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PARENTAL PERCEPTIONS OF CHILD PROTECTION INTERVENTIONS

If you are upset they put you down as an emotional wreck. If not, they say you have no feelings. (A mother in an independent assessment interview, 2003)

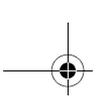
An accusation that is all in the day's work for professionals such as health visitors, social workers and others, is a cataclysmic life event for parents and wider family. (Cleaver & Freeman 1995, p. 163)

Dealing with the loss and grief of parents who have had their children removed remains an urgent priority. Parents can be far more effective in meeting the needs of their children and achieving positive relationships with carers if their own pain is sensitively acknowledged and worked with. (Thorpe & Thomson, p. 30, 2003)

In contrast to the volume of research that has identified the varied *consequences* of child abuse and the *processes* of the child protection system, there is a modest but significant collection of studies of the experiences of families who have become subject to child protection interventions. This research falls within the tradition of enquiry into the views of consumers of general social and therapeutic services, dating back to the 1970s (e.g. Lishman 1978; Maluccio 1979; Mayer & Timms 1970; Sainsbury 1987). In the 1990s, studies began to explore specifically parental perceptions of child protection services.

Two important conclusions can be drawn from the body of parental perception studies. First, there is a consistently strong tendency for parents to be highly critical of the process and outcomes of child protection interventions. Second, researchers are agreed that the views of many parents can extend beyond the biases of their particular personal experiences and consequently can offer sophisticated and insightful contributions that are of much value in relation to the development of good child protection practice. It is a general





1 failing of child protection services (and one that has a major negative impact
2 on quality and cost-effectiveness) that feedback from families is not routinely
3 sought to facilitate continual adjustment and improvements to the nature of
4 interventions.

5 In this chapter we distil key themes from the body of parental perceptions
6 research and make space for the voices of families who have been subject to
7 child protection interventions to be heard via verbatim quotations obtained
8 from clinical and research case examples.
9

10

11

12 **KEY THEMES FROM THE BODY OF PARENTAL** 13 **PERCEPTIONS RESEARCH**

14

15

The studies we draw from which elicit parents' perceptions of child protection
16 interventions span the period 1991 to 2004:

17

18

● Howitt (1992) interviewed 17 families who had been involved with social
19 workers over allegations of abuse. These families were recruited via par-
20 ents' support/advocacy groups, and this group included several serious
21 suspicious injury cases.

22

● Prosser (1992) interviewed 30 families via the parents' campaign group
23 Parents Against Injustice (PAIN). In 29/30 cases, charges of abuse were
24 eventually dropped against the parents, or courts found in their favour.
25 This group included three serious suspicious injury cases.

26

● Ryburn (1994c) interviewed 12 families subject to compulsory adoption of
27 children.

28

● Lindley (1994) interviewed members of 48 families whose children were
29 the subject of care/supervision order applications in the courts. Families
30 were recruited from within those who had contacted the Family Rights
31 Group, and via local authorities involved with such families.

32

● Cleaver and Freeman (1995) surveyed 583 child protection conferences
33 and undertook interviews with 30 families that were involved in the early
34 stages of a child protection enquiry.

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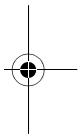
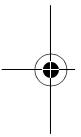
● Thoburn et al. (1995) reviewed 220 consecutive cases that were subject to
36 child protection conferences across seven local authorities. The study
37 included interviews with 30 families.

38

● Farmer and Owen (1995) interviewed members of 44 families where one
39 child (or more) had been placed on the child protection register.

40

● Fernandez (1996) conducted a file analysis in Sydney, Australia, of 294
41 children entering care over a 4-year period (1980–4). In addition, 89 parents
42 were interviewed.



- 1 ● Buckley et al. (1997) interviewed 14 sets of parents subject to child protection
- 2 interventions in the Republic of Ireland.
- 3 ● In the USA, the Florida Legislature (1998) reported a survey of 204 families
- 4 who had had involvement with child protection services.
- 5 ● MacKinnon (1998) interviewed parents in 44 families in Australia who
- 6 had experienced interventions from therapists and child protection services.
- 7 ● Freeman and Hunt (1999) interviewed 34 parents in 25 families whose
- 8 contact with child protection services had resulted in care proceedings on
- 9 their children.
- 10 ● Gleeson et al. (2001) utilised a questionnaire with 450 families in Victoria,
- 11 Australia, to explore impressions of child protection interventions, including
- 12 the question of whether their lives had got better or worse as a consequence
- 13 of these interventions.
- 14 ● Lindley et al. (2001) interviewed 43 parents in the context of examining the
- 15 effectiveness of advocacy services for parents involved in child protection
- 16 proceedings.
- 17 ● Ferguson and O'Reilly (2001) interviewed 14 parents and 13 children who
- 18 had been involved with child protection interventions in the Republic of
- 19 Ireland in 1996.
- 20 ● Corby et al. (2002) interviewed 34 sets of parents who had been assessed
- 21 by social workers after the introduction (in the UK in 2000) of the Assess-
- 22 ment Framework.
- 23 ● The Scottish Executive (2002), as part of a major review of the Scottish
- 24 child protection system, interviewed parents (exact number unclear) of
- 25 17 children who had been subject to child protection interventions.
- 26 ● Spratt and Callan (2004) undertook semi-structured interviews with 12
- 27 families in Northern Ireland who had been subject to child protection
- 28 interventions.
- 29 ● Trotter (2004) interviewed 282 clients of child protection social workers in
- 30 Victoria, Australia.
- 31 ● Dale (2004) interviewed 27 members of 18 families in a central England
- 32 local authority in 2002 about their experiences of child protection inter-
- 33 ventions. This study specifically identified positive client evaluations of
- 34 child protection interventions (in addition to the familiar, previously
- 35 well-reported criticisms).

36
 37 This body of research covers a range of eras and cultures in child protection
 38 practice. In the UK, studies date from before the implementation of the
 39 Children Act 1989 (in 1991) to Assessment Framework practice from 2000
 40 onward (especially Corby et al. 2002; Dale 2004). In most of the individual
 41 studies, the samples are small (as is typical of qualitative research); there-
 42 fore, caution must be exercised in generalising from these views across all



1 families who become involved in child protection services. This is particularly
2 so as parents who agree to be interviewed for research tend to be those who
3 feel most strongly about their experiences either positively or negatively.
4 However, taken together, these studies include the views of well over
5 1000 families across England, Scotland, Northern Ireland, the Republic of
6 Ireland, the USA and Australia regarding experiences of child protection
7 interventions. Thus, the combined sample represents a powerful and quite
8 consistent collective voice that needs to be heard.

9 One of the most disconcerting conclusions from parental perceptions
10 research as a whole is the intense dissatisfaction, dismay and despair that
11 remain a constant feature. With a few exceptions, feelings are very negative
12 about the nature, style and outcomes of child protection interventions (see
13 especially Cleaver & Freeman 1995; Freeman & Hunt 1999; Howitt 1992;
14 Lindley 1994; Prosser 1992; Thoburn et al. 1995). What are the major concerns
15 about how child protection services are provided? In essence, there are three
16 main areas of complaint:

- 17
- 18 ● the child protection system is arbitrary and opaque
 - 19 ● families feel they are treated unfairly
 - 20 ● families describe a negative interactional style of child protection
21 practitioners.
- 22

23 We shall now consider these three areas in more detail.

24

25

26 **ARBITRARY AND OPAQUE NATURE OF THE CHILD** 27 **PROTECTION SYSTEM**

28

29 The thing is you don't know what they want from you, what they are looking
30 for, what they expect. Nobody tells you anything; they just carry on. (A parent
31 in Freeman & Hunt 1999, p. 25)

32

33 In unexpected traumatic circumstances, strangers from social services (and
34 often the police) have suddenly intervened in their lives. Family members
35 are shocked, disoriented, frightened and sometimes angry, as they cannot
36 understand what is happening, and feel inherently disadvantaged because
37 *they do not know how the system works*. They have little idea what the key
38 processes are: what will be considered significant, what the next steps are,
39 or how to influence the course of events:

40

41 We didn't know what was happening when they turned up at the door; whether
42 we had the right to refuse them entry and what would happen if we did. They said



1 they could have proceedings but no mention of my rights as the accused – never,
2 ever all the way through. No-one explained my legal position or about the child if
3 they were going to take her away from us. (A father in Thoburn et al. 1995, p. 55)

4
5 Specifically and repeatedly, parents report feeling powerless in the face of
6 the child protection ‘machine’, and that they are not given information about
7 their rights. Consequently, several studies have recommended that it is vital
8 for parents to be given *written information* at the first point of child protection
9 interventions to help orientate them as to what can be expected (e.g. Cleaver
10 & Freeman 1995; Lindley 1994). More recently, Lindley et al. (2001) demon-
11 strated the value for families of having a supporter or advocate involved at
12 an early stage when child protection enquiries are commenced under Sec-
13 tion 47 of the Children Act 1989. The Department of Health subsequently
14 commissioned the development of a protocol on advice and advocacy for
15 parents involved in child protection proceedings, with a view to national
16 implementation (Lindley & Richards 2002).

17 However, recent studies and case examples highlight that the routine pro-
18 vision of appropriate information to parents, let alone the availability of
19 independent advocacy, is still not occurring. Some families continue to be
20 denied information about the nature of the child protection procedures and
21 legal proceedings that they have become involved in. One couple, facing an
22 allegation of historic abuse, were simply unable throughout the entire child
23 protection process to get any written confirmation about what was alleged
24 against them:

25
26 In the child protection meeting we were told that we couldn’t have the
27 information because that was privileged information to social services, and we
28 weren’t allowed access to this. We subsequently ended up having a row with
29 the social worker on the telephone about this and said: ‘We need to have it in
30 writing’ – and she said ‘You can’t’. And so we are left hanging. Presumably
31 they have followed the correct procedures – we don’t know! But, we are
32 professional people, we can sort of deal with this – but what about other
33 people who don’t know what’s going on – who haven’t got the support around
34 them? (Two parents in the study undertaken by Dale 2002c)

35 The lack of information about how the child protection system operates
36 (and how it can be influenced) contributes to the impression some families
37 have that they have become ensnared in a predetermined unstoppable process:

38
39 Throughout the process parents evidenced feelings of being powerless to resist
40 an all-powerful agency and to avert a train of events which in retrospect was
41 seen as somehow inevitable, even pre-planned. Many described being in a
42 ‘no-win’ situation where the truth was distorted and used against them.
(Freeman & Hunt 1999, p. 25)



1 For some families such interventions seem not far removed from the night-
2 mare of Joseph K. in Franz Kafka's novel published in 1925, *The Trial*. The
3 central theme of *The Trial* is of a citizen becoming ensnared in a bureaucratic
4 web of confusion and ambiguity spun by the inscrutable agencies of an
5 unfathomable court of law. In our context, why is it that some families
6 experience the child protection system to be opaque, arbitrary and unfath-
7 omable, in an almost Kafkaesque way? What is it that can lead social services
8 to refuse to make copies of their operational procedures available to families,
9 outlining the processes and standards for interventions?

10

11 They refused to give us copies of the procedures they were working to. I rang
12 the Team Manager – she said point-blank: 'No, you can't have them.' (Siobhan,
13 a grandmother: research interview undertaken in 2004)

14

15 This is difficult to understand by any standards of courtesy, respect, natural
16 justice, human rights and fair process, given that in states of shock following
17 discovery of the injuries and the resulting child protection interventions, it is
18 difficult for family members to think clearly and retain information given ver-
19 bally. On this basis, it is vital that user-friendly written information and (ideally)
20 independent advocacy are provided for parents so that they can understand
21 the workings of the system that they have become involved with and can better
22 judge whether they are being treated fairly or not (Lindley & Richards 2002).

23

24

UNFAIR TREATMENT

25

26

27 Many parents and other family members feel that they have not been treated
28 fairly by the child protection system. There is a view that the system itself is
29 inherently unfair, and also that practitioners do not comply with the require-
30 ments of the system and behave capriciously. These issues can be distilled
31 into two specific concerns regarding:

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Arbitrary Case Management, Inconsistent Decisions and Disproportionate Judgments

43

44 Having undertaken independent child protection assessments, audits,
45 reviews and research across many local authority areas over more than two
46 decades, one of our strongest impressions is of the inconsistencies in the
47 ways that essentially similar cases are handled. Even within the same local



1 authority, the chance factor of which combination of professionals becomes
2 involved with a family will result in different styles of professional interven-
3 tion and case management plans.

4 Decisions to compulsorily separate babies and young children from the
5 care of their parents and familiar extended family members should be
6 among the most carefully considered in child protection practice. Several
7 studies have indicated that many parents believe that such decisions are
8 made casually, routinely, and without adequate consideration of alternative
9 safety plans, and are then implemented in inhumane ways:

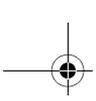
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11 'How are you supposed to stop them? They just go ahead with their plans anyway,
12 don't they?... They are too powerful.' (A parent in Freeman & Hunt 1999, p. 27)

13
14 Inconsistencies in case management can be startling and have the most
15 profound consequences. For example, one young baby, having sustained serious
16 suspicious injuries, was discharged from hospital according to an assessment
17 and protection plan involving monitoring by extended family members:

18
19 They said they were going to take him off me and put him in foster care – which
20 I wasn't very happy about. So what happens then is the social worker had
21 a word with my Mum and asked my Mum to get a month or two off work. So
22 she got a month off work. I was living here but I couldn't be on my own with
23 him – I had to be supervised. By the time my Mum had to go back to work
24 I still had to be supervised – so then we had to bring my Grandma and
25 Granddad into it! (Ms Durgan, a mother, in the study undertaken by Dale 2002c)

26
27 For another family in very similar circumstances, such arrangements were
28 not permitted by social services. The family had no history with social services
29 and little explanation was given. The mother and grandmother remained
30 bewildered, distraught and outraged that on discharge from hospital their
31 8-week-old baby was placed with strangers – apparently on the grounds
32 that the family was 'too close':

33
34 She (social worker) came here – and you just couldn't win. You couldn't
35 win. She said that I was too involved and that I was too supportive... We
36 got in touch with another family who were treated very differently. The
37 grandparents were quickly allowed to look after the grandchild on an EPO
38 [Emergency Protection Order]. I asked 'Why not us? Who has deemed us to
39 be a risk?'... They made an awful lot of assumptions. We had no history
40 with them at all. An awful lot of assumptions about our race, our culture;
41 and they seemed to enjoy flexing their muscles... The fact that Rachel was
42 seeing me every day – my sister sees our mother every day in Belfast – it's
part of our culture! – But it was used against us. (Siobhan, a grandmother:
research interview undertaken in 2004)



1 It is a common finding in family perceptions research that grandparents in
2 particular feel snubbed and distraught when they are rejected by social ser-
3 vices as alternative (temporary or permanent) carers:

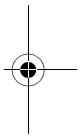
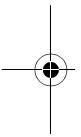
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5 We had looked after the children and we were very concerned about
6 them. . . . They didn't even come and see us properly. They could have talked to
7 me more about it; there was a lack of communication. They didn't give us
8 information as to why they were doing things. I still feel Social Services have
9 too much power and give them a bit of power they abuse it. (A grandparent in
10 Freeman & Hunt 1999, p. 28)

11 *The Case of Simon*

12
13 In a case known to the first author (we will call the father Simon), a 5-month-
14 old baby had been in foster care since birth on the basis of concerns about an
15 elder child who had died previously in mysterious circumstances in the
16 mother's care. Simon had not met the mother at that time and had had no
17 involvement in the sadly short life of her deceased baby. The mother
18 acknowledged that she could not be considered as a carer for the new baby,
19 who had been removed from her at birth. Since then the relationship
20 between the parents had ended.

21
22 Simon was already the main carer of an elder child about whom no
23 child protection concerns had ever been recorded, and he was demon-
24 strably highly committed to his new baby son. The paternal grandparents
25 were local and the centre of a stable and resourceful extended family. The
26 kinship care proposal was that the grandparents and Simon would share
27 the care of the baby in a mutually supportive way. However, social
28 services (having rapidly identified adoptive parents via 'concurrent plan-
29 ning') refused to support the placement of the baby initially with parental
30 grandparents despite having previously approved them as foster parents.
31 In a judgment that praised the grandparents fittingly, the judge then
32 endorsed the care plan of the local authority that the baby be compulsor-
33 ily adopted. The bewildered and devastated family found this judgment
34 to be incomprehensible but had insufficient financial resources to attempt
35 any appeal.

36
37 A recurrent theme for families is the reluctance of social services to recognise
38 the value of extended family/kinship resources alongside 'worst scenarios'
39 regarding the level of risks, and lack of resources for more constructive reuni-
40 fication programmes (Dale 2004; Fernandez 1996; Howitt 1992; Prosser 1992;
41 Ryburn 1994a; Thorpe & Thomson, 2003). In this context, explicit standards
42 governing child protection interventions are needed. For example:



- 1 ● How exactly is it decided whether or not it is essential for a child (and
2 siblings) to be removed into foster care rather than being placed with
3 grandparents/extended family?
4 ● When an infant has been removed into care, how is it decided what levels
5 of parental contact and involvement in caretaking tasks is appropriate?
6 ● How is the nature of the restrictions to be imposed on the extended family
7 determined regarding which relatives are allowed to maintain contact
8 with the child?
9 ● How is it decided that a case should be subject to care proceedings, or
10 whether it can be managed on the basis of a 'voluntary' child protection
11 agreement?
12

13 Some parents feel that the basis for such case management decisions is, at
14 best, secret, often arbitrary, and, at the worst, disproportionate and punitive.
15 Such decisions are also seen as being covertly pragmatic, often dressed
16 in pseudo-professional rationalisations that families can experience as
17 incomprehensible and patronising (and sometimes ridiculous). This par-
18 ticularly applies to the inconsistency of decisions to remove a child from
19 parental care, to decisions to place (or not) within the extended family or
20 with strangers, and to the wide variety of arrangements that are made for
21 parental/family contact with the child in care. Parents require greater
22 clarity, consistency and transparency in these areas of decision making to be
23 better able to judge whether or not they are being subject to 'fair process'.
24
25

Standards of Proof

26
27
28 Parents also often express confusion and resentment about the differences in
29 the nature of evidence and standards of proof between criminal and Family
30 Court proceedings. In the former, at least 10 members of a jury of 12 people
31 must be convinced 'beyond reasonable doubt' for parents to be convicted of
32 a criminal offence against their child. In the latter, a single judge can make a
33 'finding of fact' regarding significant harm and 'free' an infant for adoption
34 (dispensing with parental consent) on the basis of the 'balance of prob-
35 abilities' standard of evidence.
36
37

The Case of Rachel

38
39
40 At the age of 8 weeks, a well-cared-for baby (Siercha) was found to have sev-
41 eral fractures to her ribs and leg. Both parents were convicted of assault and
42 sentenced to imprisonment, at which point their relationship ended (although

1 both continued to maintain that neither of them had caused the injuries). The
 2 local authority refused to place Siercha within the extended family (none of
 3 whom had any past involvement with social services). She was placed with
 4 foster parents, and social services began actively searching for prospective
 5 adoptive parents (not difficult to find for a healthy baby of this age). After
 6 being in prison for over a year, both Rachel and her ex-partner were acquit-
 7 ted on appeal of all charges in relation to injuries to Siercha. However, by
 8 this time, the Family Court process had completed the stage of 'freeing for
 9 adoption', resulting in the compulsory irrevocable adoption of Siercha
 10 against her parents' wishes.

11 Given the significance of such Family Court decisions, parents often make
 12 the point that it is fundamentally unfair that decisions with such profound
 13 consequences should be taken by a single judge at the 'balance of probabil-
 14 ity' level – especially as, for many families (particularly those with inadequate
 15 resources), the decisions are largely non-appealable unless the judge has made
 16 an error in law (rather than a perverse judgment). It should be noted that
 17 some judges recognise that this view has some validity. For example, one senior
 18 Family Court judge commented that judges (like all professionals) are subject
 19 to '*bias, prejudice and an obstinate inability to shift*' (LJ Thorpe 2003, p. 309).

21 Inherent Negative Assessment Bias

22 Social services is putting things down to try to paint as bad a picture as
 23 possible because they think ends justify the means. They will win their case
 24 no matter what and truth is the first thing to suffer. (A parent in Ryburn
 25 1994b, p. 168)

26 The ethos of the Children Act is that as far as possible, from the point of first
 27 contact, parents should be involved in decisions about their children. As far as
 28 the parents in this study were concerned these high ideals are just so much pie
 29 in the sky... the majority considering that Social Services had already pre-
 30 judged their case and made their minds up about how they were to proceed.
 31 (Freeman & Hunt 1999, p. 27)

32 Parents report that whatever feelings they show, or do not show, is negatively
 33 construed:

34 'If you didn't say anything you were passively aggressive – if you did say
 35 anything you were too emotional.' (Siobhan, a grandmother: research interview
 36 undertaken in 2004)

37 The emotional responses of parents (such as expressions of frustration,
 38 irritation and sarcasm) to perceived negative styles of intervention may
 39 be seen as 'evidence' that the family is totally uncooperative and even
 40
 41
 42

1 inherently dangerous. Families describe a professional mentality that can
2 appear almost paranoid: a fear that parents are so psychopathologically
3 devious that they will 'fake good' in disingenuous dealings with profes-
4 sionals and at the first manipulated opportunity are likely to pounce in
5 cold blood and murder their baby. While some parents undoubtedly do
6 have murderous feelings toward their offspring, acting on this is extraordi-
7 narily rare. The widely overgeneralised fear of this happening may be a
8 contaminated cultural residue of exhortations from proponents of
9 Munchausen's syndrome by proxy (MSBP) for professionals to 'think
10 dirty' (see further discussion on this in Chapter 7). Some families feel that
11 too many professionals have been thinking too dirty, too often, and that
12 this has caused them great harm.

13 Case examples such as those of Simon and Rachel illustrate an issue that
14 provokes some of the strongest expressions of feeling in parents – the sense
15 of unfairness that derives from professionals being perceived as having an
16 inherently suspicious and pessimistic bias against natural families whereby
17 almost every aspect of their personalities, relationships and lifestyle is nega-
18 tively construed by social workers. On this theme, in a powerful critique of
19 child protection practice in the USA, Crenshaw (2004) portrays child protec-
20 tion workers as being inherently biased by their emotional counter-transference
21 reactions, and being attitudinally 'family-phobic'. In the same vein, some
22 children's guardians and courts are seen as 'rubber-stamping' negatively
23 biased core assessments and care plans presented by social services in care
24 proceedings, resulting in disproportionate judgments based on idealistic views
25 of compulsory adoption.

26 Parents believe that these draconian outcomes stem from routine assump-
27 tions of worst possible scenarios where child protection professionals have
28 been encouraged to 'think dirty' in a family-phobic way. As we shall discuss in
29 Chapter 10, 'concurrent planning' and 'parallel planning' (without
30 appropriate assessment regarding the viability of reunification) can incline
31 toward prejudgments in favour of compulsory adoption. This reflects
32 *unreasonable* professional practice: absent, inadequate or biased assessments;
33 disproportionate judgments; and, arguably, impingements of Articles 6 and
34 8 of the Human Rights Act 1998 (the right to a fair trial and respect for
35 private and family life). This is strong language, but conveys the intensity
36 of feeling of parents who have experienced the removal and compulsory
37 adoption of one or more of their children:

38
39
40 Nobody ever asked down the road what sort of family we are. Nobody has
41 ever considered the possibility of adoption in our extended families on both
42 sides, and nobody has ever considered guardianship or something like that,
because they just had their minds made up that it had to be adoption and that it
had to be adoption arranged by them. (A parent in Ryburn 1994b, p. 166)

1 This is particularly so for parents in cases where there is intense dispute
2 about the nature, validity and impact of medical evidence in relation to the
3 causes of injuries. Although it is not possible to present the detail in this
4 book, in the case of baby Siercha, new evidence subsequently obtained by
5 the family raised significant questions of whether the injuries were in fact
6 associated with an hereditary family medical condition. However, it was too
7 late to prevent her compulsory adoption.

8 As is discussed in some detail in Chapter 7, the validity and reliability of
9 expert medical evidence has become a very controversial issue a decade
10 since the findings of Prosser:

11
12 A considerable number of abuse cases we considered became problematic fol-
13 lowing the involvement of medical practitioners. . . . Parents accused of abuse
14 believed that Social Workers and Police too often interpreted the medical prac-
15 titioner phrase 'is consistent with abuse' as hard evidence that abuse had taken
16 place. . . . In some cases we found the various diagnoses by experts and the cer-
17 tainty with which they contradicted one another to be bewildering. . . . in a
18 number of instances what was considered to be evidence of abuse was eventu-
19 ally identified as a 'natural' condition. (Prosser 1992, pp. 14–15)

20 Especially in cases that are subject to court proceedings (e.g. Freeman &
21 Hunt 1999; Howitt 1992; Prosser 1992) parents feel caught in the Kafkaesque
22 scenario where the burden of proof is reversed and *they are required to prove*
23 *their innocence* or are offered inducements (e.g. leniency or their child being
24 returned) to confess falsely:

25
26 All parents in the sample described pressure, usually in the form of psychological
27 threats, to admit guilt, brought by Social Workers. Social Services, claim par-
28 ents, have considerable powers and they feel they are threatened with those
29 powers in order to gain confessions. Parents believe the tactic of 'say you did it
30 and you can have your child back' was deceitful, an improper use of power,
31 and an unacceptable practice. (Prosser 1992, p. 7)

32
33 It is of concern that this practice appears to be continuing over 10 years later.
34 Rachel described the attempts made by social services to get her to confess to
35 injuring her baby:

36
37 They tried to plea bargain: they said if we admitted to causing one fracture and
38 neglect – knowing they were there and didn't do anything – then they were
39 prepared to say that the other fractures were accidental. This was on the first
40 day (of the care proceedings). But I wasn't going to admit it – I'm not prepared
41 to say that I did it. . . . They kept saying that if we can't admit it then we can't be
42 rehabilitated. They kept using that – if we admitted to doing it and to knowing,
then we could get Siercha back. . . .

1 They kept making false promises. They said a few times if you will admit to it,
 2 you can have your child back. . . . But if that's the case, that's frightening. I just
 3 thought: 'How can you say that? How can you do that to someone?' With the
 4 Guardian as well saying that she hopes she'll come back to us – they are just so
 5 cruel. I could never do that. It's someone's baby – you've taken someone's child
 6 – and you can just sit there and say such things. (Rachel, a mother, research
 7 interview undertaken in 2004)

8 This issue is at the core of many child protection interventions where there
 9 have been serious suspicious injuries to infants. Not infrequently, an
 10 impasse arises between the family insistence that the baby has not been
 11 abused, and professionals working within a culture that tends to view failure
 12 to confess as 'denial', which itself is construed as a high-risk factor (Lusk 1996).

13 It is in such situations that independent assessments can prove to be par-
 14 ticularly valuable. In many cases (but by no means all) an independent, thera-
 15apeutically oriented assessment intervention can provide a constructive way
 16 forward that is acceptable to all parties (and which often avoids the need for
 17 the high financial and emotional costs of contested Family/High Court hear-
 18 ings). Varied examples of such approaches in the UK have been provided
 19 (Asen et al. 1989; Bentovim et al. 1987; Dale et al. 1986; Dale 1991; Dale &
 20 Fellows 1999; Essex et al. 1995; Fitzpatrick 1995; Kennedy 1997; Robinson &
 21 Whitney 1999), as well as in Australia (Fitzgerald & McGregor 1995; Thorpe
 22 2003; Thorpe & Thomson 2003). Assessing the thorny issue of 'denial' is
 23 a key focus of many of these approaches, as discussed further in Chapter 7.

26 NEGATIVE PROFESSIONAL STYLE

27
 28
 29 The worst thing? the threats, behaviour, the power they've got. The big words
 30 they used frightened me – really frightened me. . . . Arrogant, very arrogant.
 31 Ignorant as well. That person's approach: She didn't ask, she told. . . . At the
 32 time, in my mind I was thinking: 'If she's going to be funny, I'm going to
 33 be funny.' (Mr Taylor, a father, in Dale 2002c, p. 44)

34 Descriptions of a negative interpersonal style of professional action (and
 35 inactions) seep through many of the parental perception research reports. It
 36 is not only *what* is being done in the name of child protection, but also the
 37 *way* – the style – in which it is done that can feel so upsetting and provoca-
 38 tive for many families. We shall cover this issue of negative professional
 39 style under two main headings:

- 40 ● interactional style of child protection practitioners
- 41 ● the emotional impact for families.
- 42



1 **Interactional Style of Child Protection Practitioners**

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It is important to note that parents interviewed in research studies invariably accept that when reports are received about the welfare of children, professionals have a duty to make enquiries, and that in some cases urgent protective action is required. Parents also recognise that this is a difficult job, and that many professionals feel that they cannot win either way: they are criticised for inadequate or naive interventions that result in further abuse, or for intervening in disproportionately 'heavy' ways. What families do not understand, however, is why the attitudes and behaviour of child protection practitioners toward them sometimes are discourteous, unpleasant, hostile and cold:

When the social worker came, he came in with the police and didn't identify himself. It was appalling, absolutely awful, he nigh on interrogated me. It was the questions he asked, and I wasn't in a fit state to talk to anyone. He was very much accusing. (A mother in Thoburn et al. 1995, p. 55)

All along, social services seemed to be testing and pushing us. They wanted to see how far we would go. They were just waiting for us to snap. Waiting for us to make any little mistake. I don't think they really thought we were human then. (A father in Lindley 1994, p. 32)

The two social workers say they are putting them up for adoption – they keep rubbing it in every time we see them. It doesn't matter how upset I am, they just go on, and on, and on... We don't want them split up – it's not right is it? ... I were adopted myself, that's why I don't want it with my children. (Mr and Mrs Harland in Dale 2002c, p. 39)

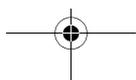
In a case of 'parallel planning', one mother recalled social services talking at a very early stage about the prospect of permanent separation from her baby:

We went to a meeting and (social worker) said to me 'You've got a beautiful child – we've got plenty of people what would want her.' She then told me that they've got a family lined up – and that was before they'd even started looking into our family. (Rachel, a mother, research interview undertaken in 2004)

Another parent exclaimed:

'This is legalised kidnapping... there is a shortage of babies for adoption, so they take mine, and I can't do a thing about it.' (Parent participant at parents' support group conference, 2003)

Beyond biases and negative professional style, some families make serious allegations of professional malpractice including threats, deception, manipulation, trickery, exaggeration, distortion – even falsifying and fabricating concerns (Freeman & Hunt 1999; Howitt 1992; Prosser 1992):



1 Accusations of fabrications, exaggerations and distortions ranged from inaccuracies in dates and names, to blaming the wrong partner for the abuse or labelling the parent as the result of past errors. . . Individual social workers came in for a barrage of invective, being variously accused of lying, distorting facts, judging things out of context, dragging up outdated or irrelevant information or making gross mistakes in their presentation of the evidence. Parents felt once again the focus was highly selective, social workers having 'only kept notes on the bad bits'. (Freeman & Hunt 1999, pp. 43–4)

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9 In a case known recently to the first author, a local authority presented evidence to persuade a court that two siblings should be compulsorily adopted. It became clear that while the local authority had collated a voluminous bundle of evidence relating to historical parental inadequacy (but not abuse) of previous children, it had withheld all material relating to a recent social services assessment which, it transpired, had drawn positive conclusions about the parents' care of the current children. This practice echoes a comment by Murray Ryburn (a committed campaigner against compulsory adoption):

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18 They [social services] had elected in this instance to suppress a vital piece of evidence which cast an entirely different complexion on their account of the mother's motivation and her links with her daughter. The process of the careful selection of evidence is one that accompanies the presentation of any case in contested proceedings. Sometimes the drive to win in the adversarial process leads to deliberate falsification of evidence. We can only assume here that professionals believe the end justifies the means. (Ryburn 1994a, pp. 189–90)

24 25 26 27 **Emotional Impact for Families**

28 When I had to hand her over it was the worse feeling ever. You just don't want to do it – you haven't got any choice – they say: 'You have to.' It was done on the ward, in front of everyone. The lady who was driving her just came up and – I was just telling Siercha how she had to be a good girl for Mummy and – (cries) – she was just smiling at me. And you just can't describe how that feels. It's soul-destroying. It breaks your heart. (Rachel, a mother: research interview undertaken in 2004)

34 Professionals, overburdened with abuse investigations or preoccupied with other problems, might easily lose sight of how violating the procedure could seem. (Cleaver & Freeman 1995, p. 163).

35
36
37
38 Thorpe (2003) described how professionals often fail to recognise the 'incredible loss' – and in some cases post-traumatic stress impact for parents – when their children enter care. In cases where infants have sustained serious suspicious injuries followed by urgent child protection investigations, the atmosphere for the family is doubly traumatic. First, there is the sequence of



1 events within the family that led to the injuries (accidental or abuse) and
2 their discovery. Whatever the cause, parents and extended family members
3 will invariably be significantly shocked by knowledge that the baby is seriously
4 harmed (at worse dead, or with life-threatening injuries and possible per-
5 manent disability).

6 Overlying the trauma of the injury events and context, is the additional
7 shock precipitated by the emergency medical treatment and rapid police and
8 social services involvement. There are some indications in the midst of such
9 emotional turmoil and confusion, that the style of intervention by the police
10 is often retrospectively seen as having been conducted in a professional and
11 considerate manner:

12
13 'A positive feature from the cases in this sample was the general respect for the way
14 the police handled enquiries they were involved in. Parents, with one exception,
15 praised the police for being courteous, open-minded and fair.' (Dale 2004, p. 144)

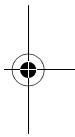
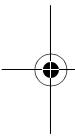
16 The key factor is an attitude of open-mindedness and basic courtesy alongside
17 skills in relating to highly distressed (and sometimes very angry) family mem-
18 bers in the context of major trauma. It is likely that many police officers have
19 better training and greater experience in effectively managing acute traumatic
20 enquiries that do most social workers. Social workers tend to score lower
21 than police officers in the eyes of family members in relation to the sensitivity
22 and fairness of their intervention at this stage. Families find the apparent lack
23 of compassion from some child protection practitioners difficult to comprehend:

24
25 Many parents feel judged as totally bad and, as a result, are treated with disres-
26 spect, and denied even basic courtesies of civil human interaction. (Thorpe &
27 Thomson 2003, p. 3)

28 In as many as 70 per cent of the families the investigation and case conference
29 had a negative impact on the parental figures who frequently felt marginalised
30 and badly treated. (Farmer & Owen 1995, p. 315)

31 Parents cited instances in the meetings (child protection conferences) when they
32 had not only been bewildered, angered or insulted by what was being said
33 about them, but also felt harshly judged and unduly condemned. Some families
34 complained of the cold and impersonal attitude of practitioners which left them
35 feeling depersonalised by the experience. (Freeman & Hunt 1999, p. 29)

36
37 Is this reported 'dehumanisation' personal or political? Are increasingly
38 hard-pressed professionals losing the capacity for empathy with parents and
39 families in acute distress? Are social workers increasingly 'family-phobic'?
40 (Crenshaw 2004). Has it now become the professional norm to hate the
41 'abuser' as well as the abuse (even when it is not proven)? Has a culture
42 developed in which, increasingly, parents suspected of injuring babies are



1 demonised as incorrigible recidivists who have forfeited rights to consideration
 2 and dignity? Is there any possible connection between the diminution of
 3 family support services, the emergence of 'hard-line' child protection inter-
 4 ventions, and government targets for increasing the percentage of children
 5 that are adopted from care? To what extent is the stark analysis of child pro-
 6 tection work in Australia applicable in the UK?

7
 8 Little serious thought has been given to the possibility that the means to protect
 9 children from one source of harm is in fact exposing them to another... far
 10 from promoting the best interests of children at risk in their own homes,
 11 Australian statutory child welfare systems seem unable to avoid adding insult
 12 to injury. (Thorpe in Fernandez 1996, p. xvi)

14 **Complaints Procedures**

15
 16
 17 Social services departments are obligated under the Children Act 1989 to
 18 operate formal complaints procedures in relation to their services. There is
 19 little published research about the rate, nature and outcomes of complaints
 20 that are made. Anecdotally, there is reason for concern that some families
 21 are as dissatisfied with the complaints procedures as they are with the child
 22 protection interventions. Returning to the case of Rachel, while she was in prison,
 23 the grandmother wrote a number of carefully composed, specific complaints
 24 about the behaviour and role of social services. Considered responses from
 25 social services responses to the complaints were not initially forthcoming:

26
 27 We didn't get anywhere – when we started fighting against them, they just
 28 fought harder... We got responses but they didn't answer. They didn't answer
 29 first of all, and we had to take it to the next stage to say they hadn't responded.
 30 When I went to the complaint meeting I said: 'Your department won't answer
 31 any of my questions.'

32 They said: 'Mrs 'A' – you've frightened our department so much, that they
 33 froze.' And I said: 'I've paralyzed the whole of social services – is that what you
 34 are bloody well saying to me?! The assistant manager and the area manager?'
 35 I said: 'I didn't know I wielded such power!' And I thought: 'You plonker!'

36 She said to me: 'You've actually paralyzed our department.' And I said: 'For
 37 God's sake – it's actually five very simple questions – and because you couldn't
 38 answer them – I've paralyzed your department?!' (Siobhan, a grandmother:
 39 research interview undertaken in 2004)

40 Eventually, the validity of many of the complaints made in the handling of
 41 this case was conceded by social services, and a sum of compensation was
 42 paid to the family. Siercha remains compulsorily adopted.



1 Dale (2004) noted that dissatisfied families can be reluctant to use com-
2 plaints procedures. Families were either unaware of such procedures or felt
3 that invoking them would be a waste of time or counter-productive. Of par-
4 ticular concern was that at least two families had specifically decided *not* to
5 complain formally, feeling that if they did so, social services would take (in
6 their view) an even more punitive stance toward them.

7 In a recent independent assessment, the first author interviewed another
8 mother and grandmother who were subject to social services rejecting the
9 grandmother as a temporary carer of the children while pursuing parallel
10 planning for adoption. There were aspects of social services' case management
11 (especially the total absence of assessment in relation to potential reunification)
12 that raised serious concerns. The mother was asked whether she had used
13 the complaints procedure in relation to what she perceived to be significant
14 lack of support and bias against her on the part of social services. She
15 replied that she had discussed this with her solicitor, but had been advised
16 against this step, as (in the words of her solicitor) it would 'Piss off the social
17 worker' – and might further disadvantage her position in relation to social
18 services.

19 This is not the first case in which the first author has heard that parents are
20 discouraged by solicitors from making formal complaints against social
21 services. Consequently, given the absence of routine evaluation of child pro-
22 tection interventions and the reluctance of some families to use complaints
23 procedures, it is highly unlikely that Area Child Protection Committees,
24 managers of agencies at all levels, and local elected representatives (who are
25 ultimately responsible for services) will be aware of actual levels of dissatis-
26 faction with the processes and outcomes of child protection services.

27 28 29 **NEGATIVE PARENTAL PERCEPTIONS IN CONTEXT**

30
31 This chapter has emphasised the reported experiences of some families
32 (samples and individuals) who feel very negatively about the process and
33 consequences of child protection intervention in their lives. As child protection
34 systems do not routinely elicit the views of families who are subject to inter-
35 vention, families have far too few opportunities to influence professional
36 audiences. We hope that the emotional and rhetoric impact of these experi-
37 ences will promote pause for reflection by practitioners, supervisors and
38 managers involved in cases where infants have sustained serious suspicious
39 injuries.

40 However, it is also important to recognise that these views of parents and
41 extended family members have to be considered within a wider context.
42 First, it would be naive not to recognise that some families will take the



1 opportunity to join support groups and participate in research studies to
 2 espouse false protestations of innocence, and to rail about injustices of child
 3 protection systems when they (or at least one family member) are continuing
 4 to deny actual responsibility for abuse. Researchers, no more so than police
 5 officers, social workers, psychiatrist and judges, cannot reliably distinguish the
 6 'distress of the innocent from the remorse of the guilty' (Cleaver & Freeman
 7 1995). Consequently, research samples will inevitably include accounts of
 8 some families who are not being totally honest about the reasons for, and
 9 consequences of, child protection interventions.

10 Second, the body of 'risk research' (see Chapter 3) has highlighted that
 11 over-accommodation to the views and distress of adult family members can
 12 constrain practitioners from taking sufficient protective measures for injured
 13 infants. The fact that parents and family members are acutely distressed does
 14 not in itself signify in any reliable way that their infant is not at risk. To
 15 assume otherwise can and does result in tragic and sometimes fatal re-injuries
 16 to children, and, not infrequently, subsequent public criticism of child
 17 protection professionals for naivety and incompetence.

18 The third contextual point relating to the negative parental views
 19 expressed in this chapter is the need to emphasise that high-quality child
 20 protection practice *does* occur. Unknown numbers of families and children
 21 do benefit from and appreciate constructive child protection services. Unfor-
 22 tunately, this is largely unreported in research and especially in the popular
 23 media. Consequently, we shall conclude this chapter with a section derived
 24 from a study that elicited positive parental views about child protection
 25 practice.

26 27 28 **Parental Perceptions of Positive Child Protection Practice**

29
30 A small study undertaken in the Midlands (England) by the first author in
 31 2002 involved interviews with 27 members of 18 families who had been sub-
 32 ject to child protection interventions (Dale 2004). By no means all of this
 33 group felt positively, and we have already reported the views of some of
 34 those who were dissatisfied earlier in this chapter. Table 6.1 illustrates the
 35 spread of views of participants in that study.

36
37
38 **Table 6.1** Participants' ratings of helpfulness of child protection services ($n=18$)

39 Very helpful	40 Helpful to some extent	41 Uncertain	42 Did not really help	Made things worse/ was harmful
5 (28%)	4 (22%)	4 (22%)	1 (5.6%)	4 (22%)



1 Merging 'very helpful' and 'to some extent' gives an overall helpfulness-
2 to-some-degree rate of 50%. Focusing on the satisfied group, it was apparent
3 from descriptions given by families that there were many very skilled and
4 committed child protection professionals working across agencies in the
5 areas in which the interviews were conducted. These workers were por-
6 trayed as being friendly, interested, concerned and very keen to help in
7 collaborative ways. A striking theme running through families' accounts of
8 child protection interventions relates to the interactional style of profes-
9 sionals. This echoes the findings of an earlier study:

10

11 Honesty, helpfulness, fairness and sensitivity were highly rated qualities. So
12 too were the abilities to listen to and understand the family's viewpoint and to
13 communicate in a down-to-earth way. Practical help and support together with
14 minor but thoughtful kindness also conveyed care and understanding. (Freeman
15 & Hunt 1999, p. 84)

16

17 The fact that some social work interventions had a therapeutic impact was
18 greatly appreciated. In these cases, characteristics that were particularly val-
19 ued included:

20

- 21 ● being supportive
- 22 ● listening carefully and effectively
- 23 ● having skills in promoting cooperation
- 24 ● being 'matter of fact'
- 25 ● being 'human'.

26

27

28 The following quotations from Dale (2002c) convey parents' feelings about
29 the positive style of social workers:

30

31 Eye to eye contact – being able to talk to each other – say anything we want to
32 each other. (Winnie) (p. 43)

33

34 We get on really well with (social worker) – we have a laugh. Some of the social
35 workers in London, they were right snotty. But down here they are not – they
36 explain more to you than other social workers do. So we thought right, we'll
37 get on with them – we like them. (Mr and Mrs Pendergrast) (p. 43)

37

38 Whereas they can talk and jumble everything up and confuse you – she (cur-
39 rent social worker) will explain what's going on and cut out the mumbo-jumbo –
40 she gets to the point direct. (John Richardson)

40

41 Dawn (mother): 'She were great – very pleased with her, she were right calm.
42 She were fair – a very nice person. I could talk to her.'

42

Louise (shy teenager): '*I could talk to her!!!*' (Pearson family) (p. 41)



1 It was impressive to hear from at least two families who had been very
2 unhappy with the child protection process that the positive qualities of par-
3 ticular social workers had gradually made an important difference to them:
4

5 We've been very lucky – he's great. He's been very helpful, his mannerism –
6 we've even looked forward to him coming. He's not treated us like criminals –
7 not like how we felt treated at first. He's obviously taken everything in – seen
8 the big picture. (Mr and Mrs Skye)

9
10 One father had become primary carer of a 3-year-old and a newborn baby
11 after a life-threatening incident when the elder child had been alone with his
12 mother. He was not initially impressed with social services involvement:
13

14 To this day Social Services are 99% certain that (child's mother) tried to suffo-
15 cate him. It couldn't be proved as she was in the flat on her own. . . . They know
16 I was angry – I told them I couldn't understand what all this rubbish was about
17 case conferences, child protection registers. I said to them 'He's not at risk!
18 Why is he at risk? – I've packed my job in.'

19 A few weeks went by, then the social worker would say 'We've got to assess
20 you, Mr Taylor, as a parent.' I kept saying 'I don't need assessing as a parent –
21 I've had five!' They said 'It's in your best interests as his name is on the child
22 protection register. . . . They could put him into foster care!' As soon as I heard
23 that it got to me. The words 'foster care' and 'assessment' I didn't like – so I set
24 out to prove them wrong – and I passed with flying colours! (A father,
25 Mr Taylor, in Dale 2002c)

26 This case demonstrated highly effective child protection work which
27 required a skilled social worker to overcome initial parental hostility to a
28 requirement to be assessed. Having effectively resolved the initial conflict,
29 subsequent interagency interventions reflected excellent standards of child
30 protection practice/resources with a corresponding high level of parental
31 satisfaction:

32 Social services were supportive to me – I knew I had back up and support – it
33 were just someone to talk to basically, they were good listeners. They've liaised
34 with me: case conferences, courts and children – it were little things like that
35 that's meant big things to me. . . . They're very good listeners, very good at
36 understanding – but they've got the power to over-rule you – which is a good
37 thing I suppose. Because I've always said – put the child first. And it's things
38 like that that made me cooperate and go through it with them. . . . They ring me
39 up now and again saying 'Are you alright? Do you need anything?' (A father,
40 Mr Taylor, in Dale 2002c, p. 41)

41 One mother (Ms Durgan referred to earlier on page 93) had described how,
42 after an unexplained serious injury to her 6-month-old son, the social



1 workers had encouraged her mother to take time off work to avoid the need
2 for the baby to be taken into foster care while assessments were undertaken.
3 It was apparent that the social worker had great skills and personal qualities
4 to accept, contain and influence the intense feeling that were generated by
5 the crisis of the injury and the child protection aftermath:
6

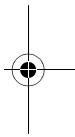
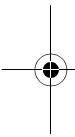
7 At first it was not very good – I kept losing my temper – which is bound to hap-
8 pen when they are threatening to take your son off you. . . . As it's gone along,
9 things have got better . . . we've got more friendly – we talk to each other –
10 instead of shouting and bawling at each other (laughs). . . . She actually stayed
11 quite calm – she tried to calm me down. I just couldn't hold my temper back – I
12 had to let it out. She either just sat there and let me say what I had to say – or
13 she'd sit there and talk to me and tell me to calm down. (Ms Durgan, a mother,
14 in Dale 2002c, p. 43)

15 Further reflections included:

16
17 At first when they said 'We're not here to take your son off you, we're here to
18 help' – I didn't believe or trust them with that – I thought they were just saying
19 that to calm me down. And now I've realised they're not here to take them off
20 me – I've calmed down a lot. . . . I accept that they had to think that – 'cos we
21 were both denying it – they weren't sure who did it. But now that they know
22 that I didn't – it's a lot easier. They did what they had to – that's what they are
23 there for. (Ms Durgan, a mother, in Dale 2002c, p. 43)

24 It is notable that these more positive views reflect those of parents who were
25 initially traumatised by child protection interventions, who either managed
26 to retain their child in the family, or, where the child, having been removed,
27 was quickly returned to their care. It is unlikely that many parents who have
28 been subject to lengthy separation from a child after a serious injury with
29 disputed explanation, including compulsory adoption, would come to
30 reflect so graciously on child protection practice.

31 Parents have strong feelings and views about the nature and outcomes of
32 child protection interventions in their lives. Notwithstanding the huge public
33 expenditure on child protection services, evaluation information from those
34 directly affected is not routinely collected to assist continual review of service
35 standards. Views of parents point to significant inconsistencies in the ways
36 that similar situations are handled by the child protection system. There is a
37 need for explicit national standards in child protection practice so that
38 families can be clear at all stages what the criteria are of the process they find
39 themselves in. There is also a need for transparency about the key factors
40 that affect assessments and court judgments, especially those relating to
41 removal of a child and factors that determine whether a child will be
42 returned to his/her parents, can be cared for by extended family members,



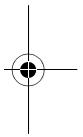
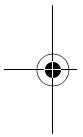


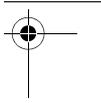
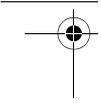
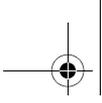
1 or requires permanent placement with strangers. In the last scenario, espe-
2 cially where this results in compulsory adoption without direct contact,
3 much more explicit indicators are required to signal when such a draconian
4 outcome is the only feasible alternative.

5 Given the profound impact on families of professional style, there is also
6 an issue to be addressed about the disparity in family perceptions of the
7 quality (and humaneness) of the style of child protection workers. What can be
8 done to ensure that families in such traumatic circumstances receive a con-
9 siderate and skilled response? One answer must lie in instituting more
10 effective evaluation of the process and outcomes of child protection inter-
11 ventions. It is only on the basis of routinely gathered feedback that child pro-
12 tection agencies can develop systems for quality assurance regarding the
13 style of practitioners. With such information, competency and professional
14 development plans can be instituted through existing mechanisms of training,
15 recruitment, supervision, appraisal, and promotion.

16 This chapter has presented typical critical views of families who become
17 involved in child protection interventions. In general, they are perspectives
18 that stem from a belief that the parents have been wrongly abused of abuse
19 and that the families have been subject to gross injustice. Or, that while there
20 may have been grounds for intervention, the ways in which this was carried
21 out were unnecessarily unpleasant, and the actions taken disproportionate
22 to the level of risk. Such families see themselves as behaving *reasonably* in the
23 face of *unreasonable* child protection interventions. As we have emphasised,
24 this is an important perspective and needs to be heard. However, as we shall
25 discuss in Chapter 10, not all families behave *reasonably* in relation to child
26 protection intervention (and by no means all child protection practice is
27 *unreasonable*). This adds to the complexity of the task of providing effective,
28 supportive and proportionate child protection services.

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