Medway / Swale	97
Mid Kent	81
South East Kent	53
<i>Missing / Out of Range</i>	2

Individual and family case conferences

Type of Conference	Frequency
Individual Case Conference	240
Family Case Conference	159
<i>Missing / Out of Range</i>	2

Fathers attending conferences alone

Father	Frequency
Present alone at case conference	50
Not present alone at case conference	349
<i>Missing / Out of Range</i>	2

Rate of registration

Registration Decision	Frequency
Child is registered	208
Child is not registered	184
<i>Missing / Out of Range</i>	9

Appendix 33: Pre Act: Canterbury and Thanet, Conference Type, Fathers' Attendance and the Registration Decision

S.S. Area	Type of Conference	Fathers' Attendance	Registration Decision	Observations (%)
Canterbury and Thanet	Individual	Father Present Alone	Child registered	3 (.77%)
			Child not registered	1 (.26%)
		Father Absent	Child registered	19 (4.87%)
			Child not registered	57 (14.62%)
	Family	Father Present Alone	Child registered	0
			Child not registered	2 (.51%)
		Father Absent	Child registered	36 (9.23%)
			Child not registered	10 (2.56%)
				T = 128 (32.8 2%)

Appendix 34: Pre Act - Dartford and Gravesham, Conference Type, Fathers' Attendance and the Registration Decision

Social Services Area	Type of case Conference	Fathers' Attendance	Registration Decision	Observations (%)
Dartford and Gravesham	Individual	Father Present Alone	Child registered	1 (.26%)
			Child not registered	1 (.26%)
		Father Absent	Child registered	6 (1.54%)
			Child not registered	10 (2.56%)
	Family	Father Present Alone	Child registered	3 (.77%)
			Child not registered	0
		Father Absent	Child registered	11 (2.82%)
			Child not registered	5 (1.28%)
				T = 37 (9.49%)

**Appendix 35: Pre Act - Medway/Swale, Conference Type, Fathers' Attendance
and the Registration Decision**

Social Services Area	Type of case Conference	Fathers' Attendance	Registration Decision	Observations (%)
Medway / Swale	Individual	Father Present Alone	Child registered	7 (1.79%)
			Child not registered	1 (.26%)
		Father Absent	Child registered	20 (5.13%)
			Child not registered	26 (6.67%)
	Family	Father Present Alone	Child registered	6 (1.54%)
			Child not registered	2 (.51%)
		Father Absent	Child registered	13 (3.33%)
			Child not registered	20 (5.13%)
				T = 95 (24.36%)

**Appendix 36: Pre Act: Mid Kent, Conference Type, Fathers' Attendance
and the Registration Decision**

Social Services Area	Type of case Conference	Fathers' Attendance	Registration Decision	Observations (%)	
Mid Kent	Individual	Father Present Alone	Child registered	3 (.77%)	
			Child not registered	3 (.77%)	
		Father Absent	Child registered	23 (5.90%)	
			Child not registered	16 (4.10%)	
	Family	Father Present Alone	Child registered	5 (1.28%)	
			Child not registered	0	
		Father Absent	Child registered	25 (6.41%)	
			Child not registered	3 (.77%)	
					T = 78 (20%)

Appendix 37: Pre Act - South East Kent, Conference Type, Fathers' Attendance and the Registration Decision

Social Services Area	Type of case Conference	Fathers' Attendance	Registration Decision	Observations (%)	
South East Kent	Individual	Father Present Alone	Child registered	2 (.51%)	
			Child not registered	6 (1.54%)	
		Father Absent	Child registered	11 (2.82%)	
			Child not registered	19 (4.87%)	
	Family	Father Present	Child registered	3 (.77%)	
			Child not registered	0	
		Father Absent	Child registered	11 (2.82%)	
			Child not registered	0	
					T = 52 (13.33%)

**Appendix 38: Post Act registration decision -
Background information for multivariate analysis**

Fathers' attending conferences alone

Fathers' Attendance	Frequency
Present alone at case conference	55
Not present alone at case conference	322
<i>Missing / Out of Range</i>	2

Individual and family case conferences

Type of Conference	Frequency
Individual Case Conference	216
Family Case Conference	162
<i>Missing / Out of Range</i>	1

Child's history of registration

Child's history of registration	Frequency
Child previously registered	66
Child not previously registered	295
<i>Missing / Out of Range</i>	18

Post Act registration rate

Registration Decision	Frequency
Child registered	165
Child not registered	202
<i>Missing / Out of Range</i>	12

**Appendix 39: Post Act - Father present alone, Conference Type, Child's
Registration History and the Registration Decision**

Fathers' Attendance	Type of Case Conference	Child's history of CPR	Registration Decision	Observations (%)
Father Present Alone	Individual	Child previously on CPR	Child registered	0
			Child not registered	2 (.57%)
		Child not previously on CPR	Child registered	4 (1.15%)
			Child not registered	8 (2.29%)
	Family	Child previously on CPR	Child registered	3 (.86%)
			Child not registered	3 (.86%)
		Child not previously on CPR	Child registered	21 (6.02%)
			Child not registered	6 (1.72%)
				T = 47 (13.47%)

Appendix 40: Post Act: Father Absent, Conference Type, Child's Registration History and the Registration Decision

Fathers' Attendance	Type of Case Conference	Child's history of the CPR	Registration Decision	Observations (%)
Father Not Present Alone	Individual	Child previously on CPR	Child registered	14 (4.01%)
			Child not registered	16 (4.58%)
		Child not previously on CPR	Child registered	57 (16.33%)
			Child not registered	96 (27.51%)
	Family	Child previously on CPR	Child registered	20 (5.73%)
			Child not registered	5 (1.43%)
		Child not previously on CPR	Child registered	38 (10.89%)
			Child not registered	56 (16.05%)
				T = 302 (86.53%)