

‘Like a Fish in a Bowl’: Parents’ Perceptions of Child Protection Services

This research involved a small qualitative study focused on family experiences of child protection practice, commissioned as part of a Best Value review of child protection services in a large rural Midlands local authority. Qualitative interviews were undertaken with 18 families who had received child protection services. Findings were mixed in relation to perceived helpfulness of the processes of child protection interventions, with 50% of families reporting some positive benefit and 22% reporting that such interventions had caused them harm. From the families’ perspectives, factors that are associated with positive and negative outcomes are outlined. These include the availability of preventive services, crisis support, respite care, actual provision of services specified in protection plans and an engaging style of practitioners. Conclusions emphasize the value of research focused on family perceptions of services as an important contribution to quality control and service development in child protection service provision. Copyright © 2004 John Wiley & Sons, Ltd.

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In contrast to the large volume of research that has identified the varied consequences of child abuse, there is comparatively little research which has focused on effective processes of interventions and the outcomes of services. Existing research in this area falls into three main groups. First, there are studies that analyse problems in professional practice and inter-agency communication in cases that have had fatal outcomes (e.g. Dale *et al.*, 2002a; Department of Health, 1991; Falkov, 1996; James, 1994; Munro, 1999, 2002; Reder *et al.*, 1993; Reder and Duncan, 1999; Sinclair and Bullock, 2002). Findings highlight the false-negative aspect of child protection practice—where risk factors are not recognized, and especially where assessments of risk are either absent or significantly inadequate.

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‘50% of families reporting some positive benefit and 22% reporting that such interventions had caused them harm’

‘Eliciting and analysing family perceptions of child protection system interventions’

‘There is a consistently strong tendency for parents to be highly critical of the process and outcomes of child protection interventions’

The second focus has been on the process and outcomes of general child protection practice in relation to large samples of referrals to social services (e.g. Farmer and Owen, 1995; Gibbons *et al.*, 1995; Thoburn *et al.*, 1995). It is this collection of studies that informed the policy of ‘refocusing’ promoted in the government summary publication *Messages From Research* (Department of Health, 1995). *Messages* generally highlighted the false-positive aspect of child protection practice in that too many families needing support were being drawn unnecessarily and damagingly into formal child protection procedures.

The third area of research into child protection system processes and outcomes, and the one most pertinent to this paper, is that which focuses on eliciting and analysing family perceptions of child protection system interventions. While there is a modest but significant history of research into the views of consumers of social and therapeutic services dating back to the 1970s (e.g. Lishman, 1978; Maluccio, 1979; Sainsbury, 1975), a flurry of studies into parental perceptions of child protection services during the 1990s has highlighted the importance of research in this crucial area. In England and Wales, parents’ views have been elicited by Cleaver and Freeman (1995), Corby *et al.* (2002), Freeman and Hunt (1999), Howitt (1992), Lindley (1994), Prosser (1992) and Thoburn *et al.* (1995). Similar explorations have been undertaken in the USA (The Florida Legislature, 1998), Scotland (Scottish Executive, 2002), Ireland (Buckley *et al.*, 1997) and Australia (Fernandez, 1996; Gleeson *et al.*, 2001; MacKinnon, 1998; Thorpe and Thomson, 2003).

For the purposes of this paper, 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 (see especially Freeman and Hunt, 1999). 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 in this context that the research described in this paper was commissioned as part of a Best Value review in 2002 with the intention of eliciting family perspectives on child protection practice in a large, predominantly rural county in central England. A paper based on the research was presented at the 5th National BASPCAN Congress in York, UK, July 20–23, 2003.

Method

Recruiting participants for in-depth interviews in sensitive personal areas such as child abuse is a delicate and time-consuming process (Lee, 1993). Research ethics require that all reasonable steps are taken so that participants are fully informed and are not harmed by their involvement. The aim of the project was to undertake interviews with 20 families who had been involved with child protection services. The sample was identified through a process devised by the social services department's research and planning manager and implemented by the department's Quality Assurance social workers. The social services client index database generated names of families who had received services across the department's several administrative areas. Families were identified in three categories (figures in brackets indicate proportions in each category ultimately involved in the sample):

- Those who had been to a recent initial conference but not registered (2/18)
- Those who had been to an initial conference and were registered within the last 3 months (4/18)
- Those who had been on the child protection register for more than 9 months (12/18)

Having been identified in this way, families were given information about the project that had been prepared by the researcher. Those who agreed to participate gave their consent to be contacted directly and each was provided with an information sheet, confidentiality information, consent form and a questionnaire. The questionnaire records basic family information as well as responses regarding factors of satisfaction/dissatisfaction with child protection services. Completed questionnaires and consent forms were obtained for all interviews.

Coordinating participants is always an interesting and frustrating process. Due to the efficiency of the Quality Assurance social workers, most participants were expecting to be contacted, were well briefed and very cooperative and flexible in arranging appointments. A small number, having agreed to participate, perhaps had second thoughts about this or became anxious immediately before the interview. Methodologically, this is a reminder of the degree of effort and length of time that is required in practice to recruit participants in research which focuses on very private and painful areas of life. Within the available timescale (summer and autumn 2002) it ultimately proved possible to undertake a total of 18 interviews.

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'Completed questionnaires and consent forms were obtained for all interviews'

‘The information sheets had indicated the desirability of children participating’

The Sample

Geographically, the sample was spread across the whole county. All families were white British. As shown in Table 1, 25 adults and two children took an active part in the 18 interviews (23 children were also present).

Table 1. Family characteristics of interview participants

Natural mothers	16
Natural fathers	5
Stepmother	1
Stepfather	3
Teenage daughters	2
Children present during interviews (14 female, 9 male; age range 5 weeks–16 years)	23

All interviews occurred in family homes and lasted between 90 minutes and 2 hours. Families were given free choice as to which members would participate in the interviews and the information sheets had indicated the desirability of children participating if possible. For the families where there were two parents present in the household, all indicated that they would both like to participate. On this basis, there were 7/18 interviews involving two parents (one of these including children) and 11/18 interviews with single parents (nine of these including children). It is both desirable and challenging to elicit the views of children who have been involved in child protection processes. In this project, it was intended to take all opportunities to involve children in appropriate ways. However, only two children in the 18 families were ultimately significant verbal participants in the interviews. Twenty-three other children, however (age range 5 weeks–16 years), were present during interviews.

The methodology and ethics of including children in child protection research requires careful (if not cautious) consideration. There were two occasions where the researcher felt that the presence of a child during the interview was not necessarily in the child’s best interests (e.g. where the parent was despairing about the child’s behaviour problems). It was concluded that to engage children meaningfully in child protection research requires resources significantly beyond the scale of this project.

Apart from names and contact details, no agency information was provided for any of the families in the sample. Consequently, all data gathered in this project were based on family self-report and as such are subject to the usual reservations about uncorroborated self-report data.

Interviews were unstructured and began with an open-ended ‘grand tour’ type question (Spradley, 1989) along the

lines of 'Perhaps you could begin by telling me how the child protection services first became involved with your family?', intended to focus participants on the overarching area of exploration while leaving maximum freedom for participant-generated issues to emerge (McCracken, 1988; Patton, 1990). From such a starting point, participants describe their experiences in narrative style. The researcher's interventions are to encourage, clarify, probe and explore exceptions, contradictions and ambiguity, as well as drawing out similarities and differences of view when there is more than one participant in the interview. One strength of this approach is that a high proportion of data is generated from the particular interest and unique experience of the participant (Patton, 1990) and the opportunity for progressive focusing, theoretical sampling and constant comparison by the interviewer (Denzin and Lincoln, 1994; Lincoln and Guba, 1985; Strauss and Corbin, 1990).

With consent, all interviews were tape recorded and subsequently reviewed to facilitate a grounded theory analysis based on the principles of phenomenological inquiry (Mearns and McLeod, 1984; Spinelli, 1989). This method involves obtaining in-depth accounts of experiences from participants and seeking to discover the ways in which they develop and ascribe meaning to these experiences (Denzin and Lincoln, 1994; McLeod, 1994). Analysis takes place by means of a systematic process of coding all items of reported experience and opinion and contrasting and comparing these within and between interviews. For example, in research into parental perspectives on child protection interventions, data from interviews with families invariably relate to process categories such as first contacts with agencies, attending case conferences and removal (or not) of children. Similarly, experiences of satisfaction and dissatisfaction are obvious categories. Detailed exploration and analysis results in more specific subcategorization of key specific issues.

Validation strategies for qualitative research have been discussed extensively in the research methods literature (e.g. Altheide and Johnson, 1994; Bogdan and Taylor, 1975; Heppner *et al.*, 1992; Kirk and Miller, 1986; Lincoln and Guba, 1985; McLeod, 1994; Miles and Huberman, 1984; Patton, 1990; Stiles, 1993; Strauss and Corbin, 1990). For example, aspects of the developing analysis can be shared with participants for comment, facilitating recursive participant validation (Strauss and Corbin, 1990). Lee (1993) noted that such approaches are particularly appropriate for the study of sensitive personal experiences. Dale and Allen (1998) also noted:

'Participants describe their experiences in narrative style'

'The ways in which they develop and ascribe meaning to these experiences'

‘Participants feel a personal involvement with the researcher in the collaborative development of each unique interview’

‘Participants feel a personal involvement with the researcher in the collaborative development of each unique interview as opposed to being someone who is “done to” according to criteria and a process that they had no part in devising. The significance of this distinction should not be underestimated in personally sensitive areas of research, especially with people who have histories of abuse, exploitation, manipulation and neglect.’ (Dale and Allen, 1998; 802)

Thus there can be great value in exploration that (to paraphrase McCracken, 1988) ‘mines rather than surveys the terrain’. This method can produce data that sensitize readers to otherwise private and uncommunicated experiences. There are also inevitable limitations in such in-depth exploration with small non-randomly selected samples in that generalization cannot be assumed and may be limited.

Findings

It was clear that families do not think of themselves in accordance with the formal categories of child protection systems, where registers concretize complex situations into discrete types of event such as ‘physical abuse’, ‘sexual abuse’, ‘emotional abuse’ and ‘neglect’. When families are relating their experiences, they rarely use such concepts. Consequently, in this paper, the traditional classification of ‘abuse type’ (the professional perspective) has been amended into a classification of concern, which reflects more accurately the perspectives of the families.

In particular, two categories of physical *injury* (rather than ‘abuse’) are utilized, as this reflects concerns of several parents that the concept of ‘abuse’ implied a certainty of cause—and *intent*—that they continued to take issue with. Also, the (relatively small) number of parents in this sample where sexual *abuse* was a professional concern saw this as being more equivocal, requiring at least the clarifying term ‘suspected’.

Concerns about children’s *emotional well-being* are more relevant to parents than the terminology of emotional *abuse*. This was particularly so in the two main situations in which emotional abuse was recorded in this sample: (a) children who were caught up in serious and chronic domestic violence between their parents; and (b) children who were displaying serious behaviour problems. In the latter scenario, more than one mother was beginning to experience *herself* as the victim of physical and emotional violence from the child (whereas the child protection register will record the child as being emotionally abused).

‘Concerns about children’s emotional well-being are more relevant to parents than the terminology of emotional abuse’

On this basis, from the data in the interviews, types of concern were categorized as shown in Table 2.

Table 2. Concern by categories

Concern	Total
Physical injury (serious)	6
Physical injury	6
Emotional well-being	9
Suspected sexual abuse	4
Neglect	3
Domestic violence	3

It can be seen that physical injury was the most frequent category of concern, occurring in three-quarters (12/18) of the cases, and half of these involved serious injuries. Concerns about the emotional well-being of children were the next most common, being reported in half of the cases.

Perceptions of Helpfulness of Child Protection Services

Table 3 records questionnaire data regarding the perceived helpfulness of child protection services.

Table 3. Participants' ratings of helpfulness of child protection services (N = 18)

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

The spread of responses reflects almost equal proportions lying at the two ends of the scale: just over one-quarter of the sample reported child protection services as having very positive impact and just under one-quarter reported very negative impact. As responses are distributed across the range, they support the validity of the sample in relation to the qualitative data and analysis.

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Perceptions of the Child Protection Process

The simplest way to structure the themes from the interviews is to follow six key child protection stages:

- Need for preventive/family support services
- Child protection investigations
- Child protection assessments
- Child protection conferences
- Child protection plans
- Therapeutic services

‘A recurring issue was of frustrations (and sometimes despair)’

‘Both parents felt that the social worker had a dogmatic belief about the value of criminal charges’

The Need for Preventive/Family Support Services

The most common view from parents (expressed by 12/18—66%) was of intense frustration that they had asked for help prior to the child protection circumstances occurring—and that such help was inadequate or had been unforthcoming. Most typically, help was needed in managing difficult behaviour of children:

‘I contacted social services for help, which did not come about for many, many months. I wanted advice—not getting any. Passed from pillar to post. They said they’d return calls—didn’t return calls. Said they’d send people out—didn’t. Social worker eventually turned up—I said “You’re too late—I’ve been to hell and back”.’ (Vera)

Interviews (all names in quotations are pseudonyms) highlighted the ways in which some families are struggling with disturbed children and also the extent to which siblings can suffer (physically and emotionally) as a consequence of such behaviour. A recurring issue was of frustrations (and sometimes despair) in attempting to obtain appropriate help from social and health services.

Child Protection Investigations

All of the families recognized that when concerns are received about possible child abuse, the relevant agencies have an obligation to make enquiries. A positive feature from the cases in this sample was the general respect for the way the police handled enquiries they were involved in. Parents, with one exception, praised the police for being courteous, open-minded and fair. Investigative work (Section 47 enquiries) by social services, however, generated two main issues of concern. These related to the validity of initial safety assessments and the nature of imposed restrictions on family life via threats of removal of children. Significant disagreements arose between parents and social services regarding the nature and levels of risk at the initial safety assessment stage. Concerns were felt by parents that social services routinely adopted a ‘worst scenario’ perspective, resulting in protection plans that were disproportionate to the actual nature and seriousness of the incident.

One mother felt that their social worker overtly disapproved that she did not intend to press charges against her husband following an incident that both saw as being out of character and stress-related. Both parents felt that the social worker had a dogmatic belief about the value of criminal charges in such circumstances and was oblivious to positive factors such as

the general strength of their family relationships. Also that a criminal conviction would result in the loss of father's job and consequently their home and comfortable lifestyle:

'They didn't see the big picture. The child was hurt, fair enough. But all in all, we are a happy family—they don't see that. They just see statistics—"If we leave George alone he'll do it again and again"—which just isn't the case. We feel very hurt by that.' (Mrs Skye)

These parents, like several others, reported that they had reluctantly complied with a 'voluntary' protection plan on the basis of a threat that their child(ren) would be taken into care if they did not do so.

Child Protection Assessments

In general, parents either tended not to mention any process of assessment at all or had feelings of dissatisfaction about this. One exception was a father who had become primary carer of a 3-year-old and a newborn baby following a life-threatening incident when the elder child had been alone with his mother:

'To this day, social services are 99% certain that (child's mother) tried to suffocate him. It couldn't be proved as she was in the flat on her own . . . They know I was angry—I told them I couldn't understand what all this rubbish was about case conferences, child protection registers. I said to them, "He's not at risk! Why is he at risk?—I've packed my job in" . . . A few weeks went by, then the social worker would say, "We've got to assess you Mr Taylor as a parent". I kept saying, "I don't need assessing as a parent—I've had five!". They said, "It's in your best interests as his name is on the child protection register". They could put him into foster care! As soon as I heard that it got to me. The words "foster care" and "assessment" I didn't like—so I set out to prove them wrong—and I passed with flying colours!' (Mr Taylor)

This case is an example of highly effective child protection work which required a skilled social worker to overcome initial parental hostility about a requirement to be assessed. Having effectively resolved the initial conflict, subsequent interagency interventions reflected excellent standards of child protection practice/resources with a corresponding high level of parental satisfaction.

The two main areas of dissatisfaction with assessment practice involved disagreement with the conclusions reached by the assessment (as already discussed in relation to 'worst scenario' reactions) and delays in required assessments being undertaken or completed. One mother's experience was that following child protection registration (and imposition of

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contact restrictions on her partner), a period of 2 years elapsed before the required assessment was provided:

‘Before (partner) could be on his own with the children, he had to have this assessment to see what risk he was . . . At the time they told me they couldn’t do the assessment—the funding wasn’t there. And because I hadn’t had court proceedings they couldn’t just go ahead with it—there wasn’t the funds for it . . . We were just going round in a very nasty circle—going to meetings, the same thing happening . . .’ (Sarah)

Having waited for 2 years in limbo (under continuing enforced conditions of restricted contact), to her surprise, relief and bewilderment a subsequent social worker had no problems in quickly arranging the required (and ultimately very brief) assessment:

‘The social worker who couldn’t arrange it left, and so did her manager—the best thing that ever happened to me! Then I got a new social worker and within 2 months she’d organised an assessment! . . . A total of 3 hours to complete this assessment that I’d been waiting for for 2 years—all done in six weeks . . . If they’d have took us to court they could have had an assessment—but because of us cooperating they couldn’t do it. I was penalised for cooperating!’ (Sarah)

This is one of several examples where it appears a family was disadvantaged by care proceedings *not* being instigated, as it is inconceivable within the legal context of care proceedings that a delay of 2 years in arranging an assessment would have occurred.

Child Protection Conferences

The experience of attending child protection conferences (especially initial conferences) was one of the most vividly remembered aspects of involvement with child protection services. Most families (satisfied as well as dissatisfied) recalled the conferences with shuddering feelings:

‘An experience you’ll never forget . . . very upsetting—it felt like everybody who was around that table was against you . . . everybody’s looking at you, and then they are discussing you, your children, their recommendations—and you’ve not heard a word of what they’ve said before . . .’ (Sarah)

‘I went to a meeting, lots of people around a table. They put you in your own room, give you a sheet to read about what’s gone off and all—some of it were difficult to understand. Then went into the meeting—You felt like you were a fish in a bowl—with all the different people there—you feel like “What have I done to deserve this?”’ (Ms Williams)

'Very traumatic—I sat for 2 hours with my head down—it was that bad.'
(George Skye)

'I won't go to case conferences—I won't go to them. At the end of the day you can express your feelings and *they* will put down what *they* want.'
(Cathy)

Overall, the most commonly raised concern about case conferences was: *Why do so many people that parents do not know have to be there?* It is important to note, however, that these comments do not mean that parents thought the conferences in general were not necessary or not properly conducted. In fact, there was almost unanimous recognition and appreciation that the conferences were very well chaired.

Child Protection Plans

'I could have murdered them, and they'd have been none the wiser . . .'

Child protection registration was commonly referred to as being on the 'the list', and this involved varying degrees of stigma. Moreover, several parents were baffled, offended and affronted that following the trauma of the investigation, the case conference and their child being placed on the 'at risk register', they could then fall into a 'black hole' with no contact at all from social services:

'Nothing at all happened after registration—I was disgusted. They are supposedly at risk from me! What's the point of at risk register if they weren't there to back up anything? It feels like my file got stuck in a drawer somewhere . . . I just told them that my children being on the at risk register was a waste of time—I could have murdered them and they would have been none the wiser because nobody was ever here. There was nobody to talk to, no back-up. There was: "Oh, we'll assign you a social worker"—but where? They didn't turn up.' (Ms S. Jones)

At least two families in the sample appeared to have been left unallocated without a social worker following child protection registration because of staff shortages. Families were aware that resource shortages resulted in child protection plans not being implemented:

'They have all these plans drawn up—but do they ever follow them through? I think not . . . They're supposed to be working together—but you'll find that they won't—because it comes under financial funding. And this is where the arguments crop up with these people—not the safety or well-being of the child—but: "We're not paying for that", "Oh, let Social Services do that" and "No, that's not our department—let Education deal with that". They are trying to pass the buck around and around and around instead of getting to the point and dealing with it.' (Cathy)

'They could then fall into a 'black hole' with no contact at all from social services'

'Some showed sympathy for well-intentioned social workers being overworked'

Some showed sympathy for well-intentioned social workers being overworked:

'She'll promise us the earth while she's here. But as soon as she gets outside in her car she forgets—because her head's all over the place. She gets at least two phone calls while she's with us—she's always late—she's dizzy! She's nice, but she's dizzy. It's not her fault—they are understaffed.' (John Richardson)

Therapeutic and Support Services

In several cases, parents described effective use of high-quality therapeutic and support services provided as part of the child protection plan:

'I was offered counselling—I've been a couple of times. It was nice to download some of the junk that I've got in the back of my head . . . It's been a long struggle but we're getting there—(to 14-year-old son present): Aren't we?!' (Ms S. Jones)

'I started a parenting course—how to handle their behaviour, how to play with them—things like that. With him being my first and I was only 17—they tried to give me all the help I could have—it's been very helpful.' (Ms Durgan)

A single parent father caring for two very young children had received an impressive package of direct and coordinated support services:

'Social services were supportive to me—I knew I had back-up and support—it were just someone to talk to basically, they were good listeners . . . They ring me up now and again saying, "Are you alright? Do you need anything?". It were little things like that that's meant big things to me . . .' (Mr Taylor)

Specific services for children were also much appreciated. For example, a 13-year-old girl with learning disabilities had been seriously bullied by her elder brother:

'We had (resource worker) to take her out, to give her a break from (elder brother), to try and help with that situation. She'd take her out to see other children, she used to enjoy it, like a friend for (daughter) and she could tell them what was troubling them and all this lot.' (Ms Williams)

In another family, a little girl had valued the individual attention she had received—and was still sad and not a little bemused that it had ended:

'I had a social worker! But she's gone now . . .' (7-year-old girl)

'Specific services for children were also much appreciated'

Six families in the sample were struggling with major stress from the effects of seriously aggressive behaviour of a child in the family and the impact this had on parents and siblings. In three cases, despite foster care had been provided and was seen as a crucial element of support preventing complete family breakdown—or a 'last straw' violent parental response. These parents wanted professionals to know how desperate they could become:

'Need somebody to understand what we are going through. It took me a few years to get to this stage—sending (daughter) away. Social services used to say "Just carry on—you can do it". Until I went to this meeting one day and broke down. Basically I said, "You've got to do something now—it's either that, or I'll kill her" . . . There's been times I've wanted to have my fingers round her throat . . .' (Winnie)

Style of Child Protection Practitioners

The therapeutic impact of some social work interventions was greatly appreciated. In these cases, characteristics that were particularly valued included:

- Being supportive
- Listening carefully and effectively
- Skills in promoting cooperation
- Being 'matter of fact'
- Being 'human'

The following quotes convey parents' feelings about positive style of social workers:

'Eye-to-eye contact—being able to talk to each other—say anything we want to each other.' (Winnie)

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

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

'Dawn (mother): She were great—very pleased with her, she were right calm. She were fair—a very nice person. I could talk to her. Louise (shy teenager): *I could talk to her!!!*' (Pearson family)

It was impressive to hear from at least two families who had been very unhappy with the child protection process that the

'These parents wanted professionals to know how desperate they could become'

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‘Positive qualities of particular social workers had made an important difference to them’

positive qualities of particular social workers had made an important difference to them:

‘(Relationship with social worker): At first it was not very good—I kept losing my temper—which is bound to happen when they are threatening to take your son off you . . . As its gone along, things have got better . . . we’ve got more friendly—we talk to each other—instead of shouting and bawling at each other (laughs) . . . She actually stayed quite calm—she tried to calm me down. I just couldn’t hold my temper back—I had to let it out. She either just sat there and let me say what I had to say—or she’d sit there and talk to me and tell me to calm down.’ (Ms Durgan)

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

Negative impact of practitioner style

Not surprisingly, negative experiences of professional style reflected the perceived absence of the above types of personal/professional qualities. Negative characteristics were commonly referred to as ‘arrogant’, ‘snotty’, ‘bossy’ and ‘couldn’t care less’ and were seen as precipitating uncooperative client responses. Although ultimately very satisfied with subsequent services, a single father had initially encountered one professional with an approach that he found both intensely patronising and antagonistic:

‘The worst thing? The threats, behaviour, the power they’ve got. The big words they used frightened me—really frightened me . . . Arrogant, very arrogant. Ignorant as well. That person’s approach: She didn’t ask, she told . . . At the time, in my mind I was thinking: “If she’s going to be funny, I’m going to be funny . . .”’ (Mr Taylor)

Also, difficulties in being able to contact social workers, especially not having telephone calls returned, were a major source of frustration for many parents:

‘And her manager, above her, she was never there either. You rang up to speak to her and: “No, she’s in a meeting, she’s here, she’s there” . . . I think if they are going to put your children on an at risk register, you’ve at least got the right to be able to speak to your social worker or a manager if they’re not there. I mean, I went for weeks trying to get in touch with them. They’ll “take a message and return your call”—*they never return your call.*’ (Sarah)

It was apparent that not all the social workers these families had encountered had the same level of skill or commitment to engage families constructively in the child protection process.

‘Not having telephone calls returned, were a major source of frustration for many parents’

It is also the case that—for whatever reasons (including previous negative child protection experiences)—some parents will not be prepared to engage cooperatively or constructively *whatever* the skill levels of the practitioners. For example, one mother made it very clear that she was completely unwilling to engage in any meaningful way with agencies:

'They're supposed to be professional people—and they can all quickly gang up against a single family like me and (child). At the end of the day, these people will put down what they want. And because they have got a professional title—everyone will all stick together . . . Me—I'm just a nobody as far as they are concerned. I've not got no high-powered job or title or anything. And I think they think sometimes that they are better than God.' (Cathy)

Discussion

This study examined the perspectives of a small sample of families on their involvement with child protection services following the implementation of the Assessment Framework in April 2001. Findings reveal a very mixed picture of family experiences of satisfaction and dissatisfaction with the process and outcomes of child protection interventions.

Perceptions of Negative Outcomes from Child Protection Interventions

The body of research into family perceptions of child protection interventions paints a generally uncomplimentary picture of practice processes and outcomes (e.g. Cleaver and Freeman, 1995; Freeman and Hunt, 1999; Howitt, 1992; Prosser, 1992; Lindley, 1994; Thoburn *et al.*, 1995). These studies highlighted that often families feel they are treated unfairly; are not given appropriate information; and are subject to arbitrary decision-making processes. At worse, some families made very serious allegations about professionals fabricating, distorting and exaggerating concerns (Freeman and Hunt, 1999; Howitt, 1992; Prosser, 1992).

In the study reported in this paper, 5/18 families reported that child protection interventions had not really helped, including four who maintained that the interventions had caused them significant damage. Two of these families had intensely negative feelings about local authority care plans and court processes that echoed the highly dissatisfied families described in the study by Freeman and Hunt (1999). They felt that profound mistakes in diagnoses and judgements about injuries (and childcare practices) had been made, and that the

'They can all quickly gang up against a single family like me'

'5/18 families reported that child protection interventions had not really helped'

‘Only one of the dissatisfied families had made use of the formal social services complaints procedures’

‘Parents feel that the bases for such decisions are at best secret and at worst arbitrary’

system was inherently unfair by, in effect, putting the onus on them to prove their innocence.

It was surprising that only one of the dissatisfied families had made use of the formal social services complaints procedures. Consequently, managers at all levels may not be aware of the extent of dissatisfaction with services. Families were either unaware of complaints procedures or felt that invoking them would be a waste of time or counterproductive. Of particular concern is that at least two families had specifically decided *not* to formally complain as they felt that if they did so, social services would take (in their view) an even more punitive stance towards them.

While parental views and experiences are very valuable in the evaluation and further development of child protection practice, they must also be considered within a wider context. For example, based on findings of research into samples of child abuse fatalities (referred to in the introduction above), it is likely that if the project discussed in this paper had also considered the conclusions of Part 8 reviews undertaken in the same county over the past 5 years, failures of agencies to intervene early and assertively enough to protect children would have been highlighted as an issue of significant concern (Dale *et al.*, 2002b).

Child protection professionals have to walk a tightrope between Part 8 review conclusions that they tend towards inadequate recognition of risks in cases where parents are truly dangerous and the cogent views of some parents who believe that they are dealt with in draconian ways on the basis of routine assumptions of the ‘worst possible scenario’. In this context, much more explicit standards to govern child protection interventions are required. For example, how exactly is it decided whether or not it is essential for a child (and siblings) to be removed into foster care? When children have been removed into care, how is it decided what levels of parental contact are appropriate? How is it decided that a case should be subject to care proceedings or whether it can be managed on the basis of a ‘voluntary’ child protection agreement? In such cases, how are the nature of the restrictions to be imposed on the family determined? Parents feel that the bases for such decisions are at best secret and at worst arbitrary. Parents require greater clarity, consistency and transparency in these areas of decision-making to be better able to judge whether or not they are being subject to ‘fair process’ (Dale, 2003).

It is unrealistic to expect in the field of child protection that a 100% rate of consumer satisfaction could ever be attainable. Some parents will always disagree with decisions relating to the safety and welfare needs of their children.

Such disagreements will often translate into dissatisfaction even when the child protection decisions and subsequent actions are valid and necessary. Notwithstanding this, there is clearly a challenge to reduce the element of dissatisfaction that stems from inconsistent and poor-quality child protection practice.

Professional Style

A striking theme running through families' accounts of child protection interventions relates to the interactional style of professionals. It was apparent from descriptions given by families that there were many very skilled and committed child protection professionals working across agencies in the areas in which the interviews were conducted. These workers were portrayed as being friendly, interested, concerned and very keen to help in collaborative ways.

In contrast, equally vivid descriptions were given (and some families had experienced both types) of child protection workers who were uninterested, ineffective, unsupportive, unreliable and unavailable. Such negative style of child protection professionals has been noted in several other studies (e.g. Freeman and Hunt, 1999; Thorpe and Thomson, 2003). From the body of parental perceptions research, there is a worrying indication that child protection practice may increasingly be perceived as 'inhumane'—patronising, provocative and punitive:

'Many parents feel judged as totally bad and, as a result, are treated with disrespect, and denied even basic courtesies of civil human interaction.' (Thorpe and Thomson, 2003)

On this topic, from a recent study of the implementation of the Assessment Framework in the UK (Department of Health, 2000), Corby and colleagues issued a very pertinent reminder about professional style:

'It is also important that those carrying out assessments use traditional social work skills such as listening, empathy and respect for the individual.' (Corby *et al.*, 2002; 41)

Given the profound impact on families of professional style, a key question that arises is how such disparity in family perceptions of the quality (and humaneness) of child protection workers' style can be addressed. One answer must lie in instituting more effective evaluation of the process and outcomes of child protection interventions. It is only on the basis

'To reduce the element of dissatisfaction that stems from inconsistent and poor-quality child protection practice'

'A very pertinent reminder about professional style'

‘Develop systems for quality assurance regarding the style of professional interventions’

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of systematically and routinely gathered feedback that child protection agencies can develop systems for quality assurance regarding the style of professional interventions. With such information, quality improvement plans can be instituted through existing mechanisms of training, recruitment, supervision, appraisal, promotion and continuing professional development.

Perceptions of Positive Outcomes from Child Protection Interventions

In concluding this paper, it is pertinent to refocus attention on parental appreciation of good child protection practice. It is an understatement to say that reports of positive experiences and outcomes of child protection work are not often reported in the research and professional literature, and hardly ever in popular media.

Exceptions to this have focused predominantly on professional perceptions of benefits to families which can stem from clinical assessment and therapeutic services, with an emphasis on the key assessment issue of potential for change (e.g. Dale and Fellows, 1999; Essex and Gumbleton, 1999; Fitzpatrick, 1995; Robinson and Whitney, 1999; Turnell and Edwards, 1999). Dale and Fellows (1999) reported that almost 60% of families made identifiable positive changes following participation in a therapeutically oriented assessment programme. An independent survey in Victoria, Australia found that 80% of children interviewed reported that their ‘life had got better’ as a consequence of child protection interventions (Gleeson *et al.*, 2001).

In the study reported in this paper, half of the participants reported that their experiences of child protection interventions had been either very helpful or helpful to some extent. Some of these cases involved remarkable stories of the lives of parents and children being transformed through well-coordinated, sophisticated interagency packages of assessment and support delivered by groups of sensitive and highly skilled professionals. It is a real disadvantage for the image of public services that successes rarely achieve widespread recognition and have minimal impact on service development. On this basis, there is clearly a need for more surveys, audit, evaluation and research which analyses cases with effective processes and successful outcomes (as reported by families), so that practice, policy development, professional education and the public reputation of child protection services can be as informed by cases with good outcomes as they have traditionally been by cases with poor outcomes.

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