

The child protection case conference

Juggling rights, risks and responsibilities

Dorothy Scott, Jo Lindsay and Alun Jackson

This pilot study of child protection case conferences in a region of Melbourne highlights the dynamics of inter-organisational and inter-professional interaction. Data from direct observation of a small number of case conferences and focussed interviews with participants before and after each case conference, in addition to an interviewer administered questionnaire with professionals from agencies regularly participating in case conferences was analysed using manual and computerised methods. The findings relate to: parental attendance; interagency and interprofessional dynamics; case assessment focus; and worker anxiety about conflict. The management of conflict, the tension between the different purposes of case conferences, and the importance of the quality of leadership in case conferences, are discussed.

Case conferences are one of the main mechanisms through which agencies with different auspices, mandates and roles interact with one another. Hallett and Stevenson (1980) identified four main purposes of case conferences in the investigation process: to share information; to reach decisions regarding action; to pool evidence which could be used in legal proceedings; and to share the anxiety generated by child abuse cases.

Hallett and Birchall (1992a) make the pertinent point that 'it is people who act, not organizations'. There are complex interpersonal processes as well as inter-organisational processes operating. Research on decision making in small groups highlights how factors such as the size of the group and leadership style can also influence levels of participation and communication patterns (Palazzo, 1981). For example, Gero (1985) argues that conflict avoidance is one cause of 'group-think'. But participants in case conferences do not form a stable group. 'It is a complex and shifting network, not a team' (Birchall & Hallett, 1992a:8).

Dingwall, Eckelaar and Murray (1983) argue that the interaction between participants in a specific case conference occurs against a background

Dorothy Scott is a Senior Lecturer and Alun Jackson is Associate Professor in the School of Social Work at the University of Melbourne. At the time of this study, Jo Lindsay was employed in the School of Social Work as a Research Assistant.

School of Social Work, University of Melbourne, Parkville, Victoria 3052

of past interactions between the individuals and/or their respective agencies, and in the expectation of future interactions. They also describe case conferences as being ambiguous regarding whether they are advisory and consultative mechanisms or decision making bodies. If case conferences are seen as decision making bodies, is the decision to be achieved by consensus or majority vote, and can a dissenting party be made to relinquish organisational autonomy? They found that:

Each agency defended its own autonomy and resisted any attempts to encroach on this by recognising a collective responsibility for decision making or the monitoring of performance. This is not a matter of petty jealousies but of fundamental differences of principles that are inherent in any attempt to forge a common purpose between people with such varying backgrounds and commitments. Who can oversee a professional other than members of the same occupation? Who can control the resources available to a publicly funded and accountable agency except its own members?

(Dingwall, Eckelaar & Murray, 1983: 142-3)

Recently there has been a series of Australian (McCallum, 1992; Spence, 1992; Ban, 1992) and British studies on the issue of parental participation in case conferences. In a review of 16 largely unpublished, localised studies in Britain, Lewis (1992) concludes that:

There is no question though, that all of them conclude positively for the

the involvement of families in conferences, despite the difficulties, and most consider that parents should be invited to the whole of the initial and review conferences.

(Lewis, 1992:11)

A range of methods was used in these studies, and in six of them, case conferences were observed by an independent researcher. Lewis cites the Sheffield study which found a noticeable amount of intra- and inter-professional conflict whether parents were present or not.

In a survey of 335 British professionals' experiences, including parental participation in case conferences, Hallett and Birchall found that:

...a majority of respondents favour parents' and children's partial attendance but there are significant numbers of opponents and doubters. Respondents' profession is a significant factor, with social workers, health visitors and general practitioners most supportive and paediatricians and the police most opposed, but the division of opinion also appears to relate to other more personal factors, with greater experience hardening both the favourable and unfavourable responses and generally more men in each profession opposed to their involvement.

(Hallett & Birchall, 1992b:100)

Case conferences exist within a broader socio-political context of child welfare. The child welfare service system fits the description of 'a turbulent field' advanced by organisational theorists Emery and Trist (1965):

...a field containing a relatively large number of organizations, inability of agencies to satisfy the demand for services, an unstable social situation, a new programme or piece of legislation, a retracting economy.

All of these indicators of a turbulent field are present to a marked degree in the Victorian child protection system which is characterised by six interrelated features commonly present in other child protection systems.

First, the child welfare field has been 'politicised' by the controversy surrounding the non-accidental deaths of children. Such controversy is of recent origin in Victoria and dates from 1988. As in other countries, there have also been highly publicised cases in which statutory child protection services have been accused of over-intervention and unnecessarily removing children from their families.

Second, in the face of a crisis in the Victorian child protection system in 1988, with increasing referrals, a high staff turnover and an inability to recruit qualified social workers, the title of child protection social work positions was changed and applicants were no longer required to be qualified social workers. The long-term consequences of this are unclear, but it can be hypothesised that it is likely to lead to an erosion of professional skills and a greater emphasis on dominance by a bureaucratically determined practice.

Third, new legislation, the *Children and Young Persons Act*, was recently introduced. It emphasises:

- the diversion of cases from the child protection system through attempts to deal with child abuse cases without recourse to the court;
- the maintenance of children within the natural family;
- the rights of children and parents to participate in administrative proceedings;
- the introduction of appeal mechanisms.

(Carney, 1989)

An amendment which introduced mandatory reporting contradicts the diversionary thrust of this legislation and has brought about a large increase in the number of children in the statutory child protection system.

Fourth, the proceduralisation of practice through the development of detailed Departmental guidelines and manuals which prescribe courses of action to be followed, is an attempt to standardise practice and to translate policy into practice. In regard to Victoria, a new Child Protection Practice Manual attempts to shape practice to conform with the policy shifts contained in the new legislation, and emphasises the importance of parental participation in case planning meetings, including those during the child protection assessment period.

Fifth, major changes have occurred in the inter-organisational domain of child protection. In 1985, the State assumed responsibility for child protection investigation from the Children's Protection Society, a non-government agency. At the end of the 1980s, the police role in the so-called 'dual track' system was phased out. This was opposed by the police who perceived this policy shift as a displacement of their traditional role in child protection, and it created marked tensions between the police and the child protection service.

Sixth, major intra-organisational changes in the delivery of the statutory child protection service have recently occurred. For example, the previously separate 'pre-court' child protection investigation units and 'post-court' supervisory units were amalgamated into single units in which all staff perform both functions, while at the same time, intake teams dealing with the initial assessment phase have been created. In the face of escalating notifications and the priority which needs to be given to a quick response to new cases, there is a danger that the service to children already subject to a court order, who include some of the community's most vulnerable children and families, will be decreased.

Method

The study consisted of two stages, the first including the observation, tape recording and content analysis of six case conferences occurring during the pre-court phase of the notification and assessment process and 34 pre- and post-case conference interviews with the participants involved in these case conferences.

An in-depth qualitative study of a small number of case conferences was chosen. This meant that the participants' behaviour could be seen in its organisational setting, and also the meanings they ascribe to their actions and those of others described, rather than prematurely isolating a few variables and analysing a large number of case conferences. The second stage consisted of semi-structured interviews with 22 individuals from a number of organisations frequently involved in case conferences in the selected region. These interviews explored perceptions on the attributes of effective and ineffective case conferences. One of the reasons for choosing this region for the pilot study was pragmatic - senior management personnel were known to the researchers and were receptive to research being undertaken in their region.

Only those cases in which all the participants gave permission for the researcher to attend and to tape-record the meeting, as well as to interview each participant, were observed. Guarantees of confidentiality in relation to both clients and staff were provided and it was agreed that the child protection agency staff member convening the case conference would notify the researcher if they decided to exclude a case from the study on the grounds that the presence of the researcher at the case conference might jeopardise the interests of the family. This occurred in one case of alleged incest. In four other cases, participants other than the child protection workers declined to give permission. On a few occasions the researchers were not notified of case conferences and the staff explained that they had forgotten to do so. The remaining six case conferences were tape-recorded and pre- and post-case conference interviews with a total of 34 participants were conducted by the same researcher who observed the meeting. In a few instances, case conferences were held at short notice and there was insufficient time to conduct pre-case conference interviews with everyone.

In the pre-conference interviews with participants in each case conference, data was obtained on each individual's expectations of and desired outcome for the case conference, their perception of its purpose(s), and any prior contact they

had with the other participants and/or their employing agencies. The post-case conference interviews elicited data on participants' perceptions of the outcome of the meeting in relation to their expectations and their definition of a desired outcome, and on the process of the meeting. Notes were made on the conferences observed. All three researchers analysed the tapes using a common set of categories. In an exploratory study of this nature, a balance was struck which enabled a level of in-depth analysis of each case conference, while including a sufficient number of cases to allow for the emergence of themes.

The second stage of the study involved the administration of semi-structured face to face interviews with all 15 child protection staff in the office and 7 personnel from agencies in the region who regularly participated in case conferences. The latter were selected on the basis of being the most frequent participants in past case conferences. They were: two maternal and child health nurses; two police officers; a psychiatrist from a public hospital; and four social workers from non-government family support agencies and community health centres. It is hard to ascertain the degree to which these 7 were representative of others in their agencies or what proportion of the total staff they represent, as the total number of staff employed in these agencies ranges from maternal and child health centres staffed by solo nurse practitioners, to a hospital employing many hundreds of medical, nursing and paramedical staff. The questionnaire was administered to the 22 subjects in their work environments. All who were approached agreed to be interviewed.

The questionnaire was divided into three parts: questions relating to the individual's professional training, years of experience, and number of case conferences attended; questions relating to the characteristics of case conferences in which they had participated which they regarded as 'effective' and 'ineffective'; and questions requiring them to rank the importance of different factors in determining the effectiveness of case conferences. An open-ended question sought recommendations for improving case conferences. These interviews were tape-recorded, transcribed, and coded to enable analysis by a computer program for qualitative data. (Richards & Richards, 1990)

Results

Part 1: Case conference observations and interviews

The number of people attending ranged from 4 to 7, with the average being 6 people (excluding the researcher). Of the 34 people who attended, 16 were social work or welfare trained, 7 were health professionals, 4 were the relatives of the children (1 maternal grandmother and 3 mothers), 2 were police, 2 were teachers, and the remaining 3 consisted of a community development worker in a public housing estate, a placement support worker, and a municipal home help supervisor. The duration of case conferences ranged from 40 minutes to almost 3 hours with the average being approximately 90 minutes. Of the six case conferences, four were held in the child protection agency and chaired by a senior child protection worker while the remaining two (cases number 1 and 4) were held in a hospital and at the child's school and chaired by the

medical social worker and the school principal respectively. The following are the themes which emerged from the content analysis of the recorded case conferences and the pre- and post-case conference interviews with each of the participants.

Parental Presence

In three of the six cases relatives were not notified or invited to the meeting, although in one of these the mother eventually attended at the insistence of another worker. In Case Number 1, it was clear that the health professionals present felt that the mother's presence markedly inhibited the discussion of matters highly relevant to the welfare of the baby. In the other two cases, either attempts to contact the parents were unsuccessful (the child protection worker said she could not reach the family in Case Number 6 because they were not on the telephone) or the parents were informed of but not invited to the meeting (the reason given in Number 3 being that the mother, who was intellectually disabled, would be confused by the discussion). Of the three cases in which family members were invited: one maternal grandmother attended (case Number 1) and this was consensual, although the observer noted that 'the atmosphere was markedly more relaxed and open when she left'; one in which the mother who attended became a target of attack (Case Number 4); and the remaining one was congratulatory with the mother and her two young children attending a case conference which was in effect a case closure 'celebration' (Case Number 5).

In all of the case conferences the criteria for inviting family members were not explicit, but it could be hypothesised from the cases observed that child protection agency workers exercised discretion in applying the Departmental guidelines. It could also be hypothesised from these cases that they try to avoid having parents present under the following conditions: when parents are likely to be non-compliant and their presence might lead to a high level of conflict; when significant others opposed the parents' presence and to include the parents may result in jeopardising inter-agency relationships; and when parental presence might inhibit others presenting important facts.

TABLE ONE Summary of case conference characteristics

Case No.	Child's age	Child's sex	Number attending	Relative present	Presenting problem
1	10 weeks	female	4	grandmother	abandoned
2	4 months	female	7	mother	fractured skull
3	4 years	male	6	none	neglect
4	6 years	female	6	mother	neglect
5	4 months	male	6	mother	fractured skull
6	3 months	female	5	none	neglect

Case conference vignette 1

An example of a case conference in which the mother's presence was found to inhibit the sharing of information, concerned a 10 week old baby girl who had sustained a fractured skull while in the care of her mother. Although it was not possible to conduct a pre-case conference interview with the mother as it was not known that she would be attending, in the post-case conference interview the mother stated that she thought there were 'too many people involved in my life'. The community worker, who lobbied strongly for the mother to attend, shared similar sentiments and was explicit in defining her role as the mother's advocate and in stating her view that the child protection agency was merely a 'watchdog' and that it should be 'more supportive'. She thought that the case conference had been 'positive and affirming' for her client. However, the health professionals expressed their dissatisfaction with the case conference. The Charge Nurse remarked:

Only selected information was addressed. In particular, a lot of information about the mother was not raised. For example, that she had 44 Drunk and Disorderly charges at a recent court hearing. I mentioned the alcohol problem but this was not discussed further. I felt there was a strong bias toward positive information about the mother - people wanting to hear the positives and suppressing the negatives. This related to one worker's strong personal relationship with the mother. People come with pre-determined ideas and their own agendas. Nurses are not taken seriously enough in case conferences.

The physiotherapist echoed this opinion. The chairperson also expressed concern about the lack of open information sharing:

I would have liked more direct discussion of some issues. For example, whether the child was safe returning to the mother and for everyone present to say explicitly their thoughts on the decision.

Case conference vignette 2

An example of a case conference in which the parent's attendance appeared to result in an unproductive attack on the mother, concerned a six year old girl whose single mother had recently resumed care of her (but not legal custody) after several years in which the child's maternal grandmother had cared for her. The child had changed schools this year, and the principal received a letter from the child protection agency, notifying him of the previous school's referral to the agency and inviting him to contact them if he had any concerns. In response to this letter, the principal rang the child protection agency to seek more detail on the problems at the previous school. It was unclear why a case conference was necessary to respond to this request, but a meeting was arranged at the school and was chaired by the principal, the only male present. Also attending were the teacher, two child protection agency workers, a school nurse and the mother. The mother appeared quite bewildered about the purpose of the meeting, and within the first few minutes of the meeting demonstrated this by asking 'Who is CSV?' (Community Services Victoria). The school principal controlled the direction of the meeting and asked what the past protective concerns had been. The child protection agency caseworker responded by listing the previous school's concerns, which evoked an immediate defensive response from the mother who strongly disputed a number of the allegations relating to the child's absence from school and not being collected after school. The school nurse raised the issue of the mother's failure to keep the child's medical appointments, which the mother denied.

The escalation of the conflict was interrupted by the teacher who, in a non-accusing manner, raised with the mother her concern about the girl's enuresis. The teacher and the mother had what appeared to be a productive exchange about their respective ways of managing this problem and agreed on how they could work together in a consistent way. The child protection agency worker broke in, stating that 'we are all over the place', adding that this discussion was a digression from the issue raised by the principal about the previous protective concerns. Henceforth she assumed the chairing role and the discussion returned to the school nurse focussing on the child's medical assessment and asking the mother the names of the doctors, the diagnosis and the tests performed. The mother seemed quite perplexed by these questions. In response to questions about the girl's medical condition, the mother stated 'I had epilepsy too'. The teacher moved the discussion on to the child's problems with the classroom work and her difficulties in number and letter recognition. The mother retorted that 'she can do her letters when she is at home' but added that she had similar difficulties - 'She's like me. I can hardly read myself now'. The child protection agency worker summed up the presentations of the nurse and the teacher and what she perceived as their ongoing roles in managing the situation. In the summing up to the mother, language was used which appeared incomprehensible to the mother, including terms such as 'hearsay', 'physiological', 'vulnerable' and 'susceptible'.

Inter-Agency Dynamics

Care was taken by the child protection agency to avoid offending the other organisations upon which they were dependent for services to their clients. This was illustrated by their concern not to keep them waiting, their expressions of gratitude to other agencies for providing a service and their efforts to please others such as the police and health professionals by keeping the meeting to a tight schedule. In a similar vein, staff who were prepared to extend their services, even beyond their agency's eligibility criteria, were warmly acknowledged. In one such case (Case Number 5), the supervisor of the local council's home help service was thanked profusely by the others for continuing the service for which the frail elderly are normally given priority. In this way, personal appreciation oils the wheels of inter-agency co-ordination.

At times, child protection agency workers anticipated that they would be under attack by other agencies, and in one case, the worker was explicit that she took along a colleague to protect her in event of such an attack. Surprisingly, there was little overt conflict apparent in the case conferences observed. The interdependence of agencies, and particularly the dependence of the child protection agency on other agencies, may also act to suppress the overt expression of conflict. On other occasions, the dynamics of the meeting seemed less related to inter-agency issues than to small group processes in which consensus is achieved by suppressing dissent. This was most apparent in Case Number 6 in which there was no clear evidence of neglect and the case was not substantiated. In the face of the absence of 'strong' evidence and the decision that no action could be taken, attempts by the child protection agency to introduce fresh concerns were deflected. In this example, the child protection worker tried to express additional concerns on two occasions, but no attention was paid to this.

In several case conferences, organisational 'gatekeeping' was very obvious, particularly in the efforts of the child protection agency to avoid further involvement. This is in keeping with the Departmental policy of 'diversion' from the child protection system and is also a strategy to avoid overwhelming the system. In

Case conference vignette 3

The case conference in Case Number 3 in which the mother was intellectually disabled was extremely long, lasting almost 3 hours. The first 15 minutes were spent outlining the reasons for the referral and the last 15 minutes were spent discussing future intervention, although no formal plan of intervention and allocation of responsibility was achieved. The two and a half hours in between were devoted to an extremely detailed description of the day to day work with the family in the residential program. As such the meeting was oriented to the present, with little attention to the past or the future. The main thrust of the detailed presentation of the current intervention seemed to be aimed at overcoming the reluctance of the referring family support agency to resume an ongoing role in the case following discharge from the specialist residential service. The reluctance of the family support agency centred on the amount of resources previously put into this case with no apparent improvement. The specialist agency gave positive accounts of the changes which had occurred in the mother's management of the child while they had been together in the unit, although the probability that these gains would be sustained outside a structured and supportive program was not explored. She finally agreed to take it back to her agency as she feared that this intellectual disability agency would not protect the child.

these cases, the child protection workers stated explicitly that their desired outcome was to have no continuing involvement. One of the common strategies of the child protection agency workers in case conferences was to get primary service agencies, such as the school or the maternal and child health service, to 'monitor' the case, and family support agencies were strongly encouraged to resume involvement. These agencies also engaged in gatekeeping, resisting acceptance of 'unattractive' cases with a poor prognosis.

Inter-Professional Dynamics

It is surprising that no medical practitioners were present at any of the case conferences and appear to have been invited to only one (Case Number 2), where direct medical input seemed crucial to an assessment of the level of risk to the child and to the nature of the care she required. The child's public hospital paediatrician was unable to attend the case conference. The child protection caseworker reported on a telephone conversation she had had with the doctor but was unable to provide details on the diagnosis of the baby's congenital abnormality,

her prognosis and to what extent her brain damage was the result of the injury or the congenital abnormality.

There also appeared to be differences in how various professions perceived case conferences and the norms which governed them. A physiotherapist expressed the view that 'facts and not gut feelings' were what was required at case conferences, which seemed to illustrate a possible difference between the health and welfare occupational cultures, with social workers being more comfortable with sharing interpretations and inferences than health professionals. Police may be impatient with what they perceive to be discursive discussion ('social workers talk, police act') and see the chairperson's role 'to make the final decision', while others see decision-making as a consensual process. These occupational differences did not appear to be recognised or reflected upon by participants in the post case conference interviews.

Case Assessment Focus

The content of the case conferences was very focussed on the immediate situation. While this may be appropriate in urgent situations, none of the case conferences studied were

vehicles for urgent risk assessment. There was almost no consideration of the history of the child and the family or consideration of long-term intervention. The assessment focus was not only narrow in relation to the time dimension, but also in the definition of who were the significant others in a child's life. Most apparent was the tendency to disregard the significance of fathers, none of whom attended a case conference or appear to have been invited to do so. In fact, when the fathers were a topic of discussion, they were dismissed in a disparaging manner and even given derogatory nicknames. This may reflect a tendency among the overwhelmingly female personnel in child welfare to avoid fathers and to experience anxiety and difficulty in engaging and working with men.

Members of the extended family were also not included in the case plan, yet in a number of cases there is reason to believe that relatives who had played a significant role in the past by raising the child or the child's mother, may have been able to support the child or the family. The narrowness of the case assessment focus, both in relation to the dimension of time and the family, is strongly indicative of a 'case processing' orientation, in which practice is legally and bureaucratically driven rather than clinically focused on an individualised family assessment and plan of intervention. This 'forensic' approach to assessment is similar to the findings of Hallett and Stevenson (1980) who also observed little attention being paid to the history of the child and more concern with the question 'Have we got a case?' than 'How is the child?'.

Part 2: Questionnaire results

Interviewees were asked the attributes of effective and ineffective case conferences. Data was elicited in two ways. First, each interviewee was asked to describe two examples of case conferences in which they had been involved, one which they regarded as having been effective and one which they regarded as ineffective. This yielded specific and detailed information. Second, interviewees were asked to rank in order of importance the attributes of effective case conferences using a series of cards, upon each of which was written an attribute. This yielded generalisations about case con-

ferences. From their examples, the characteristics of 21 'effective' and 21 'ineffective' case conferences were compared (one interviewee was unable to recall any example of either effective or ineffective conferences). The following characteristics seemed to have no effect on whether the case conferences were perceived as effective or ineffective: the type of abuse; the number and professional background of participants; the purpose of the conference; the level of prior contact between participants; and the mother's presence. The characteristics which did differentiate effective and ineffective case conferences are set out in the following table.

TABLE TWO Attributes differentiating effective and ineffective case conferences

	Effective	Ineffective
Child's age	Younger	Older
Child's disposition	Not a ward	Ward
Father's attendance	No	Yes
Information sharing	High	Low
Quality of chairing	Good	Poor
Conflict level	Low	High
Predictability	High	Low

It is interesting to note that the observed case conferences had most of the characteristics associated with 'effective' case conferences - they were all young children, none of whom was a ward of state, the fathers did not attend and the level of conflict was low. Conflictual case conferences may be infrequent but well-remembered occurrences. Of all of the factors differentiating 'effective' and 'ineffective' case conferences, the two most frequently mentioned were conflict level and predictability. The way in which the interviewees spoke about predictability was not in terms of whether the **outcome** regarding a certain decision was predictable, but whether the **process** of the meeting was predictable, particularly the degree to which what was expected of them was clear and whether or not conflict could be anticipated. It appears that interviewees equated effectiveness with a low level of conflict. The order of the attributes they ranked as significant in determining the effectiveness of a case conference was:

- clarity of the purpose of the case conference;
- adequacy of pre-conference preparation by participants;
- presence of the key participants;
- the role of the chairperson;
- clarity of role differentiation among participants;
- nature of pre-existing relationships among participants;
- nature of pre-existing relationships among organisations;
- location of the case conference;
- number of people attending.

Interviewees were also asked for recommendations for improving case conferences. Most of the responses to this open-ended question were categorised as either 'improving chairing skills' or 'preparing other participants, including parents, for their role in the case conference'. The specific recommendations regarding enhancement of chairing skills could be categorised as 'instrumental' and 'expressive'. The 'instrumental' suggestions related to exercising direction in order to 'ensure clarity' and 'reduce waffle', and documentation of the meeting by ensuring that minutes were produced and distributed. The 'expressive' tasks related to facilitating the group so that people 'were not too nervous', and encouraging participation of all present, including the family. The recommendation to prepare other participants for their role was seen to involve having prior discussions to make sure that people knew what was expected of them.

Discussion

In interpreting the findings of this study it should be noted that, as in all small localised studies, care must be taken in generalising the findings. Moreover, it should be noted that one of the obstacles to such research in human service organisations is that the priorities of service providers working under time pressures in a field as demanding as child protection are not the same as those of the researcher. The research may also create a level of performance anxiety among staff who are doing their best under difficult conditions and who are understand-

ably uneasy about their behaviour being under scrutiny. The findings of this study which warrant further discussion and research are:

- the apparent fear of conflict;
- the incongruence between different goals of case conferences;
- the management of case conferences.

Conflict Management

Conflict is generally assumed to be negative and the antithesis of effective inter-agency collaboration, yet some organisational theorists have argued that inter-organisational conflict is not necessarily dysfunctional and that the avoidance of conflict may be dysfunctional instead (DiStefano, 1984). Some even go so far as to claim that:

...elimination of conflict is a deviant instance and likely to lead to the disruption of interorganizational relations.

(Litwak & Hylton, 1962:397).

In Assael's classic paper on inter-organisational relations, it is stated that:

Conflict between organisations is an inevitable growth of functional interdependence and the scarcity of resources.

(Assael, 1969:573)

Other theorists of interorganisational conflict see such conflict as a function of three variables:

- the extent to which resources are shared;
- the degree of interdependence;
- the incompatibility of goals.

They see the underlying factors which lead to conflict as being psychological, structural and environmental (Schmidt & Kochan, 1972).

Assael distinguishes between constructive and destructive conflict. He found that constructive conflict was more likely where the following five conditions apply:

- a critical review of past actions;
- more frequent and effective communications between disputants and the establishment of outlets to express grievances;
- a more equitable distribution of system resources;
- standardisation of modes of conflict resolution;
- creation of a balance of power within the system.

Hudson (1987) has questioned the feasibility of collaboration in the human services:

It may be more realistic to assume not only that inter-organisational collaboration in social welfare has no qualities of spontaneous growth or self-perpetuation but also that organisations strive to maintain their autonomy. From an agency's viewpoint, collaborative activity raises two main difficulties. First, it loses some of its freedom to act independently, when it would prefer to maintain control over its domain and affairs. Secondly, it must invest scarce resources and energy in developing and maintaining relationships with other organisations, when the potential returns on this investment are often unclear or intangible.

(Hudson, 1987:175).

He suggests that it may be more effective to tap the powerful organisational motivation to achieve organisational goals, and assist organisations to enter into exchanges with one another to acquire needed resources.

The findings indicate a strong concern with conflict, to the degree that the effectiveness of a case conference is equated with a low level of conflict, and ineffectiveness with unpredicted conflict. That inter-organisational conflict should be seen as inherently negative, to be minimised and avoided at all costs, is an understandable response, perhaps particularly so in a field in which the practitioners are overwhelmingly female (Tannen, 1990). Conflict avoidance is one strategy for attempting to reduce the stress associated with conflict (Johnson & Tjosvold, 1989) but this may not be in the interests of children.

It is easy for inter-organisational conflict to be experienced by the participants as if it is interpersonal rather than structural in origin. While interpersonal factors may be important, and while there are individual differences in conflict management styles (Psenicka & Rahim, 1989), it is likely that factors such as scarce resources and the pressure for 'efficient throughput', and the need to preserve organisational autonomy play a more important role. Workers need to recognise that conflict is an inherent and perhaps even a necessary element in inter-organisational interaction. In the words of one leading social work educator:

If human service workers are to fulfil the full range of their professional responsibilities and functions, the willingness to engage in conflict transactions is essential ... conflicts are an integral part of the functions of the human service worker because differences of interest and commitment are virtually built into the job specification, so to speak.

(Bisno, 1988:12)

The presence of conflict is likely to be heightened in the child protection field which is often characterised by a high level of anxiety about the possibility of further abuse, inadequate resources, and a sense of despair about the potential to change both families and the wider social system. While it would be simplistic to assume that a 'win, win' outcome is possible in many child protection cases, training in the use of problem-solving conflict resolution skills and the acknowledgment of the different interests of the various 'stakeholders' could be valuable strategies in reducing the level of employee anxiety and stress about conflict (Fisher & Ury, 1981). Despite the importance of conflict management in so many areas of social work practice, it is perhaps surprising that at the basic professional level of social work education, and at the inservice training level, conflict management receives relatively little attention.

Clarity of Purpose

There appears to be considerable confusion about the purpose of case conferences, both at a policy and practice level, and it can be argued that there is a basic incompatibility between some of the purposes which case conferences are expected to serve. This may go back to the origins of case conferences as a mechanism for inter-professional communication and collaboration in the health field, and the transfer of this mechanism to statutory child welfare settings where they are applied in a conflictual and adversarial context with none of the structures for adversarial processes which are present in the court. Two purposes which sometimes seem incongruent are the need for professional sharing of information and discussion relevant to a risk assessment, and the objective of parental empowerment through participation. This raises the question as to whether both purposes can be achieved through the same mechanism at the same time. It can be

hypothesised that child protection agency workers will attempt to avoid one of these purposes being sacrificed by the other, depending on which is regarded as the more important purpose in the particular case. Interestingly, earlier research on the post-court case planning meeting also found that such meetings were expected to serve too many purposes (Campbell, 1987).

This is not to imply that parental involvement in case planning is less important than professional risk assessment. They are both essential elements. The question is under what conditions can each be achieved and can we differentiate those cases in which both purposes can be served in the one case conference? It may be that participative case planning is more effective when the focus is clearly on intervention rather than risk assessment. It would also seem that there needs to be adequate training and preparation if parental participation in case conferences is to be successful. One researcher has suggested parental participation in case conferences in the UK is now widespread and:

...in local authorities where there has been good training and preparation for including parents (and children) in conferences I think people would say that risk assessment is not prejudiced.

(E. Farmer, personal communication)

Other British social work researchers who support parental participation in case conferences recommend that:

[such] conferences must not be held too quickly, before the key professionals have had time to make a preliminary investigation of the situation.

(Thoburn, Lewis & Shemmings, 1992:17)

Interestingly, none of the very recent descriptions of current Australian innovations in parental participation in child welfare decision-making (Ban, 1993; McCallum, 1992; Spence, 1992) have been at the early risk assessment phase. The question therefore arises as to whether different forms of parental participation in case conferences are appropriate for different cases and for different stages in the life of the case. It may be important to differentiate case conferences in the early phase of a case where the purpose is risk assessment, from case conferences at a later stage where the purpose is collaboration with parents toward an agreed plan of action.

Whether professional information sharing and risk assessment really require a case conference in every case also needs to be questioned, as much of this information can be readily and more efficiently transmitted by other means. It is easy for case conferences to become institutionalised in the proceduralisation of child welfare practice and to be reduced to a ritual in which the specific purpose for convening this meeting at this point in time is not clear. This is a waste of precious resources and it can be counter-productive for parents who may experience such a semi-public gathering as a disempowering rather than an empowering experience.

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Quality of Leadership

Hallett and Stevenson (1980) concluded that the single, most important factor determining the success or failure of case conferences was the role of leadership. This role entails both instrumental or task-focused functions, and expressive or group maintenance functions aimed at establishing a socio-emotional climate necessary for the group to achieve its tasks. If the case conference is to be successfully chaired, the chairperson needs to ensure that people are introduced to one another, that the purpose for meeting is understood, and that participants with different expertise and specialist language contribute and understand one another. He or she is also responsible for drawing out a coherent picture of the case situation, and identifying gaps and omissions. The leadership role needs to be exercised in a manner which provides structure and sets limits without controlling and suppressing participants. He or she also needs to be skilled in the management of conflict and should draw together the

opinions of the meeting and confirm the decisions made and arrangements regarding allocation of tasks.

The chairperson needs to oversee the taking and distribution of minutes, which was rarely done in the case conferences observed. The leadership role is obviously a highly skilled one, yet there appears to have been insufficient recognition that this is so, and people seem to have had inadequate preparation and training, either in their basic professional education or through inservice training, for the tasks they are required to perform. In one of the observed case conferences in this study, the chairperson told the researcher:

I had never chaired a meeting before and I was only given a few hours notice and so I was not very familiar with the case or the procedures.

Under such circumstances, it is not surprising if case conferences prove to be ineffective, and staff become highly stressed and demoralised.

Conclusion

A number of issues identified in this paper require further research and examination by policy makers, program managers, and practitioners who, like the different professionals involved in a case conference, often appear to have difficulty communicating with one another. Too often, policy and administrative procedures are developed in isolation from a clinical knowledge base and an understanding of the needs of families and practitioners. The modification of administrative procedures relating to case conferences cannot solve the basic challenge facing human service organisations which is 'how to provide individualised responses or treatment on a mass basis' (Lipsky, 1980). In such organisations, the need for mass processing displaces the goal of individual client orientation.

There is no magic in holding a case conference; its effectiveness depends in large measure on the presence and knowledge of key people and on the quality of chairing ... mechanical operational procedures can never be a substitute for professional judgment.

(Hallett & Stevenson, 1980:63)

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