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*Parental attendance at non-accidental injury case conferences : An evaluation of policy.*

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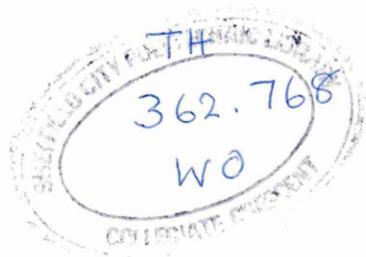
**PARENTAL ATTENDANCE AT NON-ACCIDENTAL  
INJURY CASE CONFERENCES:  
AN EVALUATION OF POLICY**

**ROSE WOODHILL BSc HLRCC**

**A thesis submitted in partial fulfilment of the  
requirements of the Council for National Academic Awards  
for the degree of Master of Philosophy**

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**Sheffield City Polytechnic in collaboration with  
Sheffield Area Review Committee**



## **ABSTRACT**

### **Title of Thesis: Parental Attendance at Non-Accidental Injury Case Conferences: An Evaluation of Policy**

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The aim of this thesis is to evaluate a policy, agreed by the Sheffield Area Review Committee, to allow parents to attend case conferences for non-accidental injury.

The Area Review Committee outlined the aims of the policy which were to aid the protection and promote the best interests of children on whom Review Conferences are held by involving parents in those conferences through:

- a) Improving the accuracy of information available to review conferences.
- b) Ensuring case conferences make more informed and better decisions in the best interests of the child.
- c) Improving the quality of treatment plans agreed at Review Conferences.
- d) Gaining greater commitment of parents to engage with workers in line with treatment plans.

These aims were clarified by interviewing members of the Area Review Committee and evaluated by observation of case conferences using Bales Interaction Process Analysis. Subsequently, interviews with key case conference participants including the parents were carried out. Methods were chosen for their appropriateness in generating data allowing the evaluation of specific aspects of this policy to be undertaken.

In effect, each case conference observed constituted an opportunity for evaluation of the policy. General conclusions were also drawn (albeit from a small sample). It was found that parents were more committed to the treatment plans but little new information came to light to improve the decisions or the treatment plans.

The thesis ends with a set of recommendations to aid professionals to improve the functioning of case conferences where parents are present.

## ACKNOWLEDGMENTS

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The person who has been the most generous has been my husband David. He has listened endlessly to me and has given me tremendous support emotionally, academically and practically. I know that he would like to be doing his own research but his work and family commitments have made this too difficult for the last few years. I feel very lucky.

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## PREFACE

This thesis is an exercise in policy evaluation. The policy under scrutiny allows parents to attend case conferences for non-accidental injury.

The 1969 Children and Young Persons' Act defines child abuse as occurring when his proper development is being avoidably prevented or neglected or his health is being avoidably prevented or neglected or he is being ill-treated; or ... he is exposed to moral danger (Children and Young Persons' Act 1969 Section 1(2)(a) and (c)).

Children are abused in the following ways: physical violence, non-accidental injury, neglect, emotional abuse, non-organic failure to thrive, sexual exploitation. The abuse comes about through parental acts of commission or omission (British Association of Social Work (BASW) 1985)

Non-Accidental Injury is one term in a list of terms which refer to children being harmed by their parents in one way or another (LASSL (74) 13; CMO (74) 8). The other terms are cruelty as in National Society for Prevention of Cruelty to Children (NSPCC), battered baby, the term coined by Kempe, an American paediatrician who 'discovered' child abuse and chose this word to shock the public and the medical profession into recognizing that the problem existed (Kempe 1962); child abuse (LASSL (80) 4; HN (80) 20) and significant harm (Children Act 1989).

The term non-accidental injury has been used in this evaluation as this was the term used by the Sheffield Area Review Committee at the time of the study. Non-accidental injury has been described by Blom Cooper as 'socially unpalatable'. This 'unpalatable behaviour' leads to state intervention into family life. The private trouble becomes a public issue. The state intervention aims to protect the child from further ill-treatment.

One dilemma facing the agents of the state, the professionals who are responsible for child protection, is when to and whether to intervene in family life (Morgan and Righton 1989, Parton 1985, Stephenson 1988, Fisher, Marsh and Phillips 1986, Holman 1988).

In political terms, the relationship between the family and the state has always included at its core both the right of the family to raise children as it sees fit, and the corresponding right of the state to intervene if the family's care or control falls short of what the state requires (Fisher, Marsh and Phillips with Sainsbury 1989). Once intervention does take place professional judgements need to be made about the child's future. Decisions are taken at multi-disciplinary case conferences which are convened under the auspices of the Area Child Protection Committee (previously the Area Review Committee). The aim of case conferences is to make plans for children to protect them from future abuse. Intervention may take the form of removing the child from home following due legal processes. The decision to remove the child from their parents is a grave one. If the child is not removed and is subsequently either killed or badly beaten professionals are open to major criticism for lack of action (Colwell

Report 1974, Beckford Inquiry 1985, amongst others). On the other hand the professionals can be criticised for being overzealous and removing children precipitately (Cleveland Inquiry 1988, Rochdale Inquiry 1990, Orkney 1991 Guardian Newspaper Reports April 1991).

In many instances a child who is the subject of a case conference remains at home with her parents. It is not possible to be precise about the numbers but the figure of 65%-75% of children has been quoted (Tudor (NISW Conference) 1989). The parents remain the main carers and are given support in the community.

In Sheffield, as elsewhere in the country, case conferences were meetings for professional workers and were held in camera up until 1988. Parents might be consulted before the conference but were excluded from the meeting. This procedure became questioned by the families themselves (Brown 1984, Packman 1989); pressure groups such as Family Rights Organisation (Family Rights Group 1983), by Parents Against Injustice, and by some members of the Sheffield Area Review Committee (Minutes of SARC).

The policy to allow parents to attend certain case conferences was agreed by the Sheffield Area Review Committee in November 1987. This was before the Report of the Cleveland Inquiry (Summer 1988) and before the Working Together Document (HMSO 1988) which echoed the views of the Cleveland Inquiry and well before the 1989 Children Act. The Working Together Document (HMSO 1986) that was current at the time recommended that parents should not attend case conferences.

At that time there were people on the Sheffield Area Review Committee who felt, as a result of their professional experience, that parents should be more involved in decision making for their children and in particular should be allowed to take some part in case conferences. They were prepared to support this view in the face of considerable opposition. The opponents of parental participation feared that the policy would not lead to children being well protected. This was a policy which was radical and innovative at that time.

**The policy states that**

**Except in exceptional circumstances parents should be invited to attend part of follow up or review case conferences to give their perspective and to consider future arrangements for the care of the children.**

**Parents will only be invited where there is specific agreement by all those attending that this is desirable.**

**Reasons for not including parents in these conferences should be recorded.**

**It is accepted that case conferences where appropriate have the right to have time without the parents present, to share views and to consider outcomes. The parents whether in attendance or not will be advised of the decisions.**

The policy was agreed by Sheffield Area Review Committee at the end of 1987 and implementation of the policy began in 1988. The policy was to be implemented for a year on condition that it was evaluated by a team of researchers from Sheffield City Polytechnic Applied

Social Studies Department. Following the evaluation the Sheffield Area Review Committee would decide whether to continue to allow parents to attend or not.

The purpose of the evaluation was to assess whether the aims of the policy as set by the ARC were achieved. The stated aims of the policy were:

To aid the protection and promote the best interests of children on whom review conferences are held by involving parents in those conferences through

- a) Improving the accuracy of information available to review conferences.
- b) Ensuring case conferences make more informed and better decisions in the best interest of the child.
- c) Improving the quality of treatment plans agreed at review conferences.
- d) Gaining greater commitment of parents to engage with workers in line with treatment plans.

The project was conducted in four stages:

1 Setting up the Project

Between December 1987 and July 1988 the research team met with a sub-committee of the ARC on a number of occasions to set up the project. The sub-group was appointed to act as a steering

group for the project. This group set out in writing the aims and objectives of the policy (see Appendix A). This document was discussed at the Area Review Committee in July 1988. After a great deal of discussion it was agreed once more to implement the policy for a year on condition that there was an evaluation.

2 Interviews with members of the Area Review Committee

The purpose of the interviews was to gain more understanding of the members' perception of the policy. The policy document was used as the basis for the discussions. The interviews made it apparent that there was strong division between those who believed that parental participation at case conferences would improve child protection and those who had considerable doubts and anxieties about their participation.

The interviews took place in July, August and September 1988. The Cleveland Inquiry had just reported; Working Together 1988 had just been published.

3 Observation of case conferences and subsequent interviews with participants including parents

This took place between September 1988 and July 1989. I was notified of all the case conferences to which parents were invited by Family and Community Services (F&CS). I attended 36 of the 41 convened case conferences. Parents were present at 13. I was not able to follow up in great detail the reasons why so few

people attended. The reasons given included the following: one mother was in court at the time of the conference; another was ill; another mother had been invited by letter but it was then suggested that she was illiterate; some were just unwilling to attend and others were not invited either by omission or because the conference did not wish them to attend. Reasons for non-attendance could be the subject of a further study.

It became clear shortly after the beginning of the project that the NSPCC regularly reviewed children on the At Risk Register but SSD did not. The policy was interpreted in such a way that parents were invited to conferences which were defined as 'incident' case conferences in the policy. The policymakers had intended that parents should not be allowed to attend incident case conferences. This changed the focus of the study. The study included parents attending review conferences but also included other conferences but none were initial case conferences.

#### 4 Analysis

Writing up the project, which began in September 1989 and is nearing completion in January 1992, has been done at a time of intense media scrutiny of the professionals involved in child protection work but particularly social workers. There have been four public inquiries (Southwark 1988, Newcastle 1989, Lewisham 1990, Rochdale 1990) and another is due to begin in Orkney. There have been widely publicised accounts of ritual

sexual abuse in Nottingham, Rochdale and Orkney 1991 in which children were removed from home on Place of Safety Orders and denied access to their parents. Subsequently, they were returned home by irate members of the judiciary who did not believe the social work reports.

Public opinion swings from side to side like a pendulum. In the mid 1980s, following the Beckford Inquiry, the Tyra Henry Inquiry and the Kimberley Carlisle Inquiry, social workers were berated for not taking action swiftly to remove children from home. Social workers are now accused of being overzealous. Just as instances of the way in which popular culture portrays social workers, these accusations come in the form of verbal jokes (What is the difference between a Rottweiler and a social worker? The Rottweiler lets go.); television programmes such as Spitting Image (April 1990); and newspaper articles such as a leader article in the Independent on Sunday (14 April 1991).

Inside Evidence on BBC 2 (April 1991) showed three examples of social workers ignoring the views of the parents, denying parents access to their children after compulsory removal from home and in one instance using an incorrect medical diagnosis as evidence to remove children from home. This was followed by a Radio 4 programme The Moral Maze (April 1991) when one of the participants was adamant that it was better to leave children at home even if they were being abused than remove them to a strange foster home.

Social workers feel beleaguered. Applications to Social Work courses have dropped and there is a defensive feeling amongst social workers (Community Care April 25 1991).

The research project began at the end of 1987 and the thesis was completed in July 1992. During this time there have been major changes in the law relating to children and in official child protection procedures. In 1987 the Area Review Committee was guided by the 1986 Working Together Document. This recommended that parents should not attend case conferences. The policy under investigation was a local, Sheffield policy which could be altered if found to be unworkable. However, during the research project the Cleveland Inquiry reported and the subsequent Official Guideline, the 1988 Working Together Document recommended greater parental involvement in case conferences. The change in policy changed the nature of the research question and the policy could not be abandoned easily even if there were considerable doubts about it. Whether the policy was a 'good idea' became less important as the ARC had less chance of abandoning it and the impact of the implementation of the policy became more important.

There have been greater changes since the research project finished. During the writing up of the thesis the 1989 Children Act has been implemented and the 1991 Working Together Document has been published. The aim of the legislation and

the 'Guidance under the Act' is that there should be a much greater partnership with parents and it should become the norm for parents to be invited to case conferences.

For the purpose of the thesis it is also important to note that following the 1988 Working Together Document the Area Review Committee became the Area Child Protection Committee. Non-accidental injury case conferences became known as child protection case conferences. These changes have been maintained following the 1991 Working Together Document.

### Funding

Despite requests to the Department of Health; ESRC; the Sheffield ARC and Sheffield Children's Hospital the only money received for the project was a small and very welcome grant from the Sheffield Town Trust. The project has been completed alongside part-time teaching commitments and family commitments.

### Outline of the Thesis

The thesis is in nine chapters. The first two chapters examine the literature on the non-accidental injury to children case conferences and parental attendance at case conferences. These chapters form the background to the project.

The purpose of case conferences is to weigh up and pool social and medical knowledge about the incident, the child and the family, and

to make an assessment of the situation on which to make long term plans for the child. The aim of Chapter 1 is to analyse the difficulties inherent in this process.

Chapter 2 examines the existing knowledge about parental participation at case conferences.

Chapter 3 gives an outline of the history of the policy and a brief account of the Area Review Committee. The policy is also analysed.

Chapter 4 is an outline of the methodology used in the project.

Chapters 5 to 8 analyse the research project. Chapter 5 analyses the interviews with the members of the ARC and Chapter 6 explains the observation of the implementation of the policy.

Chapter 7 is a very detailed discussion of one case conference. This case conference was analysed to discover whether the aims of the policy as stated by the ARC were fulfilled or not.

Chapter 8 brings together the evaluation. It was found that the stated aims of the project were not achieved but the parents were the main beneficiaries and were very pleased to be invited. Their presence did not radically alter the recommendations and decisions that were made in the case conferences.

Chapter 9 is the summary and conclusions including training recommendations.

There are three Appendices. Appendix A is the Policy Document. Appendix B is an analysis of five case conferences attended by parents and two where parents did not attend. The Florence case conference is an example of a conference where information was exchanged and plans made. The Bridget case conference is an example of a conference which was problematic even though the parents did not attend.

Appendix C is a list of Public Inquiries into the deaths by ill-treatment of children since 1970.

## CHAPTER ONE

### Case Conferences

The aim of this chapter is to analyse the complexities of non-accidental injury to children case conferences and to discuss some of the reasons why professionals find it difficult to work together to protect children and to demonstrate that case conferences are problematic even in the absence of parents. The thesis is concerned with child abuse or non-accidental injury to children

... which falls within the provisions of Section 1(2)(a) and (c) of Children and Young Persons Act 1969: 'his proper development is being avoidably prevented or neglected or his health is being avoidably impaired or neglected or he is being ill-treated; or ... he is exposed to moral danger. (Working Together 1988 p5)

This was the definition in use at the time of the research project.

This definition has been altered by the 1989 Children Act which was implemented during the time that I was writing the project. The 1989 Children Act changes the definition of child abuse and introduces the very wide definition of harm. Harm is defined as

Ill-treatment or the impairment of health or development;

"development" means physical, intellectual, emotional, social or behavioural development;

"health" means physical or mental health; and

"ill-treatment" includes sexual abuse and forms of ill-treatment which are not physical.

(Section 31 (9) Children Act 1989)

Where the question of whether harm suffered by a child is significant turns on the child's health or development, his health or development shall be compared with that which could reasonably be expected of a similar child.

(Section 31 (10) Children Act 1989)

The Working Together Document (1988) states

Case conferences provide a forum for the exchange of information between professionals involved with the child and family and allow for inter-agency, multi-disciplinary discussion of allegations or suspicions of abuse; the outcome of investigation; assessments for planning; an action plan for protecting the child and helping the family; and reviews of the plan. (Working Together 1988 para 5.39)

### History of Case Conferences

Case conferences have been an aspect of the work of a number of professions. The current child protection case conferences stem partly from the medical model of case discussions to decide how to proceed on a particular case and partly from coordinating meetings held to coordinate the work of different agencies.

Case conferences have been held since the 1950s to coordinate the work of the agencies involved with families suspected of abusing their

children. Most Local Authorities appointed coordinating officers who organised the conferences and case discussions. The people who attended the case conferences were social workers, health visitors, education welfare officers, housing officers, social security officials, school teachers and GPs (Franklin 1975). They were all people who worked with the families about whom there was considerable concern.

Some commentators such as Francis Drake, who was a Children's Officer in the 1950s and 1960s, believed that the case conferences often worked well. (Franklin 1975) However not all Local Authorities held case conferences in a systematic way. For example, a large Authority such as Birmingham which had experienced an inquiry into deaths of two children in the mid 1960s did not routinely convene case conferences (personal experience 1967-1972).

One of the major criticisms of the Maria Colwell Report (1974) was that there was a lack of coordination of the professionals involved.

What has clearly emerged, at least to us is a failure of system, compounded of several factors of which the greatest and most obvious must be the lack of, or ineffectiveness of, communication and liaison.

Following this report each Local Authority was asked to set up an Area Review Committee. The Area Review Committee was to be responsible for coordinating child abuse work and administering a Register of children who had been abused. The Area Review Committees were to be responsible for organisation of case conferences

which were seen as pivotal in the work. (DHSS Circular LASSL(74)(13) 1974) Case conferences were seen as essential tools in improving communication and liaison between professionals.

The official guide to practice, Working Together (1988) notes however, para 5.2

Improvements in professional practice and inter-agency cooperation are still necessary, and procedures still need to be further developed. Working arrangements need to involve all agencies and include the handling of cases of child sexual abuse. The thrust now must be to ensure that professionals in individual agencies work together on a multi-disciplinary basis. To achieve this end, agencies need to establish the individual training needs of their professionals and to ensure that they receive necessary training on a single discipline and multi-discipline basis.'

Working together is, therefore, an ideal which has been aimed at for the last forty-odd years, but still continues to be extremely difficult to achieve. Evidence from official enquiries has shown that case conferences can still fail to make decisions that would protect the child, or that decisions that are made are subsequently disregarded. Notwithstanding this, the case conference remains the focus for inter-disciplinary work.

## Convening Case Conferences

The BASW Code of Practice (1985) recommends that case conferences should be called when

- a) There is suspicion that the circumstances of the child meet the locally agreed definition of child abuse or registration.
- b) The appropriateness, or continual appropriateness of statutory action, registration and when the overall multi-disciplinary case management plan needs to be reviewed.
- c) Consideration is to be given to the return home from care (for however short a period) or to a plan for rehabilitation.
- d) De-registration is to be considered.

The reference to locally agreed definition highlights the fact that although there are national guidelines about the work there are considerable variations in local practice. At a Family Rights Group conference held in London in November 1989 one of the most heated debates was the criteria for placing a child on the at risk register, and in which category the children are registered, and when children are taken off the register. Bradford, for example, leaves children's names on the register when they are in foster care. Apparently this is because a number of children have been abused whilst they have been in care. In Kent children's names are removed as soon as they come into care.

Working Together does not lay down when case conferences should be convened except to say

Case conferences are an essential feature of inter-agency cooperation and the need for holding a conference should always be identified at an early stage. (Working Together 1988 5.38)

#### Purpose of Case Conferences

The purpose of the conference is to

provide a forum for the exchange of information between professionals involved with the child and family and allow for inter-agency, multi-disciplinary discussion of allegations or suspicions of abuse; the outcome of investigation; assessments for planning; an action plan for protecting the child and helping the family; and reviews of the plan. (Working Together 1988 para 5.39)

Working Together then goes on to say

The result of the discussions are recommendations to individual agencies for action. While the decision to implement the recommendations must rest with the individual agency concerned, any deviation from them should not be made, except in an emergency, without informing other agencies through the key worker. (Working Together 1988 para 5.39)

The investigation of child abuse or risk of abuse always requires social as well as medical assessment. (Working Together 1988 para 5.13)

## Published Knowledge About Case Conferences

Case conferences are held in camera and the minutes are confidential. The process of the case conference system is not open to public scrutiny.

Case conference procedures are guided by Government circulars which are issued regularly. The circulars are set out as guidelines to good practice and have been interpreted differently by Local Authorities. However, the present Government is dissatisfied with Local Authority autonomy and has issued the latest Working Together Document (1991) as 'Guidance Under the 1989 Children Act' but in the forward the Minister stresses the importance of Local Authorities adhering to the policies and procedures set out in the document. Policy is becoming more centralised.

Professionals in the field are also guided by Codes of Practice such as the BASW Code of Practice 1985. Texts lay out what they believe is good practice (Moore 1985, Bedford 1987, Pickett and Jones 1987, Violence Against Children Study Group 1990, amongst others) but there are few systematic empirical studies of case conferences. Important studies are Hallett and Stevenson 1980, Corby 1987.

Where case conferences are subject to the most scrutiny is in Public Inquiry Reports. Public Inquiries are only held when a tragedy has occurred and therefore information about case conferences is likely to be more critical than if the outcome of each conference was made more available to public scrutiny, subject to anonymity of the participants

being protected. There has been very little systematic study of routine case conferences where the case is satisfactorily resolved. The thirty-nine Inquiry Reports, however distressing, only analyse a very small sample of case conferences. It may be that an Inquiry recommends a particular procedure which is in fact being carried out in other authorities. Case conferences are considered to be an essential tool of inter-agency cooperation and coordination but they have not been subject to widescale evaluation.

The following issues have been raised with regard to case conferences

A Status of Case Conferences, Decisions and Recommendations

Members' differential experience of case conferences may lead to a misunderstanding of the status of case conferences in the decision making process which may lead to a worsening of inter-agency relationships. Case conferences can only **decide** whether to register or de-register a child and to allocate the key worker. Everything else that is decided by the group can only be **recommendations** to the statutory agencies. The statutory agencies are Social Services Departments, Police and the NSPCC. This aspect can be very problematic, partly because workers within other agencies are not always aware of the status of case conferences and therefore become angry when their views are disregarded, and partly because the decisions taken are not binding. The conference may think that certain things are going to happen and they don't. For example, the conference could agree unanimously that the children should be subject to a

Place of Safety order but later the SSD changes its mind. Equally the Police could be asked not to prosecute by the conference but then go ahead on a unilateral basis. (Metropolitan Police Code of Practice 1987)

#### B Decisions About When to Convene Case Conferences

A number of Inquiries have commented on SSD's failure to convene case conferences (Colwell 1974, Brewer 1977, Aston 1989). Failure to convene resulted in poor communication and lack of coordination, (Colwell 1974) failure to take swift action (Carlile 1987, Aston 1989) and failure to make a treatment plan. (Brewer 1977)

#### C Attendance at Case Conference

In the 1960s efforts were made to preserve child abuse from police intervention as it was believed that abusers needed help and not punishment but gradually the police asserted their power. (Parton 1985) The DHSS Circular in 1976 stated that the police should attend case conferences. They attend for two reasons: one to gather evidence on which to make a decision to prosecute the abuser or not and secondly to share their knowledge about the abuser and the family with the members of the conference. The Beckford Inquiry was critical of the lack of police presence at vital case conferences.

The professional group which is often missing from case conferences is the medical profession, particularly GPs (Karen

Spencer Inquiry, DoH Inquiry Reports 1980-1989-) but sometimes paediatricians. (Cleveland) This has led to a lack of vital medical information.

Other Inquiries point to the changing personnel at conferences for the same child and the diminishing numbers of people who attend. Case conferences may be too large and unwieldy when the initial conference is convened but the subsequent conferences may be poorly attended leaving the decision making to very few people. (Beckford 1985)

It may be that significant numbers of people at the conference are strangers to each other and this may lead to a lack of trust between the professionals.

#### D Chairing of Case Conferences

Chairing of case conferences is considered to be a crucial part of the conferences. The Working Together Document (1988) lays out carefully the tasks of the chair.

The DoH summary of inquiries of the 1980s sets out six points about the Chair's role. These recommendations stem from the failure of the Chair to perform these roles. (DoH Inquiry Reports 1990)

- 1 The Chair should provide a leadership role ensuring that the interests of the child remain paramount amongst the discussions.

- 2 The Chair should ensure that all the members of the conference are allowed sufficient time and opportunity to present their information and opinions.
- 3 The Chair should be challenging and probing.
- 4 The Chair should be impartial.
- 5 The Chair is responsible for the plans and for ensuring that everyone understands the plan.
- 6 The Chair is the focal point for the circulation of written information before and after the conference and is in a central point of contact, along with the key worker, in a continuous process of planning and review.

#### E Minutes

Inquiries have pointed to inaccurate minute taking which has led to confusion over future action. (Beckford 1985, Emma Jane Hughes 1981). The Beckford Report also stressed that the minutes taken should be accurate and definitely not taken by the Chair of the conference.

The Aston Inquiry 1989 states that minutes should

provide a succinct record of the discussion, highlighting the information and processes that led to the recommendations recorded, and clearly indicating who was responsible for future actions.

## F Wrong Decisions

Convening a case conference at the right time and with all the right people present does not in itself lead to the child being protected. In a number of instances conferences have been convened but the decisions made were the wrong ones as the child later died. The most obvious example is the Beckford Inquiry but other inquiries reveal that children were not registered when they should have been. This was found to be the case in the McGoldric Inquiry (1989) and the Tyra Henry Inquiry (1987).

Blom-Cooper in the Beckford Inquiry (A Child in Mind 1985) summed up by saying that case conferences are dependent upon accurate assessments being made by the professionals involved before the conference, the information being presented clearly at the conference and the recommendations and decisions being the right ones.

So what goes wrong?

## G Assessment

It may be that there is not a 'good enough' assessment before the conference. It may be that the social worker makes an assessment of the family which is subsequently discovered to be inaccurate. (Beckford 1985, Carlile 1987) It may be that only a

partial assessment is made. Medical information is presented but not a social assessment. (Cleveland 1988)

Making an assessment is a complex task which requires sound professional judgement. The expertise of the professional lies in the ability to obtain information and also crucially to weigh up the evidence. (Stevenson 1989) This is a major task which requires knowledge and understanding about family life and child abuse. Over the years, professionals have built up considerable knowledge of physical abuse but child sexual abuse is less well researched. Professionals may also have a limited understanding of family life amongst different cultures. Professionals also need to be clear about their own values about family life. They also need to have developed skills in coping with the distressing and emotionally demanding situations.

#### H Within the Conference

Within the conference professionals need to recognise that other participants have knowledge and expertise which is of use to everyone in making plans for the child. Occupational status may act as a barrier to this. (DoH Inquiry Reports 1980-1989) Commentators have noted the lack of respect between social workers and doctors. Doctors have a duty to advise and assist social workers in making decisions but medical training leads doctors to expect to take a more leading and dominant role. In the Cleveland Inquiry social workers were criticised for not questioning the diagnosis of the paediatricians. (Cleveland

1988) Health visitors are another group of people who may be disregarded. (Beckford 1985) Other groups of people such as play-group leaders, residential workers and foster-parents may also not be listened to because of their perceived low status. (Stevenson 1989)

Occupational status is frequently related to social class, race and gender. All of these may be contributory factors in one participant undervaluing the information from another. (Stevenson 1989, DoH Inquiry Reports)

The information presented may be difficult for others to assimilate. It may not be clear whether the information being presented is a fact based on evidence or an opinion with little to support it. (DoH Inquiries 1980-1989)

Higginson makes this very damning statement based on an in-depth analysis of forty case conferences. (Unpublished MPhil Thesis Higginson, 1991)

What I found was marked distortion of evidence: evidence was ignored, conclusions drawn beyond the evidence presented; potentially negative information consistently presented positively and vice versa. Unsubstantiated allegations went unchallenged, moral judgements were made, professionals contradicted their own evidence and silenced one another.

Presentation skills become important. Griffin, a generic social worker, asserts that in the past case conferences would have concentrated on the opinions (sic) of the social worker who was working directly with the client. Nowadays decisions are made by senior social work staff acting on information from the social worker. Griffin believes that the social worker has to decide what information managers need to hear. The managers then decide what they think is important. This second level of filtering depends on the social workers performance in giving a verbal and written account.

Is the worker confident, is the report well written, what is being overstressed here, and most important what is being hidden? (Griffin 1990)

Values underlying child abuse work may be at odds. For social workers the beliefs that people may change and grow; that birth families are of importance to children and that wherever possible children should be at home, are fundamental underlying principles. These may be quite different from the legal profession and the medical profession.

To think in terms of rehabilitation for the high risk child is, to quote Dr Taitz, to indulge in "bonding with barbed wire" or as we would put it, to tighten a ligature that strangles. (Beckford Inquiry)

This illustrates the gulf between professionals but the emotive language is evidence of the strong disagreements between

professionals and evidence too that anyone working in this field may become emotionally involved with the families and children involved.

Conflict between professionals may hinder decision making but may also be healthy. Other writers have noted the danger of professionals colluding with each other. (Parton 1985, Stevenson 1989).

What is often ignored is that even when professionals do work well together the families who are the subject of the conferences are 'turbulent families.' As Randall and Packman comment

Although absent from the conference table, the parents and children were a powerful influence, frequently baffling or wrong-footing the 'experts' ... rapidly changing circumstances make it difficult for workers to make plans ... (Randall and Packman 1989 quoted in Stevenson 1989 p9)

The other aspect which is sometimes ignored is the context in which professionals are working. (Stevenson 1989) Lack of resources in terms of personpower, time, facilities, and money make it difficult for the best laid plans to be implemented. (Carlile 1987, Aston 1989)

Case conferences are important in child protection but are only part of a whole child protection system.

The responsibilities of case conferences are generally recognised as vital, but limited. (Packman and Randall quoted in Stevenson 1989 p95)

Case conferences have not been subject to routine evaluation which is open to public scrutiny. Much of the information comes from Public Inquiries which follow from tragedies. What evidence there is implies that case conferences are difficult meetings where professionals find it difficult to work together to protect children.

## CHAPTER TWO

### Parental Attendance at Case Conferences

The test must always be the best interests of the child. It may be that those interests cannot remain the objective focus of a case conference if parents are present throughout the meeting. Parents might properly be excluded for the last part of a case conference. (Beckford 1985)

It may be helpful for the key worker and one or two more members of the core group to meet with the parents from time to time ... Such meetings, however, should be clearly distinguished from interagency case conferences. It is not appropriate for parents to attend the latter. (Working Together 1986)

Parents should be informed of case conferences and invited to attend for all or part of the conference unless, in the view of the chairman (sic) of the conference, their presence will preclude a full and proper consideration of the child's interests. (Cleveland Inquiry 1988)

(Parents) should be invited where practicable to attend part, or if appropriate the whole, of case conferences unless in view of the chairman of the conference their presence will preclude a full and proper consideration of the child's interests. (Working Together Document 1988)

**While there may be exceptional occasions when it will not be right to invite one or other parent to attend a case conference in whole or in part, exclusion needs to be kept to a minimum and needs to be especially justified. (Working Together 1991)**

The aim of this chapter is to analyse the reasons for the changes in official attitudes to parental attendance at case conferences. This will involve an examination of contrasting Public Inquiries; pressure groups; the influence of the EEC and the published material on the subject. This analysis will provide a national background to the local policy introduced by Sheffield Area Review Committee.

The case conference procedure set up in 1974 made it clear that case conferences were meetings for professionals and not parents. (DHSS LASSL(74)(13)) As recently as 1986 the Working Together Document stated

It may be helpful for the key worker and one or two more members of the core group to meet with the parents from time to time ... Such meetings, however, should be clearly distinguished from interagency case conferences. It is not appropriate for parents to attend the latter. (DHSS 1986 p19 Working Together)

The 1985 BASW Code of Practice suggested that there should be some parental involvement in case conferences. Parents should be kept

informed of conferences but not invited to the whole of the meeting. They could attend part of a meeting to put their view, see who is involved and have the chance to ask questions.

This reflects the Beckford Inquiry which recommended that parents could sometimes be involved in part of the meeting.

We have had no expert evidence on whether the parents of an abused child should attend case conferences. ... While Social Services are deciding the long term future of children in care, it is perhaps wise not to involve parents too directly with the process of decision making. Communication about what Social Services are planning should be confined to relaying information through the key social worker. Once the children are returned home on trial the reverse situation applies. It is important that discussion about the experiment of reuniting the family should be by way of direct contact between the parents and those assessing the success or otherwise of the experiment. While we endorse the apparent division between the period when children are in care and away from their parents' home and when the children are at home on trial, we feel that Local Authority Social Services Departments should treat the issue flexibly. Circumstances of a case may indicate a variation on the theme that we have expressed. The test must always be the best interests of the child. It may be that those interests cannot remain the

objective focus of a case conference if parents are present throughout the meeting. Parents might properly be excluded for the last part of a case conference. (Beckford 1985 p249)

This fails to address case conferences which are held before the child comes into care or when the abuse first comes to light.

The Cleveland Inquiry stated p246

We recommend the parents should be given the same courtesy as the family of any other referred child ... Parents should be informed and where appropriate consulted at each stage of the investigation by the professional dealing with the child, whether medical, police or social worker. Parents are entitled to know what is going on, and to be helped to understand the steps that are being taken.

The report then goes on to say

Parents should be informed of case conferences and invited to attend for all or part of the conference unless, in the view of the chairman of the conference, their presence will preclude a full and proper consideration of the child's interests. (Cleveland p246)

Working Together 1988 states para 5.45

Agencies need to be aware that the European Court of Human Rights, in finding the United Kingdom Government to be in breach of articles 6 and 8 of the European Convention of Human Rights in recent child care cases, cited failure to

involve the parents in decision making as a factor in their judgements ... (Parents) should be invited where practicable to attend part, or if appropriate the whole, of case conferences unless in view of the chairman of the conference their presence will preclude a full and proper consideration of the child's interests.

The Official Guidelines have changed from excluding parents altogether (Working Together 1986) to allowing them to attend part of the meeting. (Working Together 1988) It should be noted that the Cleveland Inquiry recommends attendance at all or part of case conferences but 1988 Guidelines are more cautious and recommend attendance at

part, or if appropriate the whole, of case conference.

This juxtaposition of words radically alters the role of parents at case conferences and their right to attend.

Both have the caveat

unless in view of the chairman of the conference their presence will preclude a full and proper consideration of the child's interests.

This provides ample scope for refusing parental attendance.

The lukewarm approach of the Beckford Inquiry to parental attendance at case conferences contrasts with the stronger

endorsement of Cleveland. The Guidelines have changed but are not a whole hearted endorsement of parental participation in case conferences. /

Three years later (and after this research was completed) the Guidelines are much more in favour of parental attendance at case conferences.

While there may be exceptional occasions when it will not be right to invite one or other parent to attend a case conference in whole or in part, exclusion needs to be kept to a minimum and needs to be especially justified. (Working Together 1991)

The 1986 Guidelines reflect the Beckford Inquiry, the 1988 Guidelines the Cleveland Inquiry. Each Inquiry has examined a particular situation, extrapolated features from that situation and used them as general lessons for future work in this field yet the two situations were very different. The forms of abuse are different but perhaps what is the most different is that the culpability of the parents in the Beckford Inquiry is not in doubt but in the Cleveland Inquiry it is. In the Beckford Inquiry the state failed to intervene and to take adequate steps to protect the children. In the Cleveland Inquiry the social workers were accused of being overzealous and failed to protect parents and children.

In each situation agencies failed to work together to protect the children. For Blom-Cooper the solution is for other agencies to control the work of the SSD more closely. He was very critical that

crucial case conferences convened to send the children home were only attended by SSD personnel. (Beckford 1985) Butler-Sloss stressed the importance of SSD assessing carefully the work of the medical profession. She recommended improved inter-agency cooperation.

For Butler Sloss agencies should not just work with each other they should also work closely with parents and children. She recommended that parents and children should be listened to. She did not believe that excluding parents and children from the whole process of investigation and assessment led to the child being protected. (Cleveland 1988)

In the Beckford Inquiry the SSD was criticised for failing to protect the children because the Inquiry believed that the social workers had been overinvolved with the parents and put their needs before the needs of the children. For Blom-Cooper parental involvement should be treated with great caution.

The test must always be the best interests of the child. It may be that those interests cannot remain the objective focus of a case conference if parents are present throughout the meeting. Parents might properly be excluded for the last part of a case conference. (Beckford 1985 p249)

In the Cleveland Inquiry (1988) there seemed to be a lack of involvement with parents or children. Parents were not listened to and their rights were ignored. The Cleveland Inquiry suggests that

by involving parents in case conferences their side of the story could be heard.

Olive Stevenson (Child Abuse 1989) says that this over involvement by social workers and probation officers was found in the Lucy Gates Enquiry 1982, Tyra Henry 1987, Lisa Godfrey 1975. She suggests that

the families involved frequently endure multiple deprivation; their difficulties are overwhelming and they seem unable without help to fight or manipulate the system to their benefit. Anger at such people's plight may be a driving force behind the efforts to keep the family together ... it may be that dismay and anger about the parents' suffering takes over. (Stevenson 1989 p185)

She is critical of attempts by the medical profession to deny involvement and of the legal profession's 'win some lose some' attitude. She argues that workers in training need to confront a paradox;

the role requires involvement if appropriate sympathy and empathy is to be offered; yet also requires detachment if one is not to be sucked into the vortex of the clients' troubles (perhaps drowning with them) or to collude with them through an inappropriate identification. (Stevenson 1989 p187)

The Beckford Inquiry is an example of the paternalistic way that professionals/ often interact with parents and children. Decisions are

made for children and families rather than with them. (Corby 1981, Violence Against Children Study Group 1991, Parton 1985)

The Beckford Inquiry and the Cleveland Inquiry have been used to show the two very different attitudes to parental involvement. As has been stated before they are by no means isolated incidents. The 1980s was punctuated by a series of tragedies which pointed to SSD and other professionals failing to act to protect children. (Carlile 1987, Henry 1987, Heidi Koseda 1986, see Appendix for full list) Each Inquiry advocated strengthening the powers of SSD at the expense of the parents. It was only at the end of the decade, when Cleveland was followed by Orkney, Nottingham Rochdale (where in each case it was believed that SSD had intervened inappropriately) that there was another swing in the pendulum in favour of parental rights.

Phillida Parsloe comments that it is important to understand why one theory or research finding is influential at one time or another. (Parsloe 1989) She points out that it is frequently easier to be clear why certain theories were influential at a time in the past but it is more difficult to be clear about the present. Why have the official Guidelines with regard to parental participation changed so radically? Does the Cleveland Inquiry reflect changes in attitudes and values amongst welfare professionals and wider society?

## Attitudes to Secrecy

One aspect of allowing parents to attend case conferences is that information that was previously denied to them may now become accessible to them. As a result of new legislation there have been major changes in the public's right of access to information previously withheld from them. This includes access to medical notes, criminal records, school records. Specifically within social work clients now have the right to access to their records; to know that their children's names are on the At Risk Register and to know that case conferences were being held about them. Previously this information was withheld from them. (Access to Health Record Act 1990, Access to Personal Files Act 1989, Data Protection Act 1984)

## Allowing Parents to be Involved in Decision Making

Both BASW Code of Practice 1985 and Beckford 1985 adopt an attitude that professionals should decide the future of the abused child. This is shown in the insistence of excluding parents at the end of conferences when the recommendations and decisions are made. This paternalistic attitude to parents has been mentioned by a number of commentators including Corby 1981.

This contrasts with the spirit of the 1989 Children Act and the 1991 Working Together Document which emphasises the importance of consulting parents, being open and honest with parents, entering into a partnership with parents and allowing them to attend case conferences.

## The Permanency Movement

The 1975 Children Act stated clearly that the child's welfare is paramount. The child's interests are the most important. Most commentators would accept this but debate how to achieve this. One movement is in favour of severing the links of the abused child from the natural family. If a child comes into care there should be definite plans for the child to return home within a short period, perhaps six months and if this fails the child should be placed for adoption or in long term foster care. This was the policy advocated by Goldstein, Freud and Solnit (1980) who were concerned about children revolving in and out of care and drifting without careful long term plans being made. This policy became known as the permanency movement and has been accepted enthusiastically by some Local Authorities. (Parsloe 1989, Parton 1985, Stevenson 1989, Thoburn 1986)

Some social workers objected strongly to this movement. Bob Holman has advocated enabling and supporting parents to care for their own children. If this fails he believes strongly from his research and his own practice that children should continue to have contact with their natural parents. (Holman 1975)

These views gained ascendancy by the end of the 1980s and are now supported by the 1989 Children Act. Parents now have responsibility rather than rights over their children and this responsibility would normally continue while the children are in care. It is no longer possible to admit children to care on a

voluntary basis and then assume parental rights. Children are either accommodated or are subject to one of the Court Orders. Advocates of each movement can cite research to support their views. However, the research is by no means conclusive and evidence may be found to support both positions. (Parsloe 1989)

### The Parents' Rights Movement

Pressure has been exerted to encourage parental participation in caring for their children and at case conferences by two pressure groups: Family Rights Group and Parents Against Injustice (PAIN). Family Rights Group was set up in 1975 following the 1975 Children Act because the Group felt that the Act reduced the rights of parents in favour of foster parents. Family Rights works by lobbying Parliament, working with individual families, organising conferences and producing books and a bulletin on family rights issues.

In 1987 Family Rights Group ran a project on family participation in case conferences. This involved them in attending case conferences with some family members and advising other family members how to handle case conferences. They have also been involved in training sessions for agencies and have worked out guidelines for parental involvement in case conferences.

They suggest ten steps towards parental participation

- 1 Inform and consult clients.

- 2 Include those who do not attend case conferences by encouraging them to put their views in a letter to be read out at the conference.
- 3 Prepare parents beforehand.
- 4 Prepare others too.
- 5 Encourage representatives who can support the parents.
- 6 Go for participation from the start. Allow parents to be at the beginning of the conference.
- 7 Consider chairing skills.
- 8 Put results and plans in writing.
- 9 Explain registration.
- 10 Deal with disagreements and complaints.

(Family Rights Group Bulletin Spring 1989)

The other pressure group is Parents Against Injustice (PAIN). This was set up by Susan Amphlett as a self help organisation for people who believe that they have been wrongly accused of abusing their children. She was accused of abusing her own child. The child was later found to suffer from brittle bones disease. PAIN campaigns for improved parental rights and parental involvement case conferences.

#### Influence of the European Community

The European Community influences policy in Britain. Britain is a signatory to the European Convention on Human Rights and Fundamental Freedoms. Bainham (1990) argues that there has been increasing pressure from Europe for reform of English Law to give

effect to the fundamental rights of children and parents. He notes that higher courts in England have made reference to the Convention when making decisions. He cites RE K D (A Minor) (Ward: Termination of Access) [1988] 1 All ER 577). He believes that many of the reforms relating to care procedures, particularly the right of parents to challenge local authority decisions have been

inspired by, if not positively mandated, by the state's obligations under the convention.

This is acknowledged in the 1988 Working Together Document cited above para 5.45.

### Natural Justice

A strong argument in favour of parental attendance at case conferences is that it is unjust to exclude people from meetings where plans are made for their children. (Jones, Pickett et al 1987, Corby 1987, Stevenson 1989, Atherton 1986, Amphlett 1987). There have been objections to children being registered against parental wishes. (R v London Borough of Harrow ex parte D [1989]2 FLR 51) quoted in Lyons and Cruz 1990. In this case the mother complained that she was not permitted to attend the case conference and the children's names had been placed on the Register.

In another instance the alleged abuser objected to his name being placed on the Register. In Norfolk a 13 year old girl complained that she had been sexually abused by a plumber working in her parents' house. The plumber denied this but a case conference was convened and the name of the plumber was placed on the At Risk Register.

The man was not permitted to attend the case conference. The Local Authority persuaded the employer to sack him. The Council was found to have acted in an unfair and unreasonable way. (R v Norfolk County Council ex parte X [1989] 2 FLR 120, QB) quoted in Lyons and Cruz 1990.

Case conferences may make recommendation to the SSD that they should apply for a Care Order or Wardship proceedings. These recommendations will be tested out carefully in court but the court's knowledge of the case conference recommendations is likely to influence their decision making.

Families themselves have commented adversely on being excluded from conferences. (Packman and Randall, 1989, Brown 1984, Corby 1987)

(They were saying) things about me. ... I like to know what people think about me, although they may not be nice at least I could speak for myself. I feel as though they decided on what sort of person I am, without seeing me as a person.

(Brown 1984)

However, if only one partner attends a conference or the parent attends and not the child this could lead to justice being done to some family members and not others. This could enhance the sense of a lack of natural justice for the non-attenders. (Jones, Pickett et al 1987)

The evidence presented at case conferences and later used in the Juvenile Court must establish on a balance of probabilities that the

allegation is true. This is in line with civil proceedings in this country. This is a significantly lower standard than the proof beyond reasonable doubt required in criminal proceedings. (Hon Justice Waterhouse 1989) This might mean that a child is removed from home on a Place of Safety order because of allegations of child sexual abuse although the police are unable to prove that the suspect has actually abused the child.

Parental attendance should ensure that information and allegations discussed are factually correct. (Jones, Pickett et al) However other commentators have noted that parents might unwittingly provide further incriminating evidence at case conferences. (Brown and Waters 1985, Corby 1987, Jones and Pickett 1987)

### Power Sharing

Central to the discussion is power. Advocates for parental involvement hope that by allowing parents to attend case conferences the balance of power between the state and the family may be shifted more towards the family. Parents who abuse their children often feel powerless as a result of their own experiences and this affects their ability to provide adequate care for the child. (Jones, Pickett et al 1987) Allowing parents to attend case conferences might make them feel more powerful because they are in a position to put their point of view; to listen and be listened to but could also undermine and reinforce their powerlessness when faced by a large number of professionals. (Stevenson 1989)

Jones and Pickett also suggest that by allowing parents to attend this symbolises the reinstating of dignity and self-worth which previous experiences have denied. (Jones and Pickett 1987)

but for Olive Stevenson the opposite could be true

It is all too easy to see how such encounters could be humiliating, painful and frightening for the parents if not handled well. (Stevenson 1989)

### Improving Work With Families

The numbers of children who are subject to case conferences and who are cared for on a full time basis by their parents has been estimated to be as high as 85%. For many people in the field it is therefore nonsensical to exclude parents when plans for their children are being made. It seems only sensible to involve them. (Atherton 1986, Monk 1986)

Parents have knowledge of their children and are therefore in a position to broaden the knowledge available to case conferences. Attending case conferences should lead to parents having a greater commitment to the plans being made. (Jones, Pickett et al 1987) On the other hand the experience of attending may be so humiliating that parents may cooperate less. (Stevenson 1989, Corby 1984) Equally the language used at conferences may make parents even more confused and therefore less able to participate. (Beresford and Croft 1987)

## Professional Anxiety

Considerable anxiety has been expressed by professionals about parents attending case conferences. Fears have been expressed that case conferences will not achieve their purpose because the participants will not be able to function adequately. There are worries that participants will withhold vital information in the presence of parents. They may feel unable to work in front of parents. (Corby 1987, Brown and Waters 1985, Atherton 1986, Jones and Pickett 1987)

There is concern that the Chair may be unable to attend to the needs of all participants and will be unable to chair the meeting adequately. (Corby 1987)

There are fears that the meeting may become a therapeutic session for parents and that hard decisions would not be taken. (Brown and Waters 1985)

Perhaps the most often quoted reason for excluding parents is that the needs of the child may be overlooked because the conference concentrates on the needs of the parent. (Blom-Cooper 1985, Jones, Pickett 1987, Corby 1987, Brown and Waters 1985)

## The Empirical Evidence

The arguments for and against parental participation are based on beliefs and values rather than large scale systematic empirical

research. However, the published research findings are generally positive about parental participation. Both parents and professionals have found the experience helpful. (Phillips and Evans 1987, McGloin and Turnbull 1986 and Shemmings and Thoburn 1990)

The main fear expressed about parental participation is that the child's interests will be overlooked in favour of the adults. None of the published results are able to refute this because there is a lack of long-term follow-up of children whose parents have attended case conferences. However, McGloin and Turnbull 1986 believe that parental attendance leads to better decision making which should lead to better child protection. Shemmings and Thoburn asked professionals whether they felt that the purpose of the conference was achieved when parents attended and the response was positive. They also comment that social workers found it easier to work with parents afterwards.

The majority of case conferences studied have been Review Case Conferences (McGloin and Turnbull 1987, Shemmings and Thoburn 1990). In the Shemmings and Thoburn study which also included Initial Case Conferences the plans made were not to do with care proceedings. It is possible that these conferences were dealing with situations very different from the tragedies such as Beckford which have been discussed earlier.

### Parents

Anxieties that parents would be damaged by attending case

conferences have not been proven. (Phillips and Evans 1987, McGloin and Turnbull 1986, Shemmings and Thoburn 1990) One hundred per cent of the parents in the Shemmings and Thoburn study were 'glad to be invited' even though they generally found the conferences tense and worrying. Some settled as the conference progressed but others became angry (although not uncontrollably so). Despite this parents felt that it was better to be at the meeting than be at home worrying as they were able to hear what was being said about them and to be aware what was being said about them. They felt involved by being there. (Shemmings and Thoburn 1990)

Researchers comment that parents felt welcomed by the professionals (Thoburn and Shemmings 1990); that matters were explained carefully to them (McGloin and Turnbull 1986) and that matters that they had previously misunderstood became clearer to them. (McGloin and Turnbull 1986, Phillips and Evans 1987) They found the chairs of case conferences helpful and reassuring.

Shemming and Thoburn (1990) comment that parents became angry when opinions were presented by professionals as fact but not always verified by evidence. Shemmings and Thoburn do not say whether parents were able to challenge these opinions at the time. They also became angry when they perceived the professionals as hiding things from them.

The parents felt more involved in decision making but there was a minority who felt unable to challenge the decisions made. The studies give the impression of parents being aware of their powerless position

and their fear of making things worse by speaking out or overtly criticising workers.

What Effect did Parental Attendance Have on the Process of the Case Conference?

McGloin and Turnbull (1986) found that parents shared information that would otherwise have been unknown to the conference. This led the professionals to alter their views. In three conferences parents gave facts which were unknown to the professionals. In one it was that the child was being weighed in two hospitals. In another conference

Mr S was at great pains to put a differing view of the facts of the case from that of the professionals. Two incidents had been related in the review, one where it was implied that a child was being sent to school without a coat in cold weather, the other where a second child had run into the road and hurt her eye, implied neglect by the parent. Mr S explained that the first incident was because the child was disobeying his instructions and taking the coat off; in the second incident, the child had not been allowed to run into the main road but had caught her eye on a bicycle on the pavement. Mr S's explanation was not challenged in the conference and the children were deregistered.

In Greenwich parents clarified information given by professionals by, for example, instantly confirming views expressed by professionals

which in turn helped the conference to be specific and focus on issues more usefully.

The area of greatest difficulty for professionals was sharing information about the families in their presence. Whether professionals were inhibited from saying what needed to be said is not clear cut. In the Shemmings and Thoburn (1990) study more professionals believed that their participation was not affected by parents being present but there was a belief that other people were likely to be affected. 85% of the respondents in their study believed that parental attendance did not impede their ability or willingness to share opinions or facts. In 6 case conferences in the McGloin and Turnbull (1986) study professionals said that people had been inhibited from saying things but they almost always ascribed their inhibitions to their colleagues or to the conference in general rather than themselves.

This is a very important area of concern because if professionals do withhold vital information this may lead to plans being made which do not protect the children. Shemmings and Thoburn (1986) comment in their conclusion that they felt that some important information was withheld. Shemmings and Thoburn (1990) suggest that improved training could help professionals to say what they need to say.

#### Decisions/Recommendations

McGloin and Turnbull (1986) believe that

It is reasonable to argue that good information sharing, ie

clearer more specific discussion, the ability to check out issues with parents, added information and honest straightforward comments will lead to better considered decisions. Better considered decisions here could mean not only more appropriate decisions but also decisions that are more considered and felt to be so by the professionals and parents.

They then go on to say that

Of course whether better considered decision making is affected by parent's participation will hinge on whether they, on balance, promoted or inhibited appropriate conference discussions and it is easy to find indications from both responses to questionnaires.

Nonetheless, in a number of reviews, improved information sharing and discussion promoted by parents, led the professionals to a better assessment of the children's progress and the treatment plan so that some changes were made, eg speech therapy and clinic visiting. One can speculate that the improved process of information sharing would contribute to decision making for the case if not for that particular conference decision - it may contribute to future work and conference decisions.

The Shemmings and Thoburn (1990) study found that

Whilst the majority felt the attendance of parents at conferences was helpful and did not impede decisions being taken in the best interests of children, a small minority disagreed.

## Difficult Conferences

The studies give different explanations for parental attendance inhibiting the purpose of case conferences. Shemmings and Thoburn noted that, if the parents were perceived to be difficult, there were more perceived problems (at case conferences) if parents were of low intelligence; tended to observe in silence rather than joining in; were aggressive in their posture or had reputations for violence or racist behaviour or had a particular agenda, and wanted to use the meeting to help with this, for example, support in a custody case (Shemmings and Thoburn 1990). However Phillips and Evans found that it was much more to do with the agency problems

Where participation contributes negatively to the review the evidence suggests that this is because agencies have problems, either practice or organisational that they need to address.

McGloin and Turnbull (1986) concluded

whether parental participation is negative or positive may be to do with other factors such as appropriate composition of the conference; how well the parent is briefed before and during the conference; chairing; relationship between parent and agency; level of good practice between parent and agency.

## Future Plans

McGloin and Turnbull (1986) found that

the major preoccupation with conferences is not a discussion of future work - but of past contacts - a checking up confirming session.

But Shemmings and Thoburn found that future plans were carefully discussed when parents were present.

## Work With the Family After the Conference

The Shemmings and Thoburn (1990) study found that social workers believed that work with the family after the conference was easier if parents attended.

## Does Parental Participation Lead to Better Child Protection?

It is not possible to answer this at this stage. There has been no long term follow up of children whose parents have attended case conferences. Parental participation is of recent origin and the research studies, however thorough, are small. The findings from the study is that overall parental involvement is helpful but much more work needs to be done.

David Monk, the Divisional Officer in the London Borough of Sutton,

has practised parental participation at case conferences for some years believes

Parental participation has to be nurtured and developed, but if this is undertaken agencies will find that it is not an unnecessary nightmare nor an impossible dream. It is a system that promotes the highest professional standards and creates the great satisfaction that comes from successful working with parents. (Social Work Today 1986)

## CHAPTER THREE

### The Policy

#### The Area Review Committee

The policy to allow parents to attend case conferences for non-accidental injury was made by Sheffield Area Review Committee in November 1987. The Area Review Committee was set up in 1974 in accordance with the DHSS Guidelines (LASSL(74)13:CMO(74)8).

Its (Sheffield Area Review Committee) principal function is to coordinate the review services concerned with child abuse and its prevention. (Sheffield Area Review Committee Child Abuse Guide Notes and Procedures 1984)

In 1988 Sheffield Area Review Committee was comprised of the following people

#### Medical Personnel

Consultant Psychiatrist (Chair)

2 Consultant Paediatricians

The Medical Officer of Health, who was also the Keeper of the At Risk Register

A GP

The Accident and Emergency Consultant from the Children's Hospital

Community Health Paediatrician

Child Psychiatrist

Nursing Representatives:

The Chief Nursing Officer

The Nursing Officer (District Nursing)

Nursing Officer (Child Abuse)

Education

Advisor for Special Needs

Chief Education Welfare Officer

Voluntary Sector

Unit Organiser, National Society for the Prevention of Cruelty to  
Children

Unit Organiser, Family Service Unit

Legal

Magistrate

The Social Services Representatives

The Director

The Child Abuse Coordinator (who is the secretary to the ARC)

1 Divisional Officer

2 Hospital Group Principals

1 Chief Assistant Child Care Services

Police

Chief Inspector of Police

Probation Service

Assistant Chief Probation Officer

## Area Review Personnel

8 Medical Personnel  
3 Nursing Officers  
2 Voluntary Representatives  
5 Social Services Department  
1 Probation  
1 Police  
1 Education Special Needs Advisor  
1 Education Welfare Officer Chief  
1 Magistrate

## History of the Policy

There has been discussion at the ARC about the issue of parental participation in Non-Accidental Injury (NAI) case conferences since 1982 when it was first raised by the Director of Family Service Unit at an Area Review Committee meeting. Bradford Family Service Unit published a paper that year which recommended a more open relationship with clients, specifically with relation to records and participation in case conferences. The Unit Organiser of FSU raised the issue by asking whether this had been discussed at the ARC.

Parental participation at case conferences was objected to by a group of people at the meeting including SSD personnel, the police and a paediatrician. There was a belief that the clients themselves would be distressed by being there; that the discussion in the conference would be inhibited and there was a danger that the parents might

become the focus of the conference rather than the child. These objections are similar to those referred to in the previous chapter.

There was not unanimity amongst the ARC members. Two people, a paediatrician and the Chair of the ARC wanted further discussion on the matter and agreed to set up a forum to further the issue. The minutes concluded

that client participation should not take place without the full agreement of those taking part. In any event, the general view of the Committee seemed to be that it was not in agreement with client participation in NAI case conferences. However the matter warranted further discussion.

The matter was referred to again at the next meeting. It was agreed that the Director of FSU should produce material documentation for the next meeting. It was agreed in July 1983

that if any person convening a follow-up case conference felt the involvement of parents could be helpful, he/she, when inviting other relevant people, should seek their views. Only if there was unanimous agreement should the parents be invited to attend. (Minutes, Sheffield Area Review Committee July 1983)

This was included in the Sheffield Guide Notes

In some circumstances (review or follow-up case conferences but not initial, emergency type case conferences) it may be felt that it would be helpful to involve parents in the

discussion. The convenor, when inviting relevant personnel, should seek their views on parental participation. Only if there is unanimous agreement should parents be invited to attend for part or whole of the conference. In any event, it is important for the case conference to be made aware of the family's perception of the incident, the abuse etc. The family should usually be told that a case conference is taking place and advised of the outcome immediately afterwards.

In 1983 a letter was drawn up for parents explaining the At Risk Register. The Sheffield Guidelines state

Parents should be informed of their child's registration unless there are good reasons for not so doing ... If the case conference decides that the parents should not be informed then the reasons for that decision should be recorded in the minutes. (Sheffield Area Review Committee Guide Notes 1984)

The minutes of the ARC meeting in February 1983 include a discussion of registration and a regret by one member that it is not possible for parents to appeal against registration.

In 1983 Sheffield Area Review Committee moved cautiously to a more open relationship with parents by allowing them to attend follow-up case conferences and informing them that their children's names were on the register. However the Guide Notes were written in such a way that there was ample scope for preventing either of these happening.

Despite the agreement that parents could attend follow-up/review conferences this did not appear to have happened frequently as in 1986, following a discussion of Beckford, the minutes recorded a comment in which the phrase "if parents became participants of case conferences" was used.

In 1986 following the 1986 Working Together Document which recommended that parents should be excluded from case conferences the minutes record that this was surprising and Sheffield was not as rigid as this. The earlier agreement was not removed from the Sheffield Guidelines.

In 1987 the Unit Organiser of FSU presented a report which noted that although Sheffield has a policy to allow parents to attend initial and review conferences this did not happen frequently and he would like this to happen more frequently. He had recently been at a meeting at which the parents attended for part of the time

this has been extremely helpful in defusing the tensions being experienced by the parents and enabling a working partnership to develop

He argued that parental participation would lead to a more open arrangement and would help in the partnership with parents. He noted that the vast bulk of children are allowed home after the conference and stated

It is arguably counter-productive to exclude them (the parents) from forums where they may face some of the hard realities of the concern that exists about the care they are

having ... the parents' voice should be heard, certain facts checked out, parents should be aware of the concerns that people do have and engaged very tangibly in the caring plans devised for their child.

He suggested that parents should not attend for the whole of the meeting. Professionals should have time to

reflect together - not least around conclusions

He also presented information from other Authorities, including the research report from McGloin and Turnbull in Greenwich, to support his argument.

The item was deferred as

some members with strong views were unable to attend.

(ARC Minutes February 1987)

Discussion was further deferred at the next meeting because of inadequate time. A paper was circulated at the meeting written by the paediatricians. They were strongly against parents attending case conferences. They comment

The presence of parents at case conferences where issues such as sexual abuse, physical injury and neglect have to be raised can only handicap the work of the conference. The presence of parents at case conferences is likely to work against the interest of an already abused individual because

a) The parents' presence at the case conference has to arouse a need to 'consider' them as well as the child.

This is not the primary purpose of the case conference. It would be inhumane, unreasonable and unrealistic not to do so in any case but that should only be of secondary importance and probably not at the initial case conference.

- b) It will almost certainly be a painful experience for the parents. The blame for that discomfiture is likely to be applied consciously or unconsciously upon the child and certainly upon members of the conference who may have to pick up the pieces in case work with the parents at a later date.

The written material presented to the ARC is interesting as the Unit Organiser of FSU starts from the assumption that Sheffield already had a policy allowing parents to attend initial case conferences and he wanted this to be implemented more widely. This policy did not actually exist in any written guidelines in Sheffield. (ARC Guide and Notes 1984) /

The medical profession reacted strongly against any suggestion that the policy should exist at all. The issue was delayed and then there is a note in the minutes that discussions had taken place between the medical profession and the ARC Chair between meetings. The medical profession agreed to parents attending review/follow-up case conferences but not initial case conferences. As a result of these discussions the Unit Organiser of FSU narrowed the policy to only relate to review/follow-up case conferences. Previously he had wanted the policy to apply to initial and review case conferences.

Family Service Unit is a voluntary organisation but with a long tradition of giving intensive care to deprived children and their families. In Sheffield they have the power to be key workers for abused children and they work very closely with families. They work with families after the case conference. The medical profession at the time was sufficiently powerful to overrule their views. This reflects the discussion by Dingwall, Eekkelaar and Murray who note the dominance of the medical profession on ARCs nationally. (Dingwall, Eekkelaar and Murray 1983)

The Unit Organiser of FSU was adamant that a policy like this could only work if there was good will on all sides. The emphasis in the policy is on caution and moderation.

It was finally agreed in November 1987 that the policy should be adopted and that a small team of people would evaluate the policy.

There was opposition from one member of SSD who had reservations about parents attending conferences because of practical problems such as the amount of time conferences would take if parents were present. He asked for further time for consultation but there was a feeling from others that the issue had been delayed long enough and therefore should be implemented.

## The Policy

**The policy states that**

**Except in exceptional circumstances parents should be invited to attend part of (follow-up or review case conferences) to give their perspective and to consider future arrangements for the care of the children.**

**Parents will only be invited where there is specific agreement by all those attending that this is desirable. Reasons for not including parents in these conferences should be recorded.**

**It is accepted that case conferences where appropriate have the right to have time without the parents present, to share views and to consider outcomes. The parents whether in attendance or not will be advised of the decisions.**

The policy states that parents should be invited to case conferences. This was new policy and gave parents much greater power to attend than in 1983. This was not in line with the 1986 Working Together Guidelines in operation at the time so this part of the policy was radical and innovative.

**Case conferences were defined as follows**

**Incident Conferences**

- a) those called to consider specific incidents or allegations

- of child abuse, including physical, sexual or emotional abuse and failure to thrive, or
- b) those called to consider the involvement or residence with children or expected babies of Schedule 1 Offenders, and
  - c) those of types a) or b) which are adjourned to be reconvened as soon as specific events or enquiries have occurred relating to the NAI incidents or allegations.

A key feature of Incident Conferences is the likelihood they will consider registration and/or court proceedings.

#### **Follow-up or Review Conferences**

we take to be conferences which are not considering specific incidents or allegations and, therefore, are most unlikely to consider registration and/or court proceedings. Rather they are conferences, concerning children already on the Central Register or about whom there is concern, whose main purpose is to aid communication and coordination between workers with the family through a review of progress.

The policy was limited as it only related to follow-up/review case conferences. Parents were to be excluded where there was a possibility of registration or court proceedings. These are the conferences which those people most concerned with natural justice such as the Family Rights Group and PAIN felt particularly that parents should be able to attend. Once the child has been registered

there is no right of appeal. Once court proceedings begin the family is in an adversarial relationship with the authorities. Excluding parents from the initial case conference could lead to them feeling excluded throughout the procedures.

Parents only have the right to come to part of conferences. This allows time for professionals to reflect on their own without the parents but this lessens the power of parents. Shemmings and Thoburn note that parents agree to leaving a conference but they do not like it. (Shemmings and Thoburn 1990)

The purpose of parental attendance is for parents to give their perspective and to consider future arrangements for the care of the children. The implication is that the professionals will make suggestions for the future which parents may consider. It is not the role of the parent to make the suggestions. The policy does not advocate full parental involvement in the process of the conference.

Despite the statement that

**Reasons for not including parents in these conferences should be recorded.**

However, this statement immediately follows

**Parents will only be invited where there is specific agreement by all those attending that this is desirable.**

This is ambiguous and leaves considerable scope for the policy to be interpreted in different ways.

The fourth major statement is that

**It is accepted that case conferences where appropriate have the right to have time without the parents present, to share views and to consider outcomes. The parents whether in attendance or not will be advised of the decision.**

Again this gives professionals considerable scope to exclude parents from conferences.

This policy was agreed before the Cleveland Inquiry reported and before the 1988 Working Together Document. The policy is echoed in the Working Together Document rather than Cleveland. It is by no means a parents' rights charter. There is no reference to partnership with parents or any notion that they have any rights.

It could be suggested that the policy gives protection to agencies and is written more for their benefit than that of the client. How the policy was interpreted will be discussed later.

#### The Evaluation of the Policy

The stated aims of the policy were used as the goals on which to evaluate the policy.

#### The Stated Aims of the Policy

**To aid the protection and promote the best interests of children on whom Review Conferences are held by involving**

parents in those conferences through

- a) **Improving the accuracy of information available to Review Conferences.**
- b) **Ensuring case conferences make more informed and better decisions in the best interest of the child.**
- c) **Improving the quality of treatment plans agreed at Review Conferences.**
- d) **Gaining greater commitment of parents to engage with workers in line with treatment plans.**

It is not defined who the parent is. This might be a problem as there could be a number of people who see themselves as the child's parent. It could be the natural parent, the step-parent or the foster parent.

The central purpose of the evaluation was to measure whether children were better protected as a result of the new policy of allowing parents to attend review/follow-up case conferences in the following ways

**Was the accuracy of information available to the conference improved?**

**Did case conferences make more informed and better decisions?**

**Were the quality of treatment plans improved and were the parents more committed to work with workers on the plans that were made?**

The judgements were made on the basis of observing the case conferences and interviewing participants shortly after the conferences. No judgements can be made about child protection in the long term.

## CHAPTER FOUR

### Methodology

The aim of this chapter is to outline the methodology used in the project. This was an evaluation based on qualitative data from interviews with members of the Sheffield Area Review Committee (ARC) and participants in case conferences, and quantitative data, using Bales' Interaction process Analysis. The stages of the project are also outlined.

### Beginning the Evaluation

In 1987 the Director of FSU asked members of the Polytechnic, on behalf of the ARC, to consider evaluative research on a policy that the ARC was in the process of agreeing and planning to implement.

A note in the minutes of the ARC meeting in November 1987 which agreed the policy stated

A small group of three ARC members would meet with the Polytechnic re their offer to research

Another note from the Director of FSU was instrumental in initiating the research

there could be some research about the experience of involving parents in case conferences

and another note

to research the outcome of this decision (to allow parents to attend case conferences) and to monitor a selection of case conferences involving parents over a twelve month period.

The policy to be reviewed in the light of that action.

Hermann, Morris and Fitzgibbon (1987) suggest that when researchers are faced with rather vague requests such as this the first task for the researcher/evaluator is to discover what the people asking for the evaluation really want. What do they want to know and how do they want the evaluator to find this out?

The requests for evaluation were made to satisfy different and conflicting demands. The people who were in favour of parental participation had asked for the research as a way of persuading others that parental participation was a good idea. Those against parental participation were expecting that the research would produce sufficiently negative findings for the decision to be reconsidered or perhaps be reversed. Those people who were ambivalent about the policy saw the research as a way of delaying decisions.

It was therefore imperative to design an evaluation that had credibility for the small liaison group and for the ARC. It was also important not to be perceived as being allied with one side or the other.

The research team met with the liaison group regularly to address the following issues

What was the purpose of the evaluation and should the evaluation be summative or formative?

Which model of evaluation would be most appropriate?

What is the policy and what are the intrinsic aims of the policy?

What data was to be collected on which to base the evaluation?

How was this data to be collected?

How were the findings to be reported to the ARC?

#### The Purpose of the Evaluation Summative or Formative?

The original purpose of the evaluation was to present a report to the ARC to assist them in making future decisions on parental participation. It was therefore a summative evaluation. A summative evaluation is the drawing together of information to determine whether a policy has achieved its goals or not. (Hermann, Morris, Fitzgibbon 1987)

The evaluation also became a formative evaluation. A formative evaluation is one that takes place alongside the implementation of a

policy and aids the implementation of the policy. A formative evaluation helps in the solving of problems associated with the policy. (Hermann, Morris, Fitzgibbon 1987)

At the beginning of the project, at the request of the research team, the liaison group drew up a detailed outline of the policy and the aims of the policy. These aims were then debated by the ARC and helped members of the ARC to further their thinking on the subject. Later my presence as a researcher and my tape recorder helped to inform people that this new policy was in existence. The interviews with the case conference participants also helped to clarify participants' thoughts on the policy and at times led to them altering their approaches at subsequent case conferences.

#### Models of Evaluation

There are a number of models of evaluation which have been developed to meet the needs of the particular programme under investigation. (Bulmer 1982, Weiss 1977, Hermann, Morris, FitzGibbon 1987, Marshall and Rose 1977, Stecher and Davis 1987) The model of evaluation that was adopted in this project gradually evolved as a process of negotiation between the research team and the ARC and was an amalgam of a decision focused model, a goal-orientated model and a responsive model. (Hermann, Morris, FitzGibbon 1987)

In a decision focused approach the evaluators are involved in providing information about a programme which is used to aid decision

making. At the beginning of the project the ARC asked for the evaluation to help them in making future decisions about the policy so the evaluation was primarily a decision focused evaluation as defined by Hermann, Morris, FitzGibbon 1987.

To provide information to help in the decision making process the research team needed to be able to describe the policy itself and the implementation of the policy. They also needed to assess whether the aims of the policy had been achieved or not. The next stage of the evaluation was to determine the goals or aims of the policy. (Bulmer 1982) The dilemma was who should decide what the aims of the policy were: the research team or the ARC?

In the 1960s and 1970s much social work evaluation foundered either because the aims of the practitioners themselves were vague or because the researchers drew up their own aims of the evaluation which were not accepted as agreed aims by practitioners. An example quoted by Goldberg (Goldberg and Connelly 1981) is of a study of the effectiveness of the Probation Service by studying reconviction rates. Probation Officers felt that this was an unsatisfactory way of measuring the effectiveness of their work.

This knowledge led the research team to endeavour to perform the evaluation in a way that was credible to the ARC. They therefore decided to ask the ARC what they thought the aims of the policy were. The aims of the policy became the criteria on which to judge the success or otherwise of the policy. The evaluation became a goal-orientated evaluation. In a goal-orientated evaluation 'program

specific goals and objectives are used as the criteria for determining success.' (Stecher and Davis 1987)

The evaluation also developed into a responsive evaluation. According to Stecher and Davis in responsive evaluations the researcher

is guided by the belief that the only meaningful evaluation is one that seeks to understand an issue from the multiple points of view of all people who have a stake in the programme. The responsive evaluator does not believe that there is a single answer to a programme question that can be found by using tests, questionnaires or statistical analyses. Instead, each person who is influenced by a programme perceives it in a unique manner, and an evaluator can try to help answer programme related questions by portraying reality through the eyes of concerned constituents. The goal of the responsive evaluator is to facilitate efforts to understand the programme from multiple perspectives.

The emphasis in this model is on understanding, clarifying, listening and to some extent acting as counsellor. At the beginning of the project it was clear that this whole area of work caused workers such emotional pain that any evaluation needed considerable sensitivity. As the project moved on it became clear that many professionals wanted to use the interview time to mull over the work that they were doing. Parents too used the time to talk in detail about their experiences rather than exclusively on the case conference experience.

The attempt to understand the programme from multiple perspectives was crucial. People with quite different perspectives are asked to implement the same policy.

This evaluation was therefore an amalgam of models. The ARC wanted an evaluation to help them to make a decision. The research team was clear that to help the ARC to make the decision the aims, objectives and goals of the project had to be identified and assessed. The policy itself and the personal inclination of the researcher led to an attempt to make this a responsive evaluation so we have a mixture of a decision orientated, goal orientated, responsive evaluation which began as a summative evaluation but evolved as a formative evaluation.

#### Definition of the Aims of the Policy

Having agreed to undertake an evaluation the next stage was to establish the aims and objectives of the policy so that they could be assessed. This was done in two parts.

#### Documentation of the Policy

The first part was to ask the small liaison group to document the policy; the aims of the policy and the relationship between the aims of the policy and the policy itself. This process took seven months. This was partly because a key person became ill and had to be replaced and partly because the Area Review Committee only meets

every three months. The liaison group drew up the document which is attached (Appendix A) and presented it to the Area Review Committee.

The ARC also made available the minutes of the ARC which related to the history of the policy.

### Interviews with ARC

Secondly, the members of the ARC were interviewed to gain their perspective on the policy; to ask them what they thought the policy was and what they thought the aims of the policy were. The interviews were unstructured and open ended. Each interview lasted about 1½ hours and was tape recorded. Some of the tapes were transcribed.

The aim of each interview was to understand the issues involved in the policy from the perspective of each interviewee. The interviews were unstructured to allow respondents to address the issues that they considered to be important. I began by interviewing the members of the steering group and then interviewed everyone else. The order of the interviews fitted in to professionals' work and holiday schedules rather than taking one professional group at a time.

In the first few interviews I asked questions such as

What do you think about parents attending?

Why do you think this?

What is the purpose of parents attending case conferences?

What do you think this will achieve?

Will children be better protected because parents are allowed to come?

### Supplementary questions

After a few interviews certain issues had been raised regularly so if people gave the impression that they wanted me to ask particular questions I asked them whether they were clear about the different kinds of case conference and their significance. I also asked about the ARC and its power to make decisions; minute taking; chairing; training implications. But I tried to respond and follow up points from what they said rather than direct people firmly into different directions.

This open, unstructured and unhurried approach gave respondents ample opportunity to reflect, consider and explore the issues.

All the people who were interviewed were very generous with their time and each interview lasted approximately 1½ hours. All the interviews took place in the respondent's own office.

The interviews with the members of the Area Review Committee were lengthy because all the people interviewed were extremely concerned about the whole problem of child abuse. They were very committed to their views and anxious that their views should prevail. There was no hint that this was a problem that they would take in any way lightly so they had all worked out their positions carefully and were very persuasive in their arguments.

The problem with this kind of interviewing is that it generates a huge mass of data. I felt very sympathetic to the view of Fisher, Marsh and Phillips 1986 that

qualitative research workers need to be blessed with longevity in order to be able to stand a chance of mastering their data.

In retrospect I should like to have gone back to each person because this rather naive style of interviewing leads to large gaps in information. When analysing the data I found it impossible to be absolutely adamant how many people actually agreed or disagreed with one aspect of the policy. Most people qualified their comments. This gives a richness and reveals complexities in thought but makes analysis difficult.

The main topic areas that were covered were

- 1 ARC members' understanding of the policy
- 2 ARC members' beliefs about the policy
- 3 ARC members' beliefs about the aims of the policy

### Qualitative Methodology

The interviews with the members of the ARC were based on a qualitative methodology. (Bogdan and Taylor 1984, Glaser and Strauss 1967, Plummer 1983, Ashworth, Girgi de Koning, 1983)

The aim of the research was to understand the policy from the perspective of the interviewee. We did not set out with a hypothesis

which could be measured. The aim was to collect the data from which to develop concepts

Qualitative research is inductive. Researchers develop concepts from the data rather than collect data to assess preconceived models, hypotheses or theories. (Bogdan and Taylor 1984)

The aim was to discover 'the richness of people's experience in their own terms'. (Stecher and Davis 1987) Child protection is a complex area of study which requires balanced professional judgement. (Stevenson 1989) There is a need to weigh up evidence carefully so to capture these levels of thought it was decided to use a qualitative rather than quantitative methodology.

#### Observation of the Implementation of the Policy

There were two stages to this

- 1 Observation and analysis of case conferences
- 2 Interviews with case conference participants including parents

#### Case conferences were observed and later analysed using a Bales' Analysis and a Content Analysis

I was notified of all follow-up and review case conferences by the very helpful clerk in Sheffield Family and Community Services (F&CS) between September 1988 and July 1989. I attended as many as I could and I attended regardless of whether parents were

there or not. In some instances it was hoped that parents would be there and in fact they did not come. It was not possible to choose for example twenty conferences with parents and twenty without and to compare them as no one knew until the last minute whether parents would be there or not. As a result, I have a picture of all of the follow-up and review case conferences which took place in Sheffield between September 1988 and July 1989.

### Bales' Interaction Process Analysis

The case conferences were analysed by applying a modified version of Robert Bales' Interaction Process Analysis. (Bales 1950 reprinted 1976) This was chosen for the following reasons. It is a well established and proven methodology. It can be used with many types of groups and can be adapted to suit specific purposes as demonstrated by Rackham, Honey and Colbert 1971. It allows comparison between groups and across time with the same group. It is also particularly useful in analysing case conferences as it focuses not only on problem solving but also on socio-emotional interaction.

Bales' definition of a group encompasses case conferences

any number of persons engaged with each other in a single face-to-face meeting or a series of such meetings, in which each member receives some impression or perception of each other member distinct enough so that he can, either at the time or in later questioning, give some reaction to each of the others as an individual person, even though it be only to recall that the other was present.

## Purpose of Using Bales' Analysis

The main purpose of using the Bales' Interaction process Analysis is to attempt to measure whether professionals at case conferences behave differently when parents are present and in what way. It is a way of measuring behaviour as specifically as possible.

Bales devised categories of behaviour which could be used as a framework to analyse the structure and dynamics of any small group. The categories could be used to compare different groups or the same group at different points in time. The categories are concerned with interaction process content rather than the topical content.

He suggests that all groups are involved in problem solving but this problem solving is affected by the social and emotional relationships within the conference. Case conferences are convened to examine cases of child abuse but this process is affected by the social and emotional relationships within the group.

The idea that all small groups are involved in problem solving and are also faced with socio-emotional problems is Bales' first assumption. His second assumption is that 'each act of each individual in the group can be analysed with regard to its bearing on these problems. This kind of abstract analysis we call interaction process analysis.'

The aim of the categories is to be 'inclusive and continuous'. All behaviour is categorisable and is recorded throughout each group meeting.

## Bales' System of Categories

Each very small unit of behaviour is categorised by a specially trained observer. The units of behaviour include segments of sentences and non-verbal behaviour such as a nod or a smile. The observer is trained to take the view of the 'role of the generalised other'. (Bales 1950) She/he is trained to empathise with the group member who is called the actor but interpret the words or gestures as if she was a group member receiving the words or gestures. The emphasis is on the here and now in the group so the observer should try to erase from her mind all previous knowledge about that person.

## Modification of Bales' Interaction Process Analysis for the purpose of this research

The technique has been modified in two ways.

- 1 The methodology of scoring each act.
- 2 The categories have been slightly modified to suit the analysis of case conferences.

This was an approach which was suggested by Rackham, Honey and Colbert in 1971 who modified Bales to suit their purposes.

## Methodology of Scoring Each Act

According to Bales (Bales 1950) the ideal is for the observer to observe the meeting from behind a one way mirror; the sound is transmitted to him, he has a special recorder on which to put the

data so that the time sequence can be measured and he has another observer with him to check the accuracy of his recording. None of these things were possible in the current study. I sat with the group but categorised the behaviour from the tape recordings after the meeting.

The non-verbal gestures were observed during the meeting and committed as far as possible to memory. Because of the numbers of people at the meeting it was difficult to observe all the members and observation was frequently confined to the speaker.

The tape recorder appeared not to pick up all the speech inflections so conferences that I had experienced as tense and anxious sounded fairly calm on the recording. This may mean that the number of acts in category of negative socio-emotional behaviour may be smaller than they perhaps were.

The limited analysis of non-verbal interaction should not detract from the evaluation as a central feature of the study is to evaluate information shared at the case conference. This is essentially verbal information.

#### Modification of Categories of Behaviour

I listened carefully to each person's verbal contribution and put it into one of twelve categories. If someone's sentence contained more than one category of behaviour then I put the sentence in as many

categories as required. If necessary I listened to the sequence more than once to try to be as accurate as possible.

The categories that were used were slightly modified from the Bales categories but were as follows:

### Positive Socio-Emotional Categories

#### 1 Shows Solidarity

This included behaviour which welcomed, encouraged and made for a comfortable atmosphere. An example of this was the Chair who made a real point of responding to a key worker's outline of a case by exclaiming how much better that seemed than last time.

Another Chair kept saying thank-you to the parent.

This is one of the categories where it would have been useful to have been able to record the non-verbal contributions such as smiles and nods and the use of eye contact.

#### 2 Shows Tension Release

This included laughter and pleasant jokes.

#### 3 Agrees

This includes all the behaviour that indicates that people were

agreeing with each other such as that's a good idea, yes I'll go along with that.

Again this is a category of behaviour where it would have been useful to record the non-verbal communication.

An example of this is a mother who when it was suggested that a social worker should continue to visit was recorded as saying that it is useful to have someone to talk things over with and therefore this is recorded as agreed but in the conference I was sitting next to her and I saw her pupils which were very blue dilate to twice their normal size. The non-verbal communication would suggest disagreement!

These three categories make up Bales' positive socio-emotional categories. These are the expressive categories.

The next six categories relate to the problem solving part of the meeting. This is when workers pool information and work out plans for the future.

#### 4 Gives Suggestion

I decided that it would be most useful to use this category for all the contributions which relate to what people say should happen in the conference such as this is something we need to work out today and plans, suggestions and ideas for future work.

I wanted to know whether all participants made suggestions or whether suggestions are made by a few people.

## 5 Gives Opinion

This category and the next one were the most difficult for me. This was because I found it difficult to decide whether something that people said was an opinion or a fact. If it was difficult for me to decide whether a statement was an opinion or a fact when I was listening in the tranquillity of my home then I suggest it would be extremely difficult for somebody involved in the meeting to make the decision.

When people prefaced their comments with 'I think, I believe' those comments clearly belonged in this category. What was more difficult was when people said something as if it was a fact but on closer reflection it became clear that it was actually an opinion. An example of this was the teacher who said 'this child is an underachiever'. This is an interpretation of given behaviour but the conference is not informed how this interpretation has been made. What evidence is there to support this statement? The conference is not told. I decided that this was an opinion. One hopes that this is a professional judgement rather than a value judgement. The opinions are to do with the worker's assessment of the situation. It would seem more professional, more fair to the family involved for it to be clear whether a contribution is a fact or an opinion.

6 Gives Information

This category I have abbreviated to the Facts category. This includes all that is known about a family and is backed up with evidence. This can include information about registration, weights, colour of bruises, family situation. Brought together they give an account of the family. If it is really possible to divide information up clearly then category 5 is the subjective part and category 6 is the objective part.

I decided too to put 'hearsay evidence' into this category. This would include what a parent has said to a worker.

7 Asks for Information

8 Asks for Opinion

9 Asks for Suggestion

These are categories which are defined in the same terms as 4, 5, 6 but when the person 'asks' rather than gives.

Negative Socio-Emotional Area

10 Disagrees

This includes saying no but also asking hostile questions.

11 Shows Tension

This includes such contributions as 'well I wouldn't know' but said in an aggressive way.

12 Shows Antagonism

This includes sparring, verbal aggression and interrupting each other and talking across each other.

These last three categories are the negative socio-emotional acts or contributions. These are likely to inhibit problem solving.

Case Conferences Were Analysed to Discover the Following Aspects

1 What actually happened in the conference?

What categories of behaviour were represented at this conference; did the conference concentrate on problem solving or were there so many examples of negative or positive behaviour that the problem solving was impeded? Of crucial importance to the evaluation was the sharing of information or opinions. Did these categories of behaviour change when parents were present or not? I have called this is the overall profile of the conference.

2 How did the conference participants behave?

How did each person interact with the rest of the

group? Did their verbal contributions cluster in one category or another? Were they concentrating on problem solving or an socio-emotional interaction? Did their behaviour change when parents were present?

Conferences were analysed to assess whether professionals behaved differently when parents were present or not.

Each conference was analysed and the following tables drawn up

#### Table 1 Total Interaction

The interaction process of the whole conference or part of the conference.

All the verbal contributions of all the people present either in part of a conference or the whole of the conference were analysed and categorised into twelve categories outlined above.

This information was then summarised into six categories of behaviour. These categories evolved from the analysis.

Socio-emotional positive (SE+)

This includes the first three categories (Shows Solidarity, Tension Release and Agrees).

Gives Suggestion (SUG)

Gives Opinion (OP)

Gives Facts (FACTS)

Asks (ASKS)

This includes categories 6, 7, 8 Asks for Facts, Asks for Opinions, Asks for Suggestions.

Socio-emotional negative (SE-)

This includes categories 10, 11 and 12 Disagrees, Shows Tension and Shows Antagonism

#### Table 2 Summary of the Total Interaction

This shows what percentage of the conference involved each of the six categories. What percentage of time was spent on positive socio-emotional interaction or giving suggestions or opinions or facts or asking questions or negative socio-emotional interaction? Crucially for the purposes of the evaluation what we need to know is whether this behaviour changes when the parent comes into the meeting.

#### Table 3 The Percentage of Interaction by Each Participant, in Total and in Six Categories of Behaviour

Each category is analysed to measure who contributed in that category and the percentage of contributions made by each person. In the Suggestions Category for example did everyone contribute equally or was it the Chair who played the greatest part?

#### Table 4 The Interaction of the Participants

This table measures how each individual interacted. From this table it can be seen for example whether a professional gave opinions

rather than facts or made a number of suggestions. The table shows how the parent behaved and whether they actually said much and whether they gave suggestions or shared facts and opinion.

### Content Analysis

Each conference was then analysed with particular reference to information sharing, assessing the information and future planning in line with the aims of the evaluation.

## 2 Interviews with Case Conference Participants

The interviews aimed to discover participants' perceptions of whether the aims of the policy had been achieved or not. The interviews were more structured than the ARC interviews but endeavoured to focus on the individual's personal experience in the case conference. The interviewer aimed to perceive the situation from that person's point of view. The interviews were based on a qualitative methodology.

The interviews with the professionals after the conferences were unstructured but centred around the following questions

How did it feel to you that the parents were/were not present at the conference?

Were you able to say what you needed to say at the conference?

Did you hold anything back?

Did you learn anything new because the parents were there?

Did you change your mind in any way about the future?

Has your work with the family changed in any way since the conference?

What would you do another time?

The interviews took place in the professional's office soon after the conference. Each interview took approximately an hour. At the beginning of the project it was planned to interview all participants after each case conference. However, the conferences were larger than anticipated. There were seldom less than ten people and the maximum was twenty-nine. After the first few conferences interviewing was confined to conferences attended by parents. In some of the conferences it was possible to interview all participants but if there was a shortage of time the Chair, the key worker and at least one other worker were interviewed.

The participant interviews were generally tape recorded. Occasionally professionals objected but this was rare.

### Interviews With Parents

The interviews with parents took place either in the social work office or in their own home. Some interviews took place directly after the conference but others took place a few days later. This depended on the wishes of the parents. The interviews lasted between half an hour to an hour. The interviews aimed to cover the following topics

Parents' feelings about attending the case conference

Parents' ability to express their views in the meeting

Parents' views on which professionals attended or failed to attend

Parents' views on what they learned from the conference

Parents' views on the experience overall and whether they would attend again.

The interviews were tape recorded. Parents seemed genuinely in agreement to being recorded.

### Reporting Findings to ARC

The research findings were reported back to the ARC verbally by attending the ARC meeting and by providing written information. This took place in the middle of the project and at the end of the project. There were also regular meetings with the liaison team to feed information back as we went along.

### Confidentiality

This was a crucial issue of concern to ARC and to the research team. Confidentiality was respected by keeping all tapes secure and by changing names in any written material.

### Tape Recording

Permission was given very reluctantly by the ARC to recording case conferences and interviews. Feelings ran so high that a vote was taken to decide whether recording was permissible. In the event, it

did not seem particularly obtrusive except when a tape ended and the machine clicked. Having a recording was invaluable to me as a researcher as it allowed me to listen and observe without taking copious notes.

### Ethics of the Project

This was considered carefully but the policy and the methodology appeared to me to be ethical. At all times child protection was uppermost in mind and the project aimed to improve child protection. There was no evidence during the project that the policy was impairing children's interests. Both parents and professionals were listened to sympathetically and hopefully they found the experience helpful.

## CHAPTER FIVE

### Research Stage One: Interviews with the Area Review Committee

I interviewed twenty-three members of the Area Review Committee between July and September 1988. The purpose of interviewing each member of the ARC was twofold: to clarify the policy and to establish the criteria on which to evaluate the policy.

When I started interviewing I knew from meetings with the steering group and from the minutes of ARC that there was dissension about the policy. I had also had access to written material from the members of the medical profession who were deeply suspicious about the policy so I had some idea about who was in favour of the policy and who was not.

The main topic areas that were covered were

- 1 ARC members' understanding of the policy
- 2 ARC members' beliefs about the policy
- 3 ARC members' beliefs about the aims of the policy.

At that time the ARC comprised eight medical personnel, three nursing officers, two directors from voluntary organisations and five social services representatives including the Director. There was also one representative from each of the following professions: police, probation, education (special needs), education welfare and one magistrate. All the personnel were white and there were fourteen men and ten women.

Within the ARC the range of knowledge and experience of case conferences was extremely wide ranging from one person (from the medical profession) who had never been to a case conference, to people who had been to case conferences in the past but rarely attend now, to people who attend very regularly. (Nine out of twenty-four attend regularly.) Five of the members chair case conferences regularly. These differences led to conflicts within the meetings as regular attenders felt that they were being coerced by people who know little about the problems faced in case conferences. The differences also affected my interviews as some people were talking more hypothetically than others. Regular attenders were divided amongst themselves on their views of the policy.

## 1 The ARC Members' Understanding of the Policy

### a) Definitions of Case Conferences

The policy states that parents should be invited to attend all or part of review or follow-up case conferences but not incident case conferences.

Respondents were asked whether they understood the differences between case conferences.

I regard an incident case conference as a conference that is called as a consequence of an event or an incident that is regarded as non-accidental "... " that becomes a little bit difficult in circumstances like emotional abuse where the idea is that "... " or the

concern is that it's a continual and constant problem that's going on all the time, in other words there isn't one incident it's a series of problems that has arisen. But I think for the most part what we're actually talking about is the initial case conference that is called under the non-accidental injuries procedures at which all agencies are invited included the police, that's the one that I would regard as an incident case conference ... and the review ones are the ones that are held subsequent to that which are to look at progress, but if a further incident occurs and a further case conference is then held, in other words a second or third or fourth one, not only about the same child but about a specific new concern then I would regard that as an incident case conference.

Another respondent said

A review is only a review if there hasn't been an incident. (Medical profession)

We need to clarify the position regarding where people may have a different interpretation as to which categories a particular conference falls into. (Social worker)

The other case conferences that were mentioned were follow-up case conferences and this is when there seemed to be ambiguities. For some people if a follow-up case conference was

called following an incident such as an injury or loss of weight then this would be defined as an incident case conference and therefore parents would be excluded. For other people the fact that this was an ongoing case meant that the parents should be allowed to attend.

Another respondent said

So what you've got in writing is how it should be but there is still an area of subjectivity about it and it was recognised that when an incident conference is adjourned, it may be adjourned for further information about the incidents or allegations in which case it is clearly another incident conference ... or it may be a review of how it's gone in which case the conference may say the next one will be a review conference, so there's scope for the conference to define the next one.  
(Social worker)

But another person said that

these differences are only meaningful to professionals and not to parents. (Social worker)

One person suggested that there should be a distinction between decision making and discussion conferences. (Medical profession)

Another person said

One is initial case conferences where people are coming

to a decision on what action to take based on mutual concerns and the other is a subsequent one where final decisions are taken ... the planning type of case conferences. (Medical profession)

Three people noted that there was not a decision about whether case conferences convened to decide on whether children subject to care orders should return home should be defined as incident or review case conferences. (Social workers)

Unless specifically asked respondents did not necessarily distinguish between different types of conference.

The written policy distinguishes between different kinds of case conferences. Even those people who were the most clear in their minds had some difficulty in distinguishing between the three. A number of people said that the distinction was made because very few review conferences were held and therefore parents would be excluded from most conferences. One person said that he did not think that the differences were meaningful but he went along with them as a way of persuading people to accept parents at case conferences.

The reality was that a considerable number of people on the ARC had only been to incident case conferences and had not attended review case conferences. One person who was interviewed had never attended a case conference at all.

What appears to have happened is that the people who did not want parents to attend case conferences narrowed the policy to exclude virtually all case conferences that were held in Sheffield at that time. Prior to the introduction of the policy professionals had distinguished between the initial case conference and all other conferences. The new policy asked for more sophisticated definitions of types of conference which were understood by the steering group but not the other members of the ARC.

b) Did ARC Members Agree with Parents Attending?

**1 Review Conferences**

With one exception ARC members agreed that parents should be allowed to attend Review Case Conferences and members felt that parents should be there throughout the meeting. The concept of a review case conference held by the ARC was of a small group of people, possibly up to four or five, who come together to discuss progress. No major decisions are taken and the parent knows all the professionals well. They would be the core workers as envisaged in the Working Together Document 1988. However, I quickly discovered that these meetings are held at NSPCC but rarely elsewhere.

**2 Follow-up Conferences**

There was a confusion about whether follow-up case conferences were incident or review type conferences and therefore

respondents were not clear whether parents should attend or not.

### **3 Incident Case Conferences**

The policy precluded parents from attending incident case conferences but much time during the interviews centred around incident case conferences, partly because of their importance and partly because respondents were more likely to attend incident case conferences rather than review conferences.

Two professional groups had the most difficulty with the idea of parents attending case conferences; the medical profession and the police. This was commented on from the very beginning and I was aware of the views of the medical profession from written material that they presented at the ARC.

The following comments are from medical representatives who said

... where new material is being discussed which has to be openly evaluated by the professionals and you can't do that in front of parents. I mean for example if I come up with new information that a child is losing weight and that I think this is due to parental mismanagement, I need to discuss that first with other colleagues before I can talk to parents about it.

and

It's quite unrealistic to have parents present where new evidence has been presented that might lead to court proceedings and so on ... and also when one's talking in general about issues that involve the family and parents.

Another member of the medical profession said that she would not wish to share evidence in a case conference which she would give later in court but another member of the medical profession did not accept this

At least put it on the table in front of them and make it quite clear what you're saying. I don't think it harms them to say 'look at what happened under these circumstances, tell us why we should think it wouldn't happen, tell us why ...' I think confrontation in that way, not without sympathy of their circumstances, but being rather realistic is probably in the long run the most helpful.

The fear that the medical profession would withhold vital evidence was of great concern to the social workers in particular and one person said

I don't feel that other people will give me the information to carry out my job (chairing case conferences)

Another respondent, a social worker, felt that it was important to find a way round this

if doctors and it's usually the consultants, as you know it's very difficult getting the GPs to come, are not willing to say things in front of parents then I do think there's an alternative to create some space for them to have their say without the parents.

These fears were commented on by all the social workers as they felt that medical evidence was of crucial importance.

But other members of the medical profession did not take this view. As one person said

If they don't like it (ie parents attending case conferences) they'll have to lump it.

There was also anger that one consultant said that he could not give evidence to conferences because he was not insured by his Defence Union to do this. One other of the medical profession said quite bluntly

this is a wild card to prevent them doing it. (ie involving parents in case conferences)

The other professional group who had most concerns about the policy were the police. This was the police view

We would present very little evidence, we would certainly be far more reluctant to go into the depth that we do go into. I mean my practice has always

been to tell the case conference everything you know about a particular individual or set of circumstances and I think if the wife of the accused, or whatever was sat at the other end of the table you wouldn't say it, a) you would damage your investigation and b) you would lay yourself open to being accused of all sorts of suspicion and supposition that you wouldn't normally be entitled to, and there are certain things you would say at a case conference that you couldn't say at court cases. You may know of a family and you may have your suspicions about the interview but you can't prove the case beyond all reasonable doubt and for that reason you don't proceed with it, but because the case conference is to the advantage of the child you shouldn't be precluded from saying that at a conference.

The response to this view from a social worker was to suggest either that

if the police don't want to be there the police can absent themselves as far as I'm concerned.

and from someone from the medical profession

the police want a prosecution ... it's the difference between prosecution and treatment ... I think it's important to recognise that there is a difference in what the police are interested in and what social workers and doctors for the most part are concerned

with ... A lot of this (sexual abuse) isn't to do with crime, they are criminal offences that are committed but it's not necessarily dealt with best in that sort of framework.

Another respondent from the medical profession said

I'm not sure I agree with them ... I'm not so much interested in justice as safety of the future of other people's lives but I think it can be done in front of her.

A social worker suggested

The police could present their evidence and then leave if they do not want to be present with parents.

One of the nursing professionals was clear in her views

I see no room for a parent at an incident conference. Case conferences are to thrash out different professional views ... they are not for parents. Parents should not know about professional differences.

Other ARC members were either in favour of parents attending incident case conferences, for example

I'm quite keen to promote this and I have been for some time.

but most respondents were more ambivalent

My feelings about parents attending case conferences are really very ambivalent ...

In principle I can't see why they shouldn't be there ... it's all the things about practicalities and the skills of people and what have you

I'm not sure if it's a good thing in all ways that parents should be in on the initial conference, that is the so called incident

There were no respondents who said that parents should attend for the whole conference.

A respondent who was in favour of the policy said

I think there is a proper place for professionals to have some time together to reflect and to know each other without parents.

The interviews with the ARC revealed that members agreed that parents should be allowed to attend review case conferences. They were uncertain about follow-up case conferences but even more ambivalent about incident case conferences. The police and medical profession were most against parents attending incident case conferences but there was not unanimity amongst the medical profession.

a) The Advantages of Allowing Parents to Attend?

Respondents were asked why they thought parents should be allowed to attend case conferences. The responses were

It does seem to me to be a major infringement of rights to be taking quite critical decisions (without parents).  
(Social worker)

I think it is very important making significant decisions about their lives or their children the feeling that we leave them outside the door and that can't be right. I don't come from the point of view of family rights though I think that is a perspective that has merit, but I don't think it's the point where I started or where I still believe we should be. I think my interest is a more pragmatic one ... I think the key people in the protection of the child ... the key people are the parents ... we can really only protect the child through them. (Social worker)

and

I think that you have to take the view that a child's needs are intricately linked with its family so therefore work with children in trouble is work with its family in trouble. (Social worker)

This pragmatic approach was echoed by most of the respondents.

I think that if I was a parent in that position I would want to be consulted and I would want to feel that I had a voice in directly with the professionals who were taking those decisions but there are other considerations and I think there are definite dangers if it's taken too far. (Medical profession)

This was a view expressed by four respondents.

But I think in the long run it could be in some circumstances to the child's benefit that the parents are viewed in a more collaborative light rather than being viewed as being beyond the pale, literally beyond the pale ... I think some parents are viewed as being beyond the pale. (Medical profession)

and while they were fairly inarticulate in some ways, they actually expressed some fairly strong feelings about wanting the children and this enabled those at the case conference to be much more confident in allowing the children home. (Social worker)

This was another view from another social worker

I think it can help to check inaccurate information; that they are in a position to give information at first hand as opposed to through another party which can

be important particularly if there is information that's hearsay and not been checked out.

He went on to say

I think it enables a difference between people being able to say what they think and feel directly and represent it themselves rather than having it filtered through an advocate

Other people commented on the way that it would affect the professionals at the conference

It makes people think very clearly about what they are saying. I think there has been a tendency and it's less so now, but I think there has been a tendency in case conferences for people to make sweeping statements about parents which really aren't worthy of inspection once they are looked at carefully, don't stand up to inspection. (Medical profession)

Again it may actually be useful to have parents in there sometimes in order to put those hunches in the right context because after all they are only hunches ... and you know we're talking about a very serious issue here of separating children from parents when it's necessary. (Medical profession)

Respondents also considered the effect on parents

They have more opportunity to understand the people and processes about where decisions are being made

about their children and that it provides an opportunity later for material provided, opinions expressed, perhaps to be worked with by key workers and others working with the family. I hope that it increased the motivation of parents to look at their problems ...

it would encourage parents to feel part of the care of their child because one third of children who are subject to conferences will be at home. It would also encourage an atmosphere of working together, likely to make parents cooperative and feel part of the decision making process ... Parents would be getting a more realistic and immediate feedback.

to have parents there to at least ... is going to produce some better decisions, more balanced decisions because firstly the people taking the decisions who have another set of facts put in front of them, another set of facts put in front of them which is real people who'll be manifest in real feelings, not from distress and concern ... and also I'd like to think there was some opportunity to at least question some of the alleged facts being put in front of people or put another set of facts in front of them and I think you'd get decisions based on a better data base than you would if not getting them there.

we need to engage, involve, establish a working relationship with the parents.

The advantages of parents attending as suggested by the ARC were that parents' rights were being upheld. This was important because children were part of families and by giving parents rights it was hoped that this would improve the care of children. Parents' rights were raised as important but as a means to an end rather than an end in themselves.

It was recognised that most children are cared for by their parents and to exclude them was not sensible. By involving parents professionals could be seen to be collaborating with them and this should improve the relationship that professionals had with parents.

Parents would be given the opportunity to give their views and perceptions directly to the conference. They would be in a position to present facts in the way that they saw them rather than filtered through someone else. They would have an opportunity to defend themselves. Issues could be discussed directly and parents should feel a part of the process. They would be able to understand and question what was happening in the conference and if necessary be confronted with the concerns of the conference.

Parental attendance could also prevent professionals presenting inaccurate information to the conference. Fears were expressed that professionals speculated at conferences without secure evidence.

b) The Disadvantages of Parents Attending Case Conferences

One of the problems that I would personally face that I think that I would have great difficulty sometimes being civil to a parent who had damaged a child.

She was the only person and the only medical person to be candid in this way about her own feelings but another respondent, a social worker, said

at the time that professionals come to case conferences they may still be in a state of shock, anxiety trauma.

A number of people talked about the problems of sharing information in the presence of parents. One person from the medical profession said

... where new material is being discussed which has to be openly evaluated by the professionals and you can't do that in front of parents. I mean for example if I come up with new information that a child is losing weight and that I think this is due to parental mismanagement, I need to discuss that first with other colleagues before I can talk to parents about it.

Another medical representative said

I wouldn't see it as all that useful for incident, I think that if we have a good professional who goes in and takes the history of the incident so to speak from

the parent's point of view and reproduces that, I think you come to a better decision.

if parents are there he (the GP) may keep certain important opinions to himself. (Medical profession)

I don't feel that other people will give me the information to carry out my job (chairing case conferences). (Social worker)

It appeared to be a simple straight forward case of excess disciplining of the child, with some bruises as a result, but then as all the information started pouring in from all sides it became obvious there was a major problem here involving the relationship of the child to the mother because people were sort of free wheeling and speaking quite openly because there was no threat ... all sorts of things emerged that put a totally different light on the case ... now obviously if the parents were sitting there in the case conference, that's just not possible ... I mean no one's going to ... I mean the teacher isn't going to say "Every time the child came he smelled" and so on, you can't say that in front of parents in front of other people. (Medical profession)

But I mean it's one of the favourite criticisms isn't it of parental involvement that it's going to constrain contributors, that they're not going to say what they really think or they are not going to come on with information that they regard as nebulous in some way you know, that they're not terribly sure about, it may be gossip, it may be innuendo, the counter argument is that the parents are there, they can correct or give their own perspective and misinformation is less likely to occur, but you know it's a very fine line between the two ... (Social worker)

that does make for considerable difficulties in properly reporting what's happened and for giving opinion rather than fact and opinion is actually important although one of the advantages of having parents there is that it makes people think very carefully about the opinions that they give, whether it would inhibit them in saying 'I don't think this mother is capable of looking after ... this family is capable of looking after the child' ... when they should be saying that, is the question I think that is the important issue. (Medical profession)

I think there are anxieties about people being inhibited.

To summarise, the biggest anxiety for the medical profession was that they did not want to share their professional opinions about the abuse in front of parents. They felt that this would make them vulnerable to being sued or prejudice their evidence which they would present in court. One person from the medical profession was adamant that he would not give his evidence in front of the parents. He presented this viewpoint very forcibly and aggressively.

There were also concerns that more nebulous information would be withheld and that professionals would not share gossip or feelings in front of parents. They felt that these feelings were important and should be shared.

This fear that professionals, particularly doctors would withhold vital information was a very big disadvantage to other professionals. They felt that if a group of professionals at a case conference felt so strongly then the policy of parental attendance was unworkable. Two people suggested that a way round the problem was for the doctor to give evidence before parents came in but others found this very unsatisfactory as it would be withholding information from parents.

Reference was made to the ongoing relationship with the family.

A member of the medical profession made the following comments

Now if he's (the GP) seen as part of the decision making process the family may be reluctant to call him later on, to the detriment of the other children.

I think this may put them (GPs) off even further attending case conferences.

This anxiety was also shared by other professions who were concerned about the family's reaction after a conference, especially if they had to spell out negative comments.

It was a worry to many people how parents were going to be affected by the experience. People commented that sometimes very unkind things were said about parents at conferences and there was concern that they might be damaged by the experience.

Others compared their feelings about conferences with parents' feelings!

if they (social workers) find it awesome and difficult to participate in a case conference, how much more difficult is it going to be for a parent who is totally unfamiliar with this kind of setting. (Social worker)

being there would simply perceive their helplessness.  
(Medical profession)

There were anxieties that conferences would not be able to perform the necessary functions

what might happen is that the parents would create some sort of row in the course of the case conference.  
(Medical profession)

A number of people were worried about the resource implications there are clearly resource and time implications in that which I'm not sure senior management have addressed fully. (Social worker)

My main reservations about the policy are about the problems of implementation not the actual disagreement at all with the principles of the policy. (Social worker)

A number of people were concerned that the child's needs would be overlooked as professionals would be more concerned about the parents than the child.

if you've got parents involved in case conferences there might be a suggestion that you're tending to allow their needs to predominate and that is not the focus that is required of you as a worker.

Two respondents were quite clear the disadvantages of parents attending conferences outweighed the advantages and parents should not be allowed to attend. At the other end was a member of the medical profession who felt clearly that parents should be able to attend. In between were all the people who could envisage advantages and disadvantages to allowing parents to attend. Each person weighed up their arguments very carefully and attempted to be objective but the overall impression was that allowing parents to attend was right in principle but implementing the policy would not be easy.

The people who were enthusiastic about the policy believed that parents would be able to come to the meeting to share their perception of the problem and this would give the conference a fuller picture on which to work. But the people who were not enthusiastic about the policy believed that parents would find it too difficult to contribute to the conference either because of their personalities or because the conference was organised in such a way as to inhibit their participation. This group of people were also very concerned that some of the professionals would find it so hard to talk in front of parents that vital information would be withheld.

### Conclusion

There were two opposing views about parental participation at case conferences. One view was that case conferences were meetings exclusively for professionals. This was in accordance with the official guidelines at that time. At conferences the professionals present the views of the parents and decisions are taken about the child and these decisions and recommendations are relayed to the parents after the meeting.

The rationale for this is that crucial evidence which may later be used in court cannot be presented in the presence of parents. This may be because the medical professional is not covered by his Medical

Defence Union for statements made at case conferences or because revealing this information would prejudice later court hearings.

If parents attend it is not possible to share hunches, or opinions, concerns, anxieties about a family which are not strongly reinforced with factual evidence. This leads to only partial information being shared.

If parents attend, the child's needs may be overlooked in favour of the parents and the experience may be so destructive for the parents that it is very difficult for professionals to work with parents after the case conference.

Those that share this view believe that parental participation in case conferences leads to children being less well protected.

The opposite view is that parents should be allowed to attend case conferences to put forward their views and perspective. This gives professionals more accurate information on which to make future plans. By involving parents in the process parents become more committed to the plans that are made. This leads to better child protection.

The rationale behind this view was partly ethical but was also a very pragmatic approach to child protection. This stemmed from a recognition that approximately seventy-five per cent of children who were the subject of case conferences were cared for twenty-four

hours a day by their parents and therefore for professionals to make plans without parents was nonsensical.

Of the twenty-three people interviewed there were three people at either end of the spectrum; one person who believed strongly that parents should be there and two who believed that they should not. All the other respondents could understand both views. People used words such as 'in principle' or 'as a parent' and could easily share both positions. They suggested that in some instances parental involvement could lead to better child protection but in other instances with other families the process could lead to worse child protection. For many people it was important to work towards parental involvement but they recognised considerable inherent problems.

The group of people who regularly chaired case conferences were generally in favour of parents attending case conferences but were worried about the process; worried about resource implications; who would prepare the parents? who would bring them to the conference? where would they wait? who would look after the children?

They also mentioned the training implications; would there be training for Chairs? would there be training for all the participants? There was considerable scepticism and anxiety about this.

There was also general concern about case conferences. A number of people felt that case conferences did not work well; participants found it difficult to work together; case conferences were not clearly

structured and different Social Work Divisions had different policies and there was no overall mechanism for following up case conferences to see whether the recommendations had been implemented or not.

Case conferences may be chaired by one of the 44 Team Leaders and Group Principals who may all have different beliefs and values. There were fears that the procedures were different in different divisions.

Minutes of case conferences; should parents have minutes of case conferences? This was a subject that caused considerable alarm and anxiety and was fiercely debated. The medical profession was very concerned that they should check the minutes before the parents saw them but other people felt that parents had a right to check them too.

The interviews with the members of the Area Review Committee helped me understand the complexities of the policy and why parental participation is so contentious. The interviews also made me even more enthusiastic about observing case conferences as I felt this would give me the opportunity to actually find out what would happen.

As a result of the interviews I decided to use the written document as the basis for the evaluation. I felt that this encapsulated the professional opinions about parental attendance at case conferences and laid out clear criteria on which to base the evaluation.

## CHAPTER SIX

### Research Stage Two: Observing the Implementation of the Policy

#### Implementing the Policy

A memo was sent out, in January 1988, by the SSD Child Protection Coordinator with the new policy attached to it, saying the the policy would be in effect from January 1988. There were no training proposals accompanying the policy.

Subsequently the research team met with a steering group of the ARC and at the request of the project the steering group drew up a list of aims of the policy and the relationship between the aims and the policy. There was a lack of agreement between members of the ARC about the policy but despite this it was agreed at the ARC meeting in July 1988 that the project should go ahead.

The meeting also agreed that I could tape record case conferences during the research project. Tape recording conferences caused considerable anger as many people objected strongly to this. The matter was put to a vote and carried 14 to 8. Someone remarked that the people who voted against the recording were people who regularly chaired case conferences. It was agreed that the use of tape

recorders would be discussed at the ARC November meeting. At that meeting in November this was agreed without a great deal of discussion. I said that I would find it very difficult to complete the project without the recordings and there was little dissension.

The group who embraced the policy most quickly were the NSPCC. They hold regular review meetings and began to invite their families from January 1988. The hospitals also began to implement the policy but the SSD divisions seemed to move more slowly. This was possibly because there were two hospital group Principals on the ARC and they were able to communicate the policy to their agencies quickly. In contrast only one of the seven divisions was represented by a divisional officer. Of the eleven case conferences held between September and the beginning of November two were held on Divisions, four at NSPCC and five in the hospitals. A mother was invited to and attended a conference on one Division but on the other Division the key worker was not aware of the policy and did not invite the parents.

By the November 1988 ARC meeting there had only been two case conferences when the parents were present, one on a Division and one at NSPCC. NSPCC was disappointed that they had held four review conferences and only one mother (Maisie) had attended.

Knowledge that the policy existed disseminated very slowly. It seemed that many agencies only became aware of the policy either just before or actually at a case conference. By March 1989 one police station, for example, still did not know of the policy. Making agency

personnel aware of any policy is an enormous task and is obviously difficult to achieve. In this case there were no systematic training proposals to accompany the memo which alerted staff about the change of policy. Some social work teams discussed the policy but as I discovered at the Catherine case conference there was not always a full understanding of which conferences parents could attend.

#### Problems in Defining Case Conferences Which Fit the Policy

The policy stated that parents should be allowed to attend review or follow-up case conferences. This immediately became a problem because professionals were not always clear which conference was which. Prior to the policy being introduced there had been no need to define or give a name to a case conference. For many workers there were two kinds of case conference; the initial case conference and other case conferences. The initial case conference is the first case conference that takes place as soon as there is considerable suspicion that a child has been abused in some way or other. A major purpose of the initial case conference is to discover whether there is sufficient information to take the child's case to court or to prosecute the parent.

#### Review Case /Conferences

These are case conferences that take place to review children on the At Risk Register and take place at three to six monthly intervals. This procedure was recommended in the Beckford Inquiry and the Working Together Document. In Sheffield the only agency which had

a regular review procedure at the time of the introduction of the policy to involve parents, was the NSPCC. The SSD procedure was that children were discussed by the key worker and the team leader who then sent a report to the Custodian of the Register. If there was a major concern a conference would be held but this would not be a routine procedure.

### Follow-up Case Conferences

These include the following types of conference

**Reconvened Conferences** are held shortly after the initial case conference to consider evidence which had been unavailable at the initial case conference. The Redwing case conference is an example of this.

**Incident Case Conferences** are those conferences which are convened following an incident to a child who has been the subject of a case conference in the past and who may be on the register and conferences convened to discuss whether a child should be allowed home or not! These are major decision-making conferences and may lack consensus amongst the professionals.

**Monitoring Conferences** are held to check out whether existing arrangements are working.

Some people wanted to distinguish between discussion and decision case conferences. A decision case conference would decide on the

child's future and a discussion conference would give people, including parents, the opportunity to discuss what was going on.

This confusion meant that parents were invited to case conferences which the policy defined as incident case conferences. Examples of this are the Catherine case conference which was convened following a new injury; Elsie Case Conference One where care proceedings were under discussion and Elsie Case Conference Two where returning the children home was discussed. Of the case conferences subject to analysis only Maisie was a review case conference as envisaged in the policy. This reflected what was happening in Sheffield at the time. Conferences were more likely to be held when major decisions needed to be discussed. Professionals had heard that parents could come to case conferences but did not know exactly which.

#### Stage 2 Observation of Case Conferences and Interviews with Participants Including Parents

This part of the research took place between September 1988 and July 1989. The arrangement was that the F&CS child protection clerk would let me know when follow-up/review case conferences were being held. She would have told the key social worker that I was doing the research and that I would be in touch. The clerk was always very efficient and let me know what she knew but sometimes the social work divisions would forget to let her know that they were holding case conferences or they let her know so late that she couldn't let me know in time.

On hearing about a case conference I would then contact the key social worker to ask permission to let me attend. If she agreed then she would ask the parent's permission. We had planned initially to ask the parent's permission directly but the social workers preferred to do this as they felt that a letter would be impersonal and might not be well received by the families. This seemed to work well so I accepted this practice. The NSPCC workers invited me directly to the conferences and they too asked the parent's permission.

I attended as many conferences as I could fit into the rest of my work schedule. The numbers are shown in Table 1.

**TABLE 1**

**Table of Review/Follow-up Case Conferences held in Sheffield between September 1988 and July 1989 in chronological order**

Name	Location	Type	Cause	Parent Invited	Parent Came	Research
Andy	CH	Fu	Neglect	No	No	Yes
Maisie	NSPCC	Rev	PA/N	Yes	Yes	Yes
Gray	NSPCC	Rev	Neglect	Yes	No	Yes
Carol	NGH	Fu	Cust	No	No	No
Fred	CH	Fu/I	Ft	No	No	Yes
Jay	Div	Rev	PA	No	No	No
June	NGH	Fu	PA	Yes	Yes	No*
Cath	Div	I/FU	PA	Yes	Yes	Yes
Liz	NGH	Dr	PA	Yes	Yes	No
Cla	NSPCC	Rev	PA	Yes	No	No
Paul	NSPCC	Rev	PA	Yes	No	Yes
Derek	CH	Fu	PA	Yes	No	Yes
Sara	NSPCC	Rev	PA	Yes	No	Yes
Sue	NSPCC	Rev	SA	Yes	No	Yes
Rod	FSU	?	?	?	?	No
Len	CH	Fu/I	SA	No	No	Yes
Ben	NGH	Fu	SA	Yes	No	No
Nigel	CH	I/FU	PA	Yes	Yes	Yes
Julie	JESS	I/FU	PA	Yes	Yes	Yes
Elsie	NGH	I/FU	SA	Yes	Yes	Yes
Nat	CH	Rev	PA	Yes	Yes	Yes
Nigel	CH	Rev	PA	Yes	Yes+	Yes
Julie	JESS	I/FU	PA	Yes	Yes	Yes
Fran	Div	FU	PA	Yes	Yes	No*
Jay	Div	FU	PA	Yes	Yes	No#
Redwing	Div	I?FU	PA	Yes	Yes F	Yes
Ran	Div	FU	NEG	Yes	No	Yes
Paul	NSPCC	REV	SA	Yes	No	Yes
Bert	NSPCC	REV	PA	Yes	No	Yes
Flor	Div	I/FU	PA	No	No	Yes

Continued ...

Name	Location	Type	Cause	Parent Invited	Parent Came	Research
Clare	Div	Dereg	PAS	Yes	Yes	Yes
Bridget	Cancelled	Strike				
Joe	CH	FU	SA	Yes	Yes 3	Yes
Char	Div	I/FU	PA	Yes	No	Yes
Elsie	NGH	TOP	SA	Yes	Yes	Yes
Julie	JESS	DIS	PA	Yes	Yes	Yes
Bridget	DIV	FU/I	SA/NEG	No	No	Yes
Ran	Div	FU	PA	Yes	No	No
Helen	NGH	Dereg	PA	Yes	Yes	No
Wayne	Div	Fu	PA	Yes	No	No

### KEY

#### Location of Conference

CH Children's Hospital  
 NGH Northern General Hospital  
 JESS Jessop Hospital for Women  
 Div Social Services Department

#### Type of Conference

FU Follow-up Case Conference  
 REV Review Case Conference  
 Dereg Deregistration of a child  
 I Incident Case Conference  
 TOP Trial Own Parents  
 DIS Discharge from Voluntary Care

#### Cause

PA Physical Abuse  
 SA Sexual Abuse  
 NEG Neglect  
 Ft Failure to thrive  
 PA/N Physical Abuse and Neglect

#### Parents Came

All the parents were mothers except for  
 F Father  
 3 Mother, stepfather and father came

#### Research = Research worker present

\* Parent said no  
 # Social worker said no

Numbers of Follow-up/Review Case Conferences

I was informed of 41 case conferences. On two occasions the parent refused to allow me to observe the conference. On three occasions social workers refused to allow me to observe as they felt that the conferences were going to be difficult to manage as they were afraid that the parents might lose control. Subsequent information verified this in an instance but in another it was the mother who contributed helpfully to the conference. I have no information about the third.

Parental Attendance at Case Conferences

Parents were invited to 36 case conferences.

Parents were not invited to 5 case conferences. (This was generally because the professionals thought that the parent would become too angry.)

Parents attended 13 case conferences

<u>Invited to case conference</u>	<u>Not Invited to case conference</u>	<u>Attended</u>
36	5	13

Total number of parents who attended case conferences 11

(one mother attended 3 conferences on her child

two mothers attended 2 conferences on their child

one mother, one stepfather and one natural father attended 1

conference on their child.)

## Possible Reasons Why Parents Who Were Invited Did Not Attend

It was not possible to follow up in any detail why parents did not attend when they were invited but discussions with the social workers suggested some of the following reasons.

One mother had planned to come but was ill that morning;

One mother was working and it was difficult to have time off to come;

One mother was in court for her divorce to be heard;

Social workers were sceptical that two or three families would ever be prepared to come as they would prefer not to have anything to do with social workers;

Another mother was quite 'fatalistic' about her children's future and therefore didn't come.

This was an area of study which I should like to have pursued and other professionals would like me to pursue but there was not time or funding to do this.

## Racial Origin of Parents

In one family the stepfather came from Saudi Arabia but all the others were white and born in Sheffield.

## Brief Details of Observed Case Conferences Attended by Parents

### Maisie

This was a review case conference held at NSPCC to assess the

progress of the family. The children's names were on the register for physical abuse and for neglect. The mother (called Maisie for research purposes) was present throughout the case conference. Four professionals were present; the class teacher, the school nurse, and two social workers from NSPCC.

The mother was a single parent, who had spent much of her childhood in care and part of that time at Rampton Hospital. The mother told me that she felt more involved by being allowed to come to the conference. She felt that the workers were pleased with her care of the children. She was not an articulate woman but she managed to say what she wanted to say. This was one of the few review conferences, as envisaged by the policy, that I attended.

#### Catherine

This case conference was held to work out future plans for a child whose name was already on the register but had been abused by her mother again. This was an incident case conference.

The mother came in for the last twenty minutes of the conference.

#### Nigel

1 This case conference was held to decide whether a child who had been physically assaulted by his mother's cohabitee should be cared for by him when he came out of prison. According to the policy this was an incident conference.

2 This case conference was held to monitor and review progress.

The mother and grandmother both came in at the end to be told the decisions by a group of core workers.

The mother talked to me at great length about the ordeal of the whole experience. She was pleased to be invited in at the end of the conference but said that she would not have liked to be there for the whole conference as she found the group experience intimidating.

### Julie

1 This case conference was held to discuss the future of a new born baby who was in foster care. The mother had abused the child and was wondering about adoption. The mother was a single parent. The mother came into the full conference for the last 20 minutes of the conference. She used this conference to ask questions about her child's health which she seemed not to have been able to ask before. The questions were addressed mainly to the doctor. She learned from the conference but did not talk much about herself.

2 This case conference was held to review the progress of the child and the mother, and to decide whether the child should go home.

The mother came in after about 20 minutes and stayed for the rest of the conference. Once again she had a number of questions to ask.

- 3 This was a very small conference which worked out arrangements for the child to go home to the mother. The decision for the child to go home had already been taken. The mother was there all the way through.

The mother felt that she had been able to ask questions at conferences and the process had made her feel involved and 'more equal'. There was a feeling of partnership in this case.

Elsie

- 1 This conference was held to work out future plans for the children who were in care waiting for court hearings. The children had been sexually abused by the mother's cohabitee. This was an extremely large conference and was attended by 29 people. The mother was present throughout the meeting. This was an incident case conference.

- 2 This conference was held to discuss a possible incident that had occurred and to work out plans for the children to be discharged home on trial to the mother.

### Redwing

This conference was a reconvened conference to work out plans for a child who had been pushed out of an upstairs window by the mother who had been suffering from delusions. The father was there throughout the conference. This was an incident conference.

### Clare

This conference was called to discuss the possibility of deregistering a child. The child's name had been placed on the At Risk Register because the mother had physically abused an older child who had later been placed for adoption. The father came in towards the end of the conference because there had been confusion about the timing of the conferences and problems over buses.

### Joe

This case conference was held to discuss allegations of sexual abuse by the stepfather. Mother and stepfather came in at the end to hear the decisions of the meeting and father came in after them. The father used the opportunity to question professionals, to complain about his care and complain about his ex-wife.

The mother was much more passive and agreed with everything that was said. She felt 'degraded' by the experience according to the social worker. The mother was not prepared to be interviewed.

## Helen

This case conference was held to deregister a child who had been physically abused by the mother's cohabitee. The cohabitee was no longer living with the mother. The mother was there throughout the conference and felt involved in the process.

It was decided to analyse in detail six case conferences which were attended by parents and two case conferences which were not attended by parents. The conferences attended by parents were Maisie, Catherine, Elsie, Redwing, Clare. Bridget and Florence were conferences not attended by parents. Each case conference was analysed to discover whether the aims of the policy were achieved or not and whether the case conference fitted the policy or not. Was it a review or follow-up case conference or was it an incident case conference as defined by the policy?

The stated aims of the policy were

To aid the protection and promote the best interests of children on whom review conferences are held by involving parents in those conferences through

- a) Improving the accuracy of information available to review conferences.
- b) Ensuring case conferences make more informed and better decisions in the best interest of the child.

- c) Improving the quality of treatment plans agreed at review conferences.
- d) Gaining greater commitment of parents to engage with workers in line with treatment plans.

Each case conference was observed by me as the researcher and tape recorded. Following the conference, I interviewed the participants including the parents and subjected each conference to a Bales analysis and a content analysis.

The case conferences were chosen to illustrate the diverse kinds of case conference and to show how differently parents behave. In three of the case conferences the parent came in part way through the meeting and in the other three the parents were there throughout.

Two other case conferences have been chosen which were not attended by parents. In the Bridget case conference the parents were not invited but in the Florence case conference the parents were invited but declined to come. In the first case conference the process of the conference was such that it did not lead to the children being well protected. In the Florence case conference the conference led to the child being better protected.

## CHAPTER SEVEN

### Catherine Case Conference

The aim of this chapter is to analyse one case conference in detail to assess whether the aims of the policy were fulfilled or not. In effect, each case conference studied constituted a separate evaluation of the policy, since the working of the policy was tested out on each occasion. The other case conferences are dealt with in less detail in the Appendix. This chapter shows the procedure of evaluation which was applied to all case conferences.

In this case conference I have called the mother Catherine and the child Natalie.

The case conference was analysed in three ways

- 1 By using Bales' Interaction Process Analysis
- 2 By analysing the content of the conference
- 3 By interviewing the participants of the conference

The Bales Interaction Process analysis provided quantitative data to measure the changes in interaction with and without parental participation. The content analysis gave qualitative data about the conference. The interviews with participants gave their perspective.

By using the three methods the case conference was analysed to decide whether the aims of the policy had been fulfilled.

What sort of conference was this and how did it fit into the policy?

This case conference was convened to discuss the future of a child whose name had been on the At Risk Register for a year. The child had been registered following an injury inflicted by the mother. On this subsequent occasion the mother had hit her, possibly with a thin stick. The conference was convened to decide on continued registration and to examine the possibility of applying for a care order. The mother attended the case conference for the last twenty minutes.

This case conference was a follow-up case conference in the sense that there had been case conferences before on this family but this conference was convened following an incident. According to the policy it should therefore have been defined as an incident case conference and the mother should not have been invited. This case conference did not adhere to the policy. This conference is an example of the difficulty that professionals had in deciding the category of conference.

The social worker had notified in writing the professionals who had been invited to the conference that the mother would like to come and had asked people to let her know whether they objected to her coming.

### Siting of the conference

The conference was held in a small room at a divisional office unfamiliar to the mother. The room was hardly big enough to hold the chairs for all the participants. The sun was shining in such a way that it was not always easy to see everybody. There was nowhere to put papers and the microphone for the tape recorder was placed on the floor.

### Those present at the case conference

- 1 The Chair, a Principal Social Worker and Deputy Divisional Officer. She was also the key-worker's team leader and had been responsible as Duty Principal for the investigation of the incident that led to the convening of the conference. She was therefore not an impartial chair as recommended in the Working Together Document.
- 2 The Key-worker, a female social worker who had been working with the family for a year. Under the supervision of the Principal Social Worker she has overall responsibility for the management of the case. She is expected to monitor the family regularly and to coordinate the work of the other.
- 3 The Senior House Officer, from the Accident and Emergency Department of the Children's Hospital. He had been responsible for examining Natalie when she came to the hospital. He appeared to be fairly new to this kind of work.

- 4 The Nursing Officer, who was the manager of the school nurse and the health visitor. It is the norm in Sheffield for nursing officers to accompany health visitors and school nurses to case conferences. They are unlikely to have direct contact with the family.
- 5 The Teacher, a deputy head with special responsibility for child protection and fairly new to this area of work and case conferences.
- 6 The Health Visitor, a very experienced health visitor, who regularly attends case conferences but has only known the family for a short time as the family have only recently moved to the area.
- 7 The School Nurse, also experienced as a school nurse but does not know the family well.
- 8 The male Family Centre Worker, He knows the family very well as the mother spends a large part of week days at the Family Centre.
- 9 The female Family Centre Worker, She has recently begun to work at the Centre and has begun to spend time with the mother. She is a black woman of West Indian origin. She was the only black person present but she thought this was important as Natalie's father was Arab and she considered that Natalie was black.

10 The Mother, Catherine who came into the conference about 20 minutes before the end.

### Structural Differences Within the Conference

Within the professional group there were considerable differences. These differences included the following.

#### Status

As discussed in the chapter on case conferences professional groups can be differentiated into professions and semi-professions and ranked accordingly. The professional status of the members of the group in the wider society conflicts with the power of the professionals at the conference. The senior house officer is a member of the medical profession which has the highest status within the group. Nursing, teaching and social work are semi-professions with less status than the medical profession. The person with the least status is the mother.

Within the conference the status hierarchy changes as the social workers have more power. Their power and status stems from their control over persons and resources and their power and authority as suggested by Bales (1950)

### Control Over Persons

At the conference the Chair has the power vested in her as Chair to control the group. This power stems from the statutory position of SSD. It is the responsibility of SSD to control the work of child protection, to monitor via the Child Protection Register and if necessary to take legal proceedings.

### Control Over Resources

SSD have the resources to handle this work in terms of providing care for children at risk and very importantly they have extensive knowledge of child protection work including the legal framework. They also depend on other agencies to assist them in protecting children.

This status hierarchy contrasts and may conflict with the next two structural differences, power and authority and knowledge about child abuse and the family.

### Power and Authority

The statutory responsibility for the family rests with the SSD so the Principal Social Worker and the key-worker have the most power and responsibility with regard to the family. But the evidence that the SHO would be in a position to present in court would be considered

as evidence of a high order with considerable professional status behind it. Prior to the Cleveland Inquiry medical evidence was always the most significant evidence.

#### Knowledge About Child Abuse

The Principal Social Worker, the key-worker and the health visitor all have considerable experience and knowledge of child abuse. The school nurse has built up some experience on the subject but the SHO and the teacher are fairly new to this kind of work. The teacher is rapidly gaining experience as her school has a high number of children on the At Risk Register.

#### Relationship With the Family

The key-worker, the Principal Social Worker and the 2 Family Centre workers all know the family well but in different ways. The Chair of the conference has known the mother for some time as the supervisor for the case. She was also involved in this incident. The key-worker has a statutory duty to visit the family to monitor Natalie's progress. However kind or helpful she may be she is there to inspect the child and to take action if this is considered to be necessary. The official nature of her intervention makes it difficult for the mother to refuse visits from the key-worker. Her relationship with the Family Centre is quite different in that the mother can choose whether to go or not. She can spend all day there if she wants to or not go at all.

The Senior House Officer has seen the family on one occasion, when he examined the child. He is unlikely to see them again. The teacher does not know the mother or child well and reports to the conference on behalf of the class teacher. The school nurse and health visitor do not know the family well because the family is new to the area. The health visitor has a responsibility to visit Toby as he is under 5 but not Natalie as she is at school and therefore the responsibility of the school nurse.

The mother talked very positively about the Family Centre worker and grudgingly admitted that the health visitor was quite helpful. She was angry with the social worker and felt that a series of social workers had let her down over the years. She was also angry with the doctor as she felt that he was alleging that she had injured her child with a stick and she denied this.

#### Age and Sex of Participants

It was not possible or politic to ask professionals about their age but my impression was that all those present were in their 30s and 40s apart from the female Family Centre worker and the SHO who were in their 20s. The mother was in her early 20s.

All the participants were women apart from the SHO and one Family Centre worker.

This group of people was not used to working together. The Chair, the key-worker and the male Family Centre worker had worked

together before but the other participants were unfamiliar with each other.

This was a small group of nine people plus the mother with different status outside the group, different degrees of power and authority, different levels of knowledge who came together as a group for the first time to make crucial decisions about a child's future. The differences within the group and their lack of experience at working together made group decision making problematic regardless of parental attendance.

#### Analysis of the Conference Using Bales' Interaction Process Analysis and Content Analysis

The modified version of Bales' IPA was used to discover what was actually happening at the conference before the mother came in. Once we have some idea of the interaction and the content of the interaction we can then decide whether the mother's presence alters this and in what way.

In this conference there were three distinct parts

- 1 The beginning part which examined why the conference had been convened
- 2 The discussion part of the conference
- 3 The final part of the conference when the mother was present and the recommendations were drawn up.

Each part of the conference has been analysed separately and then conclusions drawn at the end.

### Part One of the Conference

In this part of the conference the participants discussed the incident which precipitated the conference and the context in which the incident took place.

### The Incident

The key-worker described the incident in the following way

She (the mother) says she hit her with her hands and the following Tuesday the bruises were noticed at school. There was a bruise on the arm and a bruise on the leg.

The Senior House Officer reported that

The bruises that Natalie had were mainly on her right side, her right arm and her right leg ... all approximately the same age which would account for an incident 2 or 3 days earlier. The shape of the bruises were not really consistent with a hand injury it was more consistent with the side of the hand or a hard object like a stick or a metal bar or something. It was just bruises there wasn't anything else ... they were fairly purpley bruises which suggested quite hard force ... There was one on her right leg which was about 5 cm horizontally and about 1½ cm vertically in a horizontal line across the leg. There was one on the buttock which was

about 3 cm by 1 cm and one on her arm which was 6 cm by 1, 1½ cm. Again they were all long thin bruises rather than wide ones which you would expect with a hand injury ...

The teacher reported that

She had some bruising on the right upper arm and on the right leg by the thigh and the knee

The main differences in these accounts is the number, siting and severity of the bruises. For the teacher and the key-worker the bruises are on the arm and leg but the Senior House Officer also found bruises on the buttock. The social worker and the teacher report the injuries in an undramatic way but the doctor comments on the colour of the bruises and the fact that this was consistent with some force. He also alleges that the bruises were made with considerable force and suggests that the bruises were made with a stick or metal bar. The key-worker had reported that she was hit by a hand. /

These differences were not discussed fully. What seemed to be more important was the context in which the bruises took place.

The key worker reported that

the family had been at home all weekend. Catherine says that she felt cooped up all day ... Natalie had been teasing Toby and she lost her temper with him.

The SHD who had examined the child said

It was difficult to get the details out of the mother. She was uncommunicative. She didn't give any reason for the bruises. She hit the child after a long and difficult weekend when the children had been winding her and each other up. The comment she made was that she had been on her own all weekend ... she seemed resentful that there was no one available to turn to.

The Deputy Head said

Her class teacher says that she is greedy and spiteful and is an underachiever ... Mum has complained that Natalie is bullied at school ... Natalie knows how to handle her Mum and get the best out of her Mum.

For the school Natalie's behaviour appeared to be more important than the bruises. The actual incident was mentioned after some prompting the the Chair. The teacher gives a description of the child, albeit a negative one without any examples of behaviour as evidence for this description. The description is stated as if it were fact rather than opinion.

Both the Senior House Doctor and the teacher give social information before giving any details about the actual injury and in fact both had to be prompted by the Chair before they gave any details about the injuries. The teacher seemed to have little evidence about how the bruises came to light.

## Findings from Bales' Analysis

In Bales' terms the problems to be solved are

What was the incident?

What was the workers' assessment of the incident and how significant, serious was it?

What is the family situation?

Table 1 The Process of Interaction

Part 1 of Conference - the beginning part of the conference

Category	CH	M	KW	SHO	NO	T	S/N	FCW1	FCW2	HV
1 Solidarity	1	0	0	0	0	0	0	0	0	0
2 Tension Release	0	0	0	0	0	0	0	0	0	0
3 Agrees	0	0	0	0	0	3	0	1	0	0
4 Gives Suggestion	6	0	3	0	0	0	0	0	0	0
5 Gives Opinion	0	0	9	12	0	24	1	22	0	4
6 Gives Facts	1	0	22	11	0	11	0	25	1	0
7 Asks for Fact	14	0	3	0	0	0	0	0	0	0
8 Asks for Opinions	1	0	1	0	0	0	0	0	0	0
9 Asks for Suggestions	0	0	0	0	0	0	0	0	0	0
10 Disagrees	3	0	1	1	0	0	0	3	0	0
11 Shows Tension	0	0	0	0	0	0	0	0	0	0
12 Shows Antagonism	2	0	0	0	0	0	0	0	0	0

### Key

CH=Chair, M=Mother, K/W=Key-worker, SHO=Senior House Officer,  
NO=Nursing Officer, T=Teacher, S/N=School Nurse, FCW=Family Centre  
Worker (1 and 2), HV=Health Visitor

**Table 2 Overall Interaction of Conference**

	SE+	SUG	OP	FAC	ASKS	SE-
Part 1	4%	3%	42%	36%	10%	5%

**Key**

SE+	=	Positive socio-emotional interaction
SUG	=	Suggestions
OP	=	Opinions
FAC	=	Facts
ASKS	=	Asks for suggestions, opinions and facts and information
SE-	=	Negative socio-emotional interaction

**Table 3 Percentage of Interaction by Participants in Each Category****Part 1**

	Total	% of all %	SE+ %	SUG %	OP %	FAC %	ASKS %	SE- %
Chair	28	14	20	100	0	1	79	42
Key-worker	36	18	0	0	13	26	21	8
SHO	24	12	0	0	16	13	0	8
NO	0	0	0	0	0	0	0	0
Teacher	38	19	0	0	33	13	0	0
S/N	1	0.5	0	0	1	0	0	0
FCW1	53	27	20	0	12	29	0	42
FCW2	1	0.5	0	0	0	1	0	0
Health Visitor	14	7	0	0	6	12	0	0

**Table 4 Individual Interaction in %****Part 1**

Participant	+SE	SUG	OP	FAC	ASKS	SE-
Chair	4	21	0	4	54	18
Key-worker	0	0	25	60	11	3
SHO	0	0	50	46	0	4
NO	0	0	0	0	0	0
T	8	0	63	29	0	0
Health Visitor	0	0	29	71	0	0
S/N	0	0	100	0	0	0
FCW1	2	0	42	47	0	9
FCW2	0	0	0	0	0	0

**Discussion Part**

Chair	7	21	28	16	14	14
Key-worker	14	3	46	14	6	17
Nursing Officer	0	0	0	0	0	0
Teacher	0	0	50	25	12	12
School Nurse	0	0	63	13	13	13
FCW1	5	0	48	20	0	27
FCW2	0	6	76	12	0	6
HV	8	8	38	0	0	46

From the Bales' analysis it can be seen that the conference concentrated on problem solving and the main activity was information sharing. This sharing of information came into two IPA categories, Category 5 the Opinion Category and Category 6 the Facts Category.

In this part of the conference there were 72 contributions in the Opinions Category and 84 in the Facts Category.

It was not always clear whether this information was a straight fact, an opinion based on a fact or an opinion based on any sort of evidence. For example the teacher said

the class teacher says the child is spiteful ... this child is an underachiever

This is presented as a fact as it is not prefixed with 'I think' or 'I believe'.

She did not give evidence for these statements. I made the decision that it should be in the opinion category but I did not check this with other participants. It is an example of information shared in a case conference which is open to variation in interpretation. However, I was consistent in my analysis.

There were four contributions to category 4, the Suggestions Category. These were made entirely by the Chair who made suggestions about the conference agenda; the order in which participants should contribute and the information on which to concentrate.

Chair            Could you tell us about the actual incident?

In the Asks category there were twenty contributions. Fifteen of them were made by the Chair who concentrated on asking for facts from participants. She tried to ensure that everybody had an opportunity to share their information and to make an accurate assessment of the incident. She checked out facts if she felt they were missing. Examples were

What was her general health?

Which day was that?

The Chair did not attempt to sort out whether participants were giving opinions or giving facts.

She ensured that everyone participated except for the female Family Centre worker. She invited participation in a clear order; first the key-worker, then the SHO to give information about the incident; then the teacher, the health visitor and lastly the male family centre worker. She instructed him on what to concentrate.

The positive socio-emotional contributions in the first part of the meeting were slight. There was no laughter or tension release. The negative socio-emotional contributions outweighed the positive and were shown most by the Chair and the Family Centre worker.

The beginning part of the conference concentrated on information giving but some people gave a factual account and some gave their opinions.

There were very different ways that each professional presented their part of the story. This can be analysed from the amount of contributions each professional made; the type of contributions made and the content of what was said.

The Chair, who was actually (as well as formally) in charge of the meeting and in control of the meeting concentrated on asking the rest of the group for information and assessment (54% of all contributions). The suggestions were to do with moving the meeting on or to do with the way that she thought the meeting should be organised. She was the only person to do this. Everybody else went along with her plans.

For the rest of the group the main focus was on presenting the facts of the case and making an assessment. It can be seen here that there was a variation in the amount of information given and the type of information given. The key-worker and the health visitor concentrated more on facts rather than opinions; the SHO and the Family Centre worker 1 gave fairly equal amounts of facts and opinions and the teacher concentrated on opinions.

The person who contributed the most during the first part of the meeting was the Family Centre worker but he has the least status outside the group, the least authority over the case but knows the family or at least the mother the most.

There is a stronger correlation between the participant's relationship with the family and contributions made than between status outside the group or control over persons in this part of the meeting.

### Gender

The two male workers were the SHO who contributed 13% and Family Centre worker 1 who contributed the most of all participants 25%.

### Part 2 The Discussion Part of the Conference

The conference then spent some time discussing the more general reasons about why the mother might behave in the way that she does. There was considerable disagreement here.

The key-worker explained the problem in terms of the mother being lonely; finding Natalie difficult; the weather being miserable and losing her temper.

The health visitor agreed that the mother was lonely but thought that the relationship between Natalie and her mother was different from the relationship between Toby and his mother. She has observed Toby being cuddled by the mother but had not seen this sort of affection between Natalie and her mother.

The Chair commented that the mother has had a disturbed background; is isolated and finds it difficult to relate to people.

The Family Centre worker said that he has found something out during the week which would explain the behaviour of the mother but he was not going to share this with the conference. He states that the real reason is that the mother is a white woman with a black child and therefore is rejected by society. His explanation is the one most rejected by the rest of the group.

The school nurse (who doesn't know the family) then stated that she thought that this child was being rejected despite all the help that the mother was receiving. This idea was swiftly rejected by the rest of the group. The key-worker for example stressed that the mother had made some beautiful clothes for Natalie which made the worker believe that she did care about the child.

Table 1 The Process of Interaction

Discussion Part of Conference

Category	CH	M	KW	SHO	NO	T	S/N	FCW1	FCW2	HV
1 Solidarity	3	0	3	0	0	0	0	0	0	0
2 Tension Release	0	0	0	0	0	0	0	0	0	0
3 Agrees	0	0	2	0	0	0	0	3	0	1
4 Gives Suggestion	9	0	1	0	0	0	0	0	1	1
5 Gives Opinion	12	0	16	0	0	4	5	29	13	6
6 Gives Facts	7	0	5	0	0	2	1	12	2	0
7 Asks for Fact	0	2	0	0	0	0	0	0	0	0
8 Asks for Opinions	3	0	0	0	0	1	0	0	0	0
9 Asks for Suggestions	3	0	0	0	0	0	1	0	0	0
10 Disagrees	6	0	3	0	0	1	1	15	1	6
11 Shows Tension	0	0	1	0	0	0	0	0	0	0
12 Shows Antagonism	0	2	0	0	0	0	0	1	0	0

Key

CH=Chair, M=Mother, K/W=Key-worker, SHO=Senior House Officer,  
NO=Nursing Officer, T=Teacher, S/N=School Nurse, FCW=Family Centre  
Worker (1 and 2), HV=Health Visitor

**Table 2 Overall Interaction of Conference**

	SE+	SUG	OP	FAC	ASKS	SE-
Discussion part	7%	7%	46%	16%	5%	20%

**Key**

SE+	=	Positive socio-emotional interaction
SUG	=	Suggestions
OP	=	Opinions
FAC	=	Facts
ASKS	=	Asks for suggestions, opinions and facts and information
SE-	=	Negative socio-emotional interaction

**Table 3 Percentage of Interaction by Participants in Each Category Discussion Part**

	Total	% of all	SE+	SUG	OP	FAC	ASKS	SE-
		%	%	%	%	%	%	%
Chair	43	23	25	75	14	24	60	16
Key-worker	35	19	42	8	19	17	20	16
SHO	0	0	0	0	0	0	0	0
NO	0	0	0	0	0	0	0	0
Teacher	8	4	0	0	5	7	10	3
S/N	8	4	0	0	6	3	10	3
FCW1	60	33	25	0	35	41	0	43
FCW2	17	9	0	8	15	7	0	3
HV	13	7	8	8	6	0	0	16

**Key**

CH=Chair, M=Mother, K/W=Key-worker, SHO=Senior House Officer, NO=Nursing Officer, T=Teacher, S/N=School Nurse, FCW=Family Centre Worker (1 and 2), HV=Health Visitor

**Table 4 Individual Interaction in % Discussion Part**

Participant	+SE	SUG	OP	FAC	ASKS	SE-
Chair	7	21	28	16	14	14
Key-worker	14	3	46	14	6	17
NO	0	0	0	0	0	0
T	0	0	50	25	12	12
S/N	0	0	63	13	13	13
FCW1	5	0	48	20	0	27
FCW2	0	6	76	12	0	6
HV	8	8	38	0	0	46

From the Interaction process Analysis it emerged that the contributions in the Opinions Category 5 and Facts Category 6 were the largest. In this part of the conference the participants examined the explanations for the mother's behaviour and the reasons for hitting the child. The Opinions Category became the largest. There is more disagreement, interrupting of each other, the negative

socio-emotional categories (10, 11 and 12) than in the first part of the conference. There is a slight increase in the positive socio-emotional categories.

The male Family Centre worker has the lowest status outside the group, the least power in the case but he has the closest relationship with the mother. He made the most contributions. The way that he contributed was as follows

SE+	SUG	OP	FAC	ASKS	SE-
25%	0%	35%	41%	0%	43%

But of his total contributions (60) he made

5%	0%	48%	20%	0%	27%
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His perception of the situation was different from the rest of the group and this led to his negative socio-emotional contributions and to his emphasis on telling other people what he knew. He did not make suggestions for the future or ask anyone else's opinion.

In this part of the meeting in Bales' terms he and the other Family Centre worker became part of the out-group and everybody else was part of the in-group. The other Family Centre worker also said more in this part of the meeting. She shared her perception of the problem with the male Family Centre worker.

### The Chair

The Chair's pattern of behaviour was quite different.

Chair	SE+	SUG	OP	FAC	ASKS	SE-
	25%	75%	14%	24%	60%	16%

These are % of that part of the meeting but looking at the categories in which her contributions came her profile looks like this

Chair	7%	21%	28%	16%	14%	14%
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Although she did have information to share she made suggestions and asked everyone for their facts and opinions. She was actively chairing the meeting.

The key-worker contributed in the following way

Key-worker	SE+	SUG	OP	FAC	ASKS	SE-
	42%	8%	19%	17%	20%	16%

Her individual profile looked like this

	14%	3%	46%	14%	6%	17%
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so her behaviour concentrated on sharing opinions but she also made suggestions, asked other opinions argued with other people but also acted as peace maker.

During this discussion the SHO and the nursing officer sat silently and did not contribute at all.

### The third part of the meeting with the mother present

The Chair introduced everyone to the mother and asked her to agree to the tape recording. She then explained why the meeting had been convened

The mother began by challenging the doctor on his diagnosis

It has been insinuated that I hit Natalie with a stick. Now every time there has been a case conference I have been accused of something I haven't done and I refuse to be accused of something I haven't done. I hit Natalie. I've admitted it. I've told exactly what I've done but the social workers who come to my house insinuate and accuse me of doing more than what I've done.

Chair: I can't answer to that but perhaps the doctor would like to say?

Senior House Officer (SHO): The bruises were long thin bruises and were not consistent with the flat of the hand

Mother interrupts: I didn't say I had hit her with the flat of the hand

SHO: You said you hit her with your hand.

Mother: Yes

SHO: The bruises were long thin ones but if you hit a child with your hand they would be different.

Chair: No-one's accused you ... we haven't talked much about the bruises ... it's painful for you.

Mother: It's not right that I should be accused of hitting her with something that I didn't hit her with.

Key-worker: It was more the intensity of the anger and this is the most crucial bit and you get very angry with her so you injure her.

The doctor sounded uncomfortable when he was saying this but the issue is not resolved. The Chair tries to calm the mother down and the key-worker tries to explain why they are concerned about the incident.

Mother: I want to know what you've decided.

Chair: We haven't decided anything yet.

Mother: When will you have a decision?

Chair: At the end of the meeting.

Teacher: Is there anything you would like us to do?

Mother: I don't know what you mean.

Teacher: Is there anything you came to ask us?

Mother: What I came here with is the impression that at the end of this meeting my kids are going to be took in care.

Teacher: You haven't come with anything that you would like us to do because obviously you don't want that.

Mother: (crying) if they go in care I'm not going to have any contact with them I'll give up all my parental rights too. I'll pack up and move away. I don't want to live with the guilt and the shame and torment that it would put me through it wouldn't resolve the situation it would make matters worse. I don't want my children to go through what I went through.

Chair: We have to have a meeting and we're trying to work out what is best for you.

Mother: Another time I hit Natalie the social worker wanted to take her into care for good and every time you have one of these meetings I live through fear, I live through hell. It stays with me until I get the decision from the case conference.

The key worker immediately responded by denying that they wanted to take the children into care and said that she wanted to make the decision straight away. The Chair rejected this and asked the mother to wait outside but the mother refused.

The discussion with the mother took place largely between the Chair and the key-worker with the teacher also asking a couple of questions. The Family Centre worker did not contribute at all while the mother was there.

The Chair then made a list of recommendations which were to continue to register Natalie and her brother but not to take care proceedings. There was little discussion about the plan at all.

Bales' Analysis

**Table 1 The Process of Interaction**

**Part 3 Mother Present**

Category	CH	M	KW	SHO	NO	T	S/N	FCW1	FCW2	HV
1 Solidarity	16	0	2	0	0	0	0	0	0	0
2 Tension Release	0	0	0	0	0	0	0	0	0	0
3 Agrees	2	3	2	3	0	0	0	0	0	1
4 Gives Suggestion	11	0	6	1	0	0	0	2	0	0
5 Gives Opinion	11	8	7	4	1	0	0	4	1	0
6 Gives Facts	15	3	0	0	0	0	0	0	0	0
7 Asks for Fact	0	2	0	0	0	2	0	0	0	0
8 Asks for Opinions	6	1	1	0	0	0	0	0	0	0
9 Asks for Suggestions	1	0	0	0	0	3	0	0	0	0
10 Disagrees	7	6	0	1	0	0	0	3	0	0
11 Shows Tension	3	20	0	0	0	0	0	0	0	0
12 Shows Antagonism	0	4	0	0	0	0	0	0	0	0

Key

CH=Chair, M=Mother, K/W=Key-worker, SHO=Senior House Officer,  
NO=Nursing Officer, T=Teacher, S/N=School Nurse, FCW=Family Centre  
Worker (1 and 2), HV=Health Visitor

**Table 2 Overall Interaction of Conference**

	SE+	SUG	OP	FAC	ASKS	SE-
Part 3 Mother Present	18%	12%	22%	11%	10%	27%

Key

SE+ = Positive socio-emotional interaction  
SUG = Suggestions  
OP = Opinions  
FAC = Facts  
ASKS = Asks for suggestions, opinions and facts and information  
SE- = Negative socio-emotional interaction

**Table 3 Percentage of Interaction by Participants in Each Category**

**Part 3 Mother present**

	Total	% of all	SE+	SUG	OP	FAC	ASKS	SE-
		%	%	%	%	%	%	%
Chair	72	14	20	100	0	1	79	42
Mother	47	29	10	0	22	17	20	68
Key-worker	18	11	14	30	19	0	7	0
SHO	9	6	10	5	11	0	0	2
NO	0	0	0	0	0	0	0	0
Teacher	6	4	0	0	3	0	13	0
S/N	0	0	0	0	0	0	0	0
FCW1	9	4	0	10	11	0	0	7
FCW2	1	1	0	0	3	0	0	0
Health Visitor	1	1	3	0	0	0	0	0

**Table 4 Individual Interaction in %**

**Part 3 Mother present**

Participant	+SE	SUG	OP	FAC	ASKS	SE-
Chair	25	15	15	21	10	14
Mother	6	0	17	6	6	64
Key-worker	22	33	39	0	6	0
SHO	33	11	44	0	0	11
NO	0	0	0	0	0	0
T	0	0	0	0	100	0
S/N	0	0	0	0	0	0
FCW1	0	22	44	0	0	33
FCW2	0	0	100	0	0	0
Health Visitor	100					

Key

CH=Chair, M=Mother, K/W=Key-worker, SHO=Senior House Officer, NO=Nursing Officer, T=Teacher, S/N=School Nurse, FCW=Family Centre Worker (1 and 2), HV=Health Visitor

The most striking finding is that for the first time in the conference the socio-emotional contributions outweigh the problem solving which is the sharing of information.

(SE++SE-) OP+FAC

45% 33%

Even though this was the end of the conference and a list of recommendations were drawn up the Suggestions Category only makes up 12% of the total contributions in this part of the meeting. In this part of the meeting the Suggestions Category included plans and recommendations for the future.

The SHO contributed in this part but because the mother challenged him rather than of his own volition.

The mother made 29% of all contributions, 78% of all her contributions were either socio-emotional positive (10%) or socio-emotional negative (68%). The rest of her contributions were either information giving

or asking. Asking was very important for her. However, she did not make any real suggestions for the future.

Most of the work was done by the Chair, the key-worker and the teacher. The Family Centre worker was very quiet during this part of the meeting in contrast to his behaviour in the other two parts of the meeting.

How does the mother fit into the structure of the group?

Using Bales' four dimensions the mother's position in the structure of the group is as follows

#### 1 Access to Resources

The expectation in modern British society is that children should be protected by their parents and particularly (although this may be changing) by the mother. A major role of a mother is to care, nurture and protect her children. In this instance the mother has the day to day care of her children but the fact that she has injured one of her children has led professionals to question her ability to parent her children. This is what the conference has to work out; whether the mother has sufficient resource in herself to protect her children or whether the state needs to intervene.

#### 2 Control Over Persons

The mother has to be invited to the case conference by the professionals. They have the right and the power to invite her into

the meeting whenever it suits them. They have the power to set the agenda and to make the recommendations.

### 3 Status

The mother has the least status inside and outside the group. She has low status in terms of social class, income, housing but the fact that she has injured one of her children ensures that she has minimal status in the eyes of the community. Most important of all she is a client or the mother of the client Natalie on whom the conference is centring. The rest of the group are professionals who are paid to help the family and to protect the child.

### 4 Identification With the In-group or Out-group

The mother has the closest relationship with the Family Centre workers who have encouraged her to come to the meeting and to some extent she forms an in-group with them. However she is still the client and they are the helpers. From the discussion before the mother comes in it appears that the Family Centre workers identify with the mother and try to take her side.

In objective terms the mother has little power or resources but what happened when she came into the meeting? She was allowed in at a specific time which was fifteen to twenty minutes after she was invited. Once she came into the meeting she asserted her position as someone who was caring for her children and speeded the key-worker into overtly recognising this.

She also took control over the other people at the meeting by demanding information from them and by becoming very angry and crying. She refused to leave the meeting and so forced the professionals to make the decisions while she was there. The Bales' findings show that the whole meeting became involved with expressive activities whilst she was there rather than problem solving which had dominated before.

The other thing that she changed was that prior to her entry the meeting had been dominated in terms of total contributions by the male Family Centre worker but he was very quiet when she was in the meeting. She became part of an in-group of the key-worker, the Chair and to some extent the teacher. Her presence made the people with the most power and authority in the case assert themselves and in fact led to them taking decisions with little reference to the rest of the group. Once she came into the group the mother played a powerful and dominant part.

## Conclusion

### Implementation of the Policy

The terms of the policy are such that this should have been defined as an incident case conference and therefore the mother should not have been invited. There had been a clear injury and the conference could have decided to seek care orders on one or more children.

The key worker told me that she had been involved in a team meeting when the issue of parents attending had been discussed but she had not realised that this policy had only applied to follow-up and review case conferences. She felt that the mother had been encouraged to ask to come by the Family Centre worker. She knew that the Chair of the case conference was not keen on the idea but she had decided to ask for the mother to come as

her policy with Catherine was never to refuse her anything.

She also felt in principle that parent should be allowed to come as she felt that there was an element of the case conference being a 'judge and jury' but on the other hand

it is much easier without parents being there.

The Chair was aware that this was not a conference to which parents should be invited but she felt that it would have been difficult to stop her coming and it would have been destructive to the relationship between the agency and the mother. She was worried about her coming because she has an explosive personality and this

could have caused difficulties in the meeting and made other people less sympathetic to her and

strongly sway the meeting against her.

She was aware that the doctor, the school nurse did not know the mother and the health visitor had only known her for a short time and she felt that they could be swayed negatively by her presence.

The Family Centre worker saw the mother's attendance as a right but this was denied by the others.

**Were the aims of the policy fulfilled?**

**Table 1 Process of Interaction**

**Beginning Part of Conference**

Category	CH	M	KW	SHO	NO	T	S/N	FCW1	FCW2	HV
1 Solidarity	1	0	0	0	0	0	0	0	0	0
2 Tension Release	0	0	0	0	0	0	0	0	0	0
3 Agrees	0	0	0	0	0	3	0	1	0	0
4 Gives Suggestion	6	0	3	0	0	0	0	0	0	0
5 Gives Opinion	0	0	9	12	0	24	1	22	0	4
6 Gives Facts	1	0	22	11	0	11	0	25	1	0
7 Asks for Fact	14	0	3	0	0	0	0	0	0	0
8 Asks for Opinions	1	0	1	0	0	0	0	0	0	0
9 Asks for Suggestions	0	0	0	0	0	0	0	0	0	0
10 Disagrees	3	0	1	1	0	0	0	3	0	0
11 Shows Tension	0	0	0	0	0	0	0	0	0	0
12 Shows Antagonism	2	0	0	0	0	0	0	0	0	0

Discussion Part of Conference

Category	CH	M	KW	SHO	NO	T	S/N	FCW1	FCW2	HV
1 Solidarity	3	0	3	0	0	0	0	0	0	0
2 Tension Release	0	0	0	0	0	0	0	0	0	0
3 Agrees	0	0	2	0	0	0	0	3	0	1
4 Gives Suggestion	9	0	1	0	0	0	0	0	1	1
5 Gives Opinion	12	0	16	0	0	4	5	29	13	6
6 Gives Facts	7	0	5	0	0	2	1	12	2	0
7 Asks for Fact	0	2	0	0	0	0	0	0	0	0
8 Asks for Opinions	3	0	0	0	0	1	0	0	0	0
9 Asks for Suggestions	3	0	0	0	0	0	1	0	0	0
10 Disagrees	6	0	3	0	0	1	1	15	1	6
11 Shows Tension	0	0	1	0	0	0	0	0	0	0
12 Shows Antagonism	0	2	0	0	0	0	0	1	0	0

**Mother Present**

Category	CH	M	KW	SHO	NO	T	S/N	FCW1	FCW2	HV
1 Solidarity	16	0	2	0	0	0	0	0	0	0
2 Tension Release	0	0	0	0	0	0	0	0	0	0
3 Agrees	2	3	2	3	0	0	0	0	0	1
4 Gives Suggestion	11	0	6	1	0	0	0	2	0	0
5 Gives Opinion	11	8	7	4	1	0	0	4	1	0
6 Gives Facts	15	3	0	0	0	0	0	0	0	0
7 Asks for Fact	0	2	0	0	0	2	0	0	0	0
8 Asks for Opinions	6	1	1	0	0	0	0	0	0	0
9 Asks for Suggestions	1	0	0	0	0	3	0	0	0	0
10 Disagrees	7	6	0	1	0	0	0	3	0	0
11 Shows Tension	3	20	0	0	0	0	0	0	0	0
12 Shows Antagonism	0	4	0	0	0	0	0	0	0	0

Key

CH=Chair, M=Mother, K/W=Key-worker, SHO=Senior House Officer,  
NO=Nursing Officer, T=Teacher, S/N=School Nurse, FCW=Family Centre  
Worker (1 and 2), HV=Health Visitor

**Table 2 Overall Interaction of Conference**

	SE+	SUG	OP	FAC	ASKS	SE-
Part 1	4%	3%	42%	36%	10%	5%
Discussion	7%	7%	46%	16%	5%	20%
Mother present	18%	12%	22%	11%	10%	27%

Key

- SE+ = Positive socio-emotional interaction
- SUG = Suggestions
- OP = Opinions
- FAC = Facts
- ASKS = Asks for suggestions, opinions and facts and information
- SE- = Negative socio-emotional interaction

**Table 3 Percentage of Interaction by Participants in Each Category**

**Part 1**

	Total	% of all	SE+	SUG	OP	FAC	ASKS	SE-
		%	%	%	%	%	%	%
Chair	28	14	20	100	0	1	79	42
Key-worker	36	18	0	0	13	26	21	8
SHO	24	12	0	0	16	13	0	8
NO	0	0	0	0	0	0	0	0
Teacher	38	19	0	0	33	13	0	0
S/N	1	0.5	0	0	1	0	0	0
FCW1	53	27	20	0	12	29	0	42
FCW2	1	0.5	0	0	0	1	0	0
Health Visitor	14	7	0	0	6	12	0	0

**Discussion Part**

	Total	% of all	SE+	SUG	OP	FAC	ASKS	SE-
		%	%	%	%	%	%	%
Chair	43	23	25	75	14	24	60	16
Key-worker	35	19	42	8	19	17	20	16
SHO	0	0	0	0	0	0	0	0
NO	0	0	0	0	0	0	0	0
Teacher	8	4	0	0	5	7	10	3
S/N	8	4	0	0	6	3	10	3
FCW1	60	33	25	0	35	41	0	43
FCW2	17	9	0	8	15	7	0	3
HV	13	7	8	8	6	0	0	16

**Mother present**

	Total	% of all	SE+	SUG	OP	FAC	ASKS	SE-
		%	%	%	%	%	%	%
Chair	72	14	20	100	0	1	79	42
Mother	47	29	10	0	22	17	20	68
Key-worker	18	11	14	30	19	0	7	0
SHO	9	6	10	5	11	0	0	2
NO	0	0	0	0	0	0	0	0
Teacher	6	4	0	0	3	0	13	0
S/N	0	0	0	0	0	0	0	0
FCW1	9	4	0	10	11	0	0	7
FCW2	1	1	0	0	3	0	0	0
Health Visitor	1	1	3	0	0	0	0	0

**Table 4 Individual Interaction in %****Part 1**

Participant	+SE	SUG	OP	FAC	ASKS	SE-
Chair	4	21	0	4	54	18
Key-worker	0	0	25	60	11	3
SHO	0	0	50	46	0	4
NO	0	0	0	0	0	0
T	8	0	63	29	0	0
Health Visitor	0	0	29	71	0	0
S/N	0	0	100	0	0	0
FCW1	2	0	42	47	0	9
FCW2	0	0	0	0	0	0

**Discussion Part**

Chair	7	21	28	16	14	14
Key-worker	14	3	46	14	6	17
Nursing Officer	0	0	0	0	0	0
Teacher	0	0	50	25	12	12
School Nurse	0	0	63	13	13	13
FCW1	5	0	48	20	0	27
FCW2	0	6	76	12	0	6
HV	8	8	38	0	0	46

**Mother present**

Participant	+SE	SUG	OP	FAC	ASKS	SE-
Chair	25	15	15	21	10	14
Mother	6	0	17	6	6	64
Key-worker	22	33	39	0	6	0
SHO	33	11	44	0	0	11
NO	0	0	0	0	0	0
T	0	0	0	0	100	0
S/N	0	0	0	0	0	0
FCW1	0	22	44	0	0	33
FCW2	0	0	100	0	0	0
Health Visitor	100					

**Key**

CH=Chair, M=Mother, K/W=Key-worker, SHO=Senior House Officer, NO=Nursing Officer, T=Teacher, S/N=School Nurse, FCW=Family Centre Worker (1 and 2), HV=Health Visitor

## 1 Improving the Accuracy of the Information Available to the Conference

The Bales' analysis showed that the information that was shared before the mother came into the meeting was a mixture of fact and opinion and it was not always absolutely clear which was which. The

other participants were therefore making plans and recommendations on information which might or might not have evidence to support it.

### The Incident

There was a lack of clarity about the instrument used in the beating and the severity of the bruises. The area which was most in dispute was whether the mother had hit the child with her hand or with a stick. The mother challenged the doctor about this but the mother did not offer new information except to deny that she had hit the child with a stick. The conference was left in some doubt about what had actually happened and the teacher in particular felt that this aspect should have been more rigorously pursued.

The other area in which there was some conflict in the meeting was about the explanations for the mother's behaviour and the mother did not shed any light on this. The health visitor did not believe that she had learned anything new as the mother 'had just cried' and 'anything' that she had said was like an emotional kick in the stomach.' For the health visitor it was not so important how the child had been injured but the reasons why she had been injured.

Perhaps the most important piece of information that came to light as a result of the mother attending the case conference was that the mother was terrified that the child would be removed from home. The social worker had not been fully aware of this.

The other professionals were less sure that they had learned anything new from the meeting because the mother had attended.

It was suggested in the interviews with the ARC that participants might withhold vital information because the mother was present. In this conference the opposite happened. The SHO felt that he had been forced by the Chair to say openly to the mother what he thought had happened ie that she had hit the child with a stick. he had wanted to withhold this information from her. He felt angry that he had been put in this position.

I want to say things that I don't want her (the mother) to know and this was ignored.

The doctor felt that the atmosphere had changed when she came in and everybody had become defensive and battened down.

The mother was not allowed into the meeting until the incident and the causes had been discussed. There was time for people to share information before the mother came in.

The mother's comment in the interview with me a few days after the conference was

I couldn't say what I wanted to say I couldn't let fly ... I couldn't tell them what I thought of them ... I asked that doctor about the bruises ... he said I did it with a stick ... I cried because I was angry.

2 Ensuring Case Conferences Make More Informed and Better  
Decisions in the Best Interests of the Child

The Bales' analysis shows that when the mother came into the room the conference concentrated on expressive activities; positive and negative emotional interaction and this took precedence over the problem solving aspect of the conference. The suggestions category also remained small and this was despite the fact that this was the part of the conference in which the recommendations were drawn up.

The mother's presence speeded up the decision making. The mother's presence led to decisions being taken by the people at the meeting with the most power and authority, the Chair and the key-worker but without opportunity for them to be discussed carefully by the rest of the group.

As an observer it appeared that the mother's needs were taking precedence over the child's needs but this was denied by the professionals in subsequent interviews. The professionals agreed with the decisions that were taken but they would have liked to have an opportunity to discuss them in more detail.

The doctor, the health visitor and the teacher felt that they should have made a decision before the mother came in to the room. The key-worker, the Chair and the Family Centre worker wanted to hear what the mother had to say before making the decision.

### 3 Improving the Quality of Treatment Plans Agreed at Review Conferences

From the Bales' analysis it is clear that the conference spent far more time sharing information and perceptions about the incident than formulating detailed plans about the future.

Discussions with the Chair after the conference revealed that this was because she did not think that conferences should make detailed plans for the future but the teacher, the health visitor and the Family Centre workers would have liked much more detailed plans. The Family Centre worker had very clear plans about the work that he wanted to do and the teacher and health visitor wanted information about what was going to happen and what help the family was going to receive. The teacher and health visitor believed that the mother's presence inhibited this discussion.

### 4 Gaining Greater Commitment of Parents to Engage With Workers in Line With Treatment Plans

The whole relationship with the mother was of great importance to the key worker and the Chair. For them it was absolutely essential that everything should be done to enhance this relationship. This led to the key-worker agreeing to allow the mother to come to the conference; to reassure her that the children were not going to be removed and to almost subvert the conference plan that the Chair had made. The Chair too felt that maintaining a relationship with the

mother was very important and had not forced the mother to leave as she felt that this would ruin future work with the family.

The relationship with the mother was not a problem for the SHO as it was unlikely that he would see her again. When he was interviewed he said that if he had been the GP he would have been placed in a very difficult position and he was angry about this.

The Teacher did not know the mother as she is not the class teacher but she felt that the mother had been friendly since the meeting.

What other effects did the mother's presence have?

During the first two parts of the meeting the in-group (Bales 1950) consisted of all the participants apart from the Family Centre workers. There was antagonism between them and the rest of the group during the meeting and this was confirmed in interviews with participants afterwards. Apparently there had been conflict at other conferences. The conflict was to do with lack of trust, different perceptions of the problem and a feeling that the Family Centre workers would support the mother regardless of what she did to the child. The Chair and key-worker felt that the Family Centre had persuaded the mother to insist on coming to the meeting.

When the mother did come into the meeting the Family Centre worker distanced himself from the meeting. The in-group became the key-worker, the Chair and to some extent the teacher who all tried to

talk to the mother. This changed again when the key-worker blurted out, without consulting the other participants, that the children would not be taken away. It then became the key-worker against the teacher, health visitor and Senior House Officer. They were annoyed that this decision had been taken with no consultation with the rest of the group.

The reason for doing this was that the key-worker was adamant that she needed to protect her relationship with the mother and she was supported in this by the Chair who also felt that this was crucially important. The other professionals were not influenced by this need to keep a good relationship.

This was a meeting which started with distrust amongst the professionals and the mother's presence changed the alliance in the group and led to greater conflict within the group.

#### So what was achieved?

The mother was given the opportunity to say some of the things that she wanted to say to all the people who were powerful in her life and her children's lives. She was given the opportunity to challenge the doctor's opinion in a fairly safe setting. She felt that she had forced these powerful people to allow her to come to the meeting but despite this she did not believe that she would be able to change any decisions that were made. She said that she had come to listen to what was being said. Her presence also made sure that the teacher for example knew who she was.

These were her views

She felt strongly that she had a right to hear what people were saying about her

If people are talking about me I should be entitled to hear what they say

But it was not easy for her and she acknowledged that it was not easy for the professionals.

I had to lose my rag to get my way. It was harder for them to say things while I was there

You all looked at me as if I was from another planet. It was very condemning. It was like a judge, jury and executioner all rolled into one.

She was clear that however had it was to attend it was better than waiting at home.

It's just as bad waiting, it's more of a living hell waiting for a decision than when you go into the case conference. If they're going to make a decision I should be there when they make it. OK I've battered my children, OK people don't agree with people hitting their kids but that doesn't give the social workers rights to stop them listening to the decision.

I should be there from the beginning ... it can't be more painful ... they can't do much more to me ... they shouldn't

keep you waiting ... you shouldn't have to wait 15-20 minutes when you've been told to come at a particular time getting more worried about the consequences.

If they're going to make a decision I should be there, OK I've battered them but I should be there

In this conference the accuracy of information available to the conference was not improved by parental attendance but it was also not impaired. The decisions and recommendations made were not altered by parental attendance. Little time was spent on making future plans and again parental attendance did not alter them. The mother was more likely to be committed to work with professionals as a result of attending the conference.

#### Recommendations stemming from this conference

- 1 Parents need to be clear about why they are coming and what issues they want to raise so that they can come at a time which is appropriate for them and not just to fit in with the professionals.
- 2 It would seem that there needs to be very careful preparation for all the participants. Participants need to be absolutely clear what the conference is for, why they are there and this needs to be agreed in the group.

- 3 Participants need to think very carefully about the information that they are sharing with the rest of the group; is it a fact or is it an opinion? Is the rest of the group clear what each participant is saying?
  
- 4 Professionals need to learn how to be challenged by parents in a group situation.

Case Conferences are difficult meetings for most professionals and the presence of parents exacerbates these difficulties. In this instance the mother found the meeting difficult but was very pleased to have been allowed to go. The stress and strain of waiting for decisions must mean that any children at home are very much at risk and therefore by lessening the waiting and uncertainty time the child must be better protected.

## CHAPTER EIGHT

### Evaluation

The aim of this thesis was to evaluate a policy agreed by Sheffield Area Review Committee, which allowed parents to attend case conferences for non-accidental injury. The evaluation involved the study of case conferences to which parents were invited from September 1988 to July 1989.

This was not a retrospective study comparable to public inquiries but an observation of case conferences as they took place followed by interviews with participants soon after the case conference. The study did not attempt to research the long term consequences of the conferences but to gain an immediate view of the conferences. Each conference was part of an ongoing piece of work in which the professionals were involved rather than a piece of work which had ended with a tragedy. This study resembles the study in Hackney by June Thoburn and David Shemmings in that it investigates the 'run of the mill child abuse' (Thoburn and Shemmings 1990) rather than the very public tragedies that have occurred.

This study adds to limited research available about case conferences. It gives some important information about what happened when parents came to case conferences which has not been the detailed focus of other studies. This information is important in enabling

professionals to clarify their beliefs about parental participation and to resolve some of their anxieties.

1 Change in the Political and Social Climate Since the Introduction of the Policy

When Sheffield ARC decided to introduce a policy to allow parents to attend child protection case conferences they made a radical and innovative decision. It was a major change in the whole process of child abuse work. At that time (the end of 1987) pressure groups such as the FRG and PAIN were campaigning for parental participation but it was not official Government policy.

When this piece of work started the ARC agreed that the policy should be implemented for a year, on condition that it was evaluated. Following the evaluation it was planned to consider the policy and discontinue it if it was found not to be in the best interests of the child.

During that year official policy changed. Cleveland Inquiry reported; the 1988 Working Together Guidance was issued. Both of these recommended parental involvement. The philosophy of the 1989 Children Act is to encourage partnership with parents. So during the year of the project the whole debate about parental participation changed. It became a clear wish of the present Government that parents should be involved in case conferences and Local Authorities will face censure if they do not do this.

## 2 Implementation of the Policy

The policy was agreed by the ARC and agencies were notified of the policy in the form of a written memo. There was no formal training or widespread publicity about the policy although it was a policy which altered case conferences significantly.

This policy was of importance to a wide variety of agencies and although it is not possible to be accurate about the numbers of personnel involved, possibly three thousand people needed to be aware of the change in policy.

The policy filtered through slowly. SSD personnel who chaired conferences regularly quickly became aware of the policy but other members of SSD learned more slowly about the policy. Professionals from other agencies were sometimes unaware of the policy until the beginning of a conference when they were told by the Chair that the parent would be attending. (Redwing, Maisie, Julie, Clare case conferences)

A number of professionals complained that they had not been consulted about the policy by the ARC before it was agreed. There was a feeling from some agencies that the policy was the responsibility of the SSD. (Redwing, Julie, Clare case conferences)

In the instances where people discovered at the last minute that parents were going to attend professionals felt that a situation had been imposed on them without consultation and as a result the

inter-disciplinary tensions became more overt. The social workers were generally blamed for the situation and relationships between agencies were not improved. (Redwing, Clare case conferences)

There was a lack of clarity about which case conferences parents should be invited to as the ARC had distinguished between incident and follow-up/review case conferences. Parents were only to be invited to follow-up/review case conferences. These were not meaningful distinctions to people who convened conferences. The Chairs and other professionals distinguished between initial case conferences, which are the first conferences that are convened to discuss whether an incident of child abuse has occurred or not, and all the other case conferences which were generally considered to be follow-up case conferences.

NSPCC was the only agency to convene review case conferences for each child on the At Risk Register at the time of the research.

The interviews with ARC members gave me the impression that the policy would apply to the much smaller core group discussions of perhaps a key worker, a health visitor, a teacher who come together to discuss progress rather than make major changes. These case conferences either did not take place or were called case discussions but were not convened under the Child Protection Procedures.

The confusion about the policy led to parents being invited to case conferences where difficult and important decisions were taken. This was the case in Catherine, Redwing, Elsie (1), Clare, Nigel, Helen case conferences.

The implications of this discussion is that the policy makers were not sufficiently aware of what sorts of case conferences took place and why they were convened which led them to devise a policy which was not meaningful to the implementers and therefore was implemented very differently by different divisions of F&CS.

The consequence of the differential approaches to the policy led to people living in the same city being treated differently because of the part of the city in which they live. One of the reasons for introducing parental participation was to do with social justice and the unequal way that the policy was implemented meant that there was not equal justice for all parents.

Another very important implication of inviting parents to the difficult decision making conferences and discovering that their presence did not significantly hinder the process of the case conference is that it makes it more difficult to exclude parents from any case conferences.

During the period of study parents were invited to case conferences which took place after the first case conference. Only a third of the parents, who had been invited actually attended. The reasons for this need further work.

Each Case Conference invited the parent to attend but then decided when the parent should come in to the meeting. Some parents came for the whole meeting; some came in part way through and some came in at the end.

Aim One of the Policy

To Improve the Accuracy of Information Available to Follow-up/  
Review Case Conferences

Interviews with the members of the Sheffield ARC, who favoured parental participation suggested that parents would be able to provide information to enable conferences to make better decisions. ARC members suggested that parents could improve the accuracy of information on file such as dates; give more detailed knowledge or offer an alternative perception of the problem.

Members of the ARC who were uncertain about the wisdom of the policy expressed anxiety that less overall information would be available to the conference as there was a belief that some professionals would feel unable to share vital information in front of the parents./ As a result decisions would be made on less accurate information rather than more accurate information.

The interviews with the professionals after case conferences revealed that parents had not generally given any new information or provided a new perspective on the situation. (Elsie 1 & 2, Maisie, Julie, Redwing) An exception was the social worker in the Catherine case conference who had not been fully aware of the mother's anxiety about losing her children.

The professionals themselves said that they had not withheld any important information. They had felt able and been able to say what they needed to say in front of the parents. Some people admitted

that they had had to choose their words carefully but they had been able to express their views. (Elsie 1 & 2, Maisie, Catherine, Clare) The exception was the Redwing case conference where the solicitor withheld legal advice.

A number of professionals expressed an anxiety that although they had been able to express their views other people might have withheld information. This was not born out in my interviews with participants. This was particularly raised following the Elsie case conference.

In all case conferences subject to a Bales analysis the main activity of each conference was sharing information. This information related to the incident that had taken place and attempts to understand why the incident had taken place. The information sharing was divided into two of Bales' modified categories the Facts Category and the Opinion Category.

Facts were pieces of information about an event which were backed up by evidence; opinions were beliefs, thoughts, assessments about a situation. I found it very difficult to decide when listening to the tape recordings whether a statement was a fact or opinion because opinions were often stated as if they were facts. I felt that if I was unsure about this when I was listening carefully to the recording in the tranquillity of my home without all the pressures of participation, a conference participant was likely to be even more uncertain. The participant could believe that an opinion was a fact or vice versa. One person's opinions could become another person's facts.

When people did make statements which were clearly opinions it was not always clear what evidence there was to support the opinion. Regardless of whether parents were there or not it was difficult to decide what the status of the presented information was. It was difficult to judge whether professionals were weighing up the evidence accurately or not.

The Bales' Analysis shows that parental presence did not radically change the type of information shared. Professionals continued to express opinions and share facts. They did not withhold their opinions because parents were there. In the case conferences which were studied there was no clear pattern of less opinions being shared or more facts being stated.

Table 1 is a summary of the interaction that took place at six case conferences attended by parents and two not attended by parents. The table shows that there was no clear pattern of facts being shared rather than opinions being shared when parents were present.

**Table 1 Summary of Interaction at Case Conferences**

Maisie Case Conference (mother there throughout)

SE+	SUG	OP	FAC	ASKS	SE-
13%	10%	26%	47%	5%	0%

Redwing Case Conference (father there throughout)

SE+	SUG	OP	FAC	ASKS	SE-
8%	12%	42%	28%	5%	4%

Clare Case Conference (father came in at the end)

**First part of the meeting without father**

SE+	SUG	OP	FAC	ASKS	SE-
5%	8%	48%	27%	6%	6%

**Second part of the meeting with father present**

8%	1%	39%	33%	3%	16%
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Elsie Case Conference (mother came in after  $\frac{1}{4}$  hour)

**First part of the meeting without mother**

SE+	SUG	OP	FAC	ASKS	SE-
6%	9%	7%	63%	15%	1%

**Second part of the meeting with mother present**

15%	26%	29%	21%	9%	1%
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Catherine Case Conference (mother came in later)

**Part 1**

SE+	SUG	OP	FAC	ASKS	SE-
4%	3%	42%	36%	10%	5%

**Discussion**

7%	7%	46%	16%	5%	20%
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**Mother present**

18%	12%	22%	11%	10%	27%
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Julie Case Conference (parents attended)

**Without parents**

SE+	SUG	OP	FAC	ASKS	SE-
7%	12%	42%	29%	6%	4%

**With mother present**

8%	1%	20%	14%	33%	24%
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**With father present**

16%	2%	27%	24%	18%	13%
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Bridget Case Conference (no parents)

**Overall profile**

SE+	SUG	OP	FAC	ASKS	SE-
7%	7%	39%	24%	8%	10%

Florence Case Conference (no parents)

SE+	SUG	OP	FAC	ASKS	SE-
11%	5%	30%	37%	12%	0%

(Table 2 shows the percentage of interaction made by the parent at each conference

**Table 2 Percentage of interaction made by parents at case conferences**

Maisie	23%
Clare	46%
Elsie	5%
Redwing	15%
Catherine	29%

Table 3 shows the percentage of interaction that the parent made in each category.

**Table 3 Percentage of parental interaction in the six categories of interaction**

	SE+	SUG	OP	FAC	ASKS	SE-
	%	%	%	%	%	%
Maisie	37	5	30	20	0	100
Clare	76	0	57	17	100	60
Elsie	43	0	7	0	0	50
Redwing	0	0	21	11	7	17
Catherine	10	0	22	17	20	68

This table shows the percentage of interaction made by the parent in each of the six categories of interaction at the part of the conference that they attended. All the parents scored highly on both positive and negative socio-emotional interaction. Elsie for example agreed with nearly everything that was said and contributed 76% of all the positive socio-emotional interaction in that part of the conference.

Catherine cried and was angry and scored 68% of all negative socio-emotional interaction.

The parents contributed far less suggestions. Only Maisie contributed any (5%). The other parents did not contribute at all to the suggestions category. Parents contributed opinions and facts but they contributed more to the opinions category and the facts category. Clare asked 100% of all questions but Elsie and Maisie did not ask any questions. Catherine and Redwing only asked 20% and 7% of all questions.

Table 4 examines the interaction of each parent.

**Table 4 The Pattern of Interaction of Each Parent**

	SE+	SUG	OP	FAC	ASKS	SE-
	%	%	%	%	%	%
Maisie	2	2	35	41	0	2
Clare	13	0	48	13	7	20
Elsie	71	0	23	3	0	3
Redwing	0	0	58	35	2	5
Catherine	6	0	17	6	6	64

This table shows that each parent behaved quite differently. Four out of five parents shared more opinions than facts. Elsie and Catherine interacted positively and negatively far more than gave information. Parents had very few or no suggestions to make and asked very few questions.

Referring to Tables 1-4 the proportion of interaction devoted to particular types of exchange must now be discussed case by case.

In the Maisie case conference the mother was there throughout the meeting and considerably more facts were given than opinions. The small group of people who were there gave each other straight forward pieces of information ie she is paying her rent regularly; the child has been on a swimming course.

It was suggested to me by conference participants and ARC members that parental attendance would lead to a sharing of more concrete pieces of information rather than speculation so I expected the interaction that took place at the Maisie case conference to be repeated at the other conference. This was not the case. In the Redwing case conference, for example the amount of opinions that were shared was considerably higher than the amount of facts shared. There are different explanations which could be put forward to explain this. One is that the Redwing Case Conference was really an incident case conference and very difficult decisions needed to be made and the Maisie case conference was a review case conference. Another explanation could be that the professionals valued Maisie, the mother's contributions whereas Mr Redwing's contributions were not particularly valued or believed. In the Maisie case conference the conference was part of a very close and careful relationship with the mother. The key worker had established a close relationship with Mr Redwing but there was so much to do in this meeting that he could

not concentrate exclusively on the father as he had to negotiate with the hospital and the School.

In all the other case conferences opinions clearly outweighed facts. In case conferences where parents came in for part of the meeting opinions still outweighed the facts but in the Clare case conference the categories were more even when the father came in. There was no clear pattern of the kind of information that was shared changing because of parental attendance. The Bales analysis in the case conferences which I studied does not provide evidence that parental presence at case conferences leads to more accurate information being available to conferences because participants continue to share opinions rather than facts when parents are present.

Why did parental attendance not lead to more accurate information being available to the conference?

All the conferences that were studied were convened to discuss families that had been known to agencies for some time. In all the conferences the key-worker had established a working relationship with the parent and generally knew the family very well. In the Redwing conference the worker had only been working with the family for three weeks but the father had been into the office every day. The key-workers were extremely close to Elsie and Maisie. In all cases there had been a full social assessment. There had been liaison with other agencies and the schools and health professionals had had contact with the families. When new information did come to light the

workers were surprised or embarrassed that they had not known this before. The professionals believed that they had done sufficient preparatory work for no crucial evidence to come to light.

In some case conferences the decisions had been made before the parent came in and therefore the purpose of parental attendance was to inform parents of the decisions that had been made.

In the conferences where parents came in part way through the meeting the conference was at the point of decision making and therefore were unwilling to hear another explanation or point of view. In the Catherine case conference the conference had discussed the incident and discussed the explanations before the mother came in to the room. The conference was not ready to listen to a new explanation. They would have liked to make a decision and then finish. The timing was inappropriate.

In the conferences where parents were allowed to attend all the way through the customary process of people taking it in turns to present their story was too daunting for parents and they found it almost impossible to participate when it came to their turn. They preferred to participate more informally. This is not surprising as professionals have shared anxieties about this part of the meeting and have said that they find it hard.

In some conferences such as the Elsie case conference the mother was too timid to speak at all and therefore she did not give any

information. In other conferences the parents did share their thoughts and feelings but still the professionals did not believe that they had heard anything new. (Redwing is an example of this) In the case conferences that I observed no parent presented a totally different picture of a situation or became so angry that they had to be removed from the conference. The overall picture was of parents coming to hear at first hand what was being said but not of parents who expected to alter plans that were being made.

In some case conferences in their desire to protect the parent professionals answered questions for them and fended off anything which might be hurtful to them. In those cases the parents could not answer or express their views. In other situations the parent was waiting outside when a sensitive issue was being discussed and therefore was unable to contribute.

In no instance was the parent discouraged from contributing because they were made to feel unwelcome at the meeting. At the case conferences that I attended the professionals made a very great effort to welcome parents; to try to make them comfortable and the Chairs all made a special point of including parents.

Despite this welcoming atmosphere the subsequent interviews with the professionals revealed that there was a strong feeling that most of the parents were not to be trusted and it was not possible to believe what they said. Some of the parents had injured the children themselves but others were the partners of the abusing parent and the stigma of child abuse led professionals to stigmatize both parents so that they became discredited.

On the other hand there were also instances when professionals commented that the experience of meeting the parent for the first time at the conference led them to reassess what they had learned from reading case notes and to view the parent in a more favourable light. This was particularly notable in the Elsie case conference where the original sex offences had been so horrifying.

#### Aim Two of the Policy

To ensure case conferences make more informed and better decisions in the best interest of the child and to improve the quality of treatment plans

McGloin and Turnbull (1984) believe that

It is reasonable to argue that good information sharing ie clearer more specific discussion, the ability to check out issues with parents, added information and honest straightforward comments will lead to better considered decisions. Better considered decisions here could mean not only more appropriate decisions but also decisions that are more considered and felt to be so by the professionals and parents.

The ARC members who favoured parental involvement believed that this would be the case but other people expressed the fear that parental participation might lead to decisions being made which favoured the parent rather than the child. A number of ARC members were afraid that if parents did attend the professionals

would become over involved with the parents and would overlook the needs of the child.

The interviews with the professionals revealed that decisions were not altered by parental participation. The professionals kept the child's welfare firmly in mind. At the first Elsie case conference I had thought that the professionals were feeling very sad for the mother and in danger of overlooking the children but all the professionals were adamant that this was not the case.

In the Catherine case conference professionals complained that the mother's presence precipitated them into making a decision and would have liked more time to reflect on the decisions. Despite this they did not feel that the actual decisions that were made were any different.

One aspect of which I was aware was that often decisions were made rather hastily at the end as people became aware of time pressures.

The Greenwich study found that

the major preoccupation with conferences is not a discussion of future work - but of past contacts - a checking up confirming session.

I found this to be the case in Sheffield. In all conferences information sharing was the major activity but the plans for the future were often dealt with briefly. This is shown by the Bales Analysis which demonstrate that plans for the future and decision making played a much smaller part than the sharing of information.

This was a consistent finding in all the case conferences. It has been suggested that professionals find it easier to reflect on past work rather than work out detailed plans for future work and this was the finding in Sheffield. (DoH Child Abuse 1991)

The aims of the policy in Sheffield were written very much from the point of view of the agencies rather than from the parents' perspective and from an agency perspective the aims of the policy were not fulfilled in that parents did not provide significant information which would help them to make better plans for the future.

Although the professionals were clear the parental presence did not alter the decisions they found it more difficult to make decisions in front of the parents. (Elsie 1)

As shown in the Bales' analysis the emotional interaction increased dramatically when parents came in and many parents cried and were very upset. This was upsetting for the professionals.

Professionals had to support the parents in this situation and this became very difficult if they were in conflict with other agencies. Supporting parents often became the responsibility of either the key-worker or the Chair who both play a big part in the conference already so this led to them both playing a multiplicity of roles. (Elsie 1 & 2, Redwing)

Professionals had to choose their words very carefully partly to avoid jargon but more importantly not to upset the parents.

It is important to note and this was referred to by a number of professionals that in all the case conferences that I observed and the parents attended the parents obtained the outcome that they desired. There was a feeling that it would all be much more difficult if compulsory proceedings were taken against parental wishes.

### Aim Three

That parents should be more committed to the treatment plans that were made

It was not part of the research project to investigate the long term effects of parents attending case conferences and without this investigation it is not possible to be adamant about whether parents were more committed to the treatment plans or not. The fairly immediate response from both professionals and parents were favourable. Professionals generally felt that they would either be able to work better with the parent or at the least it would not be more difficult to work with them. The immediate response from parents was a favourable one and the policy achieved most from the parents' point of view.

The following comments were made by parents after the conference

I like to hear what people have to say ... it's good to hear what people have to say when they are together ... it's nice

to be asked, it's an element of equality (This was the third conference for this mother, Julie, and it had been agreed that she would have her baby home.)

Another mother said

It's always good when I come down here ... they give me bits of information (Maisie)

I'd been asked to go before but I hadn't wanted to go but I thought I'd have a go this time ... if you don't go you're just a name on a piece of paper (Elsie)

For just one mother (Catherine) it was a question of rights.

Parents should be allowed to come because if social workers are talking about someone a person has a right to be there from the beginning because half the time social workers are telling lies anyway. Last time a pack of lies was told about me. I wasn't allowed to attend that conference ... it's as if they've got something to hide.

Predominantly they want to hear what people had to say

If people are talking about me I should be entitled to hear what they say

but there was little belief that they would be able to alter the decisions significantly

You don't have any say ... social workers have all the say I had to abide by their decisions (social workers) (Catherine)

It was being able to be there and listening to what they had to say. I don't think there was much for me to say. I wrote down for (her social worker) what I wanted to say.  
(Elsie)

Parents were asked about their feelings during the case conference

I was more confident than I expected (Julie)

I had to lose my rag to get my way (Catherine)

I felt all right ... I had to just stick it out ... I wanted to go at times ... I was a bit nervous but sitting with (her social worker) made it OK (Elsie)

They also talked about their feelings about the professionals at the conference

They are nice to me ... right understanding (Maisie)

It was harder for them to say things while I was there  
(Catherine)

You all looked at me as if I was from another planet. It was very condemning. It was like a judge, jury and executioner all rolled into one (Catherine)

Despite this she felt that it was better to be there than wait at home. She said

It's just as bad waiting, it's more of a living hell waiting for a decision than when you go into the case conference. If they're going to make a decision I should be there when they make it. OK, I've battered my children, OK people don't agree with people hitting their kids but that doesn't

give the social workers rights to stop them listening to the decision.

The relationship that the parents had with their key-worker was generally very close.

She's been good to me (Elsie)

He was the only one who listened to me ... he told me what was going on ... nobody else did (Nigel's mother)

I asked them whether they were able to share their views at the case conference?

I couldn't say what I wanted to say I couldn't let fly ... I couldn't tell them what I thought of them ... I asked that doctor about the bruises ... he said I did it with a stick ... I cried because I was angry (Catherine)

At one conference a mother was asked a direct question but before she could answer it someone answered for her. As she said "it would be better coming from me." Following on from that she said

I've never been to a big meeting before. Eventually I'd be able to say what I wanted to say, that woman with a striped blouse ... I don't know her name but she said that I hadn't protected B (her daughter) from that other man ... that made me mad ... I wanted to jump in then ... I were going to say to her if I'd known I would have done something but somebody started saying something so I just looked at her ... I was mad ... if you don't know what's happening you can't do anything (Elsie)

Parents were asked whether they would like to be there for all or part of the meeting

I wouldn't want to be there for the whole meeting (Nigel's mother)

I should be there from the beginning ... it can't be more painful ... they can't do much more to me ... they shouldn't keep you waiting ... you shouldn't have to wait 15-20 minutes when you've been told to come at a particular time getting more worried about the consequences (Catherine)

I thought it was best to be in from the beginning ... I'm glad I didn't have to go out ... they said I might have to go out ... I would have felt awful if I'd had to go out ... I heard what they wanted to say (Elsie)

Some parents brought their mothers with them but most parents came on their own and sat next to their social worker. Those who came on their own said that they didn't know anybody who they could trust to bring as a supporter. One mother felt that a friend might open her mouth at the wrong time and say things she shouldn't! Nobody thought of bringing a solicitor even though in some instances they had already instructed solicitors.

Parents' overall impressions were as follows

I feel better for it ... knowing what they had to say ... mainly thinking about kids ... it was just a big relief (Elsie)

I enjoy it when I come down here ... they don't talk behind my back (Maisie)

If they're going to make a decision I should be there, OK I've battered them but I should be there (Catherine)

They did not find the meetings easy but they had had an opportunity to say some of the things they wanted to say and to hear what other people had to say. They did not feel damaged by the experience. They did not have high hopes of changing the minds of the professionals but they wanted to know what was going on and not to be kept in the dark.

Aims One and Two of the policy were not achieved but Aim Three, gaining the commitment of parents to plans made was. This is perhaps the most important aim and by achieving this children should be better protected. What is very important is that professionals were able to work out difficult and sensitive problems with parents present. It was not easy but it was possible and was contrary to beliefs held by many professionals.

### Other findings

Interviews with members of the ARC revealed that there was concern about case conferences procedures, particularly the role of the Chair. I was therefore interested to discover whether this was the case. Observation of conferences led me to believe that whether the conference achieved its aims or not were related to

the performance of the Chair, the performance of the participants and the interaction between all the participants.

### Chairs of Case Conferences

In the conferences which were studied in depth I felt that all the Chairs apart from the Bridget case conference really led the meeting. They started each conference punctually; made sure that participants were introduced to each other laid out the plan and purpose of the case conference carefully. Again the exception to this was the Bridget case conference where the Chair was not in control at the beginning and the purpose of the conference was not set out clearly. Introductions came some time after the beginning of the conference.

The Chairs ensured that the incident and explanations about the incident were discussed with the exception of Bridget. The child was kept as the focus of the conference. In the Catherine case conference the Chair reminded people quite forcefully at one stage that the child was the subject of the conference and not the mother.

The Chairs in the study were careful to ensure that all participants had the opportunity to contribute to the meeting. At the beginning of the meeting each person was asked to express their views but during the conferences Chairs stopped discussion to enable silent members to speak and often came back at the end to ensure that people had had the opportunity to speak. This was

not always easy as in some instances, for example Elsie 1, there were so many people there that if everyone had spoken the conference would have been excessively long. In the Bridget conference participants had so much to say that they were unwilling to let others speak.

Chairs did seem to have a problem in allowing sufficient time for the conference to formulate and agree an action plan for the future. In a number of instances, notably the Catherine case conference and Elsie 1, there was a rush at the end to bring the conference to a close. The action plan was set out very quickly and there was little opportunity for reflection on the plan. It was always the Chair who drew up the plan.

The style of chairing case conferences varied and influenced the performance of the conferences. The Bales' Analysis shows that in the Florence case conference the Chair concentrated on asking participants for their opinions, making suggestions and he gave almost equal amounts of facts and opinions. He also made a considerably amount of positive emotional interaction. His chairing contrasts with the Chair of the Florence case conference who shared opinions rather than facts and negative rather than positive interaction. The Chair in the Florence case conference contributed to the success of the conference. He enabled the conference members to work clearly through the issues and he ended with clear plans and recommendations for the future. The Bridget case conference was unclear and conference members were left unsure of what was going to happen in the future.

Organisational pressures and lack of staff led to a number of conferences being chaired by the key worker's team leader. This was the case with the Catherine case conference, the Clare case conference and the Redwing case conference. In the Catherine case conference and the Clare case conference the Chair had worked directly with the family at one stage or another. This presented a problem for the Chair as it was impossible for her to be impartial. It was also of concern to the other agencies who felt themselves to be disadvantaged by this. In the Redwing case conference the school felt that the Chair was supporting the social worker rather than being impartial.

In the Clare case conference the Chair voted to keep the child's name on the register but he was in a minority of one. He felt very unhappy about the child being deregistered and referred the matter to senior management but they did not resolve the issue. This specific situation raised the important issue of the role of the Chair in decision making which has not been resolved nationally. Is it the role of the Chair to reflect the wishes of the conference or are they responsible for making the decisions? At a number of conferences it felt as if the Chair made the decisions as they set out the plans and very often the other participants responded in silence. Judging at a conference whether other participants actually agreed with decisions was not easy and it was only afterwards the people expressed reservations. The vote in the Clare conference was the only example of this form of action.

## Performance of participants

The Chairs of conferences were very important in ensuring a successful conference or otherwise but the other participants could both help and hinder the process. The Chair could attempt to achieve a pleasant atmosphere and to time the conference carefully and to plan carefully for the future but her role could be severely curtailed by the other participants.

Some participants presented their information clearly with evidence to back their observations but other participants had not marshalled a coherent, succinct assessment of the situation. In those instances their presentation was often very long and it was also difficult for other participants to judge their information. The Chair could try to speed them up but this was not easy. In the Florence case conference the Chair played his part well but the participants were also well prepared. They presented their information succinctly and were prepared to listen to each other and work together.

Individual participants sometimes brought with them guilt and anxiety about their handling of the family. In the Redwing conference the GP felt that he had encouraged the mother to cut down on her medication because of the side effects. The mother then made a decision to cut out the medication and became deluded. The social worker who worked with Elsie had had a very long and very intense relationship with her and this may have led her to believe the mother's story. Other social workers were very aware of this and were suspicious of her judgement.

In some instances participants lacked adequate knowledge to understand the legal situation. In the Bridget case conference the school teachers did not fully understand that the SSD did not have sufficient evidence to take legal proceedings. This led to greater mistrust of agencies and contributed to the lack of a well worked out action plan at the conference.

### Multi-agency tensions

In a number of conferences, particularly Elsie 1, Redwing and Clare the past multi-agency tensions influenced the functioning of the conference and the role of the Chair was to act as tension manager. In the Redwing conference the school personnel were upset that the SSD had not taken their referral seriously and to some extent they blamed SSD for the incident. In the Clare conference the health visitor felt that the work that the social worker was doing with the family was inappropriate but equally the Chair was sceptical about the health visitor's judgement and her experience of child protection work. In the Bridget case conference the school staff were so agitated that they could not begin to listen calmly to SSD personnel. The Chair was not able to lessen these tensions.

Action planning became very difficult when different agencies were working with different family members. In the Redwing case conference the decisions that had to be taken were interdependent of all the agencies involved. The social worker had not wanted to take care proceedings but the new information from the hospital

that the mother was to be discharged shortly but would not be well enough to resume her care of the child put the social worker in a dilemma that he had not anticipated and he did not have time to consider or think through. He had been working on information from the last conference that when the mother was discharged she would be well enough to resume care of the child. The conference ended without plans being made but also left the school alarmed that the mother might arrive at school and demand to take the child. Without care proceedings they would be unable to prevent this.

Both the class teacher and the foster mother had worries about the child's behaviour and felt that her care by her family had not been 'normal' and they had concerns generally about the child. They were concerned that the child's needs would be overlooked.

There was no evidence that the severity of the incident improved or diminished the ability of the conference to achieve its aims. All the incidents were disturbing. The Florence case conference worked well and the situation that the child was in was of extreme concern. The Catherine case conference considered a less severe situation but the conference members found it difficult to work together. Having said that the incident did not necessarily influence the success of a conference it must be noted that both the Elsie case conferences and the Bridget case conferences were concerned with child sexual abuse. Both conferences manifested considerable inter-agency conflict.

The findings from the study suggest that for case conferences to be successful there needs to be a Chair who sets an atmosphere of collaboration; involves participants; keeps the child firmly in mind and is able to time the meeting to allow for an action plan to be carefully formulated and discussed. The participants need to be able to present their information clearly and to be in a position to judge other people's information on a professional basis. Inter-agency tension needs to be at a level that does not impede professionals working together. It is essential for the three elements to be present. It is not realistic to expect the Chair to shoulder responsibility for the whole conference.

## CHAPTER NINE

### Summary and Recommendations

When this project began parental participation in Case Conferences was an experiment which could be terminated if it was found to be unhelpful to child protection. The latest Working Together Document 1991 makes it the norm that there should be parental participation in Case Conferences. This policy is likely to continue even in the face of contradictory evidence or wider changes in social policy priorities because of the influence of 1989 Children Act and EEC legislation which supports parental involvement.

There is a danger, however, that allowing parents to attend case conferences could become a token gesture. Parents could attend but not participate. Parents could attend but be alienated by the experience. Parents could attend but perceive themselves as helpless in the face of so many powerful professionals. Any of these experiences could lead to further child abuse which is quite contrary to the aims of the policy.

The experience of attending case conferences should empower parents so that they are better able to care for their children. The experience should be such that parents feel that they are working in partnership with professionals. Empowerment and partnership are ideals which are not easy to achieve.

The important question has now become how do we ensure that parental attendance at case conferences leads to improved child protection?

### Significance of this Study

This study involved the observation and analysis of follow-up and review case conferences. Some would argue that these conferences are quite different from initial case conferences and that the lessons learned from this study are not applicable to initial case conferences. However the policy was interpreted in such a way that parents came to conferences which were similar to initial case conferences and where difficult decisions were taken so I would argue that the lessons learned from this study do have wider implications. This is important because from 1992 onwards parents should be allowed to attend all case conferences, initial, incident, follow-up and review. The distinctions that this policy tried to introduce will become meaningless. Information sharing is perhaps most crucial at the incident conference and therefore my finding that people did not withhold information when parents were present is reassuring.

There were two important features to this study which might make the findings different if a similar study was undertaken. One feature was the positive, strong, supportive and caring relationship between the parent and the key-worker. The exception to this was the Clare Case Conference. The other important feature was that the decisions that were made at the conferences were the decisions that the parents wanted. Both parents and professionals might behave very

differently if the relationships had been different or the parent had not achieved the desired outcome.

### The Social Climate

Throughout the thesis I have argued that child abuse is an area of work which causes considerable anxiety, anger and fear amongst the professionals involved. These feelings are not only about the child's experiences but also because professionals, particularly social workers feel themselves to shoulder the blame for a child being abused. The current atmosphere within which child abuse work is undertaken is likely to lead to practices which involves minimal risk and where there is a very heavy reliance on policies and procedures to protect individual workers. The social climate is such that professionals need to protect themselves as well as their clients.

### Anxieties About Parental Participation

Interviews during the study revealed that one of the main fears about parental participation is that professionals will not be able to function adequately in case conferences. They will not be able to pool information freely; to assess the risks involved and to plan carefully for the future in the presence of parents. This will lead to worse child protection and further criticism of them as professionals.

Professionals were also concerned that parents might be damaged by the experience of attending case conferences and that it would be even more difficult to work with the parents after the conference.

Fears were also expressed that the parents would become the focus of the conference and the child's needs would be overlooked.

### Findings from the Study

These fears were not borne out in the study. In all the conferences the professionals were very aware of the child as the client and despite sympathy for the parents they held this firmly in mind. Despite this actual experience there was still a strong feeling that it might happen and the conference would be powerless to resist this.

Professionals tended to believe that parents' participation was ideologically sound but the actual practice provoked considerable unease. Interviews with many professionals revealed that although they had had a positive experience at this particular conference it was quite likely to be different next time. Next time it would be even harder even though professionals often commented that the experience of parental participation had been much better than they had expected.

The other anxiety was often about how other people would react. Interviewees said that they had managed to function adequately in the conference but they had doubts about other people. This was said by different professional groups about others.

### Differential Perspectives

The emphasis in child abuse at present seems to be on establishing whether an offence has taken place and, if it has, on punishing the

offender by incarceration. This may be viewed as just treatment but does not necessarily lead to the child being protected even though the offender is punished and removed from the home for a period of time. However, offenders are eventually released and while they are away the family is left to cope. In the Elsie conference the father had been in prison for four years but despite her stated intentions the mother resumed a relationship with him on his release. Because of this the children were removed from home. An earlier conference had recommended psychiatric help for the father but he had not taken up the offer. Imprisoning him had not changed his behaviour and the problem had not been solved because the oldest girl had been sexually assaulted by a neighbour and by some older boys while he was away. Removing the father had not stopped sexual abuse.

In the first conference that I attended the responsibility for the abuse was attributed to the father until someone said quite clearly that the mother had failed to protect her children. The family interaction was such that the family needed intensive help from a number of agencies rather than punishment.

Whilst punishment and evidence collection is seen as the main framework for child protection conferences it is difficult to give the family the help that they need. It also makes it very difficult to involve parents. The police attend to gather evidence and if a parent decided to use the conference to share what really happened they could unwittingly find themselves under arrest. The other police function is to provide the conference with information about previous offences. The police feel unable to give this in front of a

partner. To withhold information from the partner if we wish her to protect the child is unreasonable, especially if the partner is a Schedule One Offender.

Solicitors who attend may not give a full assessment of the legal situation for the fear of this being used in court. This occurred in the Redwing Case Conference. Members of the medical profession were also loathe to give medical information which they would use in court. Other people from the medical profession found this criminal aspect unsympathetic.

Some social workers feel that the criminal aspect is of great importance but others feel strongly that the child's best interests may not be served by prosecuting the parents. These are very different perspectives which may not be resolved between different professional groups.

#### Lack of Respect Between Professionals

There is a need for professional groups to respect each other's professional contribution to child protection. There is still too much disparagement of what each professional has to offer. In some instances there may be real professional differences of opinion which need to be carefully worked through but sometimes it is more to do with professional jealousies. From a child's point of view it is most important that these differences are sorted out. On the other hand cosy discussions between professionals which lessen parental involvement need to be avoided.

## Power of Social Services Departments

The 1988 Working Together Documents made the overall responsibility for child protection to lie firmly with the SSD. At conferences in the study the numbers of SSD personnel outweighed other professional groups. Their sheer numbers made them feel powerful.

At some conferences they acted in a powerful manner by informing other agencies of what they were going to do. They were generally responsible for drawing up the recommendations and action plan at the end of the meeting.

The Bales' Analysis showed how powerful the Chairs were at controlling the conferences and directing all the communication through them. They were all SSD personnel which complies with Working Together guidance but this does make them very powerful.

It is important for the ultimate responsibility to lie with an agency but it is also important that other agencies take part in the decision making and in planning for the future. Other agencies such as teachers may have a large part to play if the child returns home.

SSD dominance was partly to do with numbers and partly because they had a greater knowledge of the legal framework. This was particularly important in the Bridget case conference. The teachers were very concerned about the alleged offences but they were also unaware of the legal framework. This led to feeling of frustration on their part at the inactivity of SSD.

In some conferences less powerful people who knew the child well such as the class teacher in the Redwing conference contributed extensively at the beginning but had virtually no part in the final action planning. This was compounded by the organisation of the conference. Much time was taken in the conference on pooling information but often the action plans were rushed through at the end. If all agencies are to be fully involved in protecting the child after the conference they need to be clear and involved and committed to the plans made.

Regardless of parental presence these were meetings run and dominated by SSD. Other agencies did not feel that they were equal partners in the conference so if parents attended they might be part of the social work group or part of the other group. The professional group is not a cohesive group in relation to another group, the parents.

This professional dominance also means that parental participation will only work if it is supported by SSD. It also lays another burden on SSD as they then become responsible for caring for and supporting the parent.

## Recommendations

### 1 Change in Social Policy

Allowing parents to attend case conferences may lead to children being better protected in the future but case conferences are only a part of the whole child abuse procedures. What is more important is

that the causes of child abuse are well outside the scope of case conferences. Although improving social conditions may not eradicate child abuse improving social conditions would be of considerable benefit. In this study all the families who attended conferences were unemployed; were in receipt of Social Security Benefits; were living in disadvantaged areas and the standard of housing was low. The prospects of changing their situations was not good. Unemployment in Sheffield is about 14% and many of the families had not benefited from their school experience. Case conferences may improve some situations but they are not a panacea for the social ills of the 1980s and 1990s.

The general public need to recognise that social workers do not cause abuse and that they themselves are constrained in terms of person power, time, day care resources, family aides and caring supportive foster homes. The decisions that are made may become the 'least worst' alternative rather than the best.

If society could stop using social workers as scapegoats social workers might become less defensive and therefore listen to others. To the families, social workers appear all powerful but social workers themselves feel powerless in many situations.

## 2 Researching Case Conferences

There is a need for a number of studies throughout the country to assess case conferences and to follow them up on a long term basis. In Sheffield social workers felt that each Division operated differently

and there are also differences between the other authorities in South Yorkshire.

There was cynicism from all sorts of professionals about the validity of case conferences. Bearing in mind the expense of case conferences it is essential that such a complex machinery is regularly monitored and evaluated.

### 3 Resourcing Case Conferences

Discussions during the project raised the following:

Case conferences need to be held in warm, well lit, comfortable rooms with enough chairs and space for everyone. Most people preferred to sit round a table as this gave them somewhere to put their papers. Sitting round a table was recognised to be a rather formal approach for parents but it was felt that case conferences warrant this formality.

There was a need for trained minute takers who would be in a position to produce accurate minutes speedily.

There was a need for each conference to be chaired by an independent chair. It was inappropriate for the key-worker's team leader to chair the conference.

There was a need to find a time and a place so that everyone could attend. Particular mention was made of consultant paediatricians who only attended case conferences if they were held in their hospitals at

a time to suit them. There was also a wish that more GPs would attend. There was also discussion about whether the class teacher should attend rather than the head teacher but it was recognised that it was sometimes easier and cheaper to allow the head teacher to attend.

Would conferences be held at a time to suit parents? None of the parents in the study who attended were in employment but if people did have full-time jobs when would the conference be held? These dilemmas were not resolved.

If parents were to attend attention needed to be given to creche facilities and waiting areas. There was also concern about how parents would get there. There was a fear that social workers would have to bring them which would mean more work for social workers.

#### Preparation for Parents

It was recognised that parents would need to be prepared before the conference. They need to know conference procedure; what could be decided at the conference; who was likely to be there and what was required of them as parents.

The parents in this study had been prepared by the key-worker. For example, Elsie had written a statement which was read out by the key-worker but there could be an over emphasis on preparing parents. A number of parents were very confident in the meetings and were capable of defending themselves and attacking others.

Other parents such as Elsie were quiet and said little. The parents in this study had a good idea of why they were going to the conference and what they were going to do. Some went to express opinions and others went to hear what was going on. They did not perceive the experience as painfully as some of the workers perceived it. In some instances, such as the Maisie case conference, the experience was very positive and helpful.

There was much discussion about whether the parent would be allowed to bring a supporter. There was a fear that the parent might bring a solicitor and this was not acceptable to some people. This does raise an equal opportunities issue as solicitors do attend on behalf of the Local Authority to advise the conference of the legal position. If the parent does not have a solicitor present this is likely to make them even more powerless. Some of the families involved did not want to bring a friend as they were afraid of what the friend might say. Other parents were estranged from their wider family or from their neighbours so did not have anyone to bring with them.

In this study parents came on their own and the key-worker became the supporter. This meant that the key-worker had to play two roles in the conference; contributing to the conference and caring actively for the parent. This brings sharply into focus the care and control functions of a social worker. In the Redwing conference the Chair became aware how upset the father was and had to gently tell the key-worker who was wrestling with the information that he was receiving. In the Elsie case conference the key worker sat very close to the mother and they became a group on their own and treated as an out-group. This reinforced the views of other

conference participants that the key-worker was over involved with the mother.

I would recommend that the parent brings a supporter which preferably should be a relative or a friend but if not perhaps interested people from a local Family Rights Group or PAIN could go to the conference with them. It should not be automatically assumed that it is appropriate for the key-worker to shoulder the responsibility.

#### 4 Training

There is a need for multi-disciplinary training for all the participants in case conferences. This a major undertaking in a city the size of Sheffield where there are approximately five thousand people who need to be trained. Each year there will be staffing changes which would mean an ongoing rolling programme of training so training is an enormous task. It is also very difficult because of the different levels of knowledge and experience within each profession and between professionals. A piece of information may be totally old hat to one group and a total revelation to another group.

The training needs to be in three areas: knowledge, values and skills.

#### Knowledge

All those involved in child protection work need to have a good understanding of the causes of child abuse; the signs and symptoms

enabling them to recognise the problem; the avenues of help available and the legal frame work within which this operates. Each professional needs to know about their role and their agencies' role in the investigation and treatment of child abuse. They also need to have some understanding of other people's roles in this process so they can understand the information that each group gives to the case conference.

This sounds straight forward but the level of knowledge which each professional group needs is a dilemma as child abuse is a central key activity for social workers but is a peripheral activity for almost everyone else. Even paediatricians who play a crucial role may not view child abuse as in any way central to their roles. Some Sheffield paediatricians have become very involved but not all.

The other major group is teachers, who do have a very important part to play especially in the recognition of the signs of abuse; monitoring the child and helping the child after the investigation. They need to have more knowledge but at present they are wrestling with the major demands of the National Curriculum and Local Financial Management of Schools.

In some instances professionals have considerable knowledge in their specialty but are largely unaware of the knowledge held by other people. There are other people who just have very little knowledge.

Unless there is more equalisation of knowledge the SSD will remain very powerful but not supported by other professionals as they feel marginal to the process and unable to participate fully in the process.

The legal frame work is a particularly important part of the knowledge base required by all professionals.

Professionals also need to be aware of new policies and procedures. In this study there was no training to accompany the new policy to allow parents to attend case conferences. This meant that some people were not aware of the policy at all and some people interpreted the policy in an unintended way. They were not clear about the different kinds of conferences that parents could attend. This led to parents attending conferences which the policy prohibited them from attending.

The knowledge base should also include research findings about for example parents' experiences of attending case conferences.

Agencies other than SSD need to understand the pitfalls of care proceedings and the complexities of situations which can rarely be sorted out simply.

### Values

The knowledge base is extremely important but perhaps, what is more important, is attitude change. While some professionals continue to believe that parents who abuse their children are 'beyond the pale'; unworthy of respect or attention; inadequate; or evil, then allowing them to attend case conferences is meaningless. They will be there in body but their presence will be disregarded. (An example of this

was the Redwing case conference.) Their previous abusive behaviour cannot be and should not be condoned but unless the central interpersonal values propounded by Biestek 1961 of recognising individual self-worth and respect for persons are respected, we may reinforce the parents' feelings of helplessness, powerlessness and self denigration. It is particularly important that we work from the assumption that parents who abuse their children may be able to change and that most people have a potential for growth. If not then parental participation becomes a worthless concept.

Attitudes to parental participation in itself also need to change. Parental participation is problematic but it is only likely to work if professionals involved are themselves committed to the idea and are prepared to work at it. This involves organising conferences to fit in with parents' needs and inviting them in such a way that they feel able to attend.

These values also apply to the way that professionals respect each other. If professionals feel that their role and contributions are not valued then they will feel unable to participate.

### Skills

Key skills that are needed for case conference participants are:

### Preparation

Before each case conference each participant needs to prepare themselves for the conference. This preparation involves preparation

of themselves as people as well as preparation of the information needed by the conference. If the child's experience has been such that the professional is particularly emotionally affected there should be time and space with team leaders to work through some of this so that the professional is in a position to operate calmly in the conference. Particularly if parents are present case conferences cannot be an anxiety sharing or therapeutic session for professionals. Support for professionals needs to take place outside conferences.

Each professional needs to sift carefully the information which they will share at the conference. Do they have a full medical assessment? Do they have a full social history? What is the child's behaviour like at school or nursery? For many workers it is helpful to prepare a report which is used as the basis for sharing information.

### Communication

Each professional needs to be able to present their information accurately, succinctly and in a non-judgmental way. It is essential that professionals make it clear to the rest of the conference whether what they are saying is a statement of fact backed up by strong evidence or whether it is a belief or opinion. Careful preparation will enable this process.

For some people deciding what to say may be problematic but for others actually having to speak in a meeting may be extremely anxiety provoking. This is partly a gender issue as in the past women have been expected to say little but in this study there were some very

assertive and articulate women and some very shy and nervous men. There is a need for everyone to practice speaking in meetings.

If parents attend, presentation of information becomes even more crucial. Choosing words becomes even more difficult as parents might be unfamiliar with words which are used unthinkingly by professionals. Talking in acronyms should be avoided at all costs!

In some case conferences the professional response to parents was either maternalistic or paternalistic. Professionals talked to parents as if they were children who needed protecting from themselves.

### Listening

Professionals need to learn to listen actively to each other and to parents. There is a great need for professionals to understand what other people are saying.

Actively listening to people should prevent professionals answering questions for other people, particularly parents, interrupting and talking across each other.

Professional need to listen to each other but they also need to recognise that parents may want to listen to the meeting rather than contribute themselves.

### Judging Information

Judging the information that is presented must be one of the most difficult skills. Professionals need to weigh up what this information means in this particular context. How serious is this and importantly what is the likelihood of the abuse happening again? This is the area where people must draw on extensive knowledge of abuse and practice wisdom.

### Planning

Planning for the future was something which was often rushed at the end of the meeting but this is an important part of the conference. Pre-conference preparation would help in establishing the resources available in the community so that a viable action plan may be made if the child is to remain at home.

### Group Dynamics

There also needs to be discussion about how groups operate and the problem of working in groups.

### Training for Chairs

All the foregoing applies to the training of Chairs but added to this is the ability to set the atmosphere for the meeting. Is the climate such that everyone is able to participate? Are people given encouragement to share their information? Is everyone listened to?

If people are becoming angry with each other has the Chair the skill to defuse situations and to be the tension manager? The Chair needs to be aware if a particular participant is very inexperienced or nervous.

The Chair needs to be able to time the meeting so that information sharing does not become so dominant that there is not sufficient time to plan for the future. This may mean subtly controlling participants so that their contributions are succinct.

The main task of the Chair is to ensure that the conference fulfills the tasks in hand. She needs to ensure that the conference knows what the incident was; what the social and medical assessment is and to enable everyone to draw up an action plan. The Chair plays a large part in helping the conference to weigh up the evidence presented so that the child is protected.

### Training Methodology

The training should be a mixture of information giving by formal lectures but most time should be spent working in small multi-disciplinary discussion groups and role play. By using all these methods it is possible to work on knowledge, values and skills. Multi-disciplinary working will only improve if this kind of training takes place. Introducing parental participation is sufficiently anxiety provoking that it should precipitate professionals into recognising that training for case conferences is invaluable.

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SHEFFIELD AREA REVIEW COMMITTEE

A PARENTAL PARTICIPATION IN CASE CONFERENCES,  
POLICY, AIMS AND PRACTICAL ARRANGEMENTS

1 THE NEW POLICY

1.1 We understand the core of the policy agreed on 12 November 1987 to have the following elements:-

- (a) "Except in exceptional circumstances parents should be invited to attend part of" (follow-up or review) "case conferences to give their perspective and to consider future arrangements for the care of the children". (Para 3 of D Stow Paper to ARC dated 11/87).
- (b) "Parents will only be invited where there is specific agreement by all those attending that this is desirable". (Para 1).
- (c) "Reasons for not including parents in these case conferences should be recorded". (Para. 2).
- (d) "It is accepted that case conferences where appropriate have the right to have time without the parents present, to share views and to consider outcomes. The parents whether in attendance or not will be advised of the decisions". (Para 5).

1.2 Definitions

(A) "Incident Conferences" we take to include:-

- (a) those called to consider specific incidents or allegations of child abuse, including physical, sexual or emotional abuse and failure to thrive, or
- (b) those called to consider the involvement or residence with children or expected babies of Schedule 1 Offenders, and
- (c) those of types (a) or (b) which are adjourned to be reconvened as soon as specific events or enquiries have occurred relating to the NAI incidents or allegations.

A key feature of Incident Conferences is the likelihood they will consider registration and/or court proceedings.

(B) "Follow-Up or Review Conferences" we take to be conferences which are not considering specific incidents or allegations and, therefore, are most unlikely to consider registration and/or court proceedings. Rather they are conferences, concerning children already on the Central Register or about whom there is concern, whose main purpose is to aid communication and coordination between workers with the family through a review progress.

Conferences to consider "Rehabilitation/Trial own parents" are likely to be Review Conferences.

"Deregistration Conferences", ie ones called to consider taking children off the register, would be Review Conferences unless there were incidents or allegations to consider.

## 2 AIMS OF THE POLICY

Given the above definitions we take it the aim of the policy is:-

To aid the protection and promote the best interests of children on whom Review Conferences are held by involving parents in those conferences through:-

- (a) Improving the accuracy of information available to Review Conferences
- (b) Ensuring case conferences make more informed and better decisions in the best interests of the child
- (c) Improving the quality of treatment plans agreed at Review Conferences
- (d) Gaining greater commitment of parents to engage with workers in line with treatment plans

**NB** These items are set out in logical sequence not order of importance

## 3 LOGICAL RELATIONSHIP BETWEEN AIMS AND POLICY

We believe the policy is likely to promote the aims because:-

- (a) most children discussed at case conferences are being cared for by their parents who are, therefore, centrally involved in treatment plans; this includes those returned from Care after conferences;
- (b) commitment to treatment plans, in this case by the parents, is likely to be increased by involvement in their formulation and explicit agreement with them in a conference;
- (c) most parents are likely to respond positively to the openness implicit in being invited to a conference. Being treated as responsible in this way tends to encourage a sense of responsibility;

- (d) the policy allows workers who need space to share tentative anxieties, which is one of the functions of conferences, to do so during part of a conference not attended by the parents. "Inhibition" of workers should not, therefore, be a serious problem. On the other hand exclusion from part of a conference can be very damaging to parents unless handled well;
- (e) fears that parents will be overwhelmed by the experience are less likely to be realised in Review than in Incident Conferences because the former are very much smaller, made up of workers known to the parents and not focusing on specific incidents or allegations; parents will need to be prepared properly and supported through the experience if this is to be a positive rather than a destructive experience;
- (f) if workers believe, "in exceptional circumstances", parental participation will on balance be a negative experience the policy allows them not to invite the parents. "Exceptional circumstances" will include occasions when issues of conflict of interest between the parents' and the child's rights are likely to arise and be difficult to resolve satisfactorily in the child's interest.

#### 4 RELATIONSHIP BETWEEN CASE CONFERENCES AND ORGANISATIONS REPRESENTED

- 4.1 The Research team has asked about "the relationship between the 'case conference' as a mini-institution and the organisation represented by the personnel constituting the case conference. In other words we need to know both the official and the defacto constitution of the case conference; the answerability of the participants to their own organisations; the relative power of the participants; the role of the Chair, and to whom the case conference is responsible for its decisions - and so on".
- 4.2 We can not answer all these questions, eg "the relative power of the participants" varies between conferences and is a question of personal influence and authority not of status, or formal power, except when two or more members of different grades in the same organisation are present. The ARC Handbook, "Child Abuse, Guide Notes and Procedures" has a chapter (vi) on Case Conferences, (copy to be attached), which gives their official constitution, procedures etc. Much of it, however, including para. 6 on supervisors attending, refers primarily to Incident Conferences.

Para. 8 sets out the policy on parental participation in review conferences; the old para 8 sets out the previous policy.

Para. 11 sets out the authority, or lack of it, of case conferences. It should be seen, however, in the context of the strong guidance to all statutory agencies from the relevant Central Government Departments, principally DHSS and Home

Office, that agencies should work together in NAI cases. The case conference is the main formal mechanism for promoting such coordination.

## 5 PRACTICAL ARRANGEMENTS

- 5.1 The Decision to Invite. "All those convening follow up or review case conferences should actively consider the involvement of the parents (or those with responsibility for the children) (Para 2, D Stow Paper 11/87).

The practical arrangements set out below may be time consuming so it is suggested the Convenor starts on them in good time. It is particularly crucial that the Chair is appointed at an early stage.

The Convenor needs to discuss for all Review Conferences with all workers being invited:-

- (a) whether or not the parents (or those with responsibility for the children) should be included. Only in exceptional circumstances should they be excluded. "Parents will only be invited where there is specific agreement by all those attending that this is desirable". Reasons for not including parents in these case conferences should be recorded (Paras 1 and 2, D Stow Paper 11/87);
- (b) if parental participation for only part of the Conference is agreed, which part it should be. The Convenor should inform the Chair of the views expressed; the Chair should decide if views vary;

Workers may disagree on whether it is an Incident or Review Conference, eg one worker may feel some deterioration in a child's condition has occurred, which might be regarded as failure to thrive and/or due to some as yet unidentified abuse. There are two ways of resolving such a disagreement:-

- 1. To define it as a Review Conference, which still leaves it possible to air such concerns in part of the conference not attended by the parents or to exclude them altogether as being "exceptional circumstances".
- 2. To define it as an Incident Conference.

## 5.2 Arranging Parental Participation

- (a) The Convenor should see that the parents are prepared by the most appropriate worker for attendance and participation. During the research phase the Convenor should also ensure that parental consent for the research requirements is obtained. (Doc. Cl.2).

- (b) Waiting facilities, should be arranged by the Convenor; two waiting areas may be needed if parents are separated or foster parents and parents are involved in the conference.
- (c) Child care arrangements may require attention from the key worker or Convenor (often the same person).
- (d) The Convenor should notify the Chair of all arrangements made. It is already policy that the Convenor should notify the F&CS Department Child Care Co-Ordinator's section of arrangements for conferences. During the research phase this section will contact the researcher, whether or not the parents are being invited.

5.3 The Conference The Conference Chair "has a responsibility to ensure that their "(ie parents'" views are heard. If there is a social worker "(ie the key worker)" already involved, he/she may have a responsibility for preparing the family and supporting the family through the experience, and with the Chairman for later explaining decisions which are ultimately made by the Conferences". (Para 4, D Stow Paper 11/87).

If a researcher is attending a Conference the Chair must ascertain any parent attending has agreed (document c section 1.2).

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INTRODUCTION TO APPENDIX B

The aim of this chapter is to analyse seven case conferences to assess whether the aims of the policy were fulfilled or not. In effect each case conference studied constituted a separate evaluation of the policy, since the working of the policy was tested out on each occasion. Four case conferences were chosen as the parent attended at least part of the meeting and two were chosen to demonstrate that conferences vary in their effectiveness regardless of parental participation.

Parents were present at the Elsie Case Conferences, Clare, Redwing, Maisie but not at Bridget or Florence Case Conferences.

## REDWING CASE CONFERENCE

What sort of conference was this and how did it fit into the Policy?

This case conference was a reconvened conference. It was convened three weeks after the initial case conference to consider plans for a child in voluntary care who had been subject to abuse by her mother.

The social worker had been told by the clerk to the Child Protection Co-ordinator that it was a follow up case conference and therefore the father, Mr Redwing, should be invited but the social worker queried afterwards whether he should have been invited or not. He decided that the father, Mr Redwing, should not have been invited as this was a reconvened case conference but he felt that it was right for the father to be there.

The social worker invited the father but he did not know whether he would come or not but the social worker did not tell the other agencies that he was coming. This provoked consternation as some of the other agencies had not been fully aware of the policy which allows parents to attend review or follow-up case conferences. The head teacher and the school nurse were adamant that they did not want the father to be there and felt that his presence had made the conference even longer and more difficult than it would have been without him. Their relationship with SSD had been strained before the meeting because they believed that SSD had not acted sufficiently

swiftly to protect the child and the unforeseen attendance of the father exacerbated this distrust.

The psychiatrist had been apprehensive and surprised by the presence of the father but by the end she felt that his presence was 'all right'. She had been worried that the father would be angry when she told the conference that his wife was going to be discharged 'because she was not taking responsibility for getting herself better'. When she said this and he did not react badly she relaxed and did not object to him being there.

The GP, the psychiatric nurse, and the foster mother felt quite positive about him being there. The social worker and chair were ambivalent but believed it was the policy. The police sergeant also believed that this was the policy so he went along with it.

The people who attended the case conference were as follows:

The Chair was the team leader of the key worker; the father who was present throughout the meeting; the key worker, who was a very experienced social worker. He had seen the father in the office each day since the incident. He was responsible for setting up the case conference, minute taking, inviting the father and caring for him during the meeting. He brought him to the meeting and sat next to him.

Also present were the head teacher, class teacher, and the school nurse. They had known the child and her parents since the child had started school a year ago.

From the Health Authority the psychiatrist and psychiatric nurse who cared for the mother at the hospital and the GP were present. The family were new patients to the GP. The paediatrician from the hospital had been invited but was unable to come because the meeting was held in the school rather than the hospital. The foster mother and her social worker were also present. The foster mother had cared for the child since the child had been discharged from hospital. The father visited the child regularly and she had taken the child to see her mother in hospital. Finally there was a police sergeant and a solicitor from the local authority who had come to advise the conference on the legal situation.

The Bales findings were as follows:

Table 1 The Process of Interaction

Category	CH	Fa	KW	HT	CT	Psy	N	SN	GP	FM	POL	SOL	HV
1 Solidarity	13	0	0	3	0	0	0	0	1	0	0	0	0
2 Tension Release	0	0	0	0	0	0	0	0	0	0	0	0	0
3 Agrees	8	11	2	3	1	6	4	1	1	2	0	1	0
4 Gives Suggestion	36	0	13	2	0	3	6	0	2	0	3	0	1
5 Gives Opinion	42	50	35	20	13	15	9	13	8	14	11	4	5
6 Gives Facts	31	30	17	9	14	9	2	9	11	13	7	6	0
7 Asks for Fact	1	2	0	1	0	1	1	0	0	0	0	0	0
8 Asks for Opinions	6	0	1	0	0	0	1	0	6	2	4	0	0
9 Asks for Suggestions	2	0	0	0	0	0	0	0	0	0	1	0	0
10 Disagrees	0	1	0	1	0	1	0	0	1	0	0	1	0
11 Shows Tension	4	3	1	5	0	0	0	0	1	0	1	0	0
12 Shows Antagonism	2	0	0	1	0	0	0	0	0	0	0	0	0
Total	149	87	69	45	28	35	23	23	29	31	27	12	6
564													

Key

CH=Chair, Fa=Father, KW=Key Worker, HT=Head Teacher, Psy=Psychiatrist, N=Psychiatric Nurse, SN=School Nurse, GP=General Practitioner, FM=Foster Mother, POL=Police Sergeant, SOL=Solicitor, SW=Social Worker

Note Chair 26%  
 Father 15%  
 Key Worker 12%  
 Head Teacher 8%

The most dominant person in this case conference was the Chair but the father also contributed significantly. The other two significant contributors were the key worker and the head teacher.

Table 2 Overall Interaction of Conference

SE+	SUG	OP	FAC	ASKS	SE-
8%	12%	42%	28%	5%	4%

The conference had more socio-emotional plus contributions than negative socio-emotional contributions. Many of these contributions involved caring for the father and being sympathetic to him.

The biggest category of contributions was the Opinions category (42%) as opposed to the Facts category (28%). The details of the incident were not discussed as this was a reconvened case conference. Some of the Facts had been established at the first conference and this conference had been reconvened to work out the future for the child. However the Psychiatrist did give the conference quite new information which was that the mother would be discharged very soon even though her mental health had not significantly improved. Many of the Opinions were participants in effect trying to persuade others of their views.

Compared to some conferences the Suggestions category was fairly high which reflected the varied outcomes that people wanted.

Table 3 Percentage of interaction in each category made by each person:

Category	CH	Fa	KW	HT	CT	Psy	N	SN	GP	FM	POL	SOL	HV
SE+	49	0	4	13	2	13	9	2	2	4	0	2	0
SUG	55	0	20	3	0	5	9	0	3	0	5	0	2
OP	18	21	15	8	5	6	4	5	3	6	5	2	2
FAC	20	19	11	6	9	6	1	6	7	8	4	4	0
ASKS	31	7	3	3	0	3	7	0	21	7	17	0	0
SE-	26	17	4	30	0	4	4	0	0	7	4	4	0

The person who made the highest percentage of SE+ contributions was the Chair, followed by the head teacher. Much of these contributions were significant attempts to welcome the father and to make him feel as comfortable as possible.

In the Suggestions category once again it was the Chair who made the most suggestions followed by the key worker and then the psychiatric nurse. The Chair's suggestions were a mixture of suggestions on how the conference should proceed but also plans for the future. The Psychiatric nurse was keen to help in making plans for the future. The significant people who did not contribute to plans for the future were the father, the class teacher and the foster mother.

The father expressed a number of opinions but did not make significant suggestions about what should happen in the future. He responded to the conference rather than initiated ideas.

Both the class teacher and the foster mother were very close to the child and shared information at the beginning of the conference but had little or no say at the end of the conference.

In the Opinions category it was the father who gave the most opinions, followed by the Chair and the key worker.

All the participants gave more opinions than facts. For the Chair, the key worker and the head teacher these differences were significant but the class teacher and the foster mother were much more even in their contributions.

In the Asks for category the main contributors were the Chair, the GP and the police.

The father made 21% of all the Opinions and 19% of all the Facts. This compared with the Chair, who gave 18% of all Opinions and 20% of all Facts and the next contributor in percentage of contributions was the key worker. These percentages would seem to be significant but were very much dismissed by the other participants after the meeting but not at the time.

Table 4 Individual interaction in percentages

This Table gives the range of behaviour exhibited by each person:

	SE+	SUG	OP	FAC	ASKS	SE-
Chair	21 14%	36 24%	42 28%	31 21%	9 6%	6 4%
Key Worker	2 3%	13 19%	35 51%	17 25%	1 1%	1 1%
Head Teacher	6 13%	2 4%	20 44%	9 20%	1 2%	7 16%
Class Teacher	1 4%	0 0%	13 46%	14 50%	0 0%	0 0%
Psychiatrist	6 17%	3 9%	15 43%	9 26%	1 3%	1 3%
Nurse	4 17%	6 26%	9 39%	2 9%	2 9%	0 0%
School Nurse	1 4%	0 0%	13 57%	9 39%	0 0%	0 0%
GP	1 3%	2 7%	8 27%	11 37%	6 20%	2 7%
Foster Mother	2 6%	0 0%	14 45%	13 41%	2 6%	0 0%
Police	0 0%	3 11%	11 40%	7 26%	5 19%	1 4%
Solicitor	1 8%	0 0%	4 33%	6 50%	0 0%	1 8%
Social Worker	0 0%	1 16%	5 83%	0 0%	0 0%	0 0%

Were the aims of the policy fulfilled in this particular conference?

(a) Improving the accuracy of information available to the Case Conference

The father attended throughout the meeting. At the beginning of the meeting he was visibly upset and cried but he gradually settled down and became calmer. He was given an opportunity to state his views early in the meeting but then joined in throughout the meeting and made his views quite clear.

These are examples of what he said:

(the child) should stop where she is 'til (mother) is sorted out

I think she's (mother) had a poor upbringing

The psychiatrist said that they were planning to discharge the mother very soon and the father immediately asked:

Which house will she go back to? She believes there are devils in our house

The head teacher expressed anxiety that if the mother was discharged from hospital she might come to the school and take the child away.

The father said:

I'd put the brakes on that

From the Bales' analysis it can be seen that the father made a significant contribution to the meeting as he made 15% of all contributions.

I thought, watching, that the participants would feel that he really had some useful things to say to the meeting and the first aim of the policy, ie improving the accuracy of information, would be fulfilled. However, most of the participants did not agree with me. The following information was gained from interviews with the participants after the conference.

Only one person believed that the father's presence had presented new information. This was the psychiatric nurse who felt that from his presence and contributions she had learned more about the father and his feelings as she felt that when he visited his wife on the ward he tended to acquiesce to her views and rarely expressed what he wanted to say or to express his feelings.

The school staff did not believe what the father was saying and felt that the father's presence made the meeting very long. Their main concern was that they just did not trust him. They did not believe what he was saying. They blamed him for not protecting his child and not stopping his wife from throwing her out of the window. They did not believe that he could stop his wife from removing the child.

The other professionals said that they did not learn anything new from the father. The key worker had spent much time with the

father and felt that he knew what he was going to say.

The father's presence meant that three people either withheld information from the conference or were suspected of withholding information. The solicitor, who was very surprised that the father was there, did not tell the meeting that she did not believe that there was sufficient evidence to go for a compulsory care order. She did not tell the meeting this because she was afraid that the father would use the information at a later date. This seemed to me to be a very significant piece of information that was being withheld because the main source of conflict between the SSD and the school was over the care order. If they had known this they might have accepted the position of the SSD who did not want to apply for a compulsory order.

However, when I discussed this with the foster mother's social worker she said that she did not agree with the views of the solicitor and thought that there were definite grounds for a compulsory order.

The school staff also felt that the police were more reticent in giving information than usual, but the police officer told me that he had not withheld information as he did not know whether the mother was going to be prosecuted or not for throwing the child out of the window.

The class teacher said that she would have liked to have said more about the child's behaviour which she felt had been very disturbed both before and following the accident.

(b) Ensuring Case Conferences make more informed and better decisions in the best interests of the child

There were fundamental disagreements in this case conference which led to no real decisions being taken. Nothing that the father said altered this. The SSD felt that the child should remain in voluntary care and have regular contact with both parents. At the previous meeting the Psychiatrist had said that the mother would be in hospital for some time but the prognosis was good and she should be quite well on discharge and therefore could resume care. However the hospital staff had now decided that the mother was not taking responsibility for getting better and therefore were discharging her in the very near future. This was a major blow to the SSD as they had planned their work with the family on the assumption that the mother would get better.

The school's view was that they had been worried about the care that the child had had before she had been thrown out of the window and therefore they were not convinced that the parents would ever be able to resume care. They were very worried that the mother would come to the School and take the child away and they would have no power to stop her. They wanted the child to be made the subject of a care order.

The GP felt that he was responsible for the incident as he had encouraged the mother to cut down on her anti-depressants and as a result the mother had stopped taking them altogether. The family

had recently registered with the practice and the GP had not contacted the hospital for advice before reducing the dose.

The foster mother went to the meeting because she wanted to speak for the child as she felt that, from previous fostering experiences, the needs of the child would be overlooked. Her social worker went to protect the foster mother from being exploited by the key worker.

(c) Improving the quality of treatment plans agreed at review conferences

No firm plans were made but this was not because the father was there but because the conference could not agree.

(d) Gaining greater commitment of parents to engage with workers in line with treatment plans

The father continued to visit the social worker at the office on a regular basis.

Conclusion

This was an interesting conference as the father attended throughout the meeting. He was given an opportunity to share his views at the beginning of the meeting but he then joined in as and when he thought was appropriate and his views were treated politely and sympathetically. The Chair thanked him regularly for contributing.

Watching the conference, I felt that he had actually participated but the interviews with the participants were much more dismissive of him.

His behaviour contrasts strongly with Elsie, who said very little throughout the meeting. Yet once again the aims of the policy were not fulfilled. This time because what the father had to say was dismissed and not listened to.

They seemed to dismiss him for the following reasons. He was not married to the mother and was therefore the putative father and not the legal father to the child. This was seen as significant by a number of participants even though he had lived with the mother since the child was born. They felt that because of this they did not believe that he had the power to stop the mother removing the child. He was not the main carer. They did not believe that he could care for the child on his own and he was in agreement with this.

One person remarked that he had been drinking, perhaps to give him confidence.

He was not viewed by the rest of the participants as a significant person and although he expressed his views they were largely ignored or dismissed by the participants. They did not really want to know what he had to say as they were too preoccupied with their own agendas for the meeting.

The school staff were still angry because they felt that they had tried to alert the SSD to the state of the mother's mental health and they felt that the SSD had not reacted quickly enough. They did not feel that either parent were fit parents and felt that the SSD ought to do something quickly to secure this child's future.

The key worker worked from the premise that it would be better to keep the child in voluntary care as he was anxious to maintain a good relationship with the father. He did not believe in compulsory care orders and worked from the premise that wherever possible children should be cared for by their natural parents. However, the news that the mother was to be discharged from hospital made him angry with the hospital as he felt that they were renegeing on the original plan. He was now not sure which way to go.

The Chair had supported the social worker's views. He was the team leader and had worked with the key worker for a long time.

The GP brought guilt about his treatment to the meeting and also brought negative feelings about another case that he was disputing with the SSD and also commented on the sexuality of SSD personnel of which he disapproved.

Each person came to this meeting with preconceived ideas about each other and how the case should be handled. They already had a strong impression of the father and his strengths and weaknesses as a father. His presence at the meeting did not alter any of these views. Each person was so preoccupied with trying to put across

their views that the father's presence became of little importance for most of the members of the meeting.

The fact that they did not know he was coming compounded the lack of trust between the members of the conference and the key worker. The key worker was seen as responsible for his presence rather than the Area Review Committee who had made the policy.

I interviewed the father a few days after the meeting. He seemed totally confused about which meeting I was talking and was much more concerned about trying to sort out another house for the family. As a research worker this conference had given a considerable amount of thoughts and information but for the father it was just another meeting in a long series of difficulties with the hospital, the Housing Department, the Rates Office and he gave the impression of not knowing what was going on at all.

In this case conference the father attended throughout the meeting but the very real conflicts between the participants led them to concentrate on trying to impose their views and feelings on the meeting which left little scope to concentrate or value what the father was saying. The father said a great deal but he was not viewed as being a significant person at the meeting, even though he was the father.

## ELSIE CASE CONFERENCE

During the project two case conferences were convened to discuss the future of Elsie's children. At the first conference that I attended Elsie was present throughout the meeting. At the second she came in after a new incident had been discussed.

The conference raised a number of important issues such as the difficulty of defining case conferences; parental attendance when there is considerable disagreement between professionals and the effect of size on participation. The behaviour of the mother contrasted sharply with the behaviour of the father in the Redwing case conference.

### The First Case Conference

What sort of case conference was this and how did it fit into the policy?

Interviews with participants after the case conference and information from the report presented at the conference revealed that there was confusion about the purpose of the case conference. The key worker and the team leader believed that they had convened the case conference to consider the following issues:

- (a) To inform other agencies about the progress that had been made since the previous conference three months before.

- (b) To work towards the children going home.
- (c) To find ways of preventing the cohabitee having access to the children.
- (d) To decide whether to continue care proceedings.
- (e) To decide whether support could be found for the mother in the community.

The key worker and her team leader decided that this was a Review Case conference and therefore invited the mother.

The local authority solicitor who was supported by the court officer, the Child Care Co-ordinator and the police believed that the conference was convened to discuss care proceedings. They also believed that any discussion about returning the children home was inappropriate and also legally as the proceedings had begun. (The children had all been removed on a Place of Safety because the mother's cohabitee had returned to the home. The cohabitee was the father of the three younger children. He had been imprisoned for sexually abusing the children.) They were clear in their minds that this was an incident case conference and therefore the mother should not attend.

The residential workers believed that this was a child care review and not a child protection case conference. The Manager of Residential Services and the fostering officer were of the same mind. In fact the

child care review was to be held on the following day. They believed that it was inappropriate for the mother to attend.

At this conference the mother's attendance was a fait accompli as she was sitting there with the key worker when everyone arrived. The mother stayed throughout the meeting.

She told me:

I think it was best to be in from the beginning. I'm glad I didn't have to go out. I would have felt awful if I'd had to go out. I heard what they wanted to say.

The mother's presence presented a matter of professional etiquette to the solicitor, as the etiquette demands that communication may only take place between solicitors and not directly with the opposing client. This led to the solicitor leaving the Meeting while the mother's statement was read out. The solicitor explained this to me in our interview.

The father was not invited to the meeting and his Probation officer was positive that he wouldn't have come in if he had seen all the people there. I have never met the father and nor had many of the people at the meeting, but observing the meeting it seemed to me that the father became the BAD person and the mother the GOOD person. He was not there to defend himself and his reputation became even more tarnished. There was little sympathy for him. Yet the

interview with the Senior Probation officer after the conference revealed that the father had spent his childhood in a succession of children's homes and Approved Schools. He too needed help.

The conference was attended by twenty-six people. Why there were so many people was partly to do with the very high level of concern about this family and partly because some people had thought that this was a review of one of the children. It was also because there was a disagreement between the different agencies and parts of agencies which lead people to come to the conference who would not normally attend review conferences.

This conference was tape recorded but very unfortunately the recording failed and therefore it was not possible to do a Bales' IPA. This was disappointing as I should have liked to analyse the interaction in more detail but it would have been difficult to do because of the sheer numbers of people at the conference.

The mother attended throughout the meeting. She sat very close to her key worker throughout the meeting. She cried frequently during the meeting. She was a small and rather thin woman.

Conference participants commented to me after the conference on the physical facilities. The meeting was held at the hospital in a room which was too small for the number of people who attended. The key worker commented that if the mother had been asked to leave during the meeting she would have had great difficulty getting out because of the overcrowding.

The people who attended the meeting were as follows:

The Chair, who was a Principal Social Worker from another hospital and therefore an independent chair; the key social Worker, who was a very experienced social worker who had worked closely with the family for more than a year; the Principal Social Worker, the key worker's team leader, who also knew the family well; a Consultant Paediatrician, who had known the family for a long time.

A Senior Probation Officer, who had known the father since he was a child. There were three teachers: the head teacher, of the youngest child; the year tutor for the oldest child, and a special needs and liaison teacher, who knew the middle two children.

The health personnel comprised two school nurses and the family GP. There were also three police officers; three residential workers, the Residential Manager and the Fostering Officer. There was also a Principal Social Worker from another Division who attended as she thought that the case might be transferred to her Division.

The other three people were the local authority solicitor, a court officer from F&CS and the Child Care Co-ordinator. The Child Care Co-ordinator has responsibility for child protection throughout the Department. Lastly there was the Clerk to Child Care Co-ordinator who took very full minutes.

The local authority solicitor, the court officer from F&CS and the Child Care Co-ordinator do not routinely attend review case

conferences but they attended because they felt that the key worker was over-involved with the mother and in danger of colluding with her. They were worried that the plans made at the previous case conference were likely to be changed and the children would not be protected. This information came from interviews with them and with the key worker.

Were the aims of the policy fulfilled in this case conference?

(a) Did the mother's presence improve the accuracy of information available to this case conference?

The mother said very little throughout the conference. She was asked to share her views and she did this by writing down what she had to say and asking her key worker to read it out for her. What she had written down was that she was very sorry for what had happened; she wanted her children back and she was not going to have anything to do with the father anymore.

When this was read out a number of people looked sad and upset for the mother. However the Child Co-ordinator was very sceptical about this. He basically did not believe that she had left her cohabitee and did not believe what was written by her. From reading previous police Reports and attending case conferences, he did not trust her. He did not feel that her statement added anything to the meeting.

Later in the meeting the Child Care Co-ordinator specifically asked the mother about the access visits because he was concerned about

the relationship between her and the children. Before she could answer a residential worker answered for her and said that they were doing well. This was noticed by me at the meeting but also commented on in the Minutes and by the mother when I interviewed her.

Later a court officer said very carefully and as kindly as possible that she had failed to protect her child as the child had been sexually abused when the father was in prison. She had been sexually abused by more than one person whilst the father was in prison. Before the mother could answer the key worker answered for her and tried to defend her.

When I interviewed the mother she said:

I've never been to a big meeting before. Eventually I'd be able to say what I wanted to say. That woman from court .. I don't know her name but she said that I hadn't protected (her oldest girl) from that other man. That made me mad I wanted to jump in then! I were going to say to her if I had known I would have done something but somebody started saying something so I just looked at her. I was mad. If you don't know what's happening you can't do anything

The only piece of information that she did give was that she would like to go to the reading workshop at school, for the younger child and she had been thinking about this.

From the mother's point of view she did not go to give information to the conference but to hear what they had to say. She said:

I wanted to know what they wanted to say.

I didn't feel part of it. It was being able to be there and listening to what they had to say. I don't think there was that much for me to say. I wrote down for (her social worker) what I wanted to say.

She had learned some distressing information such as it was felt that the oldest girl would benefit from a Psychiatric Assessment.

It shocked me but it made me realise how she really she's got the worst of it.

and also

What I didn't like was that L (the oldest girl) wouldn't come home.

The team leader in particular commented afterwards that she was concerned that the mother learned of this possible psychiatric referral at the meeting. Interviews with ARC members had recommended that parents should not hear very new and disturbing news at conferences. These matters should be discussed beforehand. This information came out because of the confusion of whether this was a child care review or a child protection case conference.

She also learned some positive information:

I was glad when they said they could come home. They are distressed.

I'd thought of going to school. I'm glad she mentioned it. (This referred to the teacher inviting her to the Reading Workshops)

Was less information available to the conference because the mother was there? Were people too inhibited to speak in front of the mother?

This was an aspect that was raised by a number of people at the conference.

There were a number of people who thought that the mother should not be there and that her presence prevented people from thrashing out what needed to be thrashed out. The people who were most against the mother being there were the Child Care Co-ordinator; the court officer and the solicitor.

They all believed that the key social worker was so involved with the mother that she had lost her objectivity and was in danger of putting the mother's needs above the children's needs. They did not trust her judgement. For example they did not believe that the mother had ended her relationship with the father.

Very importantly they did not feel that only the father was culpable. They felt that she was responsible for allowing the sexual abuse to take place. They were also concerned about the relationship between the mother and the children. Their aim at the conference was to ensure that the children's needs were paramount.

For the Child Care Co-ordinator and the court officer the two crucial questions were raised but not answered by the mother. They did not believe the issues were fully explored because of the mother's presence. They had managed to raise their concerns but they believed that others might have held back.

Interviews with the other participants did not bear this out. They did not feel that the mother's presence prevented them from saying what they needed to say. One police officer said that he had said little in the meeting because other people had raised issues that he had planned to raise. If they had not done so he would have done it himself but felt it was not necessary. He had not met the mother before and thought that she looked 'a nice woman' and he felt more sympathetic towards her than he had done before.

The overall impression that people gave me was that they had thought very carefully about what they were saying but did not avoid saying what needed to be said.

A number of people were open about their anxieties about attending case conferences and they found the size of this one overwhelming. The head teacher said that she only knew five people in the room and she found it extremely difficult to decide what to say and she did not know how her contributions had been received by the rest of the group. Another teacher who was very involved with the oldest girl had also been very worried about what to say and how to say it to a group of people whom she didn't know. She had not been aware though that parents did not usually attend case conferences as she was used to Education Department conferences where parents are routinely invited.

Of the 26 people at the conference only 16 people (including the mother) contributed. Three people were there to find out what was happening.

(b) Did the mother's presence ensure that case conferences make more informed and better decisions in the best interests of the child?

In the interviews with the participants after the conference some people expressed a fear that the mother's presence would inhibit decision making. In the event this did not happen. The decision to continue with care proceedings remained. In this case conference the

mother's presence did not lead to better decisions being made but what was more important for a number of people her presence did not harm the decision making. The needs of the children were not overlooked.

(c) Improving the quality of treatment plans

The mother's/ presence did not change the treatment plans or improve them.

(d) Gaining greater commitment of parents to engage with workers in line with treatment plans

The key worker already had an extremely close relationship with the mother and by attending the meeting and hearing what everyone else had to say the mother learned that even if the key worker wanted the children to go home she was constrained by other people at the meeting. The schools had also been sympathetic and this helped the mother with the schools.

Conclusion

The aims of the policy were not fulfilled in this case conference. The mother's presence

did not improve the accuracy of information available to this case conference

did not ensure that case conferences make more informed and better decisions in the best interests of the child

did not improve the quality of treatment plans

did not gain greater commitment of the mother to engage with workers in line with treatment plans

Perhaps what is more important in this very difficult conference, when considerable anxiety was expressed about the mother's attendance, is that the work of the case conference proceeded. Participants did make decisions and to a large extent the purposes of the case conference were achieved.

The mother was given the opportunity to hear what was being said about her family so from her point of view this was a useful exercise.

The case conference was also an example of professionals disagreeing with each other but still being able to work in front of the parent. Difficult and sensitive issues were raised despite the mother's presence.

## Elsie Case Conference Number Two

What sort of conference was this and how did it fit into the policy?

This case conference was convened four months after the previous case conference. The conference was convened for two reasons. One was to discuss a suspected incident and the second reason was to work out plans for the three younger children to go home to their mother, Elsie. Since the last case conference there had been a court hearing and all the children had become the subject of Care Orders. The oldest child was considered to be so damaged that it was decided that she should remain in care.

The first part of the meeting considered an allegation that there had been contact with the father. Someone had reported seeing him with the mother, Elsie. He had also sent postcards. The mother, Elsie, was asked to wait outside whilst this was being discussed.

The second part of the meeting considered the arrangements for the younger children to return home and the mother was there for this part of the meeting.

By dividing the conference up in this way and only allowing the mother to attend after the incident had been discussed, the policy was adhered to.

The meeting was held in a Board Room and everybody sat round a very large table. The lighting was not very good and it was not

easy to see everyone and I could not see the mother as she was at the other end of the table but at the same side as me. It was not possible to observe the mother or a number of the participants.

The conference was held in this room so that there would be room for a large number of people. In the event there were 13 people, half the number at the previous case conference. Of the thirteen, three people were new to the conference. Three people left after the incident had been discussed. This conference took place a few days after the Hillsborough disaster and this accounted for the lack of police. All the people who had been most apprehensive about the children going home were absent.

The following people attended:

The Chair, key worker, and the team leader who had attended the previous conference. The consultant paediatrician and GP, who both left before the mother came in but had attended the previous conference. There were three teachers again but a class teacher replaced the head teacher. The secondary school teacher left before the mother came in. She told me later that she had left because she had a very bad migraine. There were two school nurses who had also been at the last meeting and, lastly, two new Residential Workers.

The findings from the Bales' Interaction Process Analysis were as follows:

Table 1 The Process of Interaction

Category	CH	Mo	KW	TL	Pae	GP	T3	SN	SN2	T1	TSE	RES	KR
1 Solidarity	4	0	0	0	1	0	0	0	0	0	0	0	0
	<b>15</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
2 Tension Release	0	0	1	0	0	0	0	0	0	0	0	0	0
	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
3 Agrees	2	0	0	0		0	0	0	0	0	0	0	1
	<b>0</b>	<b>22</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>
4 Gives Suggestion	11	0	0	4	2	0	0	0	0	0	0	0	1
	<b>54</b>	<b>0</b>	<b>21</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>4</b>
5 Gives Opinion	8	0	17	13	38	1	0	0	0	0	2	0	0
	<b>35</b>	<b>7</b>	<b>7</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>2</b>	<b>30</b>
6 Gives Facts	20	0	77	8	5	0	0	0	0	0	5	0	6
	<b>22</b>	<b>1</b>	<b>15</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>11</b>	<b>7</b>
7 Asks for Fact	12	0	0	0	2	0	0	1	0	0	0	0	0
	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
8 Asks for Opinions	12	0	1	1	0	0	0	0	0	0	0	0	0
	<b>19</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>
9 Asks for Suggestions	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
10 Disagrees	1	0	0	0	0	0	0	0	0	0	0	0	0
	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
11 Shows Tension	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
12 Shows Antagonism	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

(Normal print first 15 minutes without Mum Bold rest of conference)

**NB Paed, GP, TSE left after first 15 minutes**

Total Contributions

CH	Mo	KW	TL	Pae	GP	T3	SN	SN2	T1	TSE	RES	KR
221	31	125	62	48	1	16	4	0	13	7	23	50

Total 610

36%	5%	20%	10%	8%	0%	3%	1%	0%	2%	1%	4%	8%
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Table 2 Percentage of Interaction by Participants in each category

Before Mother came in:

	CH	Mo	KW	TL	Pae	GP	T3	SN	SN2	T1	TSE	RES	KR
SE+ 11 contributions = 4%	6	0	3	0	1	0	0	0	0	0	0	0	1
Sug Total 17 = 7%	11	0	0	4	2	0	0	0	0	0	0	0	0
Op Total 79 = 31%	8	0	17	13	38	1	0	0	0	0	2	0	0
Fact Total 121 = 49%	20	0	77	8	5	0	0	0	0	0	5	0	6
Asks Total 29 = 12%	24	0	1	1	2	0	0	1	0	0	0	0	0
SE- Total 1 = 0%	1	0	0	0	0	0	0	0	0	0	0	0	0

After Mother came in

SE+ Total 51 = 15%	17	22	3	3	0	0	1	0	0	0	0	2	3
Sug Total 88 = 26%	54	0	21	23	0	0	0	2	0	0	0	5	4
Op Total 101 = 29%	35	7	7	2	0	0	11	0	0	7	0	2	30
Fact Total 72 = 21%	22	1	15	6	0	0	4	1	0	5	0	11	7
Asks Total 30 = 9%	25	0	0	2	0	0	0	0	0	1	0	2	0
SE- Total 2 = 1%	0	1	1	0	0	0	0	0	0	0	0	0	0

Table 3 Overall Interaction of Conference

	SE+	SUG	OP	FAC	ASKS	SE-
Before M	6%	9%	7%	63%	15%	1%
After M	15%	26%	29%	21%	9%	1%

Table 4 Individual Interaction in Percentages

Participant	SE+	SUG	OP	FAC	ASKS	SE-
Chair	6	11	8	20	24	1
	3%	5%	4%	9%	11%	0.5%
	<b>17</b>	<b>54</b>	<b>35</b>	<b>22</b>	<b>25</b>	<b>1</b>
	<b>8%</b>	<b>24%</b>	<b>16%</b>	<b>10%</b>	<b>11%</b>	<b>0.5%</b>
Mother	0	0	0	0	0	0
	0%	0%	0%	0%	0%	0%
	<b>22</b>	<b>0</b>	<b>7</b>	<b>1</b>	<b>0</b>	<b>1</b>
	<b>71%</b>	<b>0%</b>	<b>23%</b>	<b>3%</b>	<b>0%</b>	<b>3%</b>
Key Worker	1	0	17	77	1	1
	1%	0%	14%	62%	1%	1%
	<b>3</b>	<b>21</b>	<b>7</b>	<b>15</b>	<b>1</b>	<b>1</b>
	<b>5%</b>	<b>37%</b>	<b>3%</b>	<b>10%</b>	<b>3%</b>	<b>0%</b>
Team Leader	0	4	13	8	1	0
	9%	6%	21%	13%	2%	0%
	<b>3</b>	<b>23</b>	<b>2</b>	<b>6</b>	<b>2</b>	<b>0</b>
	<b>5%</b>	<b>37%</b>	<b>3%</b>	<b>10%</b>	<b>3%</b>	<b>0%</b>
Paediatrician	1	2	38	5	2	0
	2%	4%	79%	10%	4%	0%
	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
GP	0	0	1	0	0	0
	0%	0%	100%	0%	0%	0%
Teacher 3	0	0	0	0	0	0
	0%	0%	0%	0%	0%	0%
	<b>1</b>	<b>0</b>	<b>11</b>	<b>4</b>	<b>0</b>	<b>0</b>
	<b>6%</b>	<b>0%</b>	<b>69%</b>	<b>25%</b>	<b>0%</b>	<b>0%</b>
School Nurse	0	0	0	0	0	0
	0%	0%	0%	0%	0%	0%
	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>0%</b>	<b>50%</b>	<b>25%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
School Nurse	2	0	0	0	0	0
	0%	0%	0%	0%	0%	0%
	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
Teacher	0	0	0	0	0	0
	0%	0%	0%	0%	0%	0%
	<b>0</b>	<b>0</b>	<b>7</b>	<b>5</b>	<b>1</b>	<b>0</b>
	<b>0%</b>	<b>0%</b>	<b>54%</b>	<b>38%</b>	<b>8%</b>	<b>0%</b>
Teacher Sec	0	0	2	5	0	0
	0%	0%	29%	75%	0%	0%

Participant	SE+	SUG	OP	FAC	ASKS	SE-
Residential 1	0	0	0	0	0	0
	0%	0%	0%	0%	0%	0%
	3	5	2	11	2	0
	13%	22%	9%	48%	9%	0%
K Residential 1	0	0	0	0	0	0
	0%	0%	0%	0%	0%	0%
	2	4	30	7	0	0
	4%	8%	60%	14%	0%	0%

**NB** Paediatrician, teacher Secondary and GP left just before mother came in

## The first part of the meeting without the mother

It had been decided by the social workers that the mother should be asked to wait outside the meeting while the suspected incident was being discussed. The findings from the Bales' IPA reveal that in this part of the meeting the main interaction was to do with sharing Facts (20%) and Opinions (13%) with each other. The key worker outlined in detail what had happened. She concentrated on giving **Facts** (77) which included information that the mother had given her. She gave less Opinions. The other participants then gave their Opinions. The Paediatrician speculated about who the mother was having a new relationship with. He had not had contact with the family since the last case conference and therefore was not in a position to offer any new information. The contributions of the team leader were also more to do with sharing Opinions and supporting the key worker's account. The Chair also concentrated on giving Facts rather than Opinions.

The other two categories of behaviour, the **Asks Category** and the **Suggestions Category**, scored 3% and 5% respectively. The Chair made a high proportion of the contributions in these categories. He asked people for their views and made suggestions about the way forward.

The first part of the meeting concentrated on problem solving. There was little Socio-Emotional interaction and no negative Socio-Emotional Interaction.

## The second part of the meeting with the mother present

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In this part of the meeting the mother was told that the conference agreed that they believed the mother's view of the alleged incident and then spent time working out arrangements for the younger children to go home.

The interaction in this part of the meeting was different from the first part in that Positive Socio-Emotional contributions increased but this was very much to do with the mother who agreed twenty-two times with what was being said. There were only two Negative Socio-Emotional interactions.

The meeting concentrated on problem solving but in this part of the meeting the Opinions category became bigger than the Facts category. The Suggestions category increased as plans were being made for the future and the Asks For category remained the same.

### How did the mother behave?

The mother's main contribution to the case conference was to agree. She gave 7 Opinions, 1 Fact and disagreed once. It was a very passive performance.

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Were the aims of the policy fulfilled in this Case conference?

(a) Did the mother's presence improve the accuracy of information available to the conference?

The mother did not initiate any discussion or raise any issues. She gave Opinions in response to comments or questions from other people and gave one Fact. She did not express any disagreement with any of the plans that were being made for the children. The other case conference participants therefore were aware of her views of the plans or at least were aware that she was not violently objecting.

The Protection Plan for the children was made on two assumptions. The assumptions were that the mother was not having contact with the father and that the younger children were to be allowed home.

At the previous conference a number of people had been sceptical that the mother's relationship with the father had ended so the reported sighting of the two of them together in a car was taken seriously. The key worker said that she had heard from a reliable witness that the two of them had been seen together but she was not sure who had seen them together. However she had talked to the father's Probation officer who had suggested that it might be the father's sister. He said that the father's sister was determined that the mother shouldn't have the children home. I felt that the suggestion was being made that the allegations had been made maliciously.

The paediatrician then asked who had told the key worker and she said it was the Key Residential Worker. The Residential Worker had been invited to the meeting but had not arrived. At that moment the Residential Workers arrived looking very hot and bothered as they could not find the room. The Key Residential Worker said that the person who had rung her was an old neighbour of the mother and the residential worker thought that she was reliable.

The key worker had said earlier in the meeting that as soon as she had heard about the sighting she had visited the mother at home and told her of the allegations. The mother had flatly denied them and had offered to swear on the Bible.

The Chair said that the incident was not proven one way or another and therefore they should move on. When the mother came in he mentioned that the sighting had been discussed and asked her whether she wanted to say anything. She said:

"It's a load of rubbish. It's not true."

The Chair then asked her if she had any idea who might have made the allegation and she replied that she had a good idea. The Chair did not pursue this and moved on to discuss plans for the future.

The discussion of this incident is an example of issues being raised at meetings and illusions made and not resolved. The key worker actually said that it was a bit like Chinese whispers, which from listening to the conference, it was. The key worker was reporting

on what the Residential Worker had said, what the mother had said and what the Probation officer said. Once the story had been told even though a different version came later the earlier story seemed to be accepted. The key worker was very keen that the children should go home and therefore accepted the mother's version of events. The mother was not part of the discussion and was only allowed to comment after the discussion had finished.

The discussion of this incident is an example of how difficult it is to decide whether information given at a case conference is accurate or not. In a meeting it is difficult to pursue statements made.

As the mother was sitting outside one wonders why she wasn't asked to give her views during the discussion. It may be that the mother is seen as an unreliable witness and yet the meeting decided to accept that she had not had contact with the father. One piece of evidence to support the mother's story was that she had entered into a new relationship with another man and this was seen as evidence of her determination to end the relationship with the father. This led to another speculation. This time the Paediatrician suggested that the new partner might be someone who he knew as a patient and had a difficult relationship with someone else. He later apologised for raising this and for speculating in this way.

In the first part of this meeting there was a discussion of an allegation which was not proved one way or the other. The key worker's perspective was accepted rather than the residential worker's even though the allegation was made to the residential

worker. The key worker was very keen for the children to go home and this could have influenced her decision to accept the mother's version. The Chair controlled the discussion and prevented the mother giving a full account of the event. This was a key issue and yet the mother was not given an opportunity to give a full account.

(b) Did the mother's presence ensure that the case conference made more informed and better decisions in the best interests of the child?

The Minutes of the previous meeting stated that the case conference had 'considered in principle the return home of the three younger children. The planning of this would continue in smaller meetings which would provide detailed recommendations for the court, eg what kind of support and monitoring there would be if the children went home.'

The Chair announced that the decision whether or not to return the children to their mother would not be debated at this meeting and that the meeting would concentrate on the details of the protection plan. He said that the decision had been made at the last meeting that the children would go home after the court hearing but this is not in the Minutes.

The only person who commented on this was the paediatrician who said that he agreed that the children should go home but he thought that the mother was a weak woman and wouldn't find it easy to care for the children. He was in a dilemma about this as he didn't think

that the children were all right in care. He was worried that the father would turn up. Nobody else objected. This crucial decision was made outside the meeting and was not debated within the meeting.

The rest of the meeting was taken up with working out a very careful protection plan for the children when they returned home which included schools, the key worker, the key residential worker and the paediatrician. The plan was presented to the mother who kept saying Yes. She did not disagree at all.

The mother's presence did not affect the decisions that were taken at the meeting. Reflecting on the meeting it seemed to be an exercise for the SSD to inform other agencies what SSD had decided rather than an exercise in shared decision making.

(c) Improving the quality of treatment plans

The mother's presence did not alter the treatment plans in any way. The mother was sad that the children were to go home later than she had hoped but this did not alter the plans made.

(d) Gaining greater commitment of parents to engage with treatment plans

It is doubtful that there was a significant difference as the conference discussed plans that the mother wanted.

## Conclusion

Once again the aims of the policy were not fulfilled. The mother did not give fresh information to the conference but this was because the Chair controlled the conference in such a way that the mother was not given long enough to share her views. She was not allowed to be present whilst the incident was being discussed. This gave the conference an opportunity to discuss the incident freely without her but as an observer left me very unsure of what had actually happened.

It would have been possible to discuss whether the children should go home or not before the mother came into the meeting but the Chair prevented this. The mother's presence did not alter the decisions that were made.

During the meeting the mother had been more composed than in the previous meeting and she told me afterwards that she found the meeting easier.

This conference questions the rationality of the policy. The mother was excluded whilst an allegation about her was discussed. Even when she came in her opinion of the allegation was almost brushed aside and yet although she was not sufficiently worthy to be listened to in the meeting she was considered worthy enough to be entrusted with the care of her three sexually abused and presumably damaged children.

This case conference allowed the mother to attend but not participate in the decisions that were made. The meeting was dominated and controlled by the Chair, the key worker and the team leader who had decided what to do beforehand and skilfully achieved their aims.

## MAISIE CASE CONFERENCE

What sort of a conference was this and how did it fit into the Policy?

This case conference was convened to review the progress of two children whose names had been placed on the At Risk Register following incidences of abuse and neglect by their parents. The mother, Maisie, was now living on her own with the two children aged about six and two.

This case conference was one of the very small number of review case conferences which were held at the time that we were doing the research. This was an example of a case conference which all ARC members thought parents should attend.

NSPCC had decided that parents should be invited and allowed to be there for the whole meeting.

The conference was held in the NSPCC meeting room which is clean, comfortable and as it has a large skylight in the ceiling, feels very restful. There was a large pot of coffee waiting for everyone and there was a general welcoming air.

The case conference was small, being comprised of six people including the mother, Maisie. The key worker knew the mother extremely well as she had visited her twice a week for the last year. The Chair who was the Unit Organiser for NSPCC had also got to know the mother. The School Nurse had met the older child and the

teacher took the older child regularly for special reading lessons. Apart from the nursing officer who did not know the family, this could be described as the core group of professionals which the Working Together Document had recommended. The only person who was missing was the health visitor.

A case conference had been held six months before and had recommended that the children's progress should continue to be monitored and specifically that the older child should go to swimming classes to help her with her weight and the younger child should receive her immunisations.

The purpose of this conference was to monitor progress since the last case conference and to establish whether any incidents of abuse had taken place since then.

There had been one incident during the last six months when a neighbour had complained that the mother had hit the older child. This had been investigated by the key worker and the Duty officer and they had felt that the mother was justified in smacking the child as she had knocked her younger sister down some steps and she had hit her head on some concrete. The mother introduced the incident herself and this was then discussed by the whole group and the mother was reassured that she had not behaved in an unacceptable way.

Findings from Bales' Interaction Process Analysis:

Table 1 The Process of Interaction

	CH	M	KW	HT	NO	SN
1 Solidarity	3	0	1	0	0	0
2 Tension Release	0	0	0	0	0	0
3 Agrees	5	10	3	0	0	5
4 Gives Suggestion	12	1	2	2	2	3
5 Gives Opinion	5	17	23	10	1	0
6 Gives Facts	19	20	48	7	0	6
7 Asks for Fact	6	0	0	0	0	0
8 Asks for Opinions	2	0	0	0	0	0
9 Asks for Suggestions	2	0	0	0	0	0
10 Disagrees	0	1	0	0	0	0
11 Shows Tension	0	0	0	0	0	0
12 Shows Antagonism	0	0	0	0	0	0

Total contributions: 214

Percentage of total contributions made by each person

Chair	23%
Mother	23%
Key Worker	36%
Teacher	8%
nursing Officer	1%
School Nurse	7%

In this case conference the mother and the Chair contributed equally. Only the key worker spoke more than them.

Table 2 Overall Interaction of the Case Conference

SE+	SUG	OP	FAC	ASKS	SE-
27	22	56	100	10	1
13%	10%	26%	47%	5%	0%

In this case conference the positive socio-emotional contributions were high compared to the low socio-emotional contributions. The Facts well outweigh the Opinions. Percentage of contributions made by each person in six categories of behaviour:

Table 3 Percentage of Interaction by Participants in each category

	SE+	SUG	OP	FAC	ASKS	SE-
Chair	30%	55%	9%	19%	100%	0%
Mother	37%	5%	30%	20%	0%	100%
Key Worker	15%	9%	41%	48%	0%	0%
Teacher	0%	9%	18%	7%	0%	0%
Nursing Officer	0%	9%	2%	0%	0%	0%
School Nurse	19%	14%	0%	6%	0%	0%

In the SE+ category the Chair made 30% of all contributions made in that category but the mother made 37%. This was because she agreed with what was being said. As would be expected the Chair made 55% of all suggestions. The suggestions from the school nurse were to do with helping the child with her weight. The key worker and the mother gave the most Opinions and the Chair, the mother and the key worker gave the most Facts.

What did each participant do?

Table 4 Individual Interaction in percentages

	SE+	SUG	OP	FAC	ASKS	SE-
Chair	16%	24%	10%	39%	12%	0%
Mother	20%	2%	35%	41%	0%	2%
Key Worker	5%	3%	30%	62%	0%	0%
Teacher	0%	12%	59%	41%	0%	0%
Nursing Officer	0%	67%	34%	0%	0%	0%
School Nurse	36%	21%	0%	43%	0%	0%

If we look at the individual behaviour for all the participants except the teacher, we see that the major activity is sharing Facts rather than Opinions. It could be suggested that the mother's presence leads people to share Facts rather than Opinions.

The nursing officer hardly spoke during the meeting.

I had felt observing the case conference that this was a very positive case conference and this was borne out in the Bales' analysis.

Were the aims of the policy achieved?

Did the mother's presence improve the accuracy of information available to the conference?

Was more information available to the conference because the mother attended?

It appeared that the key people who were present at the conference had kept in touch with the family since the last conference. The key worker visited at least twice a week and the mother phoned her or came into the office as well so the family was extremely well known to the agency. Because of this very close relationship it would be difficult for the mother to make significantly new information available to the conference.

The mother trusted the Agency enough to raise the issue of the latest incident.

The key worker told the conference that the mother was coping much better with her money and was paying off her debts and generally coping with her children better. The teacher said that the child was making good progress but was slightly behind with her reading and was therefore included in a special reading group.

The mother's/ presence in this case conference led to each issue being couched in positive rather than negative, very positive terms, but the key worker and the team leader did not feel that any information was withheld from the conference.

The mother at this case conference had been brought up in the care of the local authority and considered to be 'Mentally Subnormal'. She had been admitted to Rampton Hospital at the age of ten and spent the rest of her childhood there. She was not taught to read or write. She managed to contribute to the conference and said what she wanted to say. This is an example of how parents can be helped to participate in case conferences if conferences are handled carefully regardless of the intellectual background of the parent.

Ensuring that the conference makes more informed and better decisions in the best interests of the child

The decision made at the conference, to continue to register the children, was the decision that the workers had planned before the meeting. The mother's presence did not alter this.

Improving the quality of treatment plans made at the meeting

The mother's presence did not alter this.

Gaining greater commitment of parents to engage with workers in line with treatment plans

The key worker said in the interview that I had with her after the conference that the aim of her work with the mother was to make the mother feel better about herself so that she could cope better with her children. The case conference was part of this process so the conference was handled in such a way that the mother felt that she was making good progress and the children were too. Everything was presented at the conference in a very positive way, although the key worker said kindly but firmly that the children's names would remain on the At Risk Register.

When I interviewed the mother she expressed gratitude to all the professionals and especially the key worker. She said:

"It's always good when I come down here ... I enjoy it when I come down here ... they don't talk behind my back ... they are nice to me, right understanding ... I like (the key worker) ... I like her better than (a previous worker) she always comes when she says she will"

but she also recognised that the children's names were on the At Risk Register and would like them to be taken off.

This last aim was achieved.

## Conclusion

In this case conference the mother did not produce significant new information but this was because of the very close relationship with the key worker. Interviews with participants after the meeting confirmed that information had not been withheld and the mother herself felt that she had said what she wanted to say. The decisions and plans were not altered by the mother's presence but by coming to the meeting the mother felt more committed to cooperating with the key worker.

## CLARE CASE CONFERENCE

What kind of Case conference was this and how did it fit into the Policy?

This case conference was convened to decide whether the child's name should be removed from the At Risk Register. The interviews that I had conducted with the members of the ARC had revealed that this was an area of concern and a number of ARC members were not sure whether parents should be allowed to attend these meetings or not. The people who were most against the parents attending case conferences felt that it was inappropriate for parents to attend case conferences where there might be conflict over de-registration.

The father came into the meeting at the end. At the beginning of the meeting there was a discussion about whether he should be allowed to come in and it was agreed that he should, although there was some ambivalence about him coming.

The key worker said that she was not very keen for him to come to the meeting but felt that if he did not come he would be even more difficult to work with and therefore she felt that it would be better for him to come. The health visitor also felt that he ought to come. This ambivalence about his attendance stemmed from a review conference that the father had attended. He had got so angry that he had had to be physically restrained by the paediatrician.

The following people attended the meeting:

The Chair who was the key worker's team leader and had had contact with the family on a number of occasions. He also took the Minutes. The key worker had known the family for about a year. She was leaving shortly. The health visitor had known the family for a year but was not at the last case conference. The nursing officer who was replacing a nursing officer who was on leave. Also present were the student health visitor, court officer, social worker for the deaf who had not met the family and a police sergeant.

The meeting was held in a large comfortable room. The table that everyone sat round was very large and could easily have seated twice the number. The Chair sat at one end and the health visitor at the other.

The case conference was dominated by the Chair, the key worker, the health visitor, the court officer and the social worker for the deaf. The police sergeant and the nursing officer said very little.

A considerable level of conflict was exhibited in this case conference. The key worker began by explaining that the family was unwilling to allow her access. The health visitor on the other hand said that she had a very good relationship with the family. She said during the meeting that the reason that the key worker was not allowed into the family was because there was a clash of personalities between the worker and the family. The key worker was adamant that there was not a clash of personalities. Her explanation was that the family were

angry about the child's name being on the Register and blamed the SSD for that. She also believed that she had tried to work with the family and effect some sort of change and the family had objected to that.

The key worker and the health visitor were also in dispute about whether the child was at risk or not. The key worker, supported by the team leader, believed that there were considerable question marks over the family's handling of the child but the health visitor was convinced that the family were caring for the child quite adequately. These differences were not resolved.

A social worker for the deaf came to the meeting because the child on the Register had recently been diagnosed as being profoundly deaf. He offered to work with the child and to offer support where needed. He suggested that the roles of the different workers had become entrenched and were difficult to change.

The next area of disagreement was whether the child's name should be removed from the Register or not. The social worker said that she was ambivalent about this as she was worried about the care of the child but she did not feel that the child's name on the Register was protecting the child.

The health visitor was adamant that the child's name should be removed from the Register as she was confident that the parents would bring the child regularly to the clinic and that new services would be provided as the child was deaf. The court officer agreed

with this. She thought that the child's name should be removed as it was making the family too angry and defensive. The social worker for the deaf agreed and so did the police, on condition that the Doctors, who were missing from the conference, were in agreement.

However the Chair was very much against this and said that most families objected to their children's names being on the Register and this was not a reason for removing their names. He also had considerable doubts about whether the parents could adequately protect the child.

It was decided to vote on this issue. Everyone except for the Chair voted to remove the child's name from the Register. Everyone at the conference had a vote. This included the social worker for the deaf who had not met the family at all and the nursing officer who was standing in for someone else who was on holiday and did not know the family at all.

Apart from the conflict taking place in the meeting there was also conflict taking place within SSD and during the meeting there was a loud knock on the door and someone came in to say that the social workers were on strike. The Chair became very angry and demanded that the person should leave. The key worker went out to talk to the person and as soon as the meeting finished she left and said that she could not stay as she was on strike.

About ten minutes after the meeting had started a clerk came in to say that the father was on the telephone. He had had difficulty

getting to speak to anyone because of the strike action. The Chair left the meeting to speak to him. About ten minutes before the end of the meeting the clerk came back to say that the father had arrived. It was decided to finish the business of the conference before allowing the father in. Once the recommendations had been made everyone had to leave except the Chair and the health visitor who stayed to talk to the father.

When the father came in he began by demanding that the Chair should not have anything to do with his case but he gradually calmed down. The health visitor and the Chair explained carefully and patiently what had happened at the meeting. The father went on at great length about his previous life history but when the Chair said that the child's name would be removed from the Register, provided the doctors agreed, he became more mollified. He became more agitated again when the Chair said that he was against the child's name being removed.

The findings from the Bales' Interaction Process Analysis are as follows:

Table 1

Total number of verbal contributions made by each professional in Bales' 12 categories before the father came in:

Category	CH	Fa	KW	CO	DSW	NO	HV	SHV	POL
1 Solidarity	4	-	0	0	2	0	3	0	0
2 Tension Release	1	-	1	0	0	0	0	0	0
3 Agrees	0	-	7	0	2	0	1	0	1
4 Gives Suggestion	19	-	7	3	7	1	2	0	1
5 Gives Opinion	33	-	72	15	23	3	82	0	0
6 Gives Facts	24	-	44	5	1	0	54	0	2
7 Asks for Fact	7	-	2	3	4	0	0	0	0
8 Asks for Opinions	4	-	0	3	0	0	0	0	0
9 Asks for Suggestions	4	-	2	0	0	0	0	0	0
10 Disagrees	2	-	7	9	0	0	5	0	0
11 Shows Tension	0	-	4	0	0	0	0	0	0
12 Shows Antagonism	0	-	0	0	0	0	0	0	0

Key CH=Chair F=Father KW=Key Worker CO=Court Officer  
 DSW= Social Worker for the Deaf NO= Nursing Officer  
 HV=Health Visitor SHV=Student Health Visitor POL=Police Sergeant

Total contributions = 476

Table 2

Total number of verbal contributions made by the father and the Professionals when the father arrived:

	CH	F	HV
1 Solidarity	0	1	3
2 Tension Release	0	0	0
3 Agrees	1	12	
4 Gives Suggestion	3	0	0
5 Gives Opinion	34	50	3
6 Gives Facts	57	13	6

	CH	F	HV
7 Asks for Fact	0	3	0
8 Asks for Opinions	0	4	0
9 Asks for Suggestions	0	0	0
10 Disagrees	4	9	1
11 Shows Tension	9	0	0
12 Shows Antagonism	0	12	0

Total verbal contributions = 225

Key: CH=Chair F=Father HV=Health Visitor

Table 3

Professional / interaction in the first part of the meeting without the father:

	No of Interactions	% of all Interactions
Chair	98	21%
Key Worker	146	31%
Court Officer	38	8%
Deaf Social worker	39	8%
Nursing Officer	4	1%
Health Visitor	147	31%
Student Health Visitor	0	0%
Police Sergeant	4	1%

Table 4

Interaction with the father present:

	No of Interactions	% of all Interactions
Chair	108	48%
Father	104	46%
Health Visitor	13	6%

**NB** Only the Chair and the health visitor were able to stay to meet the father. The health visitor who had been very vocal in the first part of the meeting had less to say in this part of the meeting. The Chair outlined the decisions that had been taken in the father's absence.

Table 5

Percentage of verbal contributions in each of the six categories:

First part of the meeting without father:

SE+	SUG	OP	FAC	ASKS	SE-
22	40	228	130	29	27
5%	8%	48%	27%	6%	6%

Key:

- SE+ = Positive Socio-Emotional Interaction (Categories 1,2,3)
- SUG = Suggestions (Category 4)
- OP = Opinions (Category 5)
- FAC = Facts (Category 6)
- ASKS = Asks (Category 7,8,9)
- SE- - Negative Socio-Emotional Interaction (Categories 10,11,12)

Second part of the meeting with father present:

SE+	SUG	OP	FAC	ASKS	SE-
12	3	87	76	7	35
8%	1%	39%	33%	3%	16%

Key:

- SE+ = Positive Socio-Emotional Interaction (Categories 1,2,3)
- SUG = Suggestions (Category 4)
- OP = Opinions (Category 5)
- FAC = Facts (Category 6)
- ASKS = Asks (Category 7,8,9)
- SE- - Negative Socio-Emotional Interaction (Categories 10,11,12)

Comparison between the interaction with and without father:

	SE+	SUG	OP	FAC	ASKS	SE-
Without father	5%	8%	48%	27%	6%	6%
With father	8%	1%	39%	33%	3%	16%

Key:

- SE+ = Positive Socio-Emotional Interaction (Categories 1,2,3)
- SUG = Suggestions (Category 4)
- OP = Opinions (Category 5)
- FAC = Facts (Category 6)
- ASKS = Asks (Category 7,8,9)
- SE- - Negative Socio-Emotional Interaction (Categories 10,11,12)

In the first part of the case conference the Bales' Analysis revealed that nearly half of all the verbal contributions were Opinions (48%). Significantly less verbal contributions were made in the Facts category (27%). Professionals were using the conference to share opinions rather than facts.

The next category of importance is the Suggestions category (8%). This includes suggestions about the running of the meeting, and also significantly in this meeting, the Suggestions for the future which included a vote. Professionals voted to decide whether a child's name should be removed from the Register or not.

The next category is the Asks category (6%).

The Negative Socio-Emotional Interaction slightly outweighed the Positive Socio-Emotional Interaction.

The biggest change when the father came in was that the Negative Socio-Emotional Interaction grew enormously and the total of all Socio-Emotional Interaction grew from 11% of all interaction to 24% of all interaction. In this conference it wasn't just that people felt anxious or angry or happy, these feelings were expressed verbally.

The Opinions and Facts categories were still the biggest but the Facts category grew larger and the Opinions smaller.

The Suggestions category became very small as the decisions had largely been made in the first part of the meeting. This part of the meeting concentrated on informing the father what had been decided.

Table 6

The next table identifies who made verbal contributions in each of the six categories:

	SE+	SUG	OP	FAC	ASKS	SE-
Chair	23	48	14	18	52	7
Key Worker	36	18	32	34	14	41
Court Officer	0	8	7	4	21	33
Deaf Social Worker	18	18	10	0.8	14	0
Nursing Officer	0	3	1	0	0	0
Health Visitor	18	5	36	41	0	19
Student Health Visitor	0	0	0	0	0	0
Police Sergeant	5	3	0	15	0	0
	100%	100%	100%	100%	100%	100%

Key:

- SE+ = Positive Socio-Emotional Interaction (Categories 1,2,3)
- SUG = Suggestions (Category 4)
- OP = Opinions (Category 5)
- FAC = Facts (Category 6)
- ASKS = Asks (Category 7,8,9)
- SE- - Negative Socio-Emotional Interaction (Categories 10,11,12)

Note the Chair who makes the most suggestions, and does the most Asking. He/also played a large part in the Positive Socio-Emotional Interaction. The key worker and the health visitor both play a large part in the Facts and Opinions categories.

The key worker also played a large part in both the Positive and Negative Socio-Emotional Categories. She appeared to be very stressed about the case and this came over in her interaction.

Table 7

When the father came in who contributed in each category of behaviour?

	SE+	SUG	OP	FAC	ASKS	SE-
Chair	6%	100%	39%	75%	0%	37%
Father	76%	0%	57%	17%	100%	60%
Health Visitor	18%	0%	3%	8%	0%	3%

Key:

- SE+ = Positive Socio-Emotional Interaction (Categories 1,2,3)
- SUG = Suggestions (Category 4)
- OP = Opinions (Category 5)
- FAC = Facts (Category 6)
- ASKS = Asks (Category 7,8,9)
- SE- - Negative Socio-Emotional Interaction (Categories 10,11,12)

This table shows who and how much each person contributed in each category of behaviour. This shows that 60% of all negative Socio-Emotional Interaction was made by the father but equally 76% of all positive Socio-Emotional interaction was made by the father too. The Chair makes 100% of all Suggestions but also lays out the Facts for the father to hear. The Chair informs the father of the decisions and the father responds with opinions but less facts.

Table 8

Before the father came in, what sort of interaction did each participant exhibit? The figures are given in %

	SE+	SUG	OP	FAC	ASKS	SE-
Chair	5	19	34	24	15	2
Key Worker	5	5	49	30	3	8
Court Officer	0	8	40	13	16	24
Deaf Social Worker	10	18	40	13	16	24
Nursing Officer	0	25	75	0	0	0
Health Visitor	3	1	56	37	10	3
Student Health Visitor	0	0	0	0	0	0
Police Sergeant	25	25	0	50		0

Note that the key participants all gave more Opinions than Facts. This was particularly true of the health visitor who was extremely anxious to persuade everyone that the child should be deregistered.

The Chair gave Facts, Opinions but also chaired the meeting by asking for Facts, Opinions and also made a considerable number of Suggestions. These were to do either with moving the conference on or suggestions for future actions. Each person was asked to vote on whether the child's name should be deregistered or not and I have put these votes into the Suggestion category.

Table 9

Type of Interaction of each person with the father present:

	SE+	SUG	OP	FAC	ASKS	SE-
Chair	1	3	31	53	0	10
Father	13	0	48	13	7	20
Health Visitor	13	23	0	46	0	8

This table shows the range of behaviour exhibited by each participant during the time that the father was present. Most of the father's verbal contributions were related to sharing opinions but he did not make any concrete suggestions about the future of his child. He reacted to what he was being told. He blustered but did not lay out clearly what he wanted for the future. Only 7% of his interaction was in the Asks category. Only 13% of his total interaction was to do with giving Facts. In the next table it can be seen that in the Facts category most of the Facts (75%) were given by the Chair so the Bales' Analysis in this conference does not indicate that the father came to inform the meeting or to say anything that would radically alter any plans made. His positive interaction was to agree. He was angry when he came in and started to make demands but once the chair told him that the child was likely to be deregistered he calmed down and agreed with what was being said because this is what he wanted.

In this case conference the father was invited to attend but did not arrive until the end of the conference. The health visitor saw this as a plot by SSD to prevent the father attending but the Chair was adamant that he had invited the father but he admitted that he had not written the time down for him. It was a very great relief to everyone that the father did not attend. The Chair said later that the father finds it very difficult to control himself verbally and physically in meetings and at the last one he had had to be physically restrained by the paediatrician. According to the health visitor the senior nurse had been very frightened of him.

In this case conference there was a fundamental disagreement between SSD and the health visitor about whether the child was at risk or not. The health visitor was quite convinced that the mother's situation now was so different that the child was not at risk but the SSD were not convinced of this. The other problem was that the key worker and the health visitor did not get on well together. The health visitor felt that the Social Worker was adopting a confrontational style with the family and the family did not like the social worker. This was addressed in the meeting but was also raised in my discussion with the health visitor. The Chair felt that the health visitor lacked experience in this kind of work and he did not trust her judgement. I asked them both whether the father should have been allowed to witness this disagreement between the professionals. The health visitor felt that the family already knew about it and the Chair felt that families had every right to know about conflicts and disagreement.

The absence of the father allowed the meeting to move along in an orderly way which everyone felt would not have happened if he had been there. The conference also made the decision to deregister the child provided the Paediatrician and the GP agreed. The health visitor thought that if he had attended there might have been more reluctance to deregister.

What happened when the father did come in?

Only the Chair and the health visitor and her student were able to stay to talk to the father. He started by blustering and complaining

but gradually calmed down when he was told that the meeting, apart from the Chair, had agreed to deregister the child. He was angry that he had missed the meeting but he was given an opportunity to voice his feelings. By the time he left he had calmed down and went off quite happily.

This conference highlights the difficulty of parents attending case conferences. The purpose of the meeting was to review the child's progress and to decide whether or not to deregister the child. To achieve these tasks the conference needed time to think carefully and to work out disagreements between the professionals. If this father had been present throughout the meeting it would have been very difficult to achieve. Yet they were all aware that if he was not allowed to attend it would be even more difficult to work with him afterwards.

In this case conference the Chair not only chaired the meeting, he took the minutes, went out to speak to the father and then took a major role in explaining the situation to the father. He appeared to have a better relationship with the father than the key worker.

I wondered in this conference why only the father came. The mother had been on her own when her first child had been born and had not been able to care for her and had abused her. The child had been taken into care. The man who came to the case conference was called the child's father but in fact was not the biological father. During his life he had had a number of children but they had been removed from him on Matrimonial Supervision Orders. The Chair and the

health visitor both said that the mother would have found it even more difficult to remain calm at the meeting and would have lost her temper.

### Conclusion

In this conference the decisions were taken before the father arrived and the decisions that were taken were the ones that the father wanted. Therefore, although when he arrived he was feeling angry at missing the meeting and started to complain as soon as he arrived, he did not give any new information or make substantial recommendations for the future for his child. He blustered and complained and made it difficult for other people to get a word in edgeways. He made it difficult for the professionals to function but did not alter any plans that had been made.

If he had been there for the whole meeting it would have been very difficult for the professionals to make any progress at all as he did not seem to have learned basic communication skills which involve not only talking but listening and taking turns to speak. He only stopped talking when he was told to very firmly by the health visitor and the Chair.

It was fortuitous that he did arrive late; the professionals were able to make decisions relatively calmly and the father was given an opportunity to say what he wanted to say. This was one case conference where I felt that the father really could have dug himself a large pit and dropped himself in it. By coming in after the

decisions had been taken he did not harm his future but was given a hearing.

This was a conference where there was considerable disagreement between the professionals and, although this was not entirely resolved and the personal animosities remained, there was an opportunity for these differences to be aired. If the father had been there all the way through he might have demanded so much attention that it would not have been possible to do this.

## FLORENCE CASE CONFERENCE

What sort of conference was this and did it fit the policy?

This case conference was convened to consider what progress had been made with a family where a child had been admitted to care for a short time because her parents had stopped feeding her and she was failing to thrive. The child had wanted to go home and eventually this was agreed provided that there was considerable help and support from a number of agencies. There was a possibility that the child would be removed if there had not been sufficient progress.

The parents were invited by the key workers but did not wish to attend. The key workers told me that my request to research the conference had reminded them that they should invite the parents. They had visited to invite the parents but the parents did not want to attend. The key workers were openly relieved that the parents did not want to come as they were afraid that they would become very angry and lose control.

This was a Follow up Case conference to review progress but also an Incident Case conference in that there was a possibility of care proceedings. The conference is an example of the difficulty of defining case conferences and therefore deciding whether parents should be invited or not.

Those present at the Case conference

The Chair who was a principal officer from F&CS Court Section, who was very experienced in chairing case conferences. He is an expert in Child Abuse work. He had not been directly involved with the family but he had considerable information and knowledge about the family.

Two key workers from F&CS, one an experienced worker and the other newly qualified. They had been jointly working on this case and had been involved since the beginning.

A school nurse, who was working closely with the family.

A worker from the NSPCC who was working on a one to one basis with the child.

A court officer from the Court Section, who came to give legal advice. She had thought that the conference would be chaired by a team leader from the Division.

A student

and a social work assistant who took the minutes.

The major missing person was the consultant paediatrician.

It had been hoped that he would be able to come but he couldn't. This was referred to a number of times.

## Findings from the Bales' Analysis

In this conference the only Socio-Emotional contributions were positive ones. There were no negative Socio-Emotional contributions.

The participants concentrated on sharing information with each other. The Facts category was considerably larger than the Opinion category.

The Suggestions category was small.

The Asks for category was 12%, considerably larger than the Suggestions category.

Within these categories there were considerable variations. There were three people at the meeting who made very little contribution. They were the court officer, the student and the Social Work Assistant.

The Information sharing and the Opinion sharing was done by the Key social workers, the NSPCC Worker and the school nurse.

In the Suggestions category and the Asks for category the Chair played a major role. The individual behaviour patterns are looked at in more detail in the next table.

The Chair of this conference concentrated on asking the rest of the group for facts and opinions (45% of all his contributions came into

this category). He made 13% of his contributions Socio-Emotional positive but no negative contributions. 12% of his contributions were Suggestions, 13% Opinions and 14% Facts.

As Chair he encouraged the rest of the group to share their information and opinions. He made suggestions but gave less of his own facts and opinions. He was warm and encouraging.

The other people who contributed were the two key workers, the Worker from the NSPCC and the school nurse. They all concentrated on sharing information with each other. The key worker 2 was the only person to make suggestions other than the Chair.

The Chair appeared to be 'warm' and yet in control of the meeting. The four people who contributed most were the two Key social workers, the NSPCC Worker and the school nurse. They were all women and women of the same sort of age and from the discussion it became clear that each person had a clear perception of their role and function. The status of the women was fairly equal; each knew the family well.

### Content Analysis

This conference was divided into three clear parts.

In the first part the Chair invited each person to give an account of their work with the family and their assessment of the current situation.

Each person gave a clear factual account of the family and the current situation.

In the next part the participants discussed some of their anxieties but also discussed the help that they might give to the family.

In the final part the Chair summarised the situation and made detailed plans for the future. There appeared to be a consensus about the plans.

The atmosphere in the meeting was one of a group of people who felt very concerned about a situation but worked together amicably to devise a protection plan for the child.

The role of the chair was crucial in this as he was encouraging and supportive throughout the meeting; asked everyone for their views but valued each person's views.

The social workers had invited the parents to attend but the parents had declined the invitation. They had not wanted to come. The social workers told me afterwards that they were relieved that the parents had not come as they felt that the father in particular would lose his temper.

Were the aims of the policy fulfilled?

The parents were invited to attend this meeting but declined to come. The discussions with the social workers led me to believe that the

parents had been given a real opportunity to attend but had not wanted to. I did not interview the parents.

The observation of this conference led me to believe that, despite the absence of the parents, there was sufficient information available to the conference and the information was handled in such a way that a clear treatment plan was made. The participants cooperated and worked well together.

The information from the professionals led me to believe that it would have been very difficult to operate calmly in the presence of parents.

Table 1 The Process of Interaction

Category	CH	KS1	KS2	HVM	NSP	SN	CS	S	SWA
1 Solidarity	5		0	0	2	0	0	0	0
2 Tension Release	16	4	3	3	3	2	2	2	2
3 Agrees	0	4	6	0	6	1	0	0	0
4 Gives Suggestion	10	0	6	0	2	0	0	0	0
5 Gives Opinion	11	37	32	0	31	11	0	0	0
6 Gives Facts	11	42	12	5	46	28	0	0	0
7 Asks for Fact	5	0	0	0	2	1	0	0	0
8 Asks for Opinions	28	0	0	0	4	1	0	0	0
9 Asks for Suggestions	5	0	0	0	1	0	0	0	0
10 Disagrees	0	0	0	0	0	0	0	0	0
11 Shows Tension	0	0	0	0	0	0	0	0	0
12 Shows Antagonism	0	0	0	0	0	0	0	0	0

Key:

CH=Chair, KS1=Key Social Worker 1, KS2=Key Social Worker 2  
HVM=Nursing Officer, NSP=NSPCC, SN=School Nurse, CS=Court Section  
S=Student, SWA=Social Work Assistant, who was also minute taker

Total contributions 377 in this conference.

Table 2 Percentage and numbers of contributions made by each participant:

CH	KS1	KS2	HVM	NSP	SN	CS	S	SWA
83	80	59	8	97	44	2	2	2
22%	21%	15%	2%	25%	12%	1%	1%	1%

Key:

CH=Chair, KS1=Key Social Worker 1, KS2= Key Social Worker 2, HM=Nursing Officer, NSP=NSPCC, SN=School Nurse, CS=Court Section S=Student, SWA=Social Work Assistant, who was also minute taker.

Table 3 Number and percentage of total contributions in each category

	CH	KS1	KS2	HVM	NSP	SN	CS	S	SWA
Socio-Emotional+	11	8	9	3	9	3	0	0	0
	3%	2%	2%	1%	2%	1%	0%	0%	0%

Total S-E contributions 42 = 11%

Suggestions	10	0	6	0	2	0	0	0	0
	3%	0%	2%	0%	0%	0%	0%	0%	0%

Total Suggestions 18 = 5%

Opinions	11	37	32	0	31	11	0	0	0
	2%	10%	8%	0%	8%	2%	0%	0%	0%

Total Opinions 122 = 30%

Facts	12	41	12	5	46	28	0	0	0
	3%	11%	3%	1%	12%	7%	0%	0%	0%

Total Facts 144 = 37%

Asks For	38	0	0	0	5	2	0	0	0
	10%	0%	0%	0%	2%	1%	0%	0%	0%

Total Asks for 45 = 12%

Socio-Emotional-	0	0	0	0	0	0	0	0	0
	0%	0%	0%	0%	0%	0%	0%	0%	0%

Total S-E- 0 = 0%

Overall Profile

SE+	SUG	OP	FAC	ASKS	SE-
43	18	122	144	45	0
11%	5%	30%	37%	12%	0%

Table 4 Individual Interaction in percentages

How did individuals behave? (Looking at what they did in the meeting and which % of their contributions fell in which category)

	SE+	SUG	OP	FAC	ASKS	SE-
Chair	11	10	11	12	38	0
Total contributions 83						
	13%	12%	13%	14%	45%	0%
KS1	8	0	37	41	0	0
Total contributions 80						
	10%	0%	46%	52%	0%	0%
KS2	9	6	32	12	0	0
Total contributions 59						
	15%	10%	54%	20%	0%	0%
HVM	3	0	0	5	0	0
Total contributions 8						
	37%	0%	0%	63%	0%	0%
NSPCC	9	2	31	46	5	0
Total contributions 93						
	10%	2%	33%	49%	5%	0%
SN	3	0	11	28	2	0
Total contributions 44						
	7%	0%	25%	63%	5%	0%

## BRIDGET CASE CONFERENCE

What sort of conference was this and did it fit the policy?

It was difficult to be certain why this case conference had been called as the purpose of the meeting was not clearly outlined at the beginning. It gradually became apparent that there was considerable anxiety about a young child who might have been sexually abused by her uncle. There had been a previous case conference which had discussed the allegations and this conference was convened to work out future plans. It was a Follow up Case conference but there was a possibility of care proceedings and it could be defined as an Incident Case conference.

The parents were not invited. During the meeting the Key social worker asked whether the parents should be allowed to come to the next conference and the school were particularly against it as they did not think they could work in the presence of the parents.

At this conference there were 12 people:

The Chair, a Principal Social Worker from F&CS

The key worker and his team leader, both from the same Division

A school nurse and her nursing officer

A head teacher

A class teacher

A nursery teacher and a Special Needs teacher all from the same school

A local authority solicitor

A court officer from F&CS

A police officer

### Findings from the Bales' Analysis

7% of this meeting was taken up with Socio-Emotional positive verbal contributions but these were outweighed by negative Socio-Emotional contributions. The conference was notable as the Chair and the head teacher both had a significant number of disagreements with each other and the rest of the group. They interrupted other people when they were speaking and showed antagonism.

39% of the contributions were Opinions and only 24% were facts.

7% of the contributions were Suggestions and 8% came into the Asks category.

In the Socio-Emotional positive category the Chair and the team leader contributed most followed by the head teacher and the key worker.

The Chair made the most suggestions (70%) and these were to do with how the meeting should proceed and also plans for the future. The team leader, the key worker and the head teacher all contributed to this category.

The team leader gave the most opinions followed by the Chair and the head teacher. The team leader also gave the most Facts. All the participants except for the team leader and the key worker gave more Opinions than Facts.

In the next Category the Chair and the head teacher both Asked the most questions.

The Chair played a dominant part throughout the meeting. Unusually for Chairs he gave more Opinions than anything else. 25% of all his verbal contributions were negative Socio-Emotional contributions and only 13% came into the Asks category so this is a very different style of leadership than the Florence Case conference where the Chair concentrated on asking other people for their opinions.

His contributions were heavily weighted towards giving opinions and facts which may have made the rest of the group feel that he was not an impartial Chair but was forwarding the views of the SSD which the school group objected to so strongly. This may be too why he lost control of the group or a partial explanation of why he lost control of the group.

It was very difficult to establish exactly what was happening in this case conference as the reason for convening the conference was stated clearly at the beginning but the anxiety appeared to be that the staff from the school believed that the children had been sexually abused by their uncle. The SSD appeared to be doubtful about this and were convinced that there were no clear grounds for Care proceedings.

The meeting was marked by considerable antagonism between the different professionals. At the end of the meeting there was no clear action plan.

Were the aims of the policy achieved in this conference?

In this conference the participants did not invite the parents because they felt that they could not work in the presence of the parents.

Conclusion

This conference was chosen to illustrate a conference which was not effective as it did not set out clearly the problem and work systematically to sort it out. Part of the conflict centred over whether or not to take Care proceedings and part on the lack of control of the Chair who did not appear to be acting impartially. Problem solving was hindered by positive and negative socio-emotional contributions.

This case conference was chosen as it shows that case conferences do not always achieve what they set out to achieve regardless of whether parents are there or not. The Chair must take some responsibility for this but also the participants allowed their emotional reactions to impede their ability to work as a group.

The findings from the Bales' Interaction Process Analysis were as follows:

Table 2 The Process of Interaction

Category	CH	TL	KW	HVM	HT	CLT	NT	SNT	CS	SOL	POL	SN
1 Solidarity	4	0	0	0	0	0	0	0	2	0	0	0
2 Tension Release	3	3	1	0	1	0	0	0	0	1	0	0
3 Agrees	5	11	3	0	1	0	0	0	1	0	0	0
4 Gives Suggestion	28	5	3	0	3	0	0	0	1	0	0	0
5 Gives Opinion	31	53	26	0	20	14	13	2	23	18	19	8
6 Gives Facts	18	40	23	0	9	7	8	1	4	21	9	5
7 Asks for Fact	11	0	2	0	12	1	2	0	1	1	0	0
8 Asks for Opinions	5	0	2	0	6	2	0	0	0	0	0	0
9 Asks for Suggestions	0	0	1	0	0	0	1	0	0	0	0	0
10 Disagrees	0	7	0	0	0	5	0	0	0	0	0	0
11 Shows Tension	0	11	0	0	5	4	0	0	0	0	0	0
12 Shows Antagonism	18	2	0	0	22	14	2	0	0	1	0	0

Key: CH=Chair, TL=Team Leader, KW=Key Worker, HVM= Nursing Officer  
 HT=Head Teacher, CLT=Class Teacher, NT=Nursery Teacher,  
 SNT=Special Needs Teacher, CS=Court Section, SOL=Solicitor,  
 POL=Police, SN=School Nurse

Total of all contributions:

CH	TL	KW	HVM	HT	CLT	NT	SNT	CS	SOL	POL	SN
138	125	60	1	85	49	26	3	33	42	30	13

Total contributions = 605

Table 2 Percentage of Interaction by Participants in the Conference:

CH	TL	KW	HVM	HT	CLT	NT	SNT	CS	SOL	POL	SN
28%	21%	10%	0%	14%	8%	4%	0%	5%	7%	5%	2%

Note SSD Total including Court Section = 59%  
 Education total 26%  
 Police 5%  
 Solicitor 7%  
 School Nurse 2%  
 Health Visitor Manager 0.1%

Chair	23%
Team Leader	21%
Key Worker	10%
Head Teacher	14%

This case conference was dominated by the Chair, the team leader, and the head teacher.

Table 3 Percentage of Interaction by each participant in each category

	CH	TL	KW	HVM	HT	CLT	NT	SNT	CS	SOL	POL	SN
Socio-Emot+	12	12	3	1	7	1	0	0	5	1	2	0
	27%	27%	7%	2%	16%	2%	0%	0%	11%	2%	5%	0%
Total 44 = 7%												
Suggestions	28	5	3	0	3	0	0	0	1	0	0	0
	70%	27%	8%	0%	8%	0%	0%	0%	3%	0%	0%	0%
Total 40 = 7%												
Opinions	31	53	26	0	30	14	13	2	22	18	19	8
	13%	22%	11%	0%	13%	6%	6%	1%	9%	7%	8%	3%
Total 236 = 39%												
Facts	18	40	23	0	9	7	8	1	4	21	9	5
	12%	28%	16%	0%	13%	6%	6%	1%	9%	7%	8%	3%
Total 145 = 24%												
Asks	16	0	5	0	18	3	3	0	1	1	0	0
	33%	0%	10%	0%	38%	6%	6%	0%	2%	2%	0%	0%
Total 48 = 8%												
Socio-Emot-	18	2	0	0	22	14	2	0	0	1	0	0
	31%	3%	0%	0%	37%	24%	3%	0%	0%	2%	0%	0%
Total 59 = 10%												
<u>Overall Profile</u>												
	SE+	SUG	OP	FAC	ASKS	SE-						
	44	40	236	145	48	59						
	7%	7%	39%	24%	8%	10%						

Table 4 Individual Interaction in percentages

	SE+	SUG	OP	FAC	ASKS	SE-
Chair	12	28	31	18	16	18
Total Interactions = 123						
	10%	23%	25%	15%	13%	15%
Team Leader	12	5	53	40	0	20
Total Interactions = 130						
	9%	4%	40%	30%	0%	15%
Key Worker	3	3	26	23	5	0
Total Interactions = 60						
	5%	5%	43%	38%	8%	0%
Health Visitor Manager	1	0	0	0	0	0
Total Interactions = 1						
Head Teacher	7	3	20	9	18	27
Total Interactions = 84						
	8%	4%	23%	10%	21%	32%
Class Teacher	1	0	14	7	3	23
Total Interactions = 48						
	2%	0%	17%	8%	4%	48%
Nursery Teacher	0	0	13	8	3	2
Total Interactions = 26						
	0%	0%	50%	30%	12%	8%
Special Needs Teacher	0	0	2	1	0	0
Total Interactions = 3						
Court Section	5	1	22	4	1	0
Total Interactions = 33						
	15%	3%	67%	12%	3%	0%

	SE+	SUG	OP	FAC	ASKS	SE-
Solicitor	1	0	18	21	1	1
Total Interactions = 41						
	2%	0%	44%	51%	2%	2%
Police	2	0	18	9	0	0
Total Interactions = 19						
	7%	0%	62%	31%	0%	0%
School Nurse	0	0	8	5	0	0
Total Interactions = 13						
	0%	0%	62%	38%	0%	0%

## APPENDIX C

Published reports into the death by ill-treatment of a specific child are usually referred to by the child's name. Reports are listed in alphabetical order:

'A' Mr and Mrs, Humberside Child Protection Committee

ASTON Doreen (1989) Lambeth, Lewisham and Southwark Area Review Committees

AUCKLAND (1975) Report of the committee of inquiry into the provision of services to the family of John George Auckland (London: HMSO)

BAGNALL (1973a) Report of working part of social services committee inquiry into circumstances surrounding the death of Graham Bagnall and the role of the county social services (Salop County Council)

BAGNALL (1973b) Report of a committee of the hospital management committee into the circumstances leading to the death of Graham Bagnall insofar as the hospital authority were concerned (Shrewsbury Group Hospital Management Committee)

BECKFORD (1985) **A Child in Trust:** the report of the panel of inquiry into the circumstances surrounding the death of Jasmine Beckford (London Borough of Brent)

BREWER (1977) Report of the review panel appointed by Somerset Area Review Committee to consider the case of Wayne Brewer (Somerset Area Review Committee)

BROWN (1978) **Paul Brown:** report of an inquiry held at Wallasey (Worral Borough Council and Wirral Area Health Authority)

BROWN (1979) An inquiry into an inquiry (Birmingham: British Association of Social Workers)

BROWN (1980) The report of the committee of inquiry into the case of Paul Stephen Brown. DHSS Cmnd 8107 (London: HMSO)

CAESAR (1982) Report on the involvement of the social services department in the events preceding the death of Jason Caesar (Cambridge: Cambridgeshire County Council)

CARLILE (1987) **A Child in Mind:** protection of children in a responsible society (London Borough of Greenwich)

CARTHY (1985) Report of the standing inquiry panel into the case of Reuben Carthy (Nottinghamshire County Council)

CHAPMAN (1979) Lester Chapman inquiry report (Berkshire County Council)

CLARK (1975) Report of the committee of inquiry into the considerations given and steps taken towards securing the welfare of Richard Clark by Perth Town and other bodies or persons concerned (Scottish Education Department, Social Work Services Group: HMSO)

CLARKE (1979) The report of the committee of inquiry into the actions of the authorities and agencies relating to Darryn James Clarke. DHSS Cmnd 7739 (London: HMSO)

CLEVELAND (1988) Report of the inquiry into child abuse in Cleveland 1987. Cmnd 412 (London: HMSO)

COLWELL (1974) Report of committee of inquiry into the care and supervision provided in relation to Maria Colwell (London: HMSO)

COLWELL (1975) **Children at Risk**: a study into the problems revealed by the report of the inquiry into the case of Maria Colwell (Lewes: East Sussex County Council)

COLWELL (1976) **Child at Risk**: joint report of the County Secretary and Director of Social Services (Lewes: East Sussex County Council)

FRASER, Richard, (May 1982) London Borough of Lambeth, Inner London Education Authority, Lambeth, Southwark and Lewisham Area Health Authority (Teaching)

GATES (1982) Report of the panel of inquiry into the death of Lucie Gates, Vol 1; Chairman's Report, Vol 2: Report of other panel members (London Borough of Bexley and Bexley Health Authority)

GODFREY (1975) Report of the joint committee of enquiry into non-accidental injury to children with particular reference to Lisa Godfrey (Lambeth, Southwark and Lewisham Health Authority (Teaching); Inner London Probation and After-Care Committee; London Borough of Lambeth)

H FAMILY (1977) **The H Family**: report of an investigation by the Director of Social Services and the Deputy Town Clerk (Surrey County Council)

HADDON (1980) Report of the Director of Social Services on Claire Haddon born 9 December 1978 (City of Birmingham Social Services Department)

HENRY (1987) Report of the public inquiry into the death of Tyra Henry (London Borough of Lambeth)

HOWLETT (1976) Joint inquiry arising from the death of Neil Howlett (City of Birmingham District Council and Birmingham Area Health Authority)

HUGHES Emma Jane (November 1981), Borough Council of Calderdale

JOHNSON L (November 1989) Islington Child Protection Committee

KOSEDA (1986) Report of the review panel into the death of Heidi Koseda (London Borough of Hillingdon)

MEHMEDAGI (1981) Maria Mehmedagi: report of an independent inquiry (London Borough of Southwark; Lambeth, Southwark and Lewisham Area Health Authority (Teaching); Inner London Probation and After-Care Service)

MENHENIOTT (1978) Report of the Social Work Service of the DHSS into certain aspects of the management of the case of Stephen Menheniott (London: HMSO)

MEURS (1975) Report of the review body appointed to inquire into the case of Steven Meurs (Norfolk County Council)

NASEBY (1973) Report of the committee of inquiry set up to inquire into the treatment of baby David Lees Naseby, deceased, at Burton-on-Trent General Hospital from February to May 1973 (Staffordshire Area Health Authority)

O'NEILL (1945) Report by Sir Walter Monckton on the circumstances which led to the boarding-out of Dennis and Terence O'Neill at Bank Farm, Misterley and the steps taken to supervise their welfare. Cmnd 6636 (London HMSO)

PAGE (1981) Malcolm Page: report of a panel appointed by the Essex Area Review Committee (Essex County Council and Essex Area Health Authority)

PEACOCK (1978) Report of the committee of inquiry concerning Simon Peacock (Cambridgeshire County Council; Suffolk County Council; Cambridgeshire Area Health Authority (Teaching); Suffolk Area Health Authority)

PIAZZANI (1974) Report of the joint committee set up to consider coordination of services concerned with non-accidental injury to children (Essex Area Health Authority and Essex County Council)

PINDER/FRANKLAND (1981) Child abuse inquiry sub-committee report concerning Christopher Pinder/Daniel Frankland (born 19 December 1979, died 8 July 1980)(Bradford Area Review Committee)

PLISCHKOWSKY Jason (February 1988), Hampshire County Council

SALT Charlene (October 1986) Oldham District Review Committee

SPENCER (1978) Karen Spencer (Derbyshire County Council)

TAYLOR (1980) Carly Taylor: report of an independent inquiry (Leicestershire County Council and Leicestershire Area Health Authority (Teaching))

WOODCOCK (1984) R White: Report on the death of Shirley Woodcock (London Borough of Hammersmith and Fulham)