

Youth Support - Professional Training

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"Providing staff support in implementing
child abuse procedures"

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STAFF ATTITUDES AND OPINIONS OF CHILD PROTECTION PROCEDURES

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YOUNG VICTIMS OF AN UNDERFUNDED SYSTEM

There have been a worrying number of recent cases of children and young adults being abused in homes and hostels. The irony of such cases being that society has placed these young people in such environments presumably for their safety and to provide care which for some reason is not forthcoming in their home environments. For these girls and boys previous abuse and rejection is compounded by their betrayal by their carers and their further abuse by those whom they should be able to trust. Madeline Bunting reported in a front page article in the Guardian (March 7th) on the humiliation suffered by residents of a home in Greenwich where strip searches, incarceration in a secure unit and sexual abuse occurred.

Norman Fowler commissioned a report in 1985 which reported in 1988 (The Wagner report) it stated "a burning indignation at the way in which the present system can devalue the lives of some of the people most in need of help and support". Only 11.5% of staff working with children in care have a social work qualification. Homes can be understaffed with inexperienced stressed workers who have little support in their posts. It is thus hardly surprising that the Children's society reported that 34% of the 98,000 runaways attending it's Central London Teenage Project were escaping from care. Provision of good standards of care for disturbed adolescents is not easy or cheap. Some authorities are reluctant to invest in adequate care. While this situation continues we will repeatedly see the sorts of abuse that stem from cutting corners in staff training and supervision. Privatisation of services which has been occurring in some areas will mean that such centres will have to be run on a profit making basis - will this further add to cost cutting and false economies?

The following paper attempts to look at some of the forgotten quantities in management of child protection policies, namely the feelings and attitudes of staff and lack of training is again a major source of grievance. Reference to the geographical area has been removed to maintain a degree of confidentiality.

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Introduction

Over the past two decades there have been numerous enquiries into child protection, usually provoked by a disaster - the death of a child like Maria Colwell or Tyra Henry or a perceived mismanagement such as Cleveland. Such deliberations recommend standards of practice and often spawn local committees to monitor local procedure. It is questionable whether the mountains of paperwork generated by such enquiries ever filter down in digestible fashion to those working 'on the front line' and the extent to which local committees are perceived as a source of support and advice by such workers.

The aim of this study was to make a confidential enquiry into how staff in an inner city area actually felt about implementation of child protection procedures in practice. The results are thus, by definition, subjective but nonetheless represent a previously untapped

area.

Background

The Borough Standing committee for the prevention and control of child abuse was established in February 1974 as a result of a recommendation of a working group on 'battered babies'. It was recommended that there should be a single review committee for the whole borough of Borough; that it should review and evaluate procedures for the prevention and control of child abuse; should consider ways of educating and training workers in all disciplines in the detection and treatment of child abuse and regularly evaluate a register of children 'at risk'. In addition the committee should undertake or initiate research.

The initial formulation of the Standing Committee thus predated the formation of area review committees which were formed in April 1974 (DHHS 1974). With the formation of area review committees the possibility of duplication of roles became highlighted and the remit of borough standing committees was reviewed. One of the functions of the borough standing committee was then "advise on the need for enquiries into cases which appear to have gone wrong and from which lessons could be learned" The reality has been that this duty has rarely been carried out.

In 1986 the Borough standing Committee held a series of discussions which sought to re-examine elements of the Committee's role. In particular, the committee questioned it's availability to managers and field workers as a forum for seeking advice about complex child abuse cases. Or for example, where the statutory agencies involved have met with difficulties in working collaboratively. There was an obvious need to examine issues which were causing difficulties between agencies, or in the management of cases. Despite this, members felt that the standing committee was not realising it's full potential to help and advise and moreover, was failing in it's educational and training duties.

In summary, the collective experience and expertise held by members of the standing committee were not being made available to field workers. It was decided that an enquiry should be made into why this was not happening and how advice might be made available in the future.

Method and results

A questionnaire was drawn up and circulated to staff of all disciplines regularly involved in child abuse work in the borough in order to ascertain the way that staff felt about their involvement in child protection; the problems that they may have been experiencing in implementing procedure; and their opinions regarding the quality and quantity of training which they had received in order to carry out this work.

The questionnaire was divided into sections dealing with identification of child abuse; the medical examination; case conferences; court appearance; management and follow up; training. Staff were asked their opinions on each section, their knowledge of and difficulties in implementing procedure laid down at each stage and their comments regarding possible improvements in management.

The questionnaire was designed in a format suitable for computer analysis so that it could be used in future on larger samples of staff. Questionnaires were anonymous but asked for discipline, grade

and length of experience. The study aimed to sample 50 staff of each discipline.

Staff sampled and response rates

1. Social work

Questionnaires were issued to one social work area and the staff of one hospital social work department. The overall response rate was 43% and nearly all the respondents had more than 5 years experience, half of which had more than 10 years experience in their posts. In general, the area social workers indicated that they were more experienced than the hospital social workers in handling cases of child abuse, had less difficulty in implementing procedure and were more likely to have court experience. There were no other significant differences between the groups and their responses have been analysed together.

2. Health staff

As regards health authority staff, 58% of a group of community health doctors responded to the questionnaire. Two of these were also general practitioners. Most of the doctors had less than 5 years experience in the community. 50% of health visitors responded and similarly more than half had less than 5 years' experience.

3. Education

In the education field, 50 teachers, 50 head teachers and the staff of the divisional education welfare office (now education social work office) were circulated with questionnaires. 42% of teachers responded, and, interestingly, nearly all of these teachers had more than ten years' experience. 70% of head teachers responded, nearly all of whom had more than ten years' experience and half the number more than 20 years experience in the field. There was 100% response rate from education welfare and senior education welfare officers. It is the senior education welfare officers and head teachers who are most involved in child abuse work.

4. Law enforcement

An additional group of staff was approached whose results are not included in this paper. The local police officers promptly returned 100% of their questionnaires and on initial perusal appeared to cope very well with child protection procedures - however their questionnaires were withdrawn by senior officers in view of the sensitivity of the subject matter.

Identification of child abuse and Implementation of procedure

Senior education welfare officers were unanimously confident in identifying 'at risk' children, in confronting parents with their suspicions and in seeking help and advice of their colleagues. They also reported that they were aware of local procedures and their own agency's policies and experienced little problem in implementing the procedure. (Table 1).

74% of health visitors were also confident at identifying 'at risk' children but in only 15% of cases did this confidence extend to confronting parents with their suspicions, this figure probably relating to the relative inexperience and young age of many of the health visitors.

With regard to problems in implementing the child abuse procedure, approximately half of the staff regularly dealing with child abuse cases experienced difficulties and these were equally related to difficulty in contacting link people, inappropriate responses from

other professionals and the procedure taking too long. However staff of all disciplines felt that they had adequate support from their colleagues in implementing procedure.

The Medical examination

Senior education welfare officers had the highest opinion of the medical examination. They considered that the examination was carried out quickly by adequately trained staff and that it fulfilled their expectations. However, half felt that the medical was a traumatic experience for the child. Interestingly, nearly half the doctors were dissatisfied with the medical themselves and felt that the staff were not adequately trained. A view concurred with by the social workers, of whom only 29% felt that the medical fulfilled expectations.

The Case Conference

Social workers as a group had the lowest opinion of the medical examination and the highest opinion of the case conference. (Table 2). They all thought that the conference was called quickly; that they could contribute adequately and that their opinion was taken note of. A sentiment echoed by only one third of the doctors and head teachers, who were happy with timing of the conference and only two thirds who felt they were being listened to.

A great deal of controversy has raged over the presence or absence of parents of abused children in a case conference. There was general agreement, across the disciplines, that parents should be present for part of the conference, but none of the hospital social workers and only 14% of area social workers wanted parents present for the whole conference.. More than one quarter of doctors and teachers made no comment on this question - possibly a reflection on the high degree of controversy surrounding this subject. Asked whether they agreed with conference decisions, 100% of social workers said that they did, as did the majority of doctors, health visitors and education welfare staff. However only 48% of teachers agreed with decisions and, despite this disagreement, only 25% said that they would ask that their disagreement be noted in the minutes.

The same small proportion of teachers were likely to ask for alterations in the minutes if they found them to be inaccurate. One wonders then if this is a reflection on teachers not understanding decisions or in difficulty in digesting long minutes which may not be accurately perused by a teacher with little time (and many children) on her hands. It may also reflect a cynical attitude such as 'well my opinion doesn't matter anyway and what difference does it make when there is so little we can do'.

Court proceedings

A high percentage of workers in all disciplines had no experience of court proceedings. This varied from 14% of area social workers to 76% of teachers having no experience and a very high percentage felt that they had not been prepared in any way for court proceedings - ranging from 64% of social workers to 95% of teachers. One quarter of doctors and one third of health visitors felt that they were asked to attend court too frequently, while other staff did not on the whole share this opinion. The majority of social workers, (86%), were generally dissatisfied with court hearings, feeling that they ere traumatic for the child and 71% felt that appearances could be substantially reduced in number. In contrast, only one third of doctors and teachers or head teachers were of this opinion. Perhaps indicating that they felt more secure in the authority's dealing with the case in a dogmatic, clear cut way.

Management and after care

The results of this part of the Questionnaire indicated that workers felt more satisfied with the immediate management of cases and more pessimistic regarding long term management. 76% of social workers considered immediate care adequate in terms of treating the injury and immediate protection of the child. Intermediate measures intending to give family support and prevent further harm received the approval of 54% of social workers, while long term measures such as rehabilitation of the family and long term psychiatric or social work intervention were thought effective by only 24%. Doctors (scoring 50% - immediate; 25% - intermediate; and 19% long term) and teachers (scoring 31%; 23% and 24% respectively) showed similar opinions and appeared dissatisfied that they could not "jump in and do something". The overall view was that in the long term, the management of the abused child and the family was depressing and there was widespread condemnation of present practices.

The role of the key worker in management appeared also to be more satisfactory to social workers than to other staff since, while 86% of social workers received adequate feedback from the key worker and 93% felt able to contact the key worker promptly, this is in contrast to doctors scores (42%/50%); health visitors (22%/44%); Education welfare officers (30%/30%) and head teachers (23%/26%). This raises serious questions as to the ability of key workers to maintain contact and to their perceived priorities. Perhaps they do not regard it as important to keep in touch with teachers as with other staff. It will also be interesting to note how this relationship is affected by the presence of a guardian ad litem (Table 3)

Training

It was very apparent that staff training left a lot to be desired. 80% of health visitors and senior education welfare officers had received specific training in child abuse work. In contrast only 50% of social workers and 42% of doctors had specific training. However only one third of health visitors and education welfare officers felt that their training had been adequate as did only 7% of area social workers and none of the hospital social workers - an abysmal picture in this important area.

Comments and conclusions

This survey should be regarded as a pilot study of staff attitudes to child abuse procedures. Even so, it highlights many discrepancies between management's perception of what seems to be an adequate child protection procedure and the viewpoint of staff 'in the field' who have to implement it. Training, communication and action taken, all fall short of expectation.

The anonymity of the respondents was important in obtaining 'honest' answers. In our present day circumstances staff involved in child protection are frequently working under difficult circumstances, working long hours in understaffed and underfunded departments. When things go wrong, they are often subjected to 'witch-hunts' conducted by the media or superiors who may appear to wish only to 'cover their own backs' rather than offer support and guidance.

It is therefore important that senior staff such as the standing committee should be able to support field staff in training, advice and in reviewing case management. This advisory role needs to be performed in a way which is acceptable to staff and not seen as a threat or criticism.

The results of this survey pinpoint some of the needs of staff and

thus provide an invitation to meet those needs in a positive manner.

Useful references

"Whose Child" The report of the public Inquiry into the death of Tyra Henry - London Borough of Lambeth 1987
"The Battered Baby syndrome" Cameron 1970 The British Journal of Hospital Medicine.
"The Battered baby syndrome" An analysis of reports submitted by medical officers of health DHHS 1972

TABLE_1

IDENTIFICATION OF CHILD ABUSE

	FEEL CONFIDENT IN:-				
	IDENTIFYING 'AT RISK' CHILDREN	CONFRONTING PARENT	SEEKING HELP OF COLLEAGUES	AWARE OF PROCEDURE	PROBLEMS IMPLEMENTING
Social Workers	71% (63%)	93% (88%)	100%	86% (75%)	58% (25%)
Doctors	80%	58%	92%	92%	50%
Health Visitors	74%	15%	96%	93%	52%
EWO					
senior	100%	100%	100%	100%	60%
junior	57%	35%	100%	79%	21%
Headteachers	74%	54%	94%	94%	43%
Teachers	67%	38%	100%	76%	38%

(%) hospital SW

TABLE 2

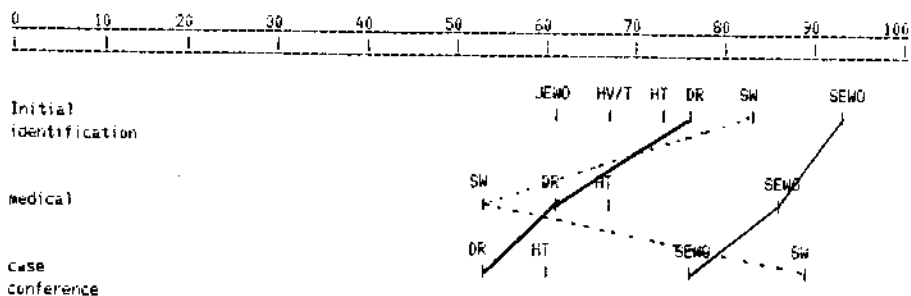
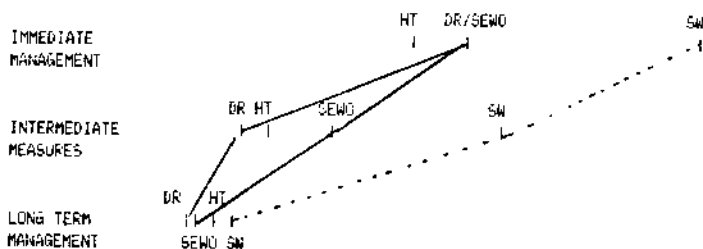


TABLE 3

MANAGEMENT

SATISFACTION WITH



key DR Doctors HT head teachers JEMO junior education welfare officers SW social workers
 HV health visitors T teachers SEWO senior EWOs (education social workers)