Making Decisions about Children in Care: A study of case conferences

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This paper studies the decision-making processes that occur in child welfare case conferences. Using a small sample of eight case conferences the study focuses on the way child welfare professionals and parents interact in formulating constructions of "children's needs" and "parental competence". The case conference setting, group composition, sequence and the relationships between the health and welfare professionals present are also identified as key factors in influencing the outcome of the case conference.

The fundamental tension present in the activity of child welfare organisations is between the right of the family to raise children as it sees fit and the necessity to intervene in families when parental care is judged to be inadequate. The case conference is one of the points at which critical decisions about intervention and planning are made with respect to children 'at risk' and 'in care'. Case conferences are now extensively used by child welfare professionals and provide an opportunity to study one of the critical phases of the decision-making process.

The Study

The research was undertaken during 1990 as part of a Master of Social Work degree. It involved a qualitative study of a small sample of case conferences to identify the processes which influence decisions made about children, and their parents, who are involved with government and non-government child welfare organisations.

The study used direct observation and recording of case conferences supplemented by interviews with the 'primary worker' before and after the case conference. There were a total of eight cases involving thirteen children. All were concerned with decisions about children in alternate care.

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The children ranged in age from two years to thirteen years. They had been in care for differing periods of time. The shortest being three months and the longest nine years. One of the children had both parents deceased. All of the other children had at least one parent still in contact, usually the child's mother. None of the children had both parents still living together. In two cases the children had a parent in gaol at the time of the case conference. The parents were all from poor socio-economic backgrounds.

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Some of the case conferences were conducted by the (then) NSW Department of Family and Community Services and had a Departmental officer as the primary worker. Others were conducted by non-government organisations and the agency social workers were in the role of primary worker. (Table 1 contains a summary of the cases that were under consideration).

Underlying the research strategy was the assumption that definitions of 'children's needs', 'child abuse', 'parental ability' were not objective facts that could be simply measured. While not denying the powerful reality of these concepts they were understood to be social constructs subject to changing definition. It was assumed that when child welfare professionals and parents came together to make a decision about a child in care they were not simply reacting to a given social problem. They were drawing on socially constructed ideas about children's needs, and actively played a role in constructing the definition of the problem and in formulating its solution.

The research paid particular attention to these interactional processes and how they influenced the final outcomes for the children and their parents.

The Findings

The following structures and processes were identified as being particularly influential in determining the decisions about children in this study.

Settings, Agendas and Group Composition

The selection of participants and the choice of setting for the case conference were made by the primary worker with negligible consultation with others. Inevitably this meant the group was composed of an overwhelming majority of members who had a formal organisationally prescribed relationship to the child (eg departmental officers, psychologists, therapists). Parents and relatives as well as the direct caregivers, either foster parent or residential worker, were always in the minority.

All of the case conferences followed a similar format including a report from the direct caregiver; report from the

primary worker; reports from other professionals present (eg. psychologists, teachers); discussion of options for the child 'the case plan'; access arrangements for parents; date of next case conference. The printed agenda produced at the meeting was used by the professionals to conduct business in a way that was comfortable to them but which was unfamiliar to parents. The case conference chairpersons were active and directive to ensure that participants adhered to the written agenda.

Sequence and Group Roles

Case conference sequences were characterised by a verbal report from the foster parent/residential care worker of the child's 'progress' which normally comprised a description of behaviour, achievements and problems. This was followed by the primary worker's written report, and an interpretation of the information presented by the direct caregiver. This interpretation of the direct carer's report by the primary worker or the chairperson was crucial in re-defining the child's behaviour as having an underlying emotional or psychological cause and then linking the underlying cause to the nature of the relationship between the child and their parent or to past events. In so doing responsibility for the child's behaviour and emotional state, positive and negative, was attributed to certain relationships and to past events, such as previous foster placement breakdown.

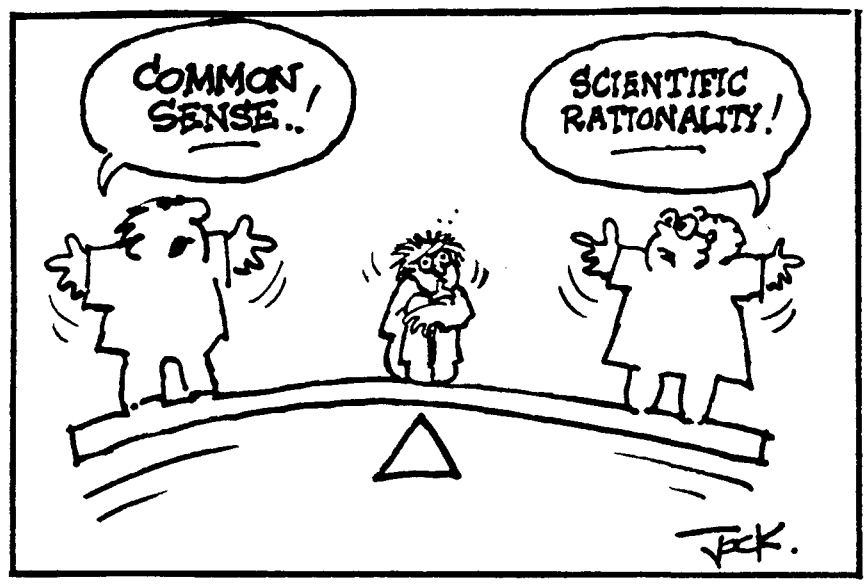
> ***Foster Parent:*** *Justine is the same, she never has any problems. Mark is the one I worry about. He is improving but he still can't say many words and there is some naughtiness still there.*
>
> ***Speech Therapist:*** *Do you think that is due to emotional immaturity?*
>
> ***Foster Parent:*** *Mmm...yes. Mind you he is very good. He has definitely improved since we got him. He does not have a bad reaction after we visit Sharon at the gaol any more.*
>
> ***Chair person:*** *He is settling down with you and feeling more confident and able to interact better with his mother.*

In the above exchange the child's problematic behaviour is attributed to 'emotional immaturity' which is perceived to have occurred before the child was placed with the foster parents. The child's improvement is understood as being a result of the care and stability provided by the foster parent and by implication, the reduction of the relationship with the birth mother from full time care to an access relationship. Responsibility for the cause of the child's negative behaviour is assigned to past events and the influence of the birth parent, while responsibility for the child's progress is understood to be the result of the foster care experience.

Construction of the Needs of Children

There were fundamental differences in the way the needs of children were defined by professionals and parents.

Child welfare professionals understood children's behaviour as driven by underlying psychological or emotional determinants which were related to early life history and the quality of parental care. Child welfare professionals also



Other professionals were invited to tender their reports usually dealing with a particular aspect of the child's functioning such as schooling, speech development, psychological assessment. On completion of all reports parents spoke in order to respond to the description and interpretation of the child's situation as formulated by the child welfare professionals. Sometimes parents spoke early in the proceedings but were still required to respond after the professionals had reported. Parents frequently disagreed with the professionals' formulations leading to a perceptible and expected increase in tension in the group process. It was left to the chairperson or the primary worker to deal with the parental response. This was done by reinterpreting the parent's opinions sympathetically and in a way consistent with the earlier definitions of the professionals or by introducing new information which discredited the parent or in one case, by simply using statutory authority to overrule parental opposition.

held to the view that children's needs were able to be objectively measured in order to determine the 'right' decision and the plan 'that is best able to meet the child's needs'. The notion of scientific rationality was frequently observed to be contradicted by 'commonsense' and ideological considerations. For example, one professional stated that it was better for a child to go to a family with two parents than to a family with only one parent so the child could have a 'father figure'. Such statements lend support to Barrett and MacIntosh's argument that an ideologically correct form of parenthood, the 'rhetoric of familism' is seen as more important than biological ties.

> The desirability of a child rearing system based on the presence of two parents (natural or surrogate) has come to supersede the desirability of children being raised by their own kin.
>
> (Barrett and MacIntosh, 1982;25).

Parents were also observed to subscribe to the dominant societal belief

in 'familism' but differed from the professionals in their emphasis on the intrinsic value of the parent–child bond especially the maternal attachment. The child was described by parents as having a natural biological relationship with their parent which should not be interrupted.

> He is my son, he should be with me. I am his mother. They can't stop me seeing him! Can they?

Parents generally viewed difficult behaviour less seriously than the professionals and did not attribute responsibility for children's behaviour to themselves and rarely to other people. Parents understood children's behaviour as being inherent in the child's personality or character.

> Stephanie has always had tantrums. She gets into trouble and then she sulks. It is her way of trying to get her own way.

The process which allowed the workers definition to endure was a sequence of 'offers and responses' (Scheff 1968) Professionals presented their definition of the child's needs to which parents responded and opposed. The interaction was repeated until an agreed definition was reached or the parent failed to respond satisfactorily at which point the professional's definition was assumed to have prevailed.

> ***Primary worker:*** *The weekend access has been upsetting for Stephanie. She is confused about where she will be living. She is sometimes not happy ... not eating properly. She vomited in her sleep once.*
>
> ***Parent:*** *She has always been a poor eater.*
>
> ***Primary worker:*** *She is also fearful of physical punishment. She has skin problems which we have referred to a paediatrician to see if it is psychological or emotional. She is still feeling scared.*
>
> ***Parent:*** *I don't believe in physical punishment any more. Not since I've been with Annie (de facto wife).*
>
> ***Primary worker:*** *I have other concerns about Stephanie. She is pseudo–mature and has a lot of sexual knowledge.*
>
> ***Parent:*** *Well I don't know about that.*

In this exchange the parent's first response defines the child's disturbed behaviour as being intrinsic to the child's constitution. The second parental response attributes abusive behaviour to the influence of a previous de facto wife and the third response, while stopping short of conceding responsibility for mistreatment of the child, is a perceptible ambivalence that allows an opportunity for the worker's explanation of the child's behaviour and parental responsibility to prevail.

Construction of Parental and Professional Competence

Implicit in the construction of children's needs and the attribution of responsibility was the criticism of parental ability. All case conferences, whether parents were present or not, examined the past history of parental care as well as current parental activity (such as compliance with access arrangements) to make an assessment of the parent's level of competence. In all of the case conferences studied the assessment was negative and precluded the parent from being considered for any future full–time parenting role.

Professionals frequently interspersed their assessments of parental competence with 'disclaimers' that would diminish the impact of the assessment. The disclaimers usually took the form of praise for some achievement or strength displayed by the parent followed by criticism. This allowed professionals, who had often been working collaboratively with parents prior to the case conference, to switch from a position of supporting the parent to a position of opposing the parent's wishes.

Parents provided justifications to take account of the alleged parental failure and inadequacies. The failings were attributed to the influence of others or to the stress of circumstances.

> EXAMPLE ONE:
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> ***Primary worker:*** *There is still the concern that Stephanie is scared by the threat of your punishment.*
>
> ***Parent:*** *This is all an over–reaction. There were two or three times when there was bruising. I accept that it was abuse but that was before when I was with Jackie (first wife) and Jackie did much more.*
>
> EXAMPLE TWO:
>
> ***Parent:*** *I mean I know I have trouble with pills but it is getting less and less. But it gets me down. I just don't feel I'm getting anywhere so I take the pills. How can I fight this couple (foster parents) who have him seven days a week when I only have him two hours a month.*

In the first example the father excuses himself from responsibility for the abuse by relegating it to a past time when he was influenced by his violent first wife. In the second example the mother's use of pills is justified as a way of coping with the impossible task of attempting to regain care of her son.

However professionals frequently compiled such an amalgamation of diverse criticisms (each of which may have been explicable on its own) that parents were unable to provide a sufficient response.

> ***District Officer:*** *Jamie has been in care for nearly two years now and, basically, Melissa has not shown enough gains to consider restoration. She completed her probation then had to face outstanding warrants leading to 6 months weekend detention. She is currently on methadone. Admits use of valium. Has had 3 dirty urines. Melissa has gained from counselling with Anne (drug counsellor) but admits there are lots of issues impeding her day to day coping. She has now separated from Tony (ex defacto) but he is still harassing her. I have been involved for 3 months. I have an ongoing concern that in times of stress Melissa uses valium which impedes appropriate care for Jamie.*

At times parents reacted vigorously and retaliated by criticising the competence of the professionals' assessments or of the past mistakes that their organisations had made in planning and caring for the children. These mistakes often involved systems abuse of the child. In contrast to the accounts provided by parents in the face of professional criticism, the accounts provided by professionals in response to parental criticism were cursory.

Relationships Between Professionals

The most striking feature about the relationships between professionals in the case conferences was the high level of agreement about the 'children's needs' and 'parental competence' in spite of the number and diversity of the professionals present.

Primary workers clearly set a high value on achieving professional consensus believing that it would

ensure the child received a consistent approach, would reduce role confusion and ultimately give the child a greater sense of security and predictability.

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Workers reported that if they anticipated a divergence of views they would contact the professionals concerned in advance of the case conference in order to negotiate an agreed definition of the child's situation and future plans. In one instance the disagreement was more intensive and a lengthy 'workers only' meeting was called. The aim of this meeting was clearly understood to be an 'agreed case plan' that could be confidently put to the parent without running the risk of a professional participant acting in an unpredictable or contrary manner.

Conclusion

In interviews prior to the case conference primary workers nominated their 'preferred outcome' or 'recommended case plan' for the child. In all but one of the case conferences the worker was successful in gaining support for their preferred outcome. Support was unanimous from the professionals but not always given by parents. In the one case where the worker was not able to gain endorsement they were still able to predict the outcome of the meeting.

The capacity of workers to ensure that their definitions of children's needs and parental competence prevailed and to predict case conference outcomes, without resorting to the explicit use of statutory authority, was impressive.

The selection of participants and setting of agendas in ways which maximised the input of professionals; the construction of children's needs and attribution of responsibility for children's emotional and behavioural states to certain persons or events; a confirmation of parental ineffectiveness and collaboration between professionals ensured that most parents were pacified or acquiesced to professional opinion. In some cases parents were in open agreement.

Discussion

Case conferences provide an opportunity to view one stage of the process that generates decision about children in care.

The decisions resting in the hands of child welfare professionals involve a resolution of the tension between preserving the autonomy of the family unit and the requirement to intervene in the parent-child relationship when the well-being of children is thought to be endangered. This study, as with the research by Dingwall et al (1983) and Fisher et al (1986) indicated that workers are, on the whole, cautious about finding cause to intervene and place a high value on the child-parent bond.

The involvement of parents in the decision-making process serves as a check on any excess of organisational power.

Most families have long involvement with welfare services before final action is taken to intervene. The event which precipitates the action is sometimes of a relatively minor nature, but, in conjunction with the history, leads to an assessment that the problems have risen above an unstated threshold. At this point the decision-making process is exercised forcefully by the professionals using strategies including those identified above. The involvement of parents in the decision-making process serves as a check on any excess of organisational power. It has some influence on the formulations about childrens' needs and their own parental ability, but does not substantially alter the outcome.

It is clear, that at critical points when statutory and non-government agencies are carrying out their socially prescribed role of protecting the interests of children, they are careful to contain parental influence while trying to sustain an ongoing relationship with the parents. Even when presenting highly damaging information about parents, workers attempt to maintain a level of co-operation through the use of disclaimers and negotiation of agreed definitions. However, there was little evidence in this study of the participative case planning practices as suggested by Thorpe and McCallum (1989) and Peers (1990).♦

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TABLE 1

SUMMARY OF OUTCOMES

CHILD (YRS)	PRIMARY AGENCY	DECISION TO BE MADE (AS STATED BY PRIMARY WORKER)	PRIMARY WORKERS 'PREFERRED OUTCOME'	CASE CONFERENCE OUTCOME
Boy 11 Boy 7	Government Department	Choice between foster care or residential care placement	That all workers agree to and endorse foster placement	Meeting decides on foster care
Girl 14 Boy 12 Girl 9 Boy 8	Non-government agency	Whether or not to proceed with adoption plans or leave children in foster care.	That present care givers and other workers to give assent to adoption plans	Adoption plans to proceed
Boy 13	Government Department	Clarify roles and responsibilities. Decide on most appropriate choice of school.	That roles be clarified and school X be chosen.	School X was agreed. Worker believed roles responsibilities had been clarified
Girl 4 Boy 2	Non-government agency	Whether or not children remain in present foster placement	That current foster care be confirmed as a permanent placement	Foster care confirmed as permanent. Restoration to parent no longer to be considered
Girl 7	Non-government agency	Whether child be returned home to parent or move to permanent alternative care	That child goes into permanent foster care	Decision postponed. Further assessment to be undertaken
Boy 3	Government Department	Whether child be returned home to parent or have placement status altered to permanent foster care	That child remain in present placement and it be altered so as to be permanent foster care	Child to remain in care - to be permanent foster placement. Restoration no longer to be considered.
Boy 2	Non-government agency	Whether mother's request for adoption be followed or alternative plan formulated	That the child be adopted	Child to be adopted
Boy 3	Government Department	Whether matter proceed to court and permanent care order be sought or return child home to parent	That court action be pursued and child be placed in permanent foster care	Court action to be pursued. Permanent foster care to follow if court order successful