

The value of co-ordination in child protection

An interview with Christine Hallett

Joe Tucci

Christine Hallett is Professor of Social Policy and Chair of the Department of Applied Social Science, University of Stirling, Scotland. She has written extensively in the area of child protection policy, child inquiries and inter-professional communication. In 1992, in conjunction with Elizabeth Birchall, she completed a major review of the literature on the issue of co-ordination in child protection work. It has formed the basis for a research study funded by the Department of Health into inter-agency and professional co-ordination in the practice and policies of child protection.

This interview was conducted whilst I was on a study tour of Great Britain supported by a Creswick Foundation Fellowship in Family Relations and Child Development and the Department of Social Work, Monash University. In the interview, Christine discusses her views about the efficacy of co-ordination, its drawbacks and the policy implications for emphasising the importance of inter-agency co-ordination in protecting children.

Joe: Christine, thank-you for agreeing to take part in this interview. You and Elizabeth Birchall have conducted an exhaustive review of the literature on co-ordination of inter-agency practice in the field of child protection. You were able to cite and review over 900 articles. What was the background to this review?

Christine: It was the first part of a research study on co-ordination in child protection in the United Kingdom. We have something of a paradox in the United Kingdom. Our child protection practices have been framed by a succession of public inquiries into child abuse cases, of which there have now been forty or more. A number of these have had very high media and political exposure. They have cast a long shadow over professional practice in child protection. The recurring conclusion in a great many of the inquiries was that inter-professional co-ordination had been poor, sometimes very poor, despite repeated Government policy trying to establish guidelines to facilitate co-ordination.

However, the inquiries represent only a small minority of the thousands of cases that are managed apparently successfully across the country each year. That is part of the paradox. Co-ordination problems continue to be implicated in the deaths of a number of children. Yet co-ordination occurs every day without such serious consequences.

As a result, we became interested in examining what was required in co-ordination and whether the practice of it was truly as poor as the inquiries had led us to believe. We were also interested in the observation that, as a result of central Government policy, we had developed an extensive set of procedures and guidelines to deliver co-ordination, without systematic research to study its implementation.

Finally, the literature appeared to reflect a rather uncritical acceptance of co-ordination as effective and necessary in child protection practice. Co-ordination in service provision represents the ideal of rationality and order in public life. It upholds the values of working together toward a common goal without duplication in a cost-effective way. We wanted to try and look at what co-ordination meant in practice behind the rhetoric.

Joe: I have chosen some ideas that I have found particularly interesting about your work. Before we explore these, I would like to ask you what themes from the review you found particularly valuable?

Christine: I suppose there were several. One of the themes that stood out for me was the lack of positive service outcomes claimed for co-ordination. There were relatively few studies which actually documented the success of co-ordination in the general health and welfare arenas, and in child pro-

tection in particular. I agree with the central premise that co-ordinated services are more likely to protect children and be helpful to the families than otherwise. However, it appears that such beliefs have remained relatively difficult to prove.

The second issue was the lack of costing of co-ordination in British Child Protection Services. You will know that I think that under the influence of the new right governments in the United Kingdom, there has been a move towards a much clearer split between purchasers and providers in health and social care, and delegated financial management to schools, but curiously in child protection the co-ordination of services remains largely uncostered at the point of delivery.

For example, at British child protection case conferences, there is no discussion about a budget being set for a particular family. In contrast to packages of care for people with disabilities or older people, in child protection, people rarely cost an hour of health visiting time as against two hours of the playgroup or some special therapy for a child who has been sexually abused. There is little thought given to what the opportunity costs are, that is, if we have this, what else can't we have?

The third theme that interested me in the study was the potential for co-ordinating strategies to act as 'conservatising' phenomena. I think the emphasis on co-ordination serves

to institutionalise and entrench established ways of looking at the problem. In the empirical research following the literature review, we found relatively little expression of dissent or disagreement amongst professional partners engaged in child protection. Yet if you read the literature, you would expect them to approach these with different, and perhaps competing, frames of references.

Joe: That leads me to this next question. In your book, you identified inter-agency consensus as one important factor in facilitating co-ordination. How do you understand inter-professional conflict in the co-ordination process in child protection?

The minimisation of conflict concerns me if, in trying to reach decisions, people have not felt able to raise questions or issues that go against the dominant way of viewing the case.

Christine: It is a difficult question to answer. I think our system is driven in all sort of ways to be based on consensus. There are a set of working practices which have evolved over time that in some ways limit the choices open to people. I see case conference decision-making as a relatively bounded, bureaucratic process, where the possibility of taking the completely other view is not very evident and certainly not very easy. The climate of fear in which the work takes place, fear of making a mistake and of being identified in the press, and possibly the fear of being partly responsible for the death of a child, (although it is important to point out that it is the carers who kill children, not the social workers and health visitors) may work against the consideration of a point of view in opposition to consensus thinking.

Certainly a sense of professional responsibility and public accountability weighs heavily on people. In inter-professional exchanges, it is clear that some are more junior partners than others, in either the amount of involvement they have with child protection work that they

do, or the amount of formal accountability they carry for cases. So the chances of those less often involved challenging the dominant view are relatively slim.

Thirdly, in the research that we did following the literature review, we found that it is not easy to be in conflict with people who you know you are going to have to work with the next week and the week after that. There are working links that will need to be re-established for this and other cases in the future. This process may serve to limit conflict. The minimisation of conflict concerns me if, in trying to reach decisions, people have not felt able to raise questions or issues that go against the dominant way of viewing the case.

We have set up a system which requires the agreement of a range of professionals in order to register a child's name on local child protection registers. If these professionals do not feel able to discuss conflict with each other and openly say what their view is, then I think we have a system which may be more coercive than it should be.

Joe: Another of your suggestions is that the literature about co-ordination can be divided along two lines of thought: co-ordination as observable and objective versus co-ordination as constituted by the experience of the people that were involved. What do you see as the implications of these two views?

Christine: If you believe that you can identify the outputs of co-ordination clearly and objectively, as a researcher you would examine them. If you take the first view, you will be looking for clear indicators of co-ordinated output. If you take the second you are more likely to explore people's assumptive worlds. In the research project we did both. We said that it is possible to identify some kind of intermediate outputs of co-ordination rather than outcomes. Examples of such outputs might be the number of medical examinations conducted on a child during an investigation. How many times was the child interviewed? By whom? Was that co-ordinated? Is there an inter-agency child protection plan somewhere on the file as a result of a case conference? Are there unified records kept? And so on. On this basis, you can begin to say what would look less co-ordinated and what would look more co-ordinated.

These formal indicators also need to be placed alongside professionals' perceptions of whether they are working in collaboration with other people or how those co-ordinated outputs are produced.

Joe: One of your views that stands out for me from your work is the scepticism of the 'hype' associated with the benefits of better and better co-ordination. What do you think of that sort of reading of your argument?

...one of the problems with co-ordination is that it is invested with a capacity to solve problems that, of itself, it cannot solve... co-ordinated services in themselves would [not] necessarily generate the skills or interventive resources that we need to offer an effective protective response to children at risk.

Christine: I think perhaps that one of the problems with co-ordination is that it is invested with a capacity to solve problems that, of itself, it cannot solve. I am not hostile to co-ordination, but I do not think co-ordinated services in themselves would necessarily generate the skills or interventive resources that we need to offer an effective protective response to children at risk. We should recognise the contribution co-ordination can make. However, we should also be aware of its limitations. For example, I think that our system has over-emphasised co-ordinating professional activity in identification, referral, and the initial investigation process. I think thereafter children are less well served by the system in terms of the amount of inter-agency help that goes into the families. Also, better co-ordination of existing services is unlikely to lead to radical or imaginative solutions to large policy problems.

Joe: You mentioned various levels of co-ordination occurring in the United Kingdom, starting with individual cases and moving to what is

known as an Area Child Protection Committee. What is the function of an Area Child Protection Committee? What is your view about their role?

Christine: They have a range of functions. I think their most important role has been the development of local procedures for the management of cases in line with central government guidelines. Each area has a diversified structure of service provision. The heads of health and welfare agencies, the police, education, the probation service and so on in the local area meet as the Area Child Protection Committee. They have the mandate to review and define the procedures for referral and investigation of child abuse reports and for the provision of services. Their local knowledge provides them with the basis for flexibility to meet the needs specific to the community. The committees have been relatively effective in that area. Staff on the whole find the process helpful, although sometimes constraining. I think they have also made a vital contribution in organising inter-agency training at the local level. Finally, they have been important in reviewing individual cases where it appeared that procedures and decision-making may have gone wrong locally. In my view, they have been able to provide invaluable insights in more low key ways than the full blown expensive public inquiries.

In the United Kingdom, we had a significant core of statutory services, and we had a capacity to plan rationally in the public sector. As a result, we have been able to set up these child protection committees and secure a degree of co-ordination which is high in comparison with many countries in Europe and indeed places like the United States and, as far as I understand it, Australia. That capacity has been seriously undermined in the mixed economy of welfare where the dominant driving force in public policy is economic rationalism. It has placed co-ordination within the market place so that its effectiveness is based on pricing and purchasing efficiency. I think that this sort of social policy has undermined the very foundations of co-ordinated services.

Joe: One of the interests of the research team at Monash University (for example, Goddard & Tucci, 1991; Stanley & Goddard, 1993) is

looking at the impact of real and threatened violence on workers' decision making. I wondered if you had any thoughts about how violent clients might affect the co-ordination process.

Christine: I think I would want to make a more general comment about violence, which is that I think there has been a lack of sensitivity and awareness, specifically in child protection practice, to the issues of domestic violence in families generally. I think the focus on child protection or child abuse issues has in some way detracted from the fact that there are other forms of violence going on in those families. In particular, I believe that the needs of women are not being well addressed in much intervention. There are some indications in the inquiry reports, for example Kimberley Carlisle, that the workers were frightened about the level of violence in the home and so did not follow through with the investigations as rigorously as they may have in a less violent context. I think that we have yet to confront the implications for service provision of the impact of potential violence on workers in the field.

Joe: You criticise some parts of the literature for a tendency to portray organisations as if they acted as an entity to achieve co-ordination, and for not paying enough attention to the motivation of the individuals within the organisation. What are your comments on this issue?

Christine: I think the problem is that the literature writes as if the police, for example, relate to community services as organisational entities. In reality, it is individual police officers who relate to individual social workers in a political and organisational context. Their motivations to do so, their degree of commitment to the process, their ideological views about the nature of the problem under discussion and the penalties they face for non-compliance will all actually affect whether, in the British context, they implement the mandated requirements for co-ordination with any degree of goodwill and enthusiasm. So I suppose what I was really saying, is that we need to put back into the literature people's motivations and their attitudes towards working together with other professionals.

We tried to underscore the ensuing empirical research with actual views

about the importance of co-ordination, asking questions like 'Given the chance would you rather really work alone?'. We found quite a high level of commitment to the idea and practice of co-ordination, which was quite encouraging.

Joe: Finally, you have talked about the research that followed on from the review. Can you give a brief description about the outcomes of this work.

Christine: Well, I do not think that I can talk about the outcomes specifically as yet. However, I can describe the essence of the two studies. The first involved collecting information from 339 professionals: social workers, health visitors, teachers, GPs, paediatricians and the police. In it, we attempted to survey the perceptions of these six key professions in terms of their experiences of working with other professionals in the child protection arena.

The second study focused on how the various dimensions of co-ordination affect practice in child protection at a casework level. Both studies are being published in 1995 (Hallett, 1995; Birchall, 1995).

Joe: I look forward to reading more about the results of the research. Thanks again, Christine.

References

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