

Child Protection Practice: An Ungovernable Enterprise?

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Abstract: This paper reports on a research study carried out in 1993/94, on the child protection practices of a social work team employed by a regional health board. The aim of the study was to challenge the assumption underlying official policies and procedures that child protection work is susceptible to bureaucratic management.

By exploring the criteria applied by practitioners in both defining and investigating “child abuse” allegations, the study illustrates the way in which judgements are made through an ideologically and pragmatically based framework rather than the technical/rational process implied in official guidance. The research also highlights the way in which Irish child protection work has followed an international trend of focusing narrowly on incidents which conform to a “norm” of child abuse and ignoring the wider adversities suffered by families and children.

I INTRODUCTION

Over the past three decades, the terms “child abuse” and “child protection” have gained increasing currency on the Irish public and political agenda, reinforced from time to time by highly publicised events which have gradually linked the problem to wider social concerns. The *Report of the Kilkenny Incest Investigation* (McGuinness, 1993)¹ had an impact in Ireland comparable to that

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1. The Report of the Kilkenny Incest Investigation, published in 1993, was the first major child abuse inquiry in Ireland. It examined the circumstances surrounding the continued physical and sexual abuse by a father of his daughter over a thirteen year period during which the family was known to a number of child protection professionals. It received major coverage in the media, and is generally regarded as having provided the catalyst for widespread overhaul and expansion of the child protection services.

which followed the Colwell Inquiry in Britain, and, it is alleged, brought about a “radicalisation” of the child protection system (Ferguson, 1996). The “scandals” which followed the Kilkenny report served to further consolidate awareness of and anxiety about the problem of child abuse and inevitably placed the services set up to deal with it under greater public scrutiny. One of the principal consequences of this development has been a major growth of the managerial component in child protection work. In addition to new legislation in the form of the *Child Care Act 1991*, which achieved full implementation in 1996, the statutory child care services in Ireland and elsewhere have, over recent years, been progressively subjected to a type of streamlining by the introduction of protocols and procedures. These measures, intended to introduce a minimum standard of quality and accountability to a crucially important service, are both necessary and commendable. However, their implementation carries with it a suggestion of unlimited and unrealistic potential for dealing with and preventing child maltreatment which rests on the assumption that “abuse” is an objectively identifiable and preventable problem, once sufficient knowledge about its occurrence is disseminated and skills to deal with it have been transmitted. Failure to reach this goal renders the practitioners charged with statutory obligations in child protection seriously culpable, and creates a tension between front-line workers and their official agency functions.

While a number of existing studies address the issues of the prevalence and incidence of child abuse, there is a gap in the literature concerning the actual “work” of child protection at all stages, particularly in relation to the “sense-making” selection, categorisation and decision-making processes applied by front-line workers (Parton, 1996). This dearth is most notable in the Irish context, and to contribute towards filling the gap in knowledge that currently exists, a research study was undertaken in 1993/1994 by this author, to explore the work of a social work team in the country’s largest health board. This paper reports a section of the data emerging from the study. The principal aim of the research has been to challenge the assumptions inherent in official version of child protection with its application of technical rationality to what is in reality a complex, dynamic and uncertain area of work.

II RESEARCH CONTEXT

In Ireland, the state-provided personal social services, of which child protection work is one dimension, are managed on a regional basis. A re-structuring of services is currently underway, following a strategy launched in 1994 and known as *Shaping a Healthier Future* (Department of Health, 1994). However, at the time the fieldwork for this study was undertaken, eight regional authorities, known as health boards and covering the twenty-six counties, administered the

child protection system through what was termed the Community Care Programme. Essentially, the term “child protection system” can be defined as the policies and practices through which the principal tenet of Part II of the Child Care Act 1991 “to promote the welfare of children who are not receiving adequate care and protection” is operationalised.

The Eastern Health Board (EHB) in which this study is situated covers the counties of Kildare, Wicklow and Dublin, and is divided into ten Community Care areas. The sector in which this research was conducted, here referred to as ‘Ballyowen’, covers an area of mixed public and private housing, including a segment of the inner city, and has a population of approximately 125,000. The social work team, consisting at the time of twelve qualified social workers and a senior social worker, was accountable to the Director of Community Care, who in turn was responsible for the investigation and management of child abuse in the catchment area.² Child protection practice was then, as it still is, based on the only official procedural guidance available nationally in Ireland, the *Child Abuse Guidelines* (Department of Health, 1987).³ These procedures consist of a thirty-seven page document which outlines the steps to be taken by the health boards in response to reports of child maltreatment, and specifies the roles and responsibilities of the various practitioners who come into contact with children.

The fieldwork for the study was conducted between 1 October 1993 and 30 September 1994, and consisted of an in-depth examination of the total number of referrals⁴ made to the social work team in Ballyowen over the first six months of that period which were designated to the category of “child abuse/neglect”. Those referrals which were allocated for further work, becoming “cases”, were followed up over a further six months.

Methodology

To facilitate this exploration, a qualitative methodological approach was chosen, using a case study strategy, and incorporating the tools of open-ended interviewing and observation. In all, two hundred and thirty seven interviews were conducted, mostly with social workers on the Community Care team but including the following professionals: social workers employed in voluntary agencies and hospitals (8); general practitioners (5); psychologists (4); public

2. The Health Board structures are currently undergoing change, under which the Director of Community Care post has been abolished. Child care managers are now responsible for child protection work. Supervision of social work practice is now carried out by team leaders, who occupy a newly created grade between social worker and senior social worker. However, at the time the fieldwork for this study was conducted, the former structure still operated.

3. A working party, appointed by the Junior Minister for Health and Children, Frank Fahey, TD, is currently revising the child abuse guidelines and is expected to produce a new edition in 1999.

4. A “referral” essentially means a report, or a contact which is made by either a member of the public or a professional, seeking a service.

health nurses (6); Psychiatrists (3); Counsellor (1); Nurse/Therapist working with sex offenders (1); Teacher/Guidance Counsellor (1). Fourteen parents from eleven of the referred families were also interviewed, though their responses are not considered in any depth in this paper. The Community Care social workers were interviewed at the point of referral of each case, and at intervals of approximately two months during the careers of cases which survived the initial filtering process. The remaining professionals were interviewed after each case conference in which they participated. Additionally, fourteen case conferences and twenty-eight team meetings were observed and recorded.

III RESEARCH FINDINGS

Although the study as a whole focused on several different aspects of child protection work, including investigation, assessment, case conferences, and longer term management of child abuse cases, this paper concentrates only on the first section of the research, that is, the identification, investigation and assessment of referrals which were made to the Community Care social work team. The filtering criteria operated by the social workers provide the central focus. The findings will be reported here under three headings: the construction of child abuse, assessment criteria and mitigating factors, and the organisational nature of child protection work.

The Construction of Child Abuse

Social workers employed in statutory agencies have an important gatekeeping role in the processing of referrals, and it is mainly through this activity that their normative frameworks for practice become visible. Usually, a concern about a child or children, conveyed by a professional or a member of the public to a health board, is referred to the social worker "on duty" who would then categorise the report according to type. In the period under study, two hundred and thirty eight referrals were made to the social work service in Ballyowen, seventy-two (30 per cent) of which were given the initial designation of "child abuse". Following the publicity surrounding the "Kilkenny Case" which had occurred a few months before the fieldwork began, the rate of child abuse referral to the area had risen, in line with the national trend, by 10 per cent compared to the previous year.

While seventeen of the child abuse /neglect reports alluded to more than one type of concern, it was normal for a particular type of "abuse" to dominate the suspicions of either the referrers or the social workers who classified the referrals. Figure 1 crudely illustrates the type of concern suspected or alleged in the reports. The differential rate of reporting for different categories of abuse follows a trend noted in the UK (Farmer and Owen, 1995; Gibbons, Conroy and Bell, 1995) according to which neglect is the most frequently notified form of child maltreatment.

Figure 1: *Child Abuse Referrals to Ballyowen Between 1 October 1993 and 31 March 1994*

Physical abuse	13
Child sexual abuse	21
Emotional abuse	4
Neglect	<u>34</u>
Total:	72

Referrals were categorised as “child abuse /neglect” on the basis of certain “risk” factors which emerged in the initial reporting, which, whether later endorsed or not, appeared to constitute a working definition of “abuse” or potential abuse. A typology of these risk factors is shown in Figure 2 and represents the constructions through which the category “child abuse” was *initially* designated by duty social workers.

Figure 2: *Factors Deemed by the Social Workers to Constitute “Risk” to Children*

Disclosure of sexual abuse by a child
Disclosure of physical abuse by a child
Admission of abusive behaviour by parent
Child’s sexualised behaviour (of virtually any degree)
Previous history of sexual abuse by child’s carer or person associated with child
Reports of suspicious sexual behaviour by an adult towards a child
Suspicious injury or symptoms of physical abuse
Excessive discipline, including shouting and hitting
Lack of proper care, inadequate shelter, clothing or food
Violence between parents where a child was <i>actually</i> injured (rather than considered to be at <i>risk</i> of injury)
Immaturity of female parent
Dependent children found or suspected of being left unsupervised

The disclosure by children, no matter how young, of sexual approaches on the part of an adult, was always initially categorised as “abuse”. Likewise, evidence of physical injury, admissions of “hitting” by parents, or reports by children or other adults of what appeared to be excessive physical punishment, were almost certainly placed in the same category. Physical violence between parents was construed to constitute physical abuse to a child on at least one occasion where an infant got knocked out of his mother’s arms when his father hit her. Children under twelve years (approximately) found alone were regarded

as 'neglected'. Sexualised behaviour, suspicious injuries, "rumours" of sexual approaches, alleged parental (maternal) immaturity, and reports of inadequate care in terms of clothing, food and shelter were designated into the "abuse" category as well, but as will be shown, were more liable to be discounted early, and possibly not investigated very assertively. The sort of behaviour which was constructed as "emotional abuse" tended to be shouting and verbal aggression generally, particularly in a context of alcohol abuse. Domestic violence as a category did not feature in the general classifications used by social workers to categorise their referrals, and it was also clear that domestic violence as a form of child abuse was not part of the definitional framework used at the time this research was carried out, even though it has since been "officially" identified as such in a discussion paper on mandatory reporting (Department of Health, 1996).

What the above tables fail to display, however, is the amount of sense-making applied by practitioners in the process of designating a label of abuse to a referral, and it is for that reason that a qualitative, exploratory design was chosen for this study. Through this strategy, it became clear that, despite the popular image of child abuse which is portrayed in checklists of signs and symptoms, the reports which comprised the statistics only occasionally conformed to what could be termed a "text book" presentation. The text-book appellation derives from a notion of child abuse, informed, as Thorpe (1994) asserts, by knowledge about "worst possible cases" and constituted through "diagnostic inflation" (Dingwall, 1989, p. 129). Typically, these would be incidences of serious physical abuse, abandonment ("home alone" type situations) or clear disclosures/admissions of sexual assault, all of which, quite appropriately, would elicit an urgent response from the services. What this study found, however, was that in general, statutory child care agencies deal with only a minority of text book child abuse cases. If the seriousness of the reported incidents is judged by the interventions made, this point can be illustrated by the fact that there were only two instances out of the seventy-two child abuse referrals where medical examinations on the children were deemed necessary, and two others which needed referral to a specialist child sexual abuse assessment unit. These cases included the only two situations in which legal interventions were made to remove or keep children from their parents' care. What the research shows, in fact, is that the vast majority of concerns brought to the attention of the Health Board in this study were quite vague in nature, lacking in evidential validity, and involving varying levels of potential risk which were extremely difficult to determine. Examples would be unsubstantiated claims about children being over-chastised or left unsupervised, rumours about sexualised behaviour, and uncontextualised or conflicting accounts of incidents. To add further complexity, the cases typically involved children and families whose lives were touched by a number of adversities and deprivations, including poverty, disability, addiction, and minority status. It

was, inevitably, difficult for workers to identify one area of particular significance, which conformed with their operational “norm” of abuse. Lack of clarity regarding the thresholds beyond which “concerns” became “abuse” consequently led practitioners to the adoption of some rationalising techniques, which drew on an amalgam of professional experience and personal values. These were manifested through the high level of “pre-screening”, that is, the elimination of reports prior to investigation. This activity appeared to be determined by three principal motives.

The first pre-screening device had two purposes, to keep the level of work manageable and at the same time, preserve a scale according to which a label of “seriousness” could be assigned so as not to devalue the system. It was left to the workers themselves to apply a “principle of specificity” (Thorpe, 1994, p. 5) to the child abuse concerns which were reported to them. This was achieved, not by measuring the degree of “actual harm”, which would have been extremely difficult, but through a process of interpreting *available* circumstantial information and ascribing a value to it. For instance, if a person making a report had a “reputation” for over-dramatising a situation, or appeared to be applying a very personalised, “moral” interpretation of events, their information would be treated with scepticism. Equally, if a reporter made a referral which was vague or lacking in necessary identifying detail, it was easily discounted. Any sign of a “hidden agenda”, for example, reports made in the context of friction between separated couples, or disputing neighbours, was more likely to be filtered out of the system.

Anxiety about the potential impact on a family of an investigation constituted a second element of the pre-screening process. It was most clearly at this juncture that Dingwall, Eekelaar and Murray’s (1983) “rule of optimism”⁵ was visible.

5. Dingwall, Eekelaar and Murray (1983) define “the rule of optimism” as a rule by which “staff are required, if possible, to think the best of parents” (p. 79). The rule, in their view, provides two “institutional devices” by which most sources of concern can be discounted. These they named “*cultural relativism*” and “*natural love*”. Cultural relativism is explained as an “agency justification”, meaning that “the ascription of deviance is correct, but that in practice, the observed conduct is permitted or required by the particular circumstances” (p. 82). Under the rule, members of one culture could not justifiably criticise members of another by employing their own normative standards. In the study, Dingwall *et al.*, identified some examples of ethnic status being used to justify deviant conduct, e.g. the beating of West Indian children being justified by viewing it in terms of its traditional use as a punishment within that culture.

The other device which may be used to neutralise, or re-frame deviance is, according to the authors, an “excuse” which they call “*natural love*”. Like justifications, excuses recognise deviance, but moral liability is withheld on the grounds of an impairment of the actor’s capacity-responsibility. Justifications, say Dingwall *et al.*, can be seen in terms of a social framework, but excuses are situated “in the realm of nature” (p.86). The assumption is that parents love their children “as a fact of nature” (p. 87), therefore they are not capable of hurting them.

Through this device, the practitioners voiced their unease with the imposition of standards, about “slapping” children, for instance, or “different social value systems”. Dread of “devastating” a family by their intervention also appeared to orientate workers towards the construction of whatever evidence was available in a positive light, and made them disinclined to search for more information which could potentially discredit that view.

The third determinant of “pre-screening” which became visible in the study, through the in-depth interviews and team meeting discussions, was the social workers’ pessimism about the benefit or likely effectiveness of intervention into what might be described as convoluted situations; for instance, those presenting with chronic neglect and all its associated conditions. Examination of the responses given to referrals incorporating elements such as addiction, poverty, mental illness, and general marginalisation indicated a trend whereby, if the evidence of child neglect or maltreatment was highly visible, for example if a child had been literally abandoned or assaulted, a strong investigative response would be elicited. However, in most instances, either the evidence would not be judged sufficiently incriminating to *compel* a response from families, or it was accepted that the family would not have either the capacity or the necessary resources to change. It was also believed that a confrontation about their parenting practices in such circumstances would only serve to further undermine their already limited confidence and skills. The root of the dilemma appeared to lie in the social workers’ sense that the forensic approach which they believed to be central to child protection investigations had little to offer situations which were not amenable to either “warnings” or accessible solutions.

A similar trend is apparent in the literature. Thorpe (1994, p. 196) for example, considering the overrepresentation of poor and disadvantaged people in Australian and British child abuse statistics, argues that child protection as it is currently practised does little to improve the lot of many children who come into its net, and in fact performs poorly in relation to “neglect” cases. The reason, he explains, is because what he describes as the technology and knowledge base which is constructed around “child abuse” does not represent the majority of those who actually come into contact with the system. Stevenson (1996, p. 13) explains the “neglect of neglect” in the same terms, but also highlights the links between neglect and poverty, and the way that social workers have become used to certain families “bumping along the bottom”. Perceiving the parents to be under intolerable strain, practitioners, according to Stevenson, are reluctant to make the judgements which lead to the finding of neglect (p. 16). The social workers in Ballyowen were clearly operating within the same parameters, which they used as channels through which to divert families from the system.

The screening devices which have just been discussed operated to eliminate over half of the child abuse allegations (forty-four) prior to all but cursory

investigation, by reframing them in such a way that the “danger” or “risk” elements which had caused the original concern were minimised or excised. In practice, the balance more often than not swung towards non-intervention when the pros and cons were weighed up against each other; the potential for effective change as against the uncertainty, upset and possible aggression which would be met if parents were confronted with an accusation of child maltreatment. The sense-making process appeared to be seriously coloured by aspects of Dingwall *et al.*'s (1983) “cultural relativism”, whereby different norms are applied to different social and ethnic groups. For example, despite what is known about the disadvantages and hazards faced by Irish traveller families (O'Higgins, 1993; Task Force on the Travelling Community, 1995), the findings of this research have shown how a significant diversity of standards was apparent in the responses to reports about them. Although the presence of minority ethnic groups in the study was small (four traveller families and one from Iraq) there was evidence to indicate, for example, that disciplinary measures as well as accommodation arrangements which would have been considered unacceptable within the settled or indigenous community were tolerated in relation to particular groups; none of these families was offered an ongoing service despite evidence in one case of domestic violence, in another, of inadequate supervision and in a third, extremely squalid living conditions.

In all, twenty-eight of the seventy-two child abuse referrals (39 per cent) which were reported to the Ballyowen area were followed up by social workers to the point of a face-to-face investigative interview with the child or children's carer/s, including two investigations of one family who were reported twice, and two other “second-time” allegations which were investigated the second time they were reported. The responsibility for investigating thirteen other allegations was devolved by the Health Board social workers to other professionals or agencies, ten of whom decided that no further action was required. The remaining thirty-one reported child abuse concerns were either (in two cases) transferred to other Community Care areas, closed without further action because of insufficient identifying information (in eight cases) or closed on the basis of “insufficient gravity” after preliminary telephone checks (in twenty-one cases). Apart from the three initially uninvestigated reports which were re-referred, two of which were investigated on the second occasion, the remainder of the original seventy-two child abuse reports were “closed” with no further action taken. The point here is not so much the high level of filtering, but the way in which the techniques employed to reach this decision were frequently based on an amalgam of moral and ideological judgements, employed by workers to deal with complex and intractable situations which simply did not fit with the technical solutions offered by the official guidance.

Assessment Criteria and Mitigating Factors

Irish child abuse guidelines (Department of Health, 1987) offer no specific framework for the adjudication of parenting or of risk to children, and the areas for examination and assessment are left up to the discretion of the social worker. The criteria which appear to have been applied by the workers seemed to have been based on what Dingwall *et al.* (1983) would term “social evidence”, that is, the family’s material environment, and interpersonal relationships, particularly between mothers and children. There were, in fact, virtually no incidents where “clinical” evidence in the form of an injury or mark to the child was the main reason for suspicion. More common sources of information were accounts from parents and in one case from a child, of sexual abuse; reports by neighbours, acquaintances or other “interested parties” that they had witnessed children being hit or treated aggressively, or had witnessed or suspected that children had been left on their own, unsupervised. The latter were the disputable forms of evidence which were measured against a range of “social” criteria, while the former, the allegations reported by the parents themselves, were generally judged in relation to the children’s current safety and the parent/s ability to maintain it.

Notwithstanding the common variable of “social” assessments, the type of judgements applied by practitioners in this study varied according to the nature of the concerns reported. Within each category of abuse (i.e., physical abuse, sexual abuse, and neglect), the investigations had distinct elements which made them different from the others. For example, with regard to allegations of sexual abuse, seven were “confirmed” to the extent that it was agreed by the parent/s and the investigating social worker that something of a sexual nature had occurred with their children, or in one case with a relative’s children some years ago. When this was established, it was because the parent/s had discovered it or been told about it first and had reported it to the health board. Confirmation in these instances did not, therefore, come about as a result of forensic style investigations. Four of these referrals were retained by the investigating workers for ongoing intervention.

When it came to investigations of physical abuse, assessments became less clear-cut, and in only one was there actual physical evidence that an assault had occurred. Admissions from parents were rare, for example, two mothers claimed that they had simply lost control in response to their children’s unmanageable behaviour on a once-off basis, and another denied that she was carrying out anything other than normal discipline (slapping her son). Three of these cases remained open after the investigation and were allocated for further work.

It was in relation to the referrals where neglect was the primary concern

that most disputes arose in relation to the validity of the “abuse” categorisation. Of the nine allegations of neglect investigated with a parental interview, six concerned incidents of children being left unsupervised, and three were concerned with more general neglect related to mothers’ alcohol consumption, two of which also involved inadequate supervision. Without exception, all the families concerned were experiencing a variety of other problems, including marital disharmony, housing difficulties, problems associated with lone parenthood, addiction, chronic illness, and depression. The investigative interviews, however, concentrated on the specific incident which led to the concern. In five out of the nine investigations, social workers recommended no further action, even though in three of them, “neglect” was established, and in the other two, it was not disproved. The four cases where further interventions were recommended, and were allocated, included the three where the mothers’ drinking caused significant and visible difficulties, and one which had a protracted history of poor quality care and supervision.

While investigations of child sexual abuse may not universally be as clear-cut as they appear to be in this study, it does appear that it is in the areas of physical abuse and particularly neglect that social workers are forced to make more difficult decisions. These were the situations which gave rise to most uncertainty and ambivalence, and this becomes more obvious when the criteria for assessment used by the workers in this study are examined.

Some examples of investigations which were concluded with a “no further action” recommendation will illustrate the above observations. In one instance, a separated woman was reported by an acquaintance for leaving four year old twins and a nine year old boy unsupervised in her house one night. When the social worker visited, the mother was very contrite; in the words of the worker she “reiterated that she understood it was a wrong thing to do ... she hadn’t really thought it through and it wouldn’t happen again”. She spoke about her marital problems, and the stresses she was under, using these facts as a justification for her need to “get out”. Even though the social worker did not believe this was the first time the children had been left alone, he felt she had “been given a warning”, that the children look “grand” and he saw little usefulness in pursuing the situation any further. Here, the judgement had been made on a quick appraisal of the house, the appearance of the children, and the mother’s co-operative and “correct” attitude, which validated her “maternal identity” (Parton, Thorpe and Wattam, 1997). The main purpose of the interview was clearly to give her a “ticking off”, and observe her reaction. As the social worker acknowledged:

It’s a bit about the physical circumstances and about having seen the children, but it’s not just that ... I mean our ability to do anything else

other than tell her it's wrong first off, and leave her with it. I mean, she is saying the appropriate things, whether I believe her or not, I mean, you have to take people ...

In many ways, he was describing a type of ritual performance which was very focused on the misdemeanour committed by the mother in leaving her children unattended, measured against the appropriateness of her reaction to the social worker. The reasoning applied conformed to what Parton, Thorpe and Wattam (1997, p.87) describe as "the way in which social workers articulated expectable features of parenting and utilised them in their judgements of child abuse claims".

In another situation, a single mother in her thirties had been reported for allegedly physically abusing her seven year old son. When the investigating social worker had interviewed the boy's mother, she denied "abusing" the child, though she acknowledged "smacking" him occasionally, and claimed her right as his mother to discipline him that way. She had said "I do smack him, and so what, all children get smacked and I'm not making any apologies for that". Her overall direct and honest, presentation, together with her apparent good relationship with her son, reassured the worker sufficiently that her child was not at risk. However, as the worker himself pointed out, there was very little he could do, as he was unable to really know what had happened.

I don't know, I mean if I was genuinely trying to find out if she had abused or was potentially abusing her son physically, I would have had to have been [...] much more abrasive, and I don't think that's possible, you know what I mean, I don't think we're able to do that in these sort of situations, where the information is that unclear, I don't think we can assume guilt [...] and I think you would have to assume guilt if you are going to do that sort of questioning. I don't think it arises in situations where somebody is saying a child has a very serious burn, or a child has a very serious black eye or something, in a situation like that you can be more abrasive about the questioning and I think people understand, but in a situation like this, it's nebulous, you don't really know where it's coming from or what the foundation of it is, or you can't go out and treat people in a more abrasive fashion really, you have to seek their co-operation as well.

The situation just described offers an example of the limitations which exist in relation to the investigation of child abuse reports in a democratic, liberal society. Essentially, the worker was describing the way in which a balance is commonly struck between the State's right to intervene to protect children, and family privacy, a theme frequently debated in the literature (Dingwall *et al.*, 1983; Parton, 1991; Parton, Thorpe and Wattam, 1997).

Parton *et al.* (1997, p. 224) allude to the problematic nature of “substantiation” where child abuse is concerned. They point out that in child protection work, a substantiated case is not one that is subjected to legal standards of proof, but one where practitioners believe something may have occurred. The construction of abuse, or by inference, the *un*substantiation of abuse, occurs where one version of events is preferred over another, a process which cannot be separated from the wider social and political framework in which the response is made. What the investigations in this study shared was a strong focus on the event that led to the report, and a decision made, not on the substantiation or otherwise of that event, but on an understanding that the families had been “warned” which was as far as the workers felt they could go in the absence of other evidence. Altogether, fourteen out of the twenty-eight investigations concluded that no further action was needed. Figure 3 summarises the factors which were common to these conclusions.

Figure 3: *Factors Which Appeared to Lessen the Gravity of the Alleged Incident or Invalidate the Allegation*

Lack of medical evidence of abuse
 Denial of the alleged event or concern
 A fuller, less daunting picture of the family with the incident placed in context
 Suspect motive on behalf of person making the referral
 Children’s satisfactory physical appearance
 Children’s relationship with their parents, as observed during the interview
 General impression of mother
 Mother’s appearance
 Mother’s attitude to social worker
 Good material circumstances

The seriousness with which findings of the investigation were regarded could be measured by the actions which followed, such as removal of a child to care, a decision to hold a case conference, or the allocation of a case to a social worker or other agency for continuing work. In fact, only two children were admitted to the care of the health board, in both cases on a voluntary basis, as the result of the initial investigation. One admission was because of the teenage child’s deteriorating relationship with his parents culminating in a physical assault. The admission of the other child was made on the basis of his total rejection by his adoptive parents, accompanied by physical threats. Including these two cases, fourteen of the twenty eight child abuse referrals which were investigated by a parental interview were allocated to social workers for ongoing work, on the basis of concerns which are illustrated in Figure 4.

Figure 4: *Child Protection Concerns Which Led to Recommendations for Further Action*

“Unfinished business” regarding child sexual abuse, including the need for validation and/or treatment
 Evidence and admission of physical abuse to child
 Depressed condition of child
 Sexual vulnerability of child
 Mother’s alcoholism as a cause of neglect
 History of child having been in care combined with current concern about neglect
 Rejection of child accompanied by evidence of physical abuse
 Evidence of children being left unsupervised (by their mother) on a continuous basis
 Age-inappropriate expectations of children by mother
 Mother’s inability to appropriately discipline child
 Mother’s continuing relationship with a violent partner

In certain cases, the same risk factors were identified, but apparently *mitigated* for the following reasons, summarised in Figure 5.

Figure 5: *Mitigating Circumstances Which Precluded Further Action by Child Protection System in Situations Where Recognised Risk Factors Existed*

Co-operation of parents
 Openness to allegations and willingness to discuss them
 Honesty about parenting difficulties
 Indication by parent or parents of respect for authoritative intervention
 Appropriate contrition and promises not to repeat abusive incident
 Mother’s ability to get support from relatives
 Mother’s belief that abuse had occurred
 Acknowledgement that parent/s are doing their best in adverse circumstances

The cases which were eventually allocated for further intervention lacked the mitigating features outlined above, most notably in relation to mothers’ protective capacities which incorporate acknowledgement of the seriousness of the concern, contrition and levels of co-operation.

Fourteen of the allegations investigated by the Community Care social workers were substantiated to the point of further intervention, and three more were kept open by non-Health Board agencies, who maintained a (non-specific) child protection brief in their work with them. This means that, within this fieldwork period of six months, 19 per cent of the referrals originally designated

to the “child abuse /neglect” category were taken on for further work, and the remaining 81 per cent closed without any service.

The potential for referrals to be screened out of the child protection system has been particularly highlighted in empirical research by Thorpe (1994) and Gibbons, Conroy and Bell (1995), and also by Parton, Thorpe and Wattam (1997). These studies infer that the narrow focus of the child protection “culture” which operates in Australia and Britain tends to exclude situations which do not conform to particular norms of child abuse. In Ireland, child protection practice is not governed by procedural guidance to the same degree as it is in other countries, particularly the UK, yet, as this study indicates, the same trend is visible.

It is interesting to note that many of the families referred to in this study, particularly those investigated for neglect, were experiencing other adversities which must have impacted to some degree on their children’s welfare. Yet, it was solely the act which led to the referral that seemed to actually cross the threshold into “abuse”, for example what appeared like isolated incidents where children were left unsupervised or slapped or threatened in public. Stressors like poor mental or physical health, inadequate accommodation arrangements or addiction and marital or emotional problems did not, apparently, pose the same risk or danger. More than half of the cases which were subject to case conferences and allocated for further work were comprised of female lone parent families. Research in Ireland (McCashin, 1996) indicates that lone parents as a category have lower incomes by the standards of Irish society at large. In the same vein, Thorpe (1994) has analysed the type of difficulties which affect women caring for children on their own and the professional responses which tend to focus almost exclusively on how they fulfil their parental roles, rather than on their personal and social problems. Yet, in this study, there was little evidence of any special consideration of lone motherhood, and its associated stresses.

A British policy document (Dartington Social Research Unit, 1995), commenting on the findings of a research programme carried out in the late 1980s and early 1990s, suggests that the British child protection system, as it was currently functioning, did little to enhance the welfare of children. In its recommendations, it suggested a switch in focus from investigation to assessment of “need”. Reflecting on the findings of the research on which this paper is based, such a proposal sounds both attractive and entirely appropriate, yet its execution in the current context could be quite challenging. Referring to the British situation, Parton, Thorpe and Wattam (1997) find the notion of such a change in perspective quite problematic, partly because of the trend in recent years to cut back service provision, and partly because of a professional fear of criticism and public opprobrium following the child abuse inquiries of the 1980s. Similar issues were debated by the social workers in this study, who felt caught between

the public perception attached to their role, and the reality of day-to-day practice. Practitioners felt that their work was being driven by “politicians and the media”, who, as one of the social workers put it, base “their expectations around a lack of understanding of the complexity of it, or understanding of how these things impact on families”.

As these findings have shown, much of the work in child protection is comprised of the activities of screening and filtering, which are directed at assessing and preventing risk to children, but which are complicated by competing motives such as the desire to avoid unwarranted intrusions into people’s lives in situations where little could be achieved by their interventions, and the necessity to keep caseloads manageable. Equally, as the practice has been described, it becomes clear that responses to “child abuse” allegations do not conform to the relatively straightforward framework outlined in the child abuse guidelines. Rather the work is shaped by the “sense-making” activities of the child protection practitioners.

The “Organisational” Version of Child Protection

Finally, and as this study illustrates, one specific and unacknowledged function of the child protection system is its propensity to define child abuse *organisationally*. At the outset of this paper, I pointed out that of the two hundred and thirty-eight referrals to the social work service in the area under study, one hundred and sixty-six were designated into categories other than “child abuse / neglect”. Only ten of these referrals received any follow up, compared with the seventy-two reports categorised as “child abuse / neglect”, most of which were subjected to at least a cursory enquiry. Community Care, or statutory social work, as others have pointed out (Ferguson, 1996; Thorpe, 1997; Eastern Health Board/ Impact Review Group, 1997), has become dominated by child protection, in its most extreme “text book” manifestation. This study upon which this paper is based has illustrated the extent to which client “need” is now interpreted according to whether or not it fits into agency function. Analysis of the “filtering” criteria employed offered examples of the elimination without investigation of problems of domestic violence, inadequate housing, and personal stress. Even within the work considered eligible for attention, unless the “child abuse” so defined conformed to a designated norm, it was discounted. Within the organisational culture of child protection, the nature, for example, of neglect does not lend itself to easy classification, and the contextual association of many child care problems with issues of poverty, ill-health, and other marginalising situations tends to blur boundaries between “abuse” and other adversities. The system, however, focuses more or less exclusively on “evidence” and not generalised deprivation or misery.

Howe (1992, p. 497) argues that the emerging discourse with its “admin-

strative and judicial attitude” excludes the rehabilitation of “poorly performing families” by the substitution of child protection in a narrow sense. This trend has also been noted in Australia, where Thorpe (1994, p. 192) found that interventions in “neglect” or “at risk” cases were not focused “in a genuine sense” on resolving the problems of families marginalised by poverty and/or addiction problems. Rather, he suggests, “the social welfare discourse responds with a particular type of short term (punitive) remedy”, and is more suited to the “straightforward ‘rescue’ interventions required of victims of assault”.

Ironically, when the evidential or “juridical” lens (Parton, 1991) is applied to the child protection work featuring in this research, it can be seen that the number of legal interventions actually taken was negligible. As has already been pointed out, civil actions to remove or keep children from their parents’ care were taken in only two cases and this only after considerable energy had been expended to avoid doing so. In the cases where crimes were judged to have been committed, no prosecutions ensued either because the evidence was considered inadequate or because the family declined to press charges. As Wattam (1997, p. 105) argues, the notion of “protection through prosecution”, which is neither achieved nor achievable in the vast majority of cases, is highly fallible, and has serious costs in terms of the traumatic impact on complainants, particularly child witnesses. Yet, as she points out, notions of the utility or desirability of legal interventions are rarely challenged. At the same time, as we have seen in Ireland, the criminalisation of child maltreatment is becoming integral to the child protection discourse since the implementation of the guidelines on *Notification of Suspected Cases of Child Abuse Between the Gardai and the Health Boards* (Department of Health, 1995).

IV CONCLUSION

A central objective of this study has been to examine the complexities and contradictions inherent in child protection “work”. In doing so it has also inevitably represented the phenomenon of what is known as “child abuse” in terms of a range of possible ideologies and aspirations about how parents/carers should behave and how children should be cared for. The inseparability of these phenomena means that both the professional and political dimensions of the child protection discourse need to be addressed.

At a professional level, the findings from this research indicate that many of the tenets upon which social work was traditionally based have been subsumed by the official, organisational ethos that prevails in statutory agencies. As Stevenson (1997) points out, bureaucratic structures may often run counter to available knowledge and theory, and stifle professional development. The exercise of “good judgement” is, she argues, the critical foundation upon which child

protection policies and procedures depend. Good judgement, as Stevenson defines it, depends on the interaction between knowledge, skills and values, and is increasingly difficult to achieve in a context of pressures, complications and sensitivities.

At a societal level, there has to be an acknowledgement that child protection outcomes cannot be categorised simply in terms of success or failure. Howe (1992, p. 497) argues that the bureaucratisation of social work which has followed the emergence of “child abuse” has attempted to develop solutions “within a single conceptual outlook” which sought to deal with the work of child protection in a systematic and uniform manner, thereby making social workers into “passive agents”. The child protection system in Ireland, while not as bureaucratic as that which operates, for example, in Britain, is fundamentally concerned with risk management, and is becoming more so; the way in which the “work” has been illustrated in this research bears testimony to this. A senior health board administrator (Doherty, 1996) identifies the “moral panic” which has followed disclosures and child abuse scandals in Ireland in recent years, which, he observes, is

... characterised by a desperate search for simple solutions based on unrealistic and often contradictory expectations, and a failure to grasp the realities of dealing with child protection situations (Doherty, 1996, p. 103)

There must be a questioning of the notion that all social problems can be managed by professionals, and that child protection agencies can guarantee that parents will not harm their children. This questioning needs to transcend professional debates and enter the public and political consciousness in order, as Ferguson (1997) argues, to “liberate” professionals so that they may “mobilise” major social problems and reduce their impact.

The growth of a system which is essentially bureaucratic, defined by management and prescription without consideration of the imperfections, organic weaknesses or uncertainties of “real” life, only serves to feed into the sort of unrealistic expectations that Doherty (1996) refers to. The child protection system should be driven by good professional judgements, not *vice versa*. This paper has illustrated the major flaws in an approach which appears to be myopic insofar as its linear conceptual framework fails to acknowledge or consider the dynamic processes and ideological dissonances, all of which permeate daily work, and are mediated by the actors in this real life scenario, the practitioners the parents, and the children. In summary, by challenging the official orthodoxy of child protection, the research on which this paper is based makes a case for acknowledging the limits and imperfections of a system which relies on such an uncertain and often unrealistic range of human endeavour.

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Child Protection Practice - Free download as PDF File (.pdf), Text File (.txt) or read online for free. book.Â Practice: A Case of Parallel Process by Peter De Jong, Susan Kelly, Insoo Kim Berg, & Longino Gonzales Throughout its history, social work has focused more on the problems, pathology, and deficits of its clients than on their strengths and resilience (Saleebey, 2002). Existing tools for practice reflect this emphasis. Abstract: This paper reports on a research study carried out in 1993/94, on the child protection practices of a social work team employed by a regional health board. The aim of the study was to challenge the assumption underlying official policies and procedures that child protection work is susceptible to bureaucratic management. By exploring the criteria applied by practitioners in both defining and investigating "child abuse" allegations, the study illustrates the way in which judgements are made through an ideologically and pragmatically based framework rather than the technical/rational p Child Protection Companion. Your handbook on all forms of child abuse, looking across the whole range of medical and social interactions: from examination, to identification, to referral, to court. The Child Protection Companion (CPC) describes the essential context and the pathway of child protection cases, beginning with the medical assessment, a discrete chapter on each form of maltreatment, and continuing through to court and training. Access the CPC. Aims of this document. Paediatricians may encounter child protection cases in any setting. The aims of the Child Protection Companion (CPC) ...Â Assist paediatricians in their evidence-based practice and to enable them to recognise, assess, investigate and manage cases of suspected child maltreatment.