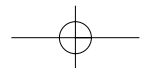
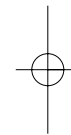
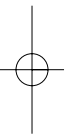
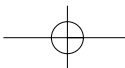
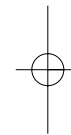
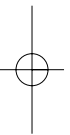


Part I

CHILD PROTECTION WORK





I**Different Perspectives**

- The modern child protection system
- The historical context in Britain
- International comparisons
- Cross-cultural complexities
- Different disciplines
- Safeguarding children

Children – and especially small children – rely on the adults who care for them to meet both their physical needs and their needs for security, safety, love and a sense of belonging. But children are often harmed by those who they rely upon for protection. Occasionally they are killed. More often they are injured, or used for sexual gratification, or treated in ways that may not do any obvious physical harm, but which have long-term emotional and psychological consequences. More often still they are just poorly cared for to the point that their basic needs go unmet, whether this is because their carers are indifferent to these needs, unable to recognize them, or simply too preoccupied with their own. I suspect that every society, at every stage in history, has recognized that this is a problem about which ‘something should be done’.

What is comparatively new though is a professional child protection system of the type which now exists in Britain, the USA and many other countries, set up and regulated by the state and expected not only to respond to specific incidents of child abuse and neglect, but also to anticipate and prevent serious harm being done to children. It is a system which provides work to thousands of social workers, doctors, nurses, judges, lawyers, police officers, civil servants, academics and many others, and a system upon which high expectations are placed by the community at large. It is this system that is the subject of Part I of this book. This chapter will give a broad overview of the subject. Chapter 2 looks in more detail

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at the wider professional system as it is defined – and has recently been redefined – in the particular context of England and Wales. Chapter 3 looks more closely at what the professionals who operate the system can do to bring about change on behalf of children. Chapter 4 looks at what is entailed for, and required of, the individual worker.

The modern child protection system

In the next chapter I will describe the child protection system that operates in England and Wales. Many of the essential elements of that system are similar to those that exist in other jurisdictions in the industrialized world. Briefly, the system and its social context include the following:

- 1 All agencies involved in working with children or parents are expected to share information about children who may be at risk. This obligation generally overrides each agency's duty of confidentiality towards its service users.
- 2 Central government provides detailed guidelines as to the duties of the various agencies and the arrangements for them to co-operate.
- 3 At the local level agencies are required to establish collaborative structures within which to co-ordinate and develop local child protection strategies and procedures.
- 4 Social work agencies and the police have a joint responsibility to investigate incidents of abuse.
- 5 Social work agencies have legal duties to investigate families causing concern, and if necessary, to seek powers from the courts allowing them to intervene and impose solutions, which can include temporarily or permanently removing a child from her carers.
- 6 Although the day to day running of the child protection system is not of huge interest to the general public, its perceived failures cause widespread concern. These perceived failures include both incidents where the system has failed to prevent children from dying, or suffer serious mistreatment at the hands of carers, and incidents where the system is seen to have behaved overzealously and interfered needlessly in families.

As I have said, I will leave more detailed discussion of the system to the next chapter. For the present I simply want to draw your attention to the fact that in England and Wales at present there is a particular system, and a particular way of looking at child protection. It has not always been so, and it is not so in other places. We should bear in mind that the system as it now operates is only one of many possible approaches. Reminding ourselves of this enables us to remain open to the possibility of changes and improvements.

The following, for instance, are objections that might legitimately be raised to the system I have described:

- Historically it would have been the extended family and the community that dealt with abusive parenting. Some might argue that the more the state intervenes in family life, the less the extended family and the community become involved, so that, in the long run, society's informal protective networks are weakened. If concerned neighbours can pick up their telephones and report their concerns about a child, they may well feel they have discharged their responsibilities to that child just by doing this. If the option of reporting it to a professional agency was not

available, they might feel that they needed to take more action themselves. Though not writing specifically about child protection, David Schwartz expresses this general anxiety about the professionalization of care as follows:

Each year more of the world passes out of the sphere of the vernacular and into the sphere of systems. Mom-and-Pop stores fall to chain convenience stores, the neighbourhood doctor and midwife become employees of health maintenance organizations, and small-scale personal efforts to help people become human service corporations. (Schwartz, 1997: 36)

- The child protection system is too much about monitoring and policing and not enough about helping and supporting. The preoccupation with information gathering erodes privacy and alienates families (see Munro, 2004, who also questions whether the information sharing that would be made possible through a national database would actually increase the effectiveness of children's services).
- Most of the abuse and neglect that is detected occurs in poor families. One of the main factors in abuse and neglect is poverty and social exclusion (as will be discussed in Chapter 12). It is possible to argue that social workers and other welfare professionals provide a fig leaf for structural injustice by making people into 'cases' and their problems look like individual failings, and that the inter-agency child protection system, constitutes a form of state surveillance to which the poor are subjected, but which more powerful members of society generally avoid.
- The child protection system in Britain has largely been shaped by a series of public inquiries about child deaths – and by newspapers and public opinion demanding that child deaths should not happen again. Trying to predict child deaths, though, is like trying to find a needle in a haystack. Arguably the whole system has been shaped by a goal which will never be reached. (For further discussion on this, see Chapter 14.)
- The system is geared towards detecting abuse, but much less thought has been given to how best to help abused children or their families once their abuse has been detected, or to whether the services now offered are actually always helping. For example, in recent years increasing numbers of children have been taken into public care. But the care system is not always successful, often failing to provide children with the security and stability that they need. (For more on this see Chapter 13.)

All these arguments, I would suggest, have some validity. The difficulty of course is trying to construct an alternative system that retains the benefits of the present system without suffering from any of the disadvantages. The system will probably always be an uneasy compromise between equally important but mutually contradictory objectives.

To make things more complicated, the system is very much a *political* creation which means that it is not just a compromise between mutually contradictory objectives in terms of the needs of children and families, but a compromise which also has to take into account the needs of politicians and the demands of various interest groups, for example, all governments feel under pressure to improve public services, including the child protection system, but all governments are also under pressure to limit public expenditure. This can result in a kind of tokenism in which public services, such as the child protection system, are periodically required to go through the motions of implementing changes which are trumpeted as revolutionary, though in actual fact they are not provided with the resources

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that would be needed for these changes to be anything other than cosmetic ones. Thus Eileen Munro and Martin Calder criticize the political agenda set out in the Green Paper *Every Child Matters* (DfES, 2003), as follows:

[The government] want to shift practitioners' focus *towards* preventative services; this has the logical implication of shifting the focus *away from* its current emphasis on child protection. The consequences of this have not been explicitly addressed, leaving it to agencies and individual practitioners to grapple with the inconsistency of being told to focus on family support without taking attention away from child protection. (Munro and Calder, 2005: 444, their emphasis)

The historical context in Britain

Ideas about how children should be treated by adults, and about the community's responsibilities towards children, have changed over the centuries, although this is not to say that in the past adults were not concerned to protect children from harm. The fact that it was a serious matter to harm children in Biblical times, 2000 years ago, seems to me to be illustrated, for example, by the following famous verse:

And whosoever shall offend one of these little ones that believe in me, it is better for him that a millstone were hanged about his neck, and he were cast into the sea. (Mark 9: 42)

It would be impossible to establish the prevalence of child abuse in historic times with any degree of certainty, since even today much abuse is never discovered. Attitudes as to what *constitute* abuse and what constitute appropriate chastisement have also changed, as illustrated by another Biblical quote: 'He that spareth his rod hateth his son' (Proverbs 13: 24). By contrast in several countries today *any* kind of physical punishment is now illegal while, in England and Wales, section 58 of the 2004 Children Act spells out that 'battery of a child cannot be justified on the ground that it constituted reasonable punishment'.

Child protection as a distinct state-sponsored professional activity is a relatively recent phenomenon. During the nineteenth century the industrial revolution in Britain led to the growth of big cities and new state institutions began to appear. It was in 1856, for instance, that it became mandatory for the first time for local authorities to set up police forces. Attitudes to child welfare also changed over the course of the century. Some indication of the distance we have travelled in Britain is given by the fact that the 1833 Factory Act prohibited children under nine years old from working in factories, but the employers of nine-year-olds could still quite legally require them to work a *48-hour week*.

State regulation of childcare began with efforts to regulate the practice of 'baby-farming' (essentially private fostering), common in the nineteenth century. A series of pieces of legislation, beginning in 1872 with the Infant Life Protection Act, laid down requirements for baby-farmers to register with local authorities and to meet certain minimum standards. In 1889, the Prevention of Cruelty to Children Act empowered police to search premises for children thought to be in danger and to remove them if necessary to a place of safety (a power which continues to exist under section 46 of the 1989 Children Act). Meanwhile,

in the 1880s, the precursor organizations to the modern NSPCC – the National Society for the Prevention of Cruelty to Children, the first child protection agency in England – had begun to take shape.

However, although what we now call the ‘welfare state’ had been developing over the previous century, the so-called ‘post-war settlement’, the period after 1945, is generally seen as representing a sea change in welfare provision in Britain. The establishment of the National Health Service is probably the best-known achievement of that period, but another change was the requirement of local authorities under the 1948 Children Act to set up Children’s Departments employing welfare officers. These Child Welfare Officers – children and family social workers – were subsequently incorporated, along with welfare officers for the elderly and others, into the new generic Social Services departments in the 1970s. At time of writing, in 2006, Social Services departments are once again being broken up across England and Wales, following the *Every Child Matters* Green Paper and section 17 of the 2004 Children Act, and social work services (referred to as Local Authority children’s social care) are being placed, along with Education, within the remit of new Children’s Services Directors.

During the 1960s, there was a growing awareness of the prevalence of physical abuse of children (‘the battered baby syndrome’ as it was originally described). The death of Maria Colwell in 1973 was the first of many cases which brought child protection into the spotlight and the first of many to be presented in the media as failures by gullible or incompetent professionals. Following the public inquiry into this case, much of the framework was put in place that we would still recognize as the modern multi-agency child protection system. Public inquiries from then on emphasized again and again the importance of detecting indicators of abuse, improving communications between agencies and acting decisively to protect children from harm. But in 1987, there was a different kind of outcry about the activities of child protection professionals:

If previous inquiries demonstrated that welfare professionals, particularly social workers, failed to protect the lives and interests of children and intervened too little too late into the private family, the concerns focussed around Cleveland seemed to demonstrate that professionals ... paediatricians as well as social workers, failed to recognise the rights of parents and intervened too soon and in too heavy-handed a way into the family. (Parton, 1991: 79)

The 1989 Children Act (which actually came into effect in 1991) was supposed to strike a new balance between support and compulsory intervention in families. ‘The most important and far-reaching reform this century of the law on children’, said *The Times* newspaper at the time, ‘a fundamental shift from the adversarial legal system. The new emphasis is away from courts imposing solutions or orders and towards parents, relatives and local authorities working in partnership ...’ (*The Times*, 8 October 1991). But in fact, the expected fundamental shift did not take place (McKeigue and Beckett, 2004) and, after an initial drop, the number of children annually made subject to Care Orders rapidly increased, tripling over the period 1992–2004, in spite of various efforts to shift the emphasis of child protection work in the direction of family support. It remains to see whether the changes associated with the 2004 Children Act will have more success.

International comparisons

We have seen how the growth of the formal child protection system in Britain did not emerge until the country industrialized in the nineteenth century. Very similar developments were occurring at the same time in other industrialized countries, and similar dilemmas were being encountered, dilemmas which we still struggle with. Neil Guterman observes, for example, that in nineteenth century America,

a schism arose between the investigative, protective and 'child rescue' approach taken by the New York SPCC and an approach that emphasized family strengthening and abuse prevention, as represented by the Massachusetts SPCC. (Guterman, 2001: 79)

But of course there are still many countries in the world which have not yet industrialized or are still in the process of industrializing. And in many of these countries, as in pre-industrial Britain, the regulation of family life is left much more to informal systems, with much less of a role for the state.

Even in the industrialized world, there are differences between different countries as to how the problem of child abuse is seen and responded to. Cooper et al. (1995), for instance, offer a comparison between the British and French child protection systems, and suggest that there are quite significant differences in approach at either end of the Channel Tunnel. 'They don't seem to have to panic', commented one British social worker enviously about French child protection social workers (1995: 11), while a French social worker was struck by 'a semi-obsession with getting evidence' that seemed to preoccupy the British child protection worker, who seemed to have become 'a bit like a detective' (1995: 10).

Cross-cultural complexities

For child protection workers in modern Britain – and indeed in most other countries – there are more immediate reasons for being aware of the different attitudes of different cultures to children, families and child protection. Child protection professionals themselves come from a wide variety of cultural backgrounds and are involved in work with children and families from a similarly diverse range of cultures. The child protection worker may find herself dealing, for example, with a Sudanese family for whom clitoridectomy of little girls is normal, or a Bangladeshi family where the mother married the father at the age of 12, or Romany families who choose to keep their children out of school because they are opposed to sex education. British child protection professionals – like those in most Western countries – work with families from diverse traditions with profoundly different attitudes to discipline and parental authority, physical punishment, sex, the role of men and women, and the nature of the obligations that exist between parents, children and the extended family. Even attitudes to matters like educational achievement may be very different, with some migrants from poor countries placing an emphasis on their children's educational achievement that may look like undue pressure, and even cruelty, to European, Australian or North American eyes, though they may see themselves as ensuring that their children can provide for themselves and avoid destitution.

Exercise 1.1

The following behaviours are regarded as normal in various cultures, or are methods of punishment used by families in this society. How should we respond to them when they occur in this society?

- Circumcision of boys (the cutting off of the foreskin either in infancy, in the case of Jewish or Muslim culture, or in adolescence, in the case of some African cultures).
- Arranged marriages of 12-year-old girls (normal in many Asian and African societies).
- Beating with a stick (accepted as a normal method of punishment in many cultures and recommended, as we have seen, by the Bible).
- Clitoridectomy (removal of the clitoris, or 'female circumcision', common in Middle Eastern and African cultures).

Comments on Exercise 1.1

It is difficult to take an entirely consistent view of these things. It seems reasonable on the one hand that a society should have a consensus view of minimum standards which apply to everyone in it, regardless of their culture of origin, and in fact at least two items on this list are quite simply illegal under English law. On the other hand, it is important to be aware that every culture has its own system of values and meanings.

It is also important to be aware that the abusiveness of any act cannot be understood except in context. Being beaten with a stick may be undesirable in any context, but its meaning will be very different for a child who knows that all his friends are punished in the same way, and that his parents love him and genuinely believe it is for his own good, than for a child who knows that none of his friends are beaten, and that his parents seem to do it as an expression of feelings of rage and hatred. Similarly, for a Muslim child circumcision is a normal part of being a boy. If a circumcision were to be performed for no reason at all, 'out of the blue', by a parent with no cultural reason for doing so, it would be a bizarre and very abusive act.

It is important to bear in mind too that differences in parenting practices, and views about what is appropriate, exist not only between different ethnic groups but also within the same ethnic group, between different neighbourhoods and social classes. An Israeli author (Shor, 2000: 165) finds significant differences in attitudes towards things like parental authority and the use of corporal punishment between low-income and middle-income groups, with the former being more supportive of more authoritarian methods. He suggests that some parenting behaviour considered excessively punitive or authoritarian by middle-class parents may, in fact, be appropriate in the context of preparing children for life in a 'deprived' neighbourhood. Certainly middle-class professionals need to be wary of challenging parental practices which are regarded as entirely normal in the communities where they occur.

Different disciplines

As well as different approaches to child abuse and child protection in different places, different times and different cultures, different perspectives and approaches are also taken by different professional disciplines within a single culture. Each discipline has its own particular approaches, its own characteristic ways of understanding the world.

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The medical approach

Naturally enough a medical approach to child protection – that is, an approach led or inspired by the medical profession – will tend to place emphasis on those aspects of the problem that are clearly in the province of medicine: the interpretation of physical symptoms. Even when talking about those aspects of the problem that are not specifically physical, it will tend to use the language of illness and treatment. Consider the term ‘battered baby syndrome’, for example, introduced by C. Henry Kempe and his colleagues in 1962. These doctors did a great service to the cause of child protection by drawing attention to the fact that many supposedly accidental injuries to young children were, in fact, the result of being hit by adults. But ‘battered baby syndrome’ is, when you think about it, a curious use of the word ‘syndrome’. (Would we speak of the ‘playground punch-up syndrome’, or ‘pub brawl syndrome’?) Words like *treatment*, *therapy*, *pathology*, *prognosis*, all borrowed from medicine, are often used by medical and non-medical workers alike in case discussions that have nothing to do with any kind of organic illness. But if we use medical analogies, we need to be aware that the analogy with illness is not the only one that can be used, and may not always be the most useful.

There are many areas in which doctors do indeed possess special expertise, but we should not assume that this expertise extends to all aspects of the problem. There is no reason to assume that a doctor should be seen as having special expertise into *why* a parent injured a child, for example, even if the doctor is better qualified than others to tell us *how* the parent did so. Non-medical professionals should also be careful not to assume that medicine is more of an exact science than it is, even within its own particular area of expertise. Many physical symptoms are hard to interpret, and two doctors will often disagree as to how they were caused. Accepted medical opinion also changes with time, as is the case for example with Munchausen’s Syndrome by Proxy (MSBP) and Shaken Baby Syndrome, which I will mention later in this book.

In the Cleveland report, social workers were criticized for accepting too readily the diagnosis of sexual abuse made by two paediatricians. More recently, uncritical acceptance of medical opinion by other professionals has been criticized in the cases of Victoria Climbié and Lauren Wright, whose deaths at the hands of their carers in London and Norfolk respectively were well publicized in the British media.

The report made a series of recommendations – the main one being that professionals in any child care agency should challenge decisions that do not accord with their professional judgement. (*Guardian Society*, 1 October 2001, summarizing a report prepared on the Lauren Wright case for Norfolk Area Child Protection Committee)

Early suspicions of non-accidental injury were overruled by consultant paediatrician Dr Ruby Schwartz, who diagnosed scabies ... Another doctor wrote on the notes that there were ‘no child protection issues’, a phrase repeated in the referral letter to social services ... Inquiry counsel criticised both Hines [senior social worker] and Dewar [police officer] for accepting Schwartz’s diagnosis without question. (*Community Care*, 2002: 18–19, on the Victoria Climbié inquiry)

Psychological perspectives

It is difficult to draw a hard-and-fast line between medical and psychological approaches, because psychological theories are often influenced by the medical model. For example, classical Freudian theory draws extensively on medical language, using words such as *pathology*, *neurosis* and *trauma* that were used originally in physical medicine, and adopts a model in which the sick patient comes to the trained expert for diagnosis and treatment (a model which British social care services, with their heavy emphasis on *assessment* have arguably also adopted).

But psychological theory provides a range of ideas that can be used to try and make sense both of why child abuse happens and what its effects are. Indeed it would be impossible for anyone to work with abusive and neglectful families – or abused and neglected children – without having *some* sort of psychological theories in her mind about abuse, even if those theories were only derived from her own life experience. If you had no ideas about what makes people abuse children, or about how abuse harms children, how could you decide what action to take?

I will be drawing on various psychological approaches to abuse in this book, particularly in Chapter 7, where I consider the long-term consequences of abuse for children, and in Part III, where I discuss the origins of abusive and neglectful behaviour by adults.

Sociological and political perspectives

The big limitation of purely psychological theories is that they locate the origins of the problem at the level of the individual or the family, and therefore are in danger of ignoring the wider social and structural factors. Exactly the same criticism can be made of traditional casework with individuals and with families.

In reality, child maltreatment takes place within a social context. To fully understand child abuse we need to look beyond the particular individuals involved, or the particular family, and think about the workings of a society in which individuals and families are only parts. We need to think of things like the way that relationships between adults and children are constructed in this society, for example, and about power differences between men and women. Why is it that more abusers are men than women, for example? (I will discuss gender and abuse a little more in Chapter 11.)

One hugely important issue that is left out of the equation by a purely psychological approach is that of class, poverty and structural inequality. As I will discuss more fully in Chapter 12, abuse and neglect are linked to poverty and social exclusion. This has major and difficult implications, for if one looks at abuse and neglect as phenomena linked to poverty and social deprivation, it is possible to argue that the kind of intervention that is typically carried out in the USA and Britain in child protection cases is not only inappropriate, but may actually make the problem *worse*. Intervention may simply add to the feelings of powerlessness and alienation that lead parents to physically abuse or neglect their children in the first place.

A sociological perspective helps to remind us too that the concept of ‘child abuse’ itself is a socially constructed phenomenon, unique to particular types of society at a particular point in time, as is the idea of ‘child protection’ in the sense that we now understand it.

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The police and the legal profession

Two other professional groups closely involved with the child protection process are the police and the legal profession.

The police approach in child protection, as it is in other areas of police work, tends to place more emphasis on establishing whether an offence has taken place, and if so, prosecuting the offender, than does the approach of other professionals. Such an approach has an important place in a society that wants to give a clear signal that mistreatment of children is a crime. But in individual cases, it can cut across the interests of a child. An abused child, for example, may want the abuse to stop, but she may not want her abuser to go to jail.

Lawyers play an important role in our child protection system, helping to ensure that all parties, including parents and children, have articulate advocates who are conversant with the law. On the negative side, the adversarial British legal system can result in polarizing views, turning the process into a protracted battle.

Safeguarding children

This book will focus on the ‘acute’ end of the spectrum of services to children, that is on protecting children who have already been subjected to serious maltreatment, or who are imminently at risk of being seriously maltreated. Of course it would be much better if we could find ways of avoiding getting to this point in the first place, by providing services to vulnerable children and families at an earlier stage that would prevent maltreatment from ever occurring. At time of writing, the UK government is attempting to strengthen these types of early intervention, and is using the phrase ‘safeguarding children’ to suggest a somewhat broader approach than is implied by the words ‘child protection.’

The provision of universal services for children and families, and more specialized services for children and families with particular problems and needs, is of course all a part of protecting children in the broadest sense. And in fact *all* the work done by professional agencies is itself really only a small part of the work that is done in every society to protect children by parents, relatives, friends and neighbours. However the focus of this book will be the ‘acute’ end of the spectrum, or what the UK government calls ‘responsive work to protect children who are suffering, or at risk of suffering, harm’ (DfES, 2006: 49).

Chapter summary

In this chapter I have tried to sketch out the basic characteristics of child protection work as an organized professional activity in the modern world, and a variety of perspectives that can be applied to it. I have discussed:

- the development of the child protection system as we know it in the UK over the past century and a half
- the differences between child protection systems operating in different countries

(Continued)

- the particular issues raised by different cultural attitudes to children and families
- the existence of different professional and conceptual perspectives on child abuse and child protection
- a wider aspect to safeguarding children which involves providing services to vulnerable children and families which might help prevent them from ever coming to need 'child protection' in the narrower sense which is the focus of this book.

In the next chapter I will focus on the specific legal and procedural framework that exists in England and Wales at the present time.