Word count = 6470 Ist Draft

SAFEGUARDING CHILDREN: CRITICAL FACTORS IN SUCCESS AND FAILURE

OLIVE STEVENSON

JULY 2003

Abstract

This paper examines four critical aspects of success and failure in safeguarding children. These are; first, to establishing a basis for evaluation, in relation to the relevant knowledge base and social values; secondly, agreeing criteria for success and failure and for the measurement of outcomes, using current government requirements; thirdly, assessing the impact of interacting factors on outcome; fourthly, managing the gap between aspiration and achievement, taking account of the legitimate need of individual professionals to appraise the value of their work, without loss of confidence.

Key words. Safeguarding children. Critical factors. Success and failure.

Key words. Safeguarding children. Critical factors. Success and failure.

This discussion of critical factors in success and failure i~~s set within~~ the ~~context of the world in which professionals work;~~ it does not deal only with methodological issues in evaluation, important (and formidably difficult) as these are. It is concerned with the values and the knowledge base on which measures of success and failure can be based, the aspects of success and failure which are less easy, or perhaps sometimes impossible, to quantify and the inevitable gaps between aspiration and achievement. The basic challenge is how to assess progress in achieving our desired goal to safeguard children from harm, in ways that are sufficiently subtle and realistic to be supportive of good practice.

Establishing a basis for evaluation

Much of the debate about success and failure is founded on the assumption that 'we' (i.e. the government, the professional and academic community) know what children need, and therefore to what they have a right to, in order to develop satisfactorily. If this is so, we know what we want to prevent even if we do not know how to do so. This is an enormous claim

~~context of the world in which professionals work;~~ it does not deal only with methodological issues in evaluation, important (and formidably difficult) as these are. It is concerned with the values and the knowledge base on which measures of success and failure can be based, the aspects of success and failure which are less easy, or perhaps sometimes impossible, to quantify and the inevitable gaps between aspiration and achievement. The basic challenge is how to assess progress in achieving our desired goal to safeguard children from harm, in ways that are sufficiently subtle and

And yet, inevitably, the criteria and outcomes used in considering 'success and failure' must be based on certain beliefs and values on what is best for children. Policy and practice are shaped by these beliefs and values. Without them we are paralysed. This is not to deny that we are children of our time; that knowledge is provisional. One has only to look at the debate about child rearing practices over the last century to see how the assumptions change. But it is to assert that, whatever the luxury of uncertainty which academics can enjoy, society appoints professionals to act in ways which are at the time believed to be in childrens' best interests.

Whatever the limitations and qualifications, there is now a significant body of knowledge about child development and the optimal conditions for successful child rearing. A good deal of this is soundly based on systematic research, such as in the theory of attachment and bonding, and on sophisticated social theory, such as that derived from anthropological and sociological studies of kinship and social networks. Ideas about attachment and bonding and, conversely, emotional deprivation have unfolded over the years of my professional life. When I trained as a social worker in the 1950s, I was exposed to, and much affected by, the work of John Bowlby (see, for example Bowlby 1951) and perhaps most by the work of his devotees, the Robertsons, (see, for example Robertson 1952) who made the classic films showing loss and grieving when young children were separated

classic films showing loss and grieving when young children were separated

from their caretakers. At the same time, there were harrowing accounts of extreme deprivation in orphanages in other countries (and, indeed, in some residential nurseries in this country). There followed arguments about the implications of such theory. For example, attachment to whom? – One person only? What of patterns in other cultures? What about fathers? And so on.

Nonetheless, as the years went on, some of these arguments were resolved. New evidence came, for example, from Romanian orphanages, of the basic force and validity of the underlying theory. Most recently, I have heard about the bleak institutions from which some Chinese children have been adopted and the effects on the childrens' development. So, over 50 years, there has developed a body of knowledge which forms a critical part of our understanding of childrens' needs. This is <u>not</u> to say that such theory is unchanging; that would be disastrous; nor that it has been adequately utilised by practitioners in this country. Poor education of some professionals, perverse policies and inadequate resources have all, to an extent, worked against successful and practical implementation of the theory. But it is alive, influential and well founded.

Such a body of theory does not take pride of place over other theories and knowledge. It is simply an example in support of the argument that we do

knowledge. It is simply an example in support of the argument that we do

know some important things upon which to base a debate about success and failure. It is part of a vibrant professional climate that there will be ongoing disputes about aspects of child rearing and that uncertainties will persist. Perhaps the current campaign about smacking, into which politicians have entered, is a case in point. The 'absolutism' of the anti smacking lobby is contentious, but there is a very considerable degree of consensus that corporal punishment can be psychologically as well as physically harmful.

Thus, in a given society, at a given point in time, it is possible to operate within a reasonable consensus about many of the necessary conditions for childrens' satisfactory development. However, there are two important qualifications to this assertion.

First, even if we claim some certainties about childrens' needs, we are on much shakier ground when we turn to the knowledge base for assessing the capacity of parents and caregivers to change their behaviour and to provide adequately for their children, within a child's developmental timetable. The relative merits of different interventions are still unclear.

McDonald (2002) points out that "as well as depressing few in number, studies of intervention designed to address child abuse and neglect are fraught with a range of methodological problems) (p.209). She refers to

fraught with a range of methodological problems) (p.209). She refers to

'scandalously few studies of intervention in circumstances where physical abuse and neglect have already occurred'. (p.209).

The second reason for qualifying our optimism concerns the role of professionals in safeguarding children in a multicultural society. There seems to be some confusion in the minds of the professionals about the meaning of 'cultural relativity'. It is impossible for workers in this society, within a statutory framework of law and policy, to take the notion of cultural relativity to the extreme and argue that 'anything goes' as long as it is viewed as acceptable within that social group. Such a view may in fact be a product of lazy or fearful thinking, fearful because it sometimes seems the fear of being thought racist has led to anxiety about pursuing issues in a manner necessary to safeguard children. Yet it is an essential and proper part of child welfare to understand, as well as one can, the values and assumptions underlying child rearing in a particular cultural group. This may lead to a recognition that the behaviours one is worried about are in fact deviant within that group and not typical. It may lead us to realise that when taken in the general context of parent and child relationships, the behaviours are not as they first appeared. Sometimes it will be necessary to decider that, within wider societal norms, the behaviours cannot be allowed to continue. There are 'bottom lines', but they must not be drawn without a real attempt to understand the norms and values within which a specific

real attempt to understand the norms and values within which a specific

ethnic or cultural group operates. Too often these fundamental values have not been faced in discussion of the issues.

There are some major difficulties when seeking to understand the needs of children in a culture which seems to rest on assumptions which are fundamentally different from those upon which we customarily operate. The differences turn on the question 'what kind of values' underpin child rearing in this society? To make this point, the work of doctoral student, Sonam Yang, a social worker from South Korea is being used. This material was prepared as we struggled together to see what might be regarded as abusive of children in her own society. My student drew attention to two aspects of family structure and patterns, with Confucianism as a reference point. First, she wrote 'there are differing power relationships between family members, based on age and gender. For example, the oldest male has the highest rank in the family and the youngest female has the lowest rank. This hierarchical subordination within the family provides for a social order that rationalises age and gender inequality'... "It becomes the essential foundation for Korean child rearing patterns". From the notion of 'final piety' it follows that obedience is "essential to maintaining family harmony and functioning".

A second vital aspect is what Sonam describes as 'Weism': this is a requirement to lose or submerge one's identity in the wider identity of the

requirement to lose or submerge one's identity in the wider identity of the

family. "The success of the child is considered a measure of the success of the whole family. The mother and the child do not exist as individuals, rather they identify themselves by their relationship..." These matters are related to the passionate importance which is attached to success in education. At the point of formal education 'children are expected to begin following rigid codes of behaviour and to adhere to strict disciplinary standards'. Sonam refers to suicides related to educational failure, including the joint suicides of a mother and a child as not unusual. She notes a recent Korean government report cites the U.N. Convention on the rights of a child which claimed that Korean children are now growing up physically and mentally unhealthy because of the burdens resulting from the over competitive university admission system, (by no means restricted to an elite).

Here we have a situation in which there are indications of influences from western values finding their way into Korean society. It is very much 'top down'. The government has reported criticism of Korean society by outsiders; an act of parliament has banned 'child abuse' using western concepts; academics in Korea undertook many surveys revealing, inter alia, the extent of excessive physical punishment. Yet, so far as we can ascertain,
related to the passionate importance which is attached to success in education. At the point of formal education 'children are expected to begin following rigid codes of behaviour and to adhere to strict disciplinary standards'. Sonam refers to suicides related to educational failure, including the joint suicides of a mother and a child as not unusual. She notes a recent Korean government report cites the U.N. Convention on the rights of a child which claimed that Korean children are now growing up physically and

Included in these values are strongly held views that physical chastisement, quite extreme by our standards, is a necessary part of parental love.

In Britain, the situation is even more complicated. We will find certain family values and patterns which are alien to the majority. We must not rush into an assumption that our value base ~~our knowledge of childrens needs and development~~ is superior. But neither can we abdicate responsibility. It ~~will be~~ is further complicated in today's Britain because there are shifting values and marked tensions within ~~those~~ minority groups, especially between the generations. This can lead to agonising conflicts.

So, what has this to do with success and failure? Safeguarding children in a multicultural society, in which there is considerable doubt and confusion as to whether certain behaviour is abusive leads to doubt about criteria of success and failure. The ground rules are unclear.

Thus, in establishing a basis for evaluation of success and failure we should be pleased that we have a significant body of knowledge and theory on which to base our endeavours. There <u>are</u> a set of principles on which to develop many criteria for success and failure. They are rooted in a holistic

In Britain, the situation is even more complicated. We will find certain family values and patterns which are alien to the majority. We must not rush into an assumption that our value base ~~our knowledge of childrens needs and development~~ is superior. But neither can we abdicate responsibility. It ~~will be~~ is further complicated in today's Britain because there are shifting values and marked tensions within ~~those~~ minority groups, especially between the generations. This can lead to agonising conflicts.

new knowledge. This is better understood and acted upon in some professions than others; for example the medical profession has a longer and better track record than social workers. The social work profession has (with honourable exceptions) been slow to accept the importance of "research mindedness" and then only with strong pressure from government to do so.

There is a particular need to improve our understanding of the effectiveness of interventions to improve parenting.

Further, particular attention must be focussed on multi-cultural issues. In many respects, there can be shared assumptions across cultures, of what is good in child rearing. Yet we should not rush to superficial judgements about similarities and differences. yet more More sophisticated analysis is needed of important cultural differences and their implications for child development, most particularly differences in basic assumptions about family values, the role of children within the family and parental expectations from children.

Agreeing criteria for success and failure and for the measurement of outcomes

One of the most striking developments since 1997 has been government's ambitious programmes of 'targets' across various services including health, education and child welfare. There has been much criticism from various quarters of these as tools for measuring progress, though less has focussed on child welfare. Most of this criticism seems to be based on three

quarters of these as tools for measuring progress, though less has focussed
on child welfare. Most of this criticism seems to be based on three

arguments. First, that the targets measure the wrong things or offer only superficial measures of much more complex matters. Secondly, that the pressures to achieve the targets in the context of heavy workloads, may lead to unethical practice, or at least, to unreliable data collection. Thirdly, that the very setting of targets can lead to 'perverse incentives' and can actually be detrimental to the overall goals of good practice.

How far do these criticisms apply to the target setting for social services which has been a significant feature in recent years? The illustrations which follow are from the returns made by one social service department (Nottinghamshire) to the Department of Health. There are ten child care performance indicators. This is of course a problem in itself – the sheer volume of the material to be collected places considerable strain on the agency. Outcomes are measured by specific detailed 'indicative' questions and by examining trends in performance on a continuum from 1998/99 – 2003/4. These broad objectives are derived from what is considered to be important in safeguarding childrens well being. Many of these assumptions are based on the extensive programmes of research funded by the Department of Health over many years as well as earlier fundamental research. The connexions between research and the setting of targets is well founded in most instances. Here we use only the first of the indicators, of which the objective is 'to ensure secure attachment to carers who can

which the objective is 'to ensure secure attachment to carers who can

provide safe and effective care'. It is reasonable to ask for evidence of the proportion of Looked After children who had three or more placements during the year. Nottinghamshire shows a drop in 1998/99, from 25% of children who had three or more placements to 10% in 2002/3, thus exceeding the target, which was 12%. It is surely a sound measure of success to have fewer breakdowns. Of course, it does not measure the quality of the 'safe and effective care' in particular placements but that does not invalidate the measure – it simply suggests yet another dimension which requires exploration.

U~~sing this same objective, there are~~, however, some questions which ~~raise~~ ~~anxiety~~ because ~~we are not~~ sure how they will be interpreted or used in the formulation of policy. Notable are matters concerning adoption. The questions focus on the length of time a child is looked after before being adopted. Just as reduction in placement breakdowns is desirable, so reduction in the length of time before certain 'Looked After' children are adopted can also be seen as desirable. Certainly the figures submitted by Nottinghamshire show trends towards speedier adoption. There is strong political pressure about this. Prime Ministerial (2000) endorsement of increased numbers of adoptions for 'Looked After' children was an unusual event in such a field. This is however a contentious and complex issue. If the desired outcome is to reduce 'drift', to make impossible the ghastly

the desired outcome is to reduce 'drift', to make impossible the ghastly

limbo in which some such children have been left, that is wholly desirable. But if it leads to hasty decisions regarding adoption and/or to a denial of appropriate parental involvement, it is a calamity.

In the 'Quality Projects Research Briefing' (Thoburn 2002) commissioned by the Department of Health, the author points out that 'the breakdown rate for adoptions is around 20% for those placed at the age of eight, rising to around 50% for those placed at the age of ten or eleven.' (However, it goes down slightly for those placed as teenagers). The advice given to practitioners is: 'find ways of speeding up the placement once the birth parents have had time to be sure of their decision. In cases where adoption is necessary but the parents initially disagree, do all you can to involve them in the planning process, including seeking a placement with continuing contact if parents request it and there are no reasons why it is inappropriate.' (No page ref).

Thus, it can be seen that there is formal support for taking time over these momentous decisions, including the vexed issue of continued contact. ~~It is easy to see how~~ good practice ~~can~~ be seen to conflict with the goal of reducing delay. There is a pressing need for research into current practice regarding time scales and consideration of the possibility of keeping in touch with birth parents. In such research, the analysis of judgements made

touch with birth parents. In such research, the analysis of judgements made

in individual cases would be critical. An analysis of trends which show that children are not waiting so long for adoption is in all probability a hopeful sign that some children will have a better chance of a good life. But unless it is followed up by evaluative research, including longer term outcomes, we cannot confidently assume success.

The performance assessment framework is also used in relation to the child protection register. One important measure is the reduction of children <u>re</u>-registered. One assumes that re-registration raises doubts as to whether the earlier decision to de-register was safe and the intervention offered was effective. So there is in the Nottinghamshire statistics a reduction from 21% of <u>re</u>-registered children in 1999/2000 to 15% in 2002/3 (against a target of 13%). It is a bit rough and ready; family circumstances can change radically and re-registration may have little to do with the action or inaction of the professionals. (Peripatetic cohabitees with a history of sexual offending come to mind.) However, provided the targets do not aim at <u>0%</u> re-registration, a downward trend can be regarded as a reasonable indication of purposeful practice – and leaves room for justified professional decisions to re-register.

There remains another uncomfortable possibility which harks back to the more general criticisms of targets, earlier referred to. I~~s there a worry~~ ~~that~~

more general criticisms of targets, earlier referred to. I~~s there a worry~~ ~~that~~

workers will be influenced (perhaps under pressure from their managers) to decide against re-registration, because it is a policy objective rather than on the merits of the case?

Finally, in this consideration of 'targets', we should note the very recent audit of services to children in need as a response to the recommendations of the Victoria Climbié inquiry (2003). This awesome document required (in very little time) self evaluation by social services of their current position in relation to no less than fifty recommendations. There is a 4point scale by which they can rate their performance. Evidence for the ratings and time scales for improvement are required. This audit is predominantly focussed on organisational arrangements, bearing on such matters as referral and assessment, the assumption being that evidence of organisational 'grip', (to put it rather loosely) will improve the quality of care offered to children in need. In the present state of our knowledge, including the discovery of organisational chaos in the Climbié inquiry, few would dispute the value of most of those recommendations, although, yet again, it is the cumulative impact on agencies, to the possible neglect of other matters, which must be questioned. Since this process was dependent on self-evaluation, rather than on 'harder' (though never rock-hard) statistics, questions may also be raised by some about the reliability of the audit returns, even if it is only 'audit through rose tinted spectacles' rather than dishonesty, as practice is

through rose tinted spectacles' rather than dishonesty, as practice is

examined. However, in my view it would be unjustifiably cynical to doubt the sincerity and integrity of most of those senior managers who conducted the audits, the more so because the validity of questions asked, and the anxiety to improve policy and practice in the wake of the Climbié inquiry, will be common to most.

So then, what is to be said about targets from the top, as indicators of success and failure?

- The assumptions of what would be best for children, and what organisational arrangements and professional actions are most likely achieve best practice are, by and large, reasonable and well founded in research. They do not in general expose a serious gap between the views of government and its advisors and those of professionals concerned with child welfare.

- However, professionals have an ongoing responsibility to scrutinise these targets and challenge those which seem misconceived or liable to lead to perverse outcomes.

- One major advantage of these processes is that their very existence makes important statements about good practice. Bluntly, even if the

makes important statements about good practice. Bluntly, even if the

measures are a bit dodgy, they make important points about aims and objectives.

- It seems important that workers are helped to understand that statistical trends in such complex matters do not necessarily invalidate opposing practice in individual cases. (For example, regarding adoption, there may be a case for legitimate delay in specific cases).

- As with all responses to targets set from above, there are problems of distrust, overload and false compliance. It is of the utmost importance that the psychological implications of distrust, overload and fear of authority are addressed. Otherwise, its 'rubbish in – rubbish out'. Field level workers need to understand the reasons for the data collection and trust the uses it will be put; otherwise accuracy is placed at risk.

- Finally, probably most important, the validity of these measures of success and failure will need constant re-evaluation against new research and new knowledge. A comment in the Department of Health's 'Caring for children away from home' (1998) puts it excellently.

excellently.

> 'New laws are passed : guidance is revised: there are marked shifts in the moral climate and priorities are added to or subtracted from the skill base. As more is learned, so new questions are raised about past practice and our expectations for children in need shift accordingly. In such a climate nothing should be taken for granted'. (P.18).

Assessing the impact of interacting factors on outcome

In our field of endeavour, there are few, if any, direct causal links. Successful outcomes in the project of safeguarding children are almost certain to be multi-factorial and multi-layered. Conversely, so are the unsuccessful outcomes, although the tabloid media continues to search for the specific villains of the piece when children die and seem almost disappointed when they have to fall back on parents as villains rather than the professionals. Yet there is some justified irritation when calamities are described as 'system failures'. After all, systems are devised and maintained by people. Of course, the phrase is often used to convey a picture of interlocking and interacting processes and sometimes of gaps in these processes. The gaps maybe down directly to human weakness or to a

processes. The gaps maybe down directly to human weakness or to a

systems failure which is not rectified by a human agent. Furthermore, the phrase 'systems failure' does convey some idea of the complexity and difficulty in ensuring that there is continuity of care in safeguarding children

So is it useful to talk of systems failure? Not if it is used to slip away from what, in the final analysis, must be the responsibility of people. But the phrase can highlight an important point. The correction of such failures usually requires action by managers at high, sometimes very high levels in the agencies concerned. More generally, the exhortation to 'work together; across agencies and disciplines sets us an evaluative challenge; how to appraise the significance of the interactions on outcome. It is often pointed out that numerous reports of inquiries from Maria Colwell (1974) to Victoria Climbié (2003), have drawn attention to major failures in working together and have found that these have contributed to childrens' deaths or serious abuse. So what are the performance indicators for successful working together? We have begun to pin these down. If, as Lord Laming wishes, processes of referral, feedback and assessment are improved, they can fairly be regarded as indicating better working together. Statistics of attendance at case conferences and/or of reports made available to them is a sensible indicator (though not without some probing questions). Yet there has to be a more sophisticated debate before we can make reliable judgements about the quality of working together.

judgements about the quality of working together.

Two aspects of particular importance are considered here. The first concerns structures, the second, communication between professionals. .

This paper is written before the Green Paper on childrens' services has been launched. We can, however, be sure that structural issues will feature in it. We cannot underestimate the part that can be played, for better or for worse, by structural arrangements in the safeguarding of children. Indeed, 25 years ago, as an outcome of national research into the (then) newly launched Social Services Departments, I became keenly interested in, and published work, on the organisational arrangements which were needed to create a unified family service but which also recognised the need for various kinds of specialisation, to ensure the efficient organisation of work and to foster professional expertise in various aspects of social work and social care. (Stevenson 1982). But since that time agencies involved in family welfare have been involved in what has seemed like an endless round of structural change, both internally and in relation to other agencies. Behind this seems to lie a naive belief that such changes can play the dominant part in improving the quality of services. Of course, other routes to improvements (e.g. 'training') are acknowledged. But the reality has been that the consequences of repeated structural change, politically inspired at both national and local levels, have absorbed far too much of the energy and capacity of the workers and sharply raised anxiety levels. Whatever the lip

capacity of the workers and sharply raised anxiety levels. Whatever the lip

service paid to other elements in programmes of change, the formidable challenges of reorganisation have taken centre stage.

Thus I fear it will be when we have the Green Paper proposals before us. We can assume that there will be a driving imperative to improve 'working together' which was shown to have failed so dismally in the Victoria Climbié inquiry. It will be argued that structural change may be needed to create conditions more conducive to 'working together'. We have seen the early signs in the removal of social services for children from the Department of Health to the Department of Education, a pattern mirrored in some local authorities.

It is, however, utterly predictable that, whilst cutting the structural cake in different ways will ease some problems of 'working together', it will also create new barriers and gaps. The briefest of examples will suffice. We can hope for better communication and cooperation between the education and social services – sorely in need of improvement. But what of the relationships between adult mental health and social services – often at the heart of child protection?

We are relatively powerless in all this. It is, of course, a 'Green Paper' which implies consultation. But we are bound to be sceptical about the

which implies consultation. But we are bound to be sceptical about the

reality of 'the consultations'. The endless merry-go-round of structural change will go on, driven by politicians. Political expediency, the short term kudos (with elections in mind) derived from major and very visible changes plays a part. However, structural change can honestly be seen by some as the road to Utopia. The structural changes may have value. However, they alone will never be sufficient to achieve good enough 'working together'.

It follows that we have to promise the children whom we seek to protect that we will take certain steps.

First, we must <u>anticipate trouble</u>. We must examine the likely problems that changing structures will create and the negative impact they may have on childrens services. This requires systematic analysis, from the changing structures themselves to the impact they make on workers. Where will new gaps in, or barriers to, communication arise? What aspects of working together relationships may be adversely affected? What might be the impact of children and families of workers reapplying for jobs, moving to new premises, etc? Crucial files on a father who murdered his child were lost in the physical moves at the time of local government reorganisation in the 1970s (Auckland 1975).

Secondly, we should not allow the fluster and confusion of structural change to deflect us from other issues which urgently need attention. Some of these fall under the general heading of 'human communication' in a professional context. Reder and Duncan (2003) in Child Abuse Review argue that:

" the issues of communication are far more complex than has ever been envisaged by inquiry panels/case reviewers and their more practical recommendations only address a small part of this complexity.... its psychological and interactional dimensions must be addressed before practical measures can work effectively" (P.84).

The article uses telling examples from the Climbié inquiry (2003). The implications are far reaching. The issue cannot be hived off to 'training', though that will have an important part to play. It demands a shift in the mind-set at all levels across a range of agencies and will need to be incorporated into supervision and consultation. It requires those engaged in working together to safeguard children to reflect on their processes of communication. This will become automatic and intuitive as time goes on but we will need to pay attention to the clarity of the messages we are conveying as part of improving communication. One aspect of this which the authors discuss, concerns the attribution of <u>meaning</u> to what is said or written. 'Receivers of a message must be able to hypothesise what facts,

written. 'Receivers of a message must be able to hypothesise what facts,

thoughts or concepts are being sent to them and the meaning they infer must coincide with the meaning that was intended. Otherwise the encounter becomes chaotic or frankly crazy'. (P.87). The authors suggest that both the sender and receiver have a responsibility in this. One example given is the reflection of a paediatrician at the inquiry who said: "I cannot account for the way people interpreted what I said. It was not the way I would have liked it to be interpreted". Another example from the report is: "Social workers from different boroughs had contrasting recollections about whether their telephone conversation had resulted in a transfer of case responsibility between them" (P.101).

Success and failure in working together depends crucially on the effectiveness of communication between the parties; ~~for success, we must first unpack~~ the elements of successful communication, using theory that is available to us, then ~~ensure these are~~ put into practice ~~and, then, put in place~~ evaluative measures to assess success and failure. This sounds huge and in some ways it is. But, to give an example, current audit tools used by many ACPCs can be adapted. It is now quite common to audit single cases which have <u>not</u> been the subject of serious case reviews. It would be a fascinating exercise to analyse key points of communication in such cases to assess the extent to which the meaning of the message was mutually understood. This exercise will certainly lead us back to consider all kinds of factors; for

exercise will certainly lead us back to consider all kinds of factors; for

example, at its simplest, the use of professional jargon such as medical or legal terminology; more complex, confusion in the mind of the message sender as to the purpose of the message; and, perhaps most complex of all, 'hearing what you want to hear'. And all this is against a background of pressure and overwork which is, by definition, emotionally disturbing and often deeply distressing. Communication at times of crisis poses special problems.

This is the challenge. The process of working together means that it is usually pointless to attribute success or failure to one individual or agency. But this does not relieve us of the responsibility to assess the quality of interaction at the heart of the enterprise and to pinpoint the implications for professional development.

Managing the gap between aspiration and achievement

It seems important to acknowledge the tension for good professionals between their aspirations and what they believe to be their achievements; that this includes all those whose work is centred on the 'safeguarding children' enterprise, whether at field or managerial level or in related activities such as research and teaching.

It is very hard to endure this tension. The better the worker and the higher the aspiration the more likely they are to agonise over their own performance and that of their chosen profession or agency. Furthermore 30 years, we have seen a dramatic increase in public and media awareness of these issues and bursts of savage and relentless criticism of individuals. It has also to be said that whatever good comes out of the Climbié inquiry, the revelations of so much gross incompetence, which are not typical of the country as a whole, is very hard to manage, both privately and publicly.

From childhood onwards, many of us have been told; 'you can only do your best'. I never found this particularly helpful; how could I know when I had done my best? So it is for workers in this field. How can we find the balance between aspiration and acceptance of limitations? This is a deeply personal question which, in the end, each one of us has to answer for ourselves. In this age of 'evidence based' practice, it seems important to decide, as an individual worker, what one considers to be 'evidence' of success and failure in your own practice. The dice are loaded against so many of the children whom we seek to help that it would be perverse (and omnipotent) to assess professional success, or even the success of various people involved, on the basis of of good outcomes in terms of their lives as adults. In any case, frequently, we will not know about these outcomes. But we have known for a long time that, for the people we seek to help, the quality

have known for a long time that, for the people we seek to help, the quality

of the relationships is perceived to be very important by them. The research undertaken in the 1970s by Sainsbury (see, for example, Sainsbury 1976) moved us into a very important domain of social work inquiry – the views of the users. This has continued over the years and is reflected most recently in belated but welcome research and consultations with looked after young people and care leavers. For example, recent by Bell and Wilson (2002) does not paint a wholly negative picture of children, young peoples views of 'the professional'.

For those professionals who have direct contact with children and young people, it seems that the honest evaluation of the quality of particular interventions and of ongoing relationships is an essential prerequisite of appraisal of individual success and failure. In discussions with the Head of an Independent Fostering Agency on this subject, she told me: 'I feel alright about things if I have explored fully as best I can what should be done for a child and I feel I have made a difference.' Even in those personal goals, the individual worker will often have to forgo the reassurance of 'the good relationship'. Some children and parents will be unable to see in the worker a real person; rather they see the enemy, the destroyer. The worker above rests only on a sense of a job well enough done. The rest is a bonus.

Not everyone will have this direct experience on which to draw. Others will have to ask same question in a less direct way. Is our/my intervention in childrens' or young peoples' lives likely to be regarded by them as positive? If not, why not? How can we find out? What can I do (and not do) about that? Such questions may be usefully asked by those who read the reports and the files as well as those who meet the children. It may be harder to hold on to these vital questions when we are distanced from the individuals. How can we preserve managerial or academic empathy and that continuing sense of urgency which means that the children are held in the minds of those who seek to safeguard them?

There will always be this gap between aspiration and achievement; indeed, making our peace with this is essential, professionally and personally. But, 'where this is no vision, the people perish'. (Proverbs XXIV. 18).

Conclusions

This paper has sought to describe and analyse key aspects of success and failure in safeguarding children. They are closely linked. The knowledge bases and the social values upon which evaluative measures are based and the means used to test practice are made the more complex because of the imperative to 'work together'. Yet in responding to this challenge, the needs of the professionals to evaluate their own performance honestly, but without self-denigration must not be overlooked.

Olive Stevenson

July 2003

Acknowledgements

The author is grateful to Jill Pedley, (Title) of Nottinghamshire County Council, to Sonam Yang of Nottingham University and to Karen Henderson of .... for their help in preparing this paper, which was first given as 'The Founders Lecture' at the BASPCAN Congress held at York University in July 2003.

References

Bell, M and Wilson, K (with C Baker). 2002

The RU Being Heard Project. A report on services in the statutory and voluntary sector for listening and responding to children and young people in Kingston upon Hull. University of York. England.

Bowlby, J. 1951

Child care and the growth of love. Penguin. London

Cabinet Office. 2000

Prime Minister's Review: Adoption. (Performance and Innovation Unit Report). England.

Department of Health. 1998

Caring for children away from home. Stationery Office, London

Department of Health and Social Security. 1974

Maria Colwell Inquiry. Report of the Committee of Inquiry into the care and supervision provided in relation to Maria Colwell. HMSO. London.

Department of Health and Social Security. 1975

John George Auckland. Report on the Committee of Inquiry into the Provision and Coordination of Services to the family of John George Auckland. HMSO. London.

McDonald, G. 2002

Child protection. In what works for children? (Eds. McNeish, D, Newman, J, Roberts, H) pp.207231.

Proverbs. XXIV. 18

Reder, P and Duncan, S. 2003

Communication in Child Protection. In Child Abuse Review. Vol. 12. No.2. 2003

Robertson, J and J. 1952

A two year old goes to hospital. (Concord Film Council, Ipswich)

Sainsbury, E. 1976

Social Work with Families. Routledge Kegan Paul.

Stevenson, O. 1982

Specialisation in Social Service Teams. Allen and Unwin. London

Thoburn, J. 2002

Quality Projects Research Briefings. Department of Health. England.

Victoria Climbié. 2003.

Report of an Inquiry by Lord Laming. Cmd. 5730.