

under the Children Act 1989.

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Introduction

This study was born out of a need to make sense of personal experiences as a child care professional and a wish to make a contribution to understanding a difficult area of practice.

In the early nineties, I was a member of a local authority adoption panel when a decision was made to place two sisters and their brother with an adoptive family. The youngest child was eight years old at that point, having been in care¹ from birth. I knew of the children and their history. In the eighties I had been the leader of a local authority fostering and adoption team and a part of the team's role was to advise social workers in planning for children in care. The two sisters and their brother had come into care on place of safety and subsequently care orders during that time. Their single mother had a significant drink problem and the children had been regularly left alone and were neglected. The last admission to care followed several previous ones. Although I knew something of the complications social workers had had to deal with in the eight years the children were in care, I had to reflect on why it had taken so long to find a permanent family for the three children – the whole of one child's life up to that point.

In the eighties, I had been stung by the criticisms made of social work professionals about a lack of planning for children in care (DHSS, 1985b) and the consequence for them of "drifting" in care. Along with my memories of the three children themselves I recalled the feelings of frustration that I and my colleagues had regularly experienced in trying to achieve a stable and satisfactory family life for them. Yet I was also clear that 8 years was "drift".

¹ "In care" and "children in care" were the terms used prior to the implementation of the Children Act in 1991 for children in local authority care, irrespective of whether they were cared for on a voluntary or compulsory basis. With the Act, terminology changed so that the generic term for children in public care became "looked after". In this thesis, the terms "in care" and "children in care" will be used when referring to the research and literature concerning children in public care before 1991 and "looked after" or "looked after children" when referring to literature and research after that date. Under the Children Act 1989, children may be looked after by local authorities either under care orders or by voluntary agreement with parents.

Between the time that the three children had come into care and the time of their adoptive placement, I had moved on from my team leader role. Also in that time the Children Act 1989 had been devised, made law, and implemented. The Act included a new set of requirements about how social workers would practice in planning for looked after children (DH, 1991e). I decided I wanted to investigate social work practice in planning for looked after children and whether the Act had made a difference.

This study seeks to examine and shed light on social work practice in planning for children and what happened to children's looked after careers after the implementation of the Children Act 1989. One aim was to arrive at a view about social work planning for looked after children, whether there was evidence that this had changed, and whether there was less drift and better outcomes for children. Yet since my earliest days as a social work practitioner I had understood social work to be both a personal and a political activity. A second aim was therefore to avoid examining practice and social work processes in a way that laid blame or praise at the door of social work practitioners alone. Rather the intention was to examine and make sense of social work practice in the social and political context in which it occurred. This thesis is therefore a case study of the policy, patterns and practices in planning for looked after children in one local authority after the implementation of the Children Act 1989.

Chapter One sets the scene by outlining the basic assumptions on which planning for looked after children is founded – the normalcy of family life and the importance of stability, continuity and secure relationships – and defines and considers permanency planning as the dominant paradigm underpinning social work practice in this area. It also outlines the key criticisms levelled at social work in planning for children in the eighties and identifies that the study should focus on social work practice, processes and outcomes for children. The chapter then goes on to explain the selection of the theoretical perspective for the study.

Chapters Two and Three review the literature and evaluate theoretical frameworks relevant to the study in order to identify key concepts and themes. In Chapter Two, the problem-solving model of social work process is considered (Compton and Galaway, 1994), and the assessment and care management model derived from it (DH, 1991a; 1991b). Similarities and differences are examined and the literature on key issues related to social work in a statutory setting is explored. Three types or phases of social work activity are identified (assessment, decision-making and action) and related to the criticisms and research evidence about planning for children in care.

Chapter Three moves on to consider the context for practice with children and families. It begins with the legal framework provided by the Children Act 1989 for looking after children and highlights some of the main policy shifts it signalled. Two different models are outlined and used to examine the role of state intervention with families and the implications for looking after children. The first is *models of welfare* (Hardiker et al., 1991a), the second *value perspectives in child care* policy (Fox Harding, 1991; 1997). The Chapter considers tensions between the policy aims within the Act. It is argued that complexities and ambiguities can occur in practice where the act of looking after a child may reflect different purposes, and different value and policy positions.

Having explored models of practice and process and the legal and policy framework after 1991, Chapter Four sets out how the research strategy developed and how the research methods evolved in the process of the fieldwork (1994-1997). The premise that social work practice should be seen as an interactive process led to the identification of three levels of research activity:

- the context of practice. This included an analysis of the characteristics of looked after children after 1991 and an analysis of the local policy position and context for practice;
- service level patterns and outcomes in children's looked after careers as indicators of patterns of practice; and
- case level processes and practice in eleven individual cases.

Thus a case study of planning for looked after children in one local authority was constructed with data and analysis at a number of levels. Grounded theory methods were adopted for the analysis to ensure that realistic rather than ideal accounts of practice were constructed.

Chapters Five and Six discuss the findings about two elements that have an impact on practice in planning for children. They examine in turn local policy interpretations of the Children Act and the characteristics of looked after children and their families compared with what was known about looked after populations prior to the Children Act. Given the difficulties in analysing policy-practice links (Hardiker et al., 1991b), a pragmatic approach is taken in Chapter Five by adopting a framework that emerged from Packman et al.'s (1986) analysis of policy in two local authorities. Written strategies and policies, local management structures and processes, resource issues and written guidance are considered to build a picture of local policy in respect of looking after children. The local position is examined from the perspective of models of welfare and value perspectives, and the degree of congruence between it and the policy aims and intent of the Children Act 1989 is discussed.

Chapter Seven explores patterns of looked after careers after 1991 with a view to identifying trends in practice. Overall patterns of admission and return home, and placement changes, are described and analysed to draw some conclusions about children's experiences of continuity and stability. Different looked after career types and patterns of voluntary and compulsory intervention are traced and related to Children Act aims.

In Chapter Eight, the focus is on social work practice in planning for children. Evidence of social work process in the file records of eleven children is examined and practice with the children and families before, after, and while children were looked after. Patterns of intervention are identified along with key decisions and decision-making points and social work tasks (Epstein, 1988). Using Etzioni's (1986) model of decision-making key influences in shaping

practice are considered. The Chapter concludes with an analysis of the value positions revealed by the patterns of practice in Shire, to evaluate how far practice was in tune with the values underpinning the Act.

Finally, Chapter Nine pulls together the main findings about careers, practice and local policy to present some conclusions about looking after children, social work practice, and how far the Act has made a difference. Continuity and change are identified and possible explanations proposed before the study concludes with some comments on the implications of the findings for recent national policy initiatives in child care.

One: Planning for Looked After Children.

Gladwin (1964) points out that the European navigator begins with a plan - a course - which he has charted according to certain universal principles and he carries out his voyage by relating his every move to that plan. His effort throughout his voyage is directed to remaining "on course". If unexpected events occur, he must first alter the plan, then respond accordingly. The Trukese navigator begins with an objective rather than a plan. He sets off toward the objective and responds to conditions as they arise in an ad hoc fashion. He utilises information provided by the wind, the waves, the tide and current, the fauna, the stars, the clouds, the sound of water on the side of the boat, and he steers accordingly. His effort is directed to doing whatever is necessary to reach the objective. If asked he can point to his objective at any moment, but he cannot describe his course. (Berreman, 1966, in Suchmann, 1987 p.vii)

Introduction

Throughout the last century up to the present day, there has been considerable interest in the experiences of children who, for whatever reason, are looked after by the state rather than their own immediate family. Amidst the many areas of concern, one major pre-occupation has been planning for these children. The aim of this Chapter is to outline the main themes that have threaded through the debates about planning for looked after children and, by so doing, to set out the focus and parameters of this study.

Planning for looked after children

The importance of planning for looked after children is founded in theories of child development and views about the conditions necessary for looked after children to grow up to be independent and well-adjusted adults. Concerns about the outcomes of public care for children and, in particular, that large-scale institutional care was harmful for children's emotional and intellectual development, first became prominent during the second world war years (Heywood, 1978; Packman, 1981; Frost and Stein, 1989). Key factors in enabling children to become independent and well-adjusted adults were seen to be the child's experience of the normalcy of family life, and the stability, continuity and security of relationships (Bowlby, 1952; Freud et al., 1973; DHSS, 1985b; Jackson and Thomas, 1999). These concepts have proved to be enduring over sixty years of child care practice, although ideas about how best to care for children to achieve these conditions have changed and developed as different problems have emerged (Freud et al., 1973; Rowe and Lambert, 1973; Freud et al., 1979; Parker, 1980).

Since the eighties, a dominant paradigm in the practice of looking after children has been "planning for permanency" (Fanshel and Shinn, 1978; Maluccio et al., 1986; DHSS, 1985b; Parker, 1985; Millham et al., 1986; Thoburn et al., 1986; Seltzer and Bloksberg, 1987; Sosin, 1987; Bryer, 1988; Parker et al., (eds) 1991; Thoburn, 1991b; Triseliotis, 1991; McCartt Hess and Folaron, 1991; Fein and Maluccio, 1992; Hegar, 1993; Katz, 1990; Thomas and Beckett, 1994; Richards, 1994; Schwartz et al., 1994; Katz, 1996; Howe, 1995). Maluccio et al., (1986) describe the assumptions underpinning the permanency philosophy as the value of rearing children in a family setting, the primacy of the parent-child attachment and the significance of the biological family in human connectedness. Permanency planning is conceived as:

... moving the child as soon as possible out of temporary substitute care and returning him or her to the family as the

preferred alternative or to an adoption home as the second priority, or, if necessary to another permanent alternative such as a family with legal guardianship. (Maluccio et al., op.cit. p. 4)

While Maluccio et al. identify a number of possible goals of permanency planning, the emphasis given to each of the goals has varied. In America, from the outset, the permanency movement was seen as encompassing prevention of children coming into care and supporting families when children were returned (Fanshel and Shinn, 1978; Maluccio et al., 1986; Triseliotis, 1991) but by contrast, in Britain, the concept of permanency became associated with adoption (Parton, 1991). Nevertheless, a common feature in both America and Britain was that a stable and secure future for a child was to be achieved by “planning” by those who had responsibility for the child’s case.

As permanency planning emerged as a dominant paradigm, in Britain social work practice in planning for children in care was the subject of wide-ranging criticism (Rowe and Lambert, 1973; DHSS, 1985b; DH, 1991c) alongside more general public concerns about the failures of child protection practice (Parton, 1985; Frost and Stein, 1989; Parton, 1991). Concerns and criticisms of planning fell into three broad areas: social work practice, planning processes, and outcomes for children in care. It is these three areas that have formed the focus of this study, and the nature of the concerns will be summarised briefly, in turn.

The first area of concern was *social work practice* itself, which was seen as responsible for some of the failures in planning for children in care (DHSS, 1985b). In particular, practice was described as *passive* (Millham et al., 1986; Vernon, 1985). Social work visits and activity declined the longer the child was in care (Millham et al., 1986). There was often no clear plan for a child’s future - to be returned home, or to be placed in long term family placement or for adoption (Rowe and Lambert, 1973; DHSS, 1985b; Sinclair, 1984; Packman et al., 1986; Millham et al., 1986; Vernon and Fruin, 1986; Fisher et al., 1986; Farmer and Parker, 1991; Barn, 1993a; 1993b). Decision-making was criticised

for being incremental, (Millham et al., 1986) and therefore having unintended consequences including that of opening up or closing down future options for a child. Thus, longer-term decisions were made by default. By contrast, planning

... conveys the idea of a purposeful and well thought out scheme, method or design for the attainment of some goal... (Pincus and Minahan, 1973 p. 33)

and,

...having a reasonably clear practical view of the future we wish for (a child) and more specifically taking a sequence of steps which is instrumentally relevant to that end. (Parker, 1971 p. 13)

A further criticism of practice was that it was *reactive* (Millham et al., op. cit.; Barn, 1993b), with children's admissions often being unplanned and taking place in a crisis. It can be argued that part of the social work role is to provide a timely and, if necessary, urgent response to family difficulties. However, responsiveness denotes a measure of consideration of alternative options, and it was this that appeared to be lacking (Millham et al., 1986; Packman et al., 1986), together with an understanding of the experience of both children and parents (DHSS, 1985b). Parents often felt alienated from the decision-making processes (Fisher et al., 1986; Packman et al., 1986).

The second area of concern was *the failure of the professional, bureaucratic and legal processes* to overcome the limitations of social work practice in planning. Thus case conferences and reviews were not central to decision-making, nor did they develop and monitor long term plans for children (Sinclair, 1984; Vernon, 1985; Vernon and Fruin, 1986; Millham et al., 1986). Subsequent research showed that a clear procedural framework for practice was, in some cases, related to children's early return home (Farmer and Parker, 1991). Concerns also developed about the extent of the use of compulsory

intervention, which was seen as ineffective in improving planning for children (Packman et al., 1986). It was closely correlated with longer episodes in care (Thorpe, 1988).

The third focus for concern was the *outcomes* of care for children and here two divergent but connected themes emerged. Firstly, and this is the main focus in this research, there was the impact of planning on children's *care* or *looked after careers*. As a consequence of passive practice and incremental decision-making, children drifted into long term care careers (Rowe and Lambert, 1973; Millham et al., 1986) and unplanned and reactive admissions caused distress to children and families (Packman et al., 1986; Rowe et al., 1989). In addition, while many children only spent a limited time in care (Rowe et al., 1989), families were "put through hoops" to have their child admitted voluntarily at times of hardship or crisis. Admission was resisted and few alternative means of support offered (Packman et al., 1986). The second concern about outcomes, which receives less attention in this study, is that in the medium and long term children did not appear to reap any benefits from being in public care. Children in care were likely to have health and developmental needs because of their disadvantaged backgrounds (Wedge and Phelan, 1988; Bebbington and Miles, 1989) and, without good care and remedial help, these difficulties might persist and jeopardise the stability of any future family placement. But research showed that children in care often experienced poor health care (Second Report of the Social Services Committee, 1983-84; Simms, 1988; DH, 1991c; Parker et al., (eds.) 1991) and had poor educational achievement (Festinger, 1984; Stein and Carey, 1987; Jackson, 1988; DH, 1991c; Parker et al., (eds.) 1991). Rather than ameliorating any health, educational or social deficits a child may have, the limitations of the state as the "corporate" parent were apparent with

... the inevitable splitting of day-to-day and overall responsibility
... the lack of any individual who feels a personal sense of
responsibility for the child. (DHSS, 1985b p.18)

In practice, both career outcomes and those related to the well-being of a child are connected. Planning needs to include the day-to-day decisions and activities necessary for the care of the child, and which contribute to the achievement of continuity and long-term stability, as well as activity to achieve a permanent placement either at home or with alternative carers.

Identifying conceptual frameworks

Many of the criticisms of planning for children in care pre-dated the Children Act 1989. The aim of the study is to examine planning for looked after children after the implementation of the Act in 1991. Therefore, in looking for theoretical models to underpin the research, the Children Act provided a starting place as it is founded on assumptions and practice models that were a part of what needed to be examined.

The provisions for looking after children contained in the Children Act will be examined in some detail later, but two assumptions were influential in how some of the main concerns about planning for looked after children were addressed in the Act. The first assumption was that the deficiencies in social work practice with children (including planning for children) could be tackled, and changes made, *by means of regulation and managerial oversight* (Grimshaw and Sinclair, 1997). This became particularly significant in the analysis of this study's results and the arguments that emerged. The second was that planning for looked after children was essentially a *rational* process – that is a question of logically and sequentially following a number of steps. An “ideal” model of practice was set out in the Act's Guidance and Regulations (DH, 1991e). This was important in arriving at a conceptual framework to guide the research and in the identification of relevant theoretical constructs.

The *rational* process of planning for children in the Act is founded on the existence of specific and comprehensive plans and regular reviews for individual children. The framework for local authority child care practice is contained in the Act, which drew together many aspects of public and private

law in respect of children (Hoggett, 1989; Ball, 1990; Allen, 1992). It set new boundaries to local authority actions, and made changes in statutory duties and responsibilities. In relation to looking after children, the Act sets out the grounds and circumstances which can lead to a child being looked after, and Volume 3 of Guidance and Regulations (DH, 1991e) detail the requirements made of local authorities to consult prior to the admission of a child, to formulate a Plan and to hold regular Reviews. As with the illustration of the European navigator, the emphasis is on the *plan* that will flow logically and sequentially from an analysis of the child's circumstances, and on the systematic implementation of the plan.

The strength of a *rational* approach is that it sets out explicit standards of practice (Grimshaw and Sinclair, 1997) and minimum requirements for the relationship between the local authority (social workers and managers) and the other participants in a case. It acknowledges that decisions and actions by *workers* are likely to be significant, although they take place within a context of consultation and negotiation with others. Thus the model of practice set out by the Act could be used as a framework for evaluating practice (Grimshaw and Sinclair, (ibid.).

The difficulty with the model of practice in planning for looked after children, derived from research studies (DHSS, 1985b) and presented in the Act's guidance (DH, 1991e) is that it is an "ideal" model and therefore an oversimplification. Weber (1930) developed the "ideal type" approach as a method of analysis. Ideal models accentuate specific characteristics of whatever is being studied and so provide a means of exploring similarities and differences between different positions or types. However "ideal types" are caricatures and not likely to be found in their pure form in reality. The Children Act's guidance on planning for looked after children (DH, 1991e) seemed to be such a caricature. It appeared to overlook factors that were likely to be influential. For example, one assumption in the Guidance and Regulations is that the social worker is the "driver" in planning for the child. Arguably, this representation of the social work process minimises the extent to which workers

are influenced or constrained by other key participants, not least the parents, the child, or other professionals. Complex processes are concealed by their reduction to the minimum required by regulation. However the concepts of a *plan* and *planning* are drawn from models of social work process (Hardiker and Barker, 1981; Goldberg et al., 1985; Compton and Galaway, 1994; Howe, 1987; Payne, 1991). *These* ideal models do address some of the complex practice issues in worker-client relationships such as the negotiation of goals (Reid and Shyne, 1969; Reid and Epstein, 1972; Epstein, 1988) and the use of authority (Foren and Bailey, 1968; Hutchinson, 1987). Thus ideal models of social work practice and process had to be considered and a more detailed exploration of models of social work process as the basis for planning was a prerequisite for this research. But, a way had to be found of conceptualising and giving focus to the wider influences on social work decisions and activities. Such decisions and activities take place in organisations, and may be required by their managers or by specific policies. These considerations suggested the need to examine *social work decisions and actions (social work practice)*¹ in planning for children, and a way was needed of conceptualising the interactive relationship between workers, their organisations and families.

Systems theories provide one way of conceptualising interactive social work processes (Pincus and Minahan, 1973; Goldstein, 1973; Germain, 1979; Germain and Gitterman, 1980). They offered a model of looking at the relationship between the worker, child and family as a *system* in their own right, acting on and being acted upon by each other (Furniss, 1983; 1991; Reder et al., 1993). However systems theories have limitations, namely that they overlook the power relationships inherent in particular roles and statuses within the system. So, on the one hand a systems model offered the opportunity of examining processes and relationships and - where things had gone wrong - to do so without apportioning blame (Reder et al., 1993). On the other hand, the

¹ Social work decisions are seen as distinguishable from social workers' decisions (DHSS, 1985b). The latter relate to field social workers and their practice, while the former acknowledge that decisions may be required by managers or by policies in a particular agency.

danger with systems theories was that workers² would be portrayed as relatively powerless within the relationship and the extent of their responsibility minimised. A middle way was needed – a model that avoided both the view of workers, as relatively powerless (systems theories) and the assumption that they were the sole influence in planning for children (the Children Act).

Suchmann (1987) offered such a different interactive model. This model draws attention to the centrality of the worker and highlights the likely significance of implicit processes by which the worker forms an understanding and attaches meanings. This process operates within the relationship that exists between the worker and their environment in which the two influence and are influenced by each other. Thus a key construct is that of human decision-making and action and Suchmann uses the analogy of navigation to illustrate the processes. His primary assertion is that the activity of human decision-makers (navigators) is *concrete* and *embodied*. Navigators' actions are *situated actions*, and each decision is related to a particular set of circumstances. This basic premise and the model that followed from it, was useful in a number of respects.

Firstly, Suchmann depicts two different styles of navigation (the Trukese and the European navigators) that can be likened to the incremental and rational models of planning for children. But he also suggests that the contrasts may not be as significant as they appear and each can be understood within the context of their actions. While the European navigator emphasises the importance of the Plan which will guide his actions, the Trukese also has a clear view of his objective. Both navigators have to respond to events and circumstances without losing sight of the overall objective. Thus, the models represent methods of achieving an objective, but make explicit the need to interact with and respond to, events along the way. Social work practice is expected to be goal-directed, but by its nature, social work is required to be responsive and to react to changing circumstances and events. Suchmann's approach suggests that actions may be grounded in knowledge and flow logically and sequentially

² Given the distinction already made between social workers' decisions and social work decisions, from this point 'worker(s)' should be read as referring to field social workers and their immediate managers who play the main role in making routine social work decisions.

despite outward appearances of reactive decision-making. Thus, it would be important to analyse the basis of planning for individual children and the extent to which it was *purposeful* and *goal-directed* as the challenge in each child's case is to deal with the present without losing sight of the future. It would be necessary to focus on planning and the planner (social workers and their managers) but also to consider how the environment may affect both.

The illustration of the European and Trukese navigators also draws attention to specific *factors* that have an impact and led to a consideration of *processes* that may happen at decision-making points. *Knowledge* and *understanding* are two factors. As they guided their route through the environment, each navigator was thrown back on their *knowledge base* and their *understanding of their task*. The European referred to his Plan, the Trukese kept his objective (destination) in mind. Each event on the journey was considered, explicitly or intuitively, against that plan or objective. Thus, at decision-making points, each navigator *interpreted* new events (information) in the light of their task. It would be fair to assume that workers' responses to events in any individual case will be affected by their understanding of their role and task in relation to looking after children. These will include their understanding of statutory duties and responsibilities and, in addition, may be mediated by the perspective of their particular agency or team, their understanding of agency policy (Packman et al., 1986) and also constraints - for example, perceived and real resource constraints.

A third factor will be *the nature of the individual plan* for a child. How workers conceive their task in planning for a child may vary according to the individual circumstances of the case and what they see as the goal to be achieved. Their evaluation of other actors in the case, including the child and family members, and the meaning they attach to the circumstances of the child will be significant influences in formulating the plan. Just as preferred style or beliefs about how best to navigate may lie beneath the two styles of navigation, so personal and professional beliefs and *value perspectives* may also play a part in social work practice. Hogarth (1974), for example, described a process in sentencing

offenders in which personal beliefs and attitudes, as well as the way a judge interprets the judicial task, influenced decisions about sentencing. Thus, the interpretation of each case will be socially constructed by the interplay of a range of factors.

Suchmann's (op.cit.) analysis of human intelligence and the interplay between man and the environment was significant in setting the focus and boundaries of this thesis. It provided a model of an interactive process that could be applied to planning for children. The decisions and actions of the workers would be central, but an understanding of the legal, policy and resource environments, as well as value perspectives and processes of interaction between them would also be an essential part of the analysis. It enabled a focus on social work process (planning) but added a further dimension – the context in which planning is taking place - without losing the significance of workers as key players. The context in which workers' decisions and actions took place had to include the new practice *requirements* and *boundaries* set by the Act, and the nature of the relationship between national and local policies and day to day practice. The model also allowed for the recognition of the significance of the *regulatory strategy* and *bureaucratic processes* used in implementing the Act as part of the context of practice. These were to emerge from the findings as significant themes.

In essence, Suchmann's way of conceptualising a person interacting with their environment defined the scope and provided the theoretical framework for this study. The subject of the study is *social work practice* - that is social workers' and their managers' practice in planning for children, including their ways of attaching meaning (value perspectives) and making sense of their task. However, also considered is the relationship between their decisions and actions and the legal, policy and resource environments in which they practised. The first step in building the theoretical foundations of the study is a more detailed exploration and discussion of models of social work process and the criticisms of social work practice in planning for children. This forms the basis of

the next chapter. This is followed in the third chapter by consideration of the legal, policy, and values issues and the debates raised by the Children Act in relation to looked after children. These form the context in which planning for looked after children took place in the nineties. From these theoretical underpinnings the methodology for this research was derived.

Two: Social Work Process and Planning for Looked After Children.

Introduction

Having established in the previous chapter that the primary focus of this study is *social work practice* in looking after children, it is with this that we begin.

The detailed Guidance and Regulations of the Children Act 1989 set out the aspects of social work process that are seen as fundamental to planning for looked after children (DH, 1991e). These aspects can be summarised in simple terms. Having identified what needs to happen through consultation with parents and others, and by gathering information before any admission (*assessment*), the local authority (social worker) should have a *plan* for looking after a child. The plan should be *implemented*, and *reviewed* regularly to ensure progress.

The origins of these concepts and the process that they depict lie in theoretical models of social work process. In this chapter we examine such models to establish a framework for understanding practice, to identify the areas in which practice had been seen to fail, and to more fully elucidate the changes in practice sought by the Act.

Social Work Process

The body of literature that includes discussion and analysis of social work process does not lend itself easily to neat categorisation. Nevertheless three broad categories of work can be identified. Firstly, there exists a large body of literature that examines and comments upon models and methods of the social work process itself. Within this body can be included descriptions and analyses of different models of social work practice (Compton and Galaway, 1994;

Woehle, 1994; Goldstein, 1973; Pincus and Minahan, 1973; Barclay, 1982; Smale et al., 1988); and social work methods (Roberts and Nee, 1970; Reid, 1978; Reid and Shyne, 1969; Reid and Epstein, 1972; Howe, 1987; Payne, 1991). Some more recent texts contain little comment on the theoretical underpinnings and focus on practice guidance for particular situations or client groups (Maluccio et al., 1986; Bryer, 1988; DH, 1991a and 1991b; Orme and Glastonbury, 1993). A further body of work within this broad category discusses particular aspects of practice or tools for practice (Corden and Preston-Shoot, 1987; Rojek and Collins, 1987; Aldgate, 1989). Other work focuses on aspects of the social work relationship such as the use of authority (Foren and Bailey, 1968; Palmer, 1983; Hutchinson, 1987) or on working in partnership (Gardner, 1987; Family Rights Group, 1991; Marsh and Fisher, 1992). Within this broad collection of work the consistent feature is a theoretical underpinning of *models* of practice.

The second category considers what can broadly be described as the construction of social work practice. The theme within this literature is that of social work practice being a socially constructed activity, although the particular perspective of each author varies. Curnock and Hardiker (1979), Hardiker and Barker (1981) and Rein and White (1981) examine workers' use of theoretical frameworks and knowledge in individual case decisions. Others have considered the role of moral evaluation of client situations, influenced by agency role and function (Dingwall et al., 1983; Hogarth, 1971). Many other studies have asked the question "*what type of case is this?*" when examining social work activities (Giller and Morris, 1981; Fisher et al., 1986; Millham et al., 1986; Packman et al., 1986; Farmer and Parker, 1991). Jordan (1990) discusses the influence of ethics in practice and Owen (1992) notions of justice in decision making. The influence of value perspectives on policy and practice frameworks and in the social construction of practice in individual cases is an underlying theme and within this area Fox Harding (1991; 1997) has produced an analysis of value perspectives within child care policy.

This second body of work was particularly significant for this research as it drew attention to the possibility of a divergence between the ideal theoretical models of social work process and what was happening in reality. Understanding the underlying processes and ways of making sense of situations would be essential when starting from the premise that social workers' actions are situated actions in the sense that Suchmann (1987) suggested.

The third category of work focuses on evaluating the nature and effectiveness of social work interventions (Goldberg et al., 1978; 1985) or the nature and effectiveness of particular methods of practice or processes (Goldberg, 1976; Goldberg et al., 1978; Sinclair, 1984; Kendrick and Mapstone, 1991; Grimshaw and Sinclair, 1997). In addition, many research studies into aspects of social work discuss and comment on the activities that are involved in social work intervention, the particular methods used and the consequences or outcomes (Seden et al., 1995a; Gibbons et al., 1995a). Within this category particular attention must be drawn to the number of research studies that have focused on the careers of children who are in care or looked after and the nature of the social work practice (Vernon, 1985; Vernon and Fruin, 1986; Packman et al., 1986; Fisher et al., 1986; Thoburn, 1980; Millham et al., 1986; Farmer and Parker, 1991).

While a study of planning for looked after children will draw from all three categories of work, the particular requirements of social work practice that were emphasised in the Children Act were derived from the first category – theoretical models of social work process. It is these, therefore, that provide the main basis for examining practice in looking after children under the Children Act 1989.

Models of Social Work Practice: A Problem-Solving Framework

Compton and Galaway's (1994) seminal work on social work process provides a theoretical model in which they conceptualise practice as a *rational, problem*

solving, process. Derived from the work of Perlman (1970), *problem-solving* became the dominant paradigm in social work practice and within the framework particular models and methods relating to assessment, decision-making and intervention to achieve planned change can be located.

Compton and Galaway (op.cit.) begin by defining the nature of the social work task. This is one in which the worker mediates the person-situation interaction that is giving rise to the difficulties the client is experiencing. They also distinguish between aspects of the social work task, that is between *social work practice*, *social work process* and *planned change actions*. In their terms social work practice is the totality of what workers do, not just their activity with individual clients or cases. Social work process is one element of that - the work they undertake with clients. Planned change actions are included in social work process and are the methods of intervention that are used.

Three key concepts underpin their model and as these remain dominant concepts in current social work practice, they merit further exploration.

Firstly, Compton and Galaway (1994) assume an *ecological* perspective as proposed by Germain and Gitterman (1980). As such their model falls with the "systems" or interactive paradigm which developed in the seventies. In this paradigm, the ecological system is a unit composed of people, their interactions and their relationships (Compton and Galaway, *ibid.*). The system is seen as constantly changing but relatively stable with its parts assumed to be interacting in a patterned way. If one part of the system is affected there is a reaction in other parts. Goldstein's (1973) ecological model and Pincus and Minahan's (1973) systems model of social work practice were both based on a systemic and functional model of the individual and society in which the client is seen as part of a social system. Within these models social work intervention may not only be with the client system but also with resource and support systems. The "systems" or ecological perspective assumes functionality in the overall system and relationships within it, and can be criticised for ignoring the lack of

congruence between the needs and interests of different individuals or groups within society. Nevertheless the interactive perspective that these models offer, widens the focus for assessment from the individual to the network of relationships and stresses that occur for individuals. The “systems” approach has remained the dominant perspective in social work for over twenty years (Barclay, 1982; Griffiths, 1988; Furniss, 1983 and 1991; Reder et al., 1993; DH, 2000a).

Compton and Galaway's (op.cit.) second key concept is that of *client-worker partnership*. Partnership is achieved by a joint process of problem definition by the worker with the client, resulting in goals that are negotiated and agreed, with the consequence that both worker and client are working towards agreed ends. Actions are taken by both the client and worker to address the identified problems. The process capitalises on the client's motivation to change.

Partnership between worker and client is a key principle in current social work practice with both adult clients and children and families, and is supported by legislation (DH, 1989; 1991a; 1991b; 1991e). Woehle (1994) comments that the task-centred model of practice (Reid, 1978; Reid and Epstein, 1972; Epstein, 1988) incorporated the notion of clear, negotiated, goals, time-limited interventions with tasks being undertaken by clients as well as workers, and problems being resolved pragmatically. Within this method, an explicit agreement or contract is made with the client about the goals to be achieved (Payne, 1991). This particular principle of practice has led to the development of the idea of explicit written agreements or contracts with clients (Cordon and Preston-Shoot, 1987; Aldgate (ed.), 1989; Tunstill, 1989). However, the principle of partnership cannot be taken at face value. Arnstein's (1969) important work provides an analytical framework for the extent of participation by clients in their dealings with professional workers. Eight levels of involvement are identified ranging from delegated power, partnership, participation, involvement, consultation, keeping fully informed, manipulation and placation. Within this "ladder" of participation, partnership comes second only to delegated

power and could therefore be taken to mean *power sharing*. Compton and Galaway (1994) do appear to expect this level of agreement between worker and client on the nature and goals of the activity in which they are jointly involved. Perhaps as a consequence, their model does little to address the issue of working with poorly motivated or involuntary clients where agreement on goals and motivation by the client to work on particular problems may be an issue. Indeed, at one point when discussing work with involuntary clients they suggest

... the withdrawal of social work from these roles.... (p. 238).

Such an absolute definition of partnership is problematic in relation to the broad range of client-worker situations and relationships that occur, particularly in social work within statutory settings. Even where written agreements are made with clients, criticisms have been made that such agreements ignore the power differential between worker and client, and client agreement may not be as voluntary as it appears (Rojek and Collins, 1987). While "partnership" remains the dominant terminology, some sources (Marsh and Fisher, 1992) have argued that degrees of participation need to be recognised and acknowledged particularly where the involvement is involuntary or the client does not have the capacity to give informed agreement and participation. Rooney (1988) suggests strategies for working with involuntary clients: the identification of non-negotiable options for legally involuntary clients and the identification of negotiable options and free choices for both legally and socially involuntary clients. Marsh and Fisher (1992) also advocate a range of strategies where agreement is problematic. These include re-framing the problem to reach some agreement, making a deal, agreeing to work towards getting rid of the worker's mandate for involvement, or making it clear the client has minimal choice. They conclude that if no agreement can be reached, surveillance and maintenance may be the necessary level of intervention. Thoburn and Lewis (1992) examined partnership and participation in relation to child protection intervention and took "*keeping fully informed*" as a basic minimum requirement for

participatory practice. The Children Act took the *partnership* principle and enshrined in its regulations the requirement for greater involvement of parents and children in being consulted about social work plans (DH, 1991e). Partnership, then, is a key concept within the problem-solving model of practice but the more recent examinations of partnership suggest that, particularly in the context of the involuntary relationships that are a feature of statutory child care settings, the power differential between worker and client is an important dimension to be considered.

Compton and Galaway's (op.cit.) third key concept is that of the *problem-solving process* itself. They emphasise that problem-solving is an everyday activity for all people and refer to the process of coping effectively with difficulties and situations that occur in everyday life. These difficulties may occur because of deficiencies in motivation, capacity (lack of knowledge or skills, for example) or opportunity (lack of access to support systems or resources). They argue that working out how to deal with difficulties or problems is for everyone largely a rational process that involves thinking as well as doing. It follows therefore that with a social work client

...the problem-solving process may be understood as a series of interactions between the client system and the practitioner, involving integration of feeling, thinking and doing, guided by a purpose and directed towards achieving an agreed upon goal.
(ibid. p.43)

It will be clear that the notion of problem-solving rests upon the concept of partnership and the voluntary involvement of the client in responding to a problem they perceive themselves to face. For reasons already discussed this particular conception of the social work relationship may be problematic but this does not invalidate the model if one looks at the strategies for achieving some measure of agreement put forward by Rooney (1988) and Marsh and Fisher (1992).

Compton and Galaway (1994) discuss some further key features of the problem-solving model that will assist in an analysis of social work practice. Firstly, on an area that will become significant later in this chapter, they argue that *problem-solving* is preferable to the conceptualisation of the social work task as one of *meeting needs* (p.44), for they assert that the concept of needs is poorly defined and also implies that the social worker defines the client's needs. This, they argue, suggests a medical model of social work practice, whereas by contrast the problem-solving approach is one of growth and development, as the worker works with a client's strengths and enhances their capacity to cope with problematic situations in their lives.

Secondly, as the quotation above makes clear, the model draws attention to the *psychosocial* nature of the process in which worker and client are involved. The process involves not just the practical tasks of manipulating the client's social system and networks, but also dealing with the client's perceptions and motivation, feelings, and the integration of feelings and perceptions with thinking and doing. Compton and Galaway (ibid.) emphasise the complex interaction between feelings, knowledge and skills and acknowledge that feelings, particularly those of pain and threat, may block effective actions towards solutions.

Thirdly, there is an emphasis on *process* rather than outcome, which leads to an analysis of the *stages of the process*. Compton and Galaway (ibid.) state that the process involves a series of phases, which they describe as problem definition, goal setting and data collection (assessment), and developing an action plan. These phases proceed in order. They acknowledge that this is the ideal model: in practice the process is cyclical with some actions needing to be taken during assessment and assessment being a constant process throughout involvement with a client. Nevertheless the concept of a logical, systematic, phased process has become incorporated into many models and social work methods.

Models of Social Work Practice: Assessment and Care Management

While Compton and Galaway's (1994) problem-solving model of practice offers a relevant framework for analysing current social work practice, it has limitations. In particular, as has been noted, its focus is on the relationship with an *individual* client and on working with clients in a voluntary and agreed relationship. *The assessment and care management* model of practice (DH, 1991a; 1991b), is seen as falling within the paradigm of rational problem-solving approaches (Smale et al., 1993). However it offers a model that acknowledges *multiple clients*, possible *conflicts over goals* and identifies the role and significance of social work activity outside the social work process itself. In addition the development of this model marked a move away from Compton and Galaway's (1994) negative perception of a focus on client needs to seeing "*meeting needs*" as the basis of the social work relationship. The model will be outlined and similarities and differences to the model advanced by Compton and Galaway will be reviewed.

Assessment and care management models of practice (Challis & Davies, 1986; Challis et al., 1990; DH, 1991a; 1991b; Orme & Glastonbury, 1993) developed in Britain in response to the provision of care in the community for vulnerable people. The Griffiths Report (1988) recognised that the bulk of caring was carried out by informal networks and carers, rather than formal agencies, thus the emphasis was on user-led approaches. As with a problem-solving model, emphasis is placed on *partnership* between worker and client/carers and on explicit negotiation to arrive at a

...workable, good enough package of care as defined by users.

(Smale et al., 1994 p. 3).

In drawing on this particular model a question arises as to whether this can be applied to work with children and families, as it has been developed and advocated in relation to adult services. However Smale et al., (1994) review the

literature on community social work with families and conclude that the Children Act

...clearly puts the local authority staff into the position of planning and managing a 'package of care' for children in need.
(p.54).

The early work of those authors (Challis & Davies, 1986; Challis et al., 1990; Orme & Glastonbury, 1993; Smale et al., 1994) writing about assessment and care management suggests then that differences in social work process between this model and that of Compton and Galaway (1994) may be more a matter of emphasis than of substance. Nevertheless the different emphasis may be useful in an analysis of current practice and so the similarities and differences will be considered.

The similarities are substantial. As in the model outlined by Compton and Galaway (ibid.) social work is seen as

...a collaborative inter-personal, problem-solving task...
(Smale et al., 1993 p.51)

and is based on a *systems*, person-in-situation perspective. The three key concepts of the problem-solving model therefore underpin this model: *partnership*, an *ecological/systems perspective* and a *problem-solving process*. In addition practice is seen as falling within clearly defined phases. Department of Health practice guides (DH, 1991a; 1991b) suggest that worker activity is divided into two phases, assessment and care management. As in the problem-solving model, the client's social situation is seen as the appropriate unit of assessment, with an emphasis on resources and strengths in the client system to bring to the area of concern that is presented.

While the problem-solving model is explicit in the *psychosocial* nature of the social work process that is involved in work with clients, government guidance on assessment and care management process (DH, 1991a; 1991b) focuses on the management and co-ordination of resources. Challis et al., (1990 in Smale et al., 1994) refer to this as an “*administrative*” model of care management and distinguish between “*administrative*” and what they term “*complete*” care management. They argue that the administrative role envisages a limited role where service arrangements and co-ordination are the main tasks. In contrast, “*complete*” care management involves dealing with tasks such as counselling, dealing with psychological stresses caused by caring, and providing advice to families. The complete care management task is therefore a psychosocial one.

A greater difference lies in the perceived focus of social work activity. Unlike Compton and Galaway's (op.cit.) model, “*needs*” is the term used to define the focus of social work activity and the emphasis is on the *assessment of needs* and *provision of a service* to meet the needs of the service user(s). In contrast to Compton and Galaway's position, this is not seen as implicitly representing the power imbalance of the worker over the client and much emphasis is placed on the identification and assessment of needs as experienced by service users through a partnership with clients in the assessment process (Smale et al., 1993). Needs are claimed to be universal as,

...we all need to be cared for in the community. All people are dependent upon others for different aspects of their care. (Smale et al., 1994 p.97).

Problem is seen as having a more negative evaluation. Given the common emphasis on agreement with the client about the areas of concern and goals of intervention, the difference between the two models may be seen as one of semantics. What is apparent, however, is that the concept of “*needs*” has underpinned both the NHS and Community Care Act 1990 and the Children Act 1989. The language and concept of an “*assessment of need*” has replaced the

language of “*problem-definition*”, “*goal setting*” and “*data gathering*” that American authors have used (Compton and Galaway, 1994).

A further difference between problem-solving and assessment and care management lies in who is perceived to be the client. In the problem-solving model work is focused on the individual client, although intervention may be with members of the client's network. Assessment and care management models, with their origins in providing for the care of dependent adults, explicitly acknowledge the existence of *multiple clients*. The model assumes the existence of a client (service user) and at least one carer, and both the law and associated practice guidance (DH, 1991a; 1991b) make clear the responsibility to assess the needs and to work with both.

The recognition of both client and carers as legitimate recipients of social work intervention results in an acknowledgement that tension and conflict that may exist between the identified needs of one client compared with those of another person in the situation. Smale et al., 1994 makes it explicit that the worker has a responsibility to both client and carer, but their needs and interests may differ and conflict. The concept of partnership is still a fundamental principle of the model with an emphasis on the client(s) being the expert(s) in their own situation and the solutions to their own (inter-related) difficulties. However, the recognition of different actors with potentially different perspectives on the problem and needs to be met, leads to an added emphasis on negotiation and mediation as key elements of the social work process. Overall, the assessment and care management model, more than the problem-solving models from which it is derived, reflects the possibility of inter-personal tensions in client situations and the difficult task of the social worker in mediating between different needs. In addition it raises the possibility of having to make choices about the consequences of specific interventions or non-interventions for the network of clients involved in any particular situation.

The concept of multiple clients contained within expositions of assessment and care management may be particularly useful when considering statutory social work with children and families. Whilst the legal basis of practice is clear in that the focus is on the welfare of the child, social workers engage in the social work process with both the child and carer(s), and in addition, more than one child within a family may be a client. Perceptions of the needs of the child, of siblings, and the needs of the parent/carer may also conflict. Recent guidance on the assessment of needs in child care practice has now made explicit the requirement to balance the needs of different family members in making judgements about intervention (DH, 2000a).

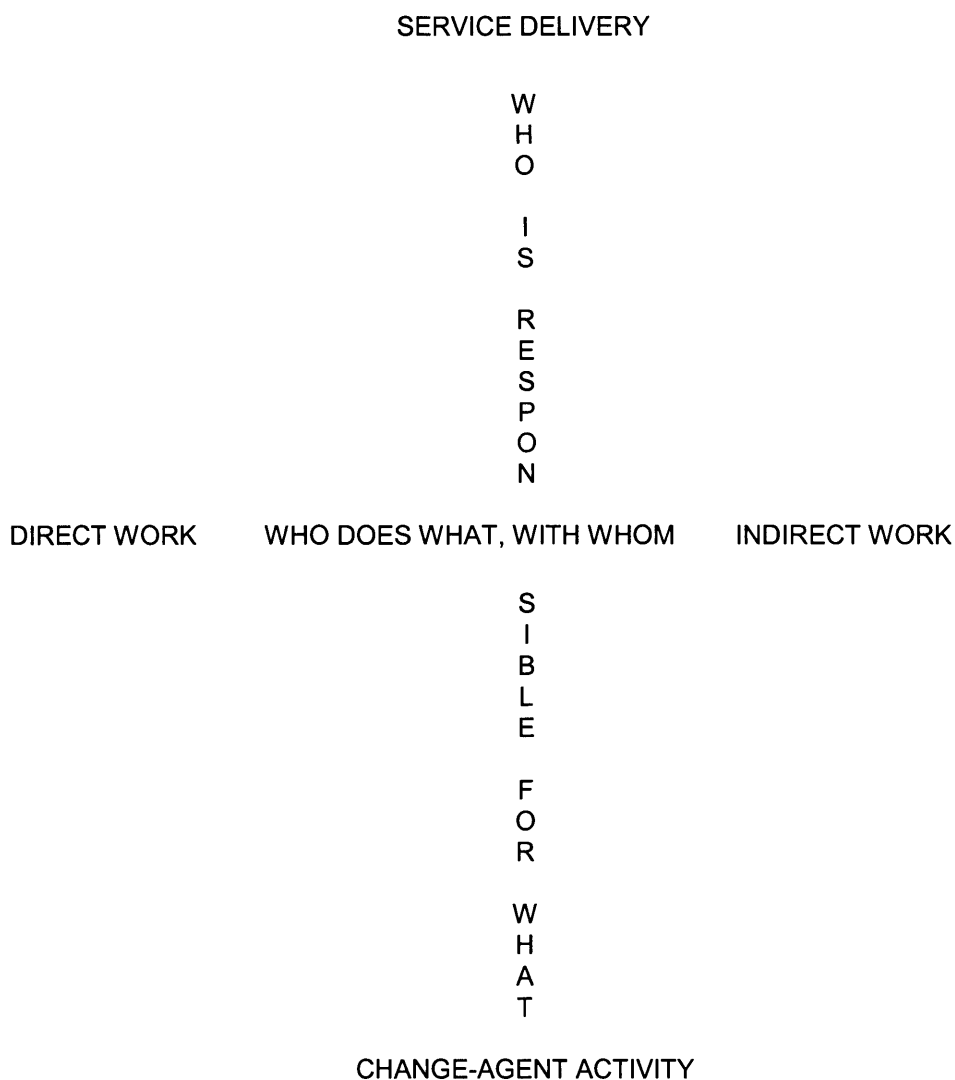
The assessment and care management model therefore offers a more complex model of practice than one which focuses on a single client/problem solving process because of its emphasis on the management function of the worker in the implementation of plans, its recognition of multiple client situations, and the likelihood of conflict and the need for conflict resolution. The final point of difference about the model is that it also incorporates actions and activity by other professionals, and social work practice with others outside the client network itself, in the interests of the client. Thus health professionals may complete specific activities to contribute to the assessment or intervention. In child care, education professionals may also make similar contributions. Social workers may also have a role in supporting volunteers or specially recruited carers who in turn provide a service to the client. It is possible, when children are looked after by the local authority for the case holder/worker not to be engaged in any direct service delivery or therapeutic work but to be monitoring and co-ordinating other workers in the performance of these tasks.

The differences between the two models may perhaps be more one of emphasis than real difference, nevertheless the different emphasis has the advantage of drawing attention to the more complex role of the worker in cases of multiple clients and multi-professional interventions. The "map" of social work activity (Exhibit 2.1) provided by Smale et al. (1988) and Darvill and Smale

(eds.) (1990) and applied to care management (Smale et al., 1993; 1994) uses questions to depict the breadth of *social work practice* (as defined by Compton and Galaway, 1994).

Exhibit 2.1. Map of Social Work and Social Service Activities

(Reproduced from Smale et al., 1993. p.34)



Smale et al. (1993) identify four (sometimes overlapping) dimensions of worker activity:

- *direct work* - for example, work with individuals, families and networks to tackle problems which directly affect them,

- *indirect work* - for example, work with wider groups and agencies to tackle problems which affect a range of people,
- *change agent activity* - for example, work done to effect change in the way people relate to each other, and
- *service delivery* - for example, work to maintain certain social situations by the provision of services.

These four dimensions are open to negotiation as to

...who does what, with whom, and who is responsible for what...

(p.34)

opening up the possibility of the worker engaging other agencies or practitioners in aspects of the work, but retaining responsibility as the case manager/social worker. Such a model was felt to have particular relevance in defining the range of activity and responsibilities included in social work practice of workers planning for looked after children.

So, two models of social work practice and process have been examined and provide a framework and key concepts for any analysis of the activities of social workers in planning for children. While different in emphasis and the range of tasks that are covered, considerable similarities exist in the two models. The systems perspective underpins and is utilised by each, as does the principle of partnership with clients. The emphasis in each is on a rational process in which different phases of the social work process can be identified. In the second part of this chapter social work processes associated with the two models will be considered in more detail, and the connections made with criticisms of past social work practice in planning for children.

Planning for Children and Social Work Process

Each of the models of social work process and practice, whatever the differences in emphasis, identified similar *phases* in social work process.

In the *problem-solving model*, Compton and Galaway (1994) refer to three phases in the process; *contact*, which involves engagement and definition of the problem to be worked on; *contracting* which includes assessment and goal setting; and the *action phase* which involves carrying out the action plan and termination. Woehle (1994) reviews a range of problem-solving models and concludes that five basically similar phases are included in all models: *intake and engagement*, *data collection and assessment*, *planning and contracting*, *intervention and monitoring*, and finally, *evaluation and termination*. Woehle (ibid.) also states that, in contrast to earlier diagnostic approaches to casework, the emphasis is on conscious and rational approaches.

The analysis of process leads to analysis of the various roles of the social work practitioner within this model and Woehle (ibid.) identifies that typically workers will take a variety of roles including advocate, broker or mediator, teacher, enabler and therapist.

In the *care management model*, two distinct phases are emphasised: *assessment* and *care management*, but the construction of a care plan (DH, 1991a and b) representing the decision-making or action plan phase is an explicit requirement. Once the assessment is completed, intervention consists of packages of care that are devised and implemented with the agreement of service users, carers and other agencies if necessary (Smale et al., 1993). The arrangements are monitored and co-ordinated by the worker in the care manager role. Smale et al. (1994) identify the essential features of effective care management: planning strategies of intervention with service users; defining specific tasks to be undertaken; identifying who will undertake specific tasks, and ensuring all efforts are co-ordinated.

The literature on *planning* for children who are looked after (Parker, 1985; Maluccio et al., 1986; Bryer, 1988) places an emphasis on the importance of purposeful, pro-active social work activity, goal setting and time-limited actions. When considering the looked after careers of children there has been an

emphasis on the significance of the social work process itself and so the three phases of assessment, decision-making and formulating a plan, and the action phase will be considered in turn. Drawing from research findings, references will be made to particular issues for planning for children in each phase.

- Assessment

Assessment is seen as a key process in the early stages of involvement with social work clients in both problem-solving and care management models of social work practice (Compton and Galaway, 1994; Orme and Glastonbury, 1993; DH, 1991a; 1991b). Similarly systems models (Pincus and Minahan, 1973; Goldstein, 1973) and behaviourist methods (Herbert, 1987) start with an assessment of the problem areas. Assessment is defined as

...reaching an understanding of a problem, client and situation.

(Compton and Galaway, 1994 p. 370)

A consistent theme is that of *exploration and fact gathering*. Compton and Galaway (op.cit) comment that assessment is an active thinking and testing process. In the care management and problem-solving models, the individual and the social situation is the appropriate unit of assessment. Both models emphasise that the process of assessment and problem exploration is a *shared process of understanding* between worker and client, in keeping with the principle of partnership. Smale et al. (1993) use different models of assessment practice to draw attention to the possible differences in relationship to the client in assessment processes. They distinguish between what they term as the *questioning or procedural* model (a form of the questioning model) and the *exchange* model of assessment. In the questioning and procedural models, the professional is assumed to be the expert in identifying need. In the exchange model, however, the assumption is that the clients, carers and the professional all have equally valid perceptions of the problem and possible solutions. The process is one of an exchange of information: the client(s) about their situation

and the problem as they perceive and experience it, the worker about possible resources and services. The outcome is the shared perception of the problem and the action plan is the result of negotiation between all the parties.

Like all theoretical models, the two contrasting models of assessment described by Smale et al. (ibid.) represent ideal types, but are useful in drawing attention to the *power* issues involved in the assessment process. The Children Act 1989 saw the identification of children in need and an *assessment of need* as the basis for the allocation of state child care resources after 1991 (DH, 1991d; 2000a). Significant social work decisions about a child such as the decision to look after a child, should always be preceded by consultation with the parents and carers and the child themselves to ascertain their wishes and feelings (DH, 1991e) as part of the assessment process. However, how far the process can be as equal as the exchange model would suggest is open to question when the professional's involvement may not have been solicited by the client, and when the worker's role involves controlling access to resources.

A further difficulty in envisaging a truly equal partnership in assessment lies in the professional knowledge and value base. Curnock and Hardiker (1979) have shown how workers make sense of their clients' situations by the use of theoretical concepts and create personal models of social work from a broad range of ideas and practice experience. When assessment is considered in relation to looked after children, certain theoretical concepts and ideologies may influence the focus of the assessment phase. Since Rowe and Lambert's study (1973) identified that over 7,000 children were awaiting a permanent family placement or were likely to live out their childhood in care, the dominant ideology in relation to children in care has been to avoid "drift" and to work actively to achieve a permanent family placement for a child (Thoburn et al., 1986; Triseliotis, 1991). One consequence may be that assessment of need and problem-definition in situations where a child is looked after by a local authority may focus on how best to achieve this outcome for a child. In particular, can a child be re-united with their family within a time scale that is

meaningful to the child? In a more recent development in the field of permanency planning Katz (1990; 1996) argues for a process of *concurrent planning* for children. Within this practice approach, she argues for an assessment process that should focus on differential diagnosis, distinguishing between families who have shown a capacity to cope and be resourceful, and those

...so pathological and bereft of supports that we have no means of helping them become safe and nurturing parents within their child's time frame. (1996 p.11)

What is being suggested here is that the focus of an assessment may be influenced by ideas about future possible outcomes rather than being the open exploration of individual needs that the ideal model suggests. The quotation also highlights the issues of power and the potential for a conflict of needs between the child and the parent with which the social worker must work.

Two further points should be made in relation to assessment. Firstly although assessment is described as a distinct phase in the social work process, in practice it is an ongoing process throughout the involvement with the client and will be concurrent with intervention and the provision of services (DH, 2000a). Secondly, the purpose of the assessment process in each of the models considered is so that *plans* can be made to deal with the problem or needs that are presented (Compton and Galaway, 1994; Smale et al., 1993; 1994). Information is therefore sought for the purpose of action, and assessment is not an end in itself. Whilst assessment can be conceptualised as a perpetual element of the social work relationship, the problem-solving and care management models identify that the assessment phase of the process must lead to *decision making*.

- Decision-Making

Problem-solving models (Compton and Galaway, 1994) refer to the decision-making phase of the social work process as *planning*. This phase involves both *decisions* about how best to tackle the problems and also an *action plan* of who will do what to achieve the changes needed. The care management model also talks of the construction of the *care plan* with the client and carer (DH, 1991a; 1991b). Any model of decision-making used to explore practice needs to take account of the criticisms of decision-making in relation to children in care, which have been multi-faceted. Decision-making, and its effect on what happens to a child in care has been a particularly significant area of study.

Firstly, as the desirability of achieving permanency for a child became a generally accepted practice principle, many studies focused on the degree to which social work practice was *purposeful*, and whether decisions were made about how to achieve this outcome (Packman et al., 1986; Millham et al., 1986; Vernon and Fruin, 1986; Farmer and Parker, 1991). Maluccio et al., (1986) comment that decision-making

...is perhaps the most crucial component of permanency planning methodology. It consists of the process of actively and deliberately making choices between alternative options. (p.11)

They also summarise the approach:

... deliberate, purposeful and aggressive decision-making even in the midst of uncertain or incomplete knowledge, is advanced in the place of passive decision-making through inertia or inaction. (p. 12)

As evidence of purposeful action and decision-making, some authors (Vernon and Fruin, 1986) have focused on the existence of a *plan* for a child, that is, that

a decision has been made about the desired goal for the child. Following this line of reasoning, the Children Act 1989 made the care plan for a looked after child mandatory (DH, 1991e). Other studies, however, have drawn attention to the impact of other key decisions on the child's care career. For example Millham et al. (1986) and Aldgate (1980) investigated the child's *contact* with the natural family. Aldgate (ibid.) found that the length of stay in care increased when there was no contact. Millham et al.'s (op. cit.) longitudinal study of children in care revealed the significance of the failure to make decisions about the needs of a child, so that contact often declined in the face of informal barriers rather than as a result of termination in the interests of the child.

A second area of decision-making that has been explored is the *legal status* of the child. The longer a child remained in care the more likely workers were to take legal control (Millham et al., 1986). One of the arguments for taking legal control was to facilitate planning in response to the "*weaknesses*" of voluntary care, by seeking to reduce uncertainty and parental interference (Packman et al., 1986; Millham et al., 1986; Thoburn, 1980). Yet children admitted compulsorily were found to remain longer in care than those admitted voluntarily (Thorpe, 1988), raising a question as to whether legal control did expedite planning for the child. Packman et al., (1986) explored the relationship between planning and legal status at admission, in some detail. They found that taking control at admission through a Place of Safety Order appeared to undermine the planning process. In such cases, the first placement was generally unplanned and there was no evidence that any further placements were any better planned than for those admitted voluntarily.

The third area of decision-making – or non decision-making – picked up by the literature is in relation to the day to day *health, educational and emotional needs of the child in care* (Second Report of the Social Services Committee, 1983-84; Simms, 1988; DH, 1991c; Parker et al., (eds.) 1991; Stein and Carey, 1987; Jackson, 1988). Here considerable concern arose about the extent to which basic needs of children failed to be addressed whilst they were in care, thus

jeopardising the long term health and well-being of the child and possibly any future permanent placement (Parker et al. (eds.), 1991).

Two points, then, emerged from the research into practice. Firstly that no simple positive relationship can be assumed between the decisions made about a child and the effects of those decisions, and secondly, that decisions that are made about circumstances, other than the long-term goal, may still impact on that overall goal. It is the latter point that may have been influential in the approach to decision-making taken in the Children Act 1989. Decision-making is depicted as essentially a rational process reflected in the production of an explicit written Plan (DH, 1991e), that is based on *comprehensive* information about needs and circumstances (assessment). Rational decision-making models assume the gathering of comprehensive information, and review and evaluation of all the options, before arriving at a decision. However, Sinclair (1984) questions the usefulness of rational decision-making models to social work practice because of the limitations to the information that humans can handle simultaneously. She suggests that most decision-makers do not seek the best solution but one that will resolve a situation satisfactorily.

Woehle (1994) also discusses the assumption of rational decision-making which underlies problem-solving and task-centred approaches, arguing that rational models are based on assumptions that social science provides comprehensive knowledge for decision-making and that all parties agree on the values that prescribe the use of that knowledge. He argues that the reverse of rational decision-making could be an incremental approach to change, where all of the alternatives cannot be specified in advance and actions cannot be easily related to their effects. Incremental goals may be easier to set and to relate to specific actions. However incremental decision-making has been the subject of criticism in child care research. Millham et al. (1986) identified aspects of *incrementalism* in relation to children's care careers, although not as a conscious process by workers. They found that each decision in relation to a child may have consequences which had not been intended or foreseen. Each decision opened

up or closed down future options and had an impact on the child/family, for example, by erecting informal barriers to contact as outlined above.

Both Woehle (op.cit.) and Sinclair (op.cit.) review a third framework for decision-making that emerged as an important model for this study. This third framework takes account of the different nature and order of some decisions and integrates both rational and incremental approaches into a model known as *mixed scanning* (Etzioni, 1967; 1986). Etzioni (1986) argues that rational consideration of all alternatives is not productive as some alternatives are not available. Mixed scanning involves the gathering, evaluation, and use of information in making decisions, but information and alternatives are considered in a context that includes higher order, fundamental decisions and organisational contexts which could include the social, legal and political context. Some alternatives are not considered because they are not seen as available and some decisions are 'nested' within higher order decisions. Sinclair (op.cit) applied this model to planning for children. Her research explored the role of reviews and to this end she argued that a long-term plan represented the higher order decision in this process. Day to day case-work decisions and other decisions (for example about contact) were then made with this goal in view.

Woehle and Sinclair's alternative framework highlights the complexity of this area of practice, and that implicit as well as explicit processes may be involved. In this vein, Smith and May (1980) draw attention to the fact that social workers are often accused by their critics of "*muddling through*" (p.157) yet give rational pro-active accounts of their own professional practices and decisions. This suggests there may be risks in measuring pro-active decision-making by the standard of having a written plan. The various criticisms of social work decision-making about children in care reveal the breadth of day to day social work actions or inactions that may amount to decision-making. Parker's (1985) work on contingency planning argues for the significance of an ongoing process of decision-making within the overall plan for the child. He addresses the fact that

the actual implementation and fulfilment of plans is often problematic and argues for

...the need to have a plan for a plan not working. (p.26)

Several authors have drawn attention to the unpredictability of situations in which workers have to pursue their plans (Packman et al., 1986; Fisher et al., 1986; Doyle, 1989) but relatively little attention has been paid to strategies to respond to this. However Parker (op.cit.) suggests three additional components of good planning: the identification of areas of risk in relation to a plan; criteria for success or failure; and the acceptance that plans frequently need adjustment. Thoburn (1991a; 1991b) has argued that in the context of the Children Act, where plans would have to be negotiated with parents, contingency planning would be of increased importance. Katz (1996) has taken the concept of contingency planning one step further in advocating concurrent planning. This she defines as

...the process of working toward family reunification while at the same time establishing an alternative plan. (p.10)

The alternative is usually permanency with a relative or a secure foster/adoptive family. Katz (ibid.) argues for this on the basis that the client population with which workers are working has changed since the forties when the American system of care was designed. The explosion of the drug problem in America has produced many very young children at risk and children under one year were found to be at highest risk of not going home, along with African American children, those with mentally ill parents and those placed in care voluntarily. Distinctions between adoption and fostering have become blurred by contact after adoption, and research evidence shows that many young children in America are remaining in care for lengthy periods of time, mirroring the problem of “drift” that occurred here in the seventies. Katz highlights a difference in American compared with British practice in planning for children in care by

suggesting a *shift* in practice so that the stated goal for the child is *permanency* rather than *family reunification*. Arguably, in Britain, permanency, meaning a permanent *alternative* family placement, dominated practice with children in care until the Children Act led to a greater emphasis on exploring all options for keeping children within their families (Parton, 1991).

Decision-making, then, is recognised as a crucial aspect and phase in the social work process in planning for looked after children. The significance of decisions, not just about the long term goal for the child, but also related decisions about contact, legal status and process, is apparent from research findings. However, while rational models of decision-making may be congruent with the problem-solving and care management models of practice, and appear to underpin the decision-making processes implemented by the Children Act 1989, other authors draw attention to the fact that decision-making may be multi-faceted and interactive. Underlying processes may have a rationality that is not apparent if a rigid model of decision-making is applied.

- The Action Phase

The final phase to be considered is the intervention or action phase – that is work or actions that are undertaken to carry out decisions or to achieve the agreed or stated goals. In the models of practice reviewed here, various roles and types of intervention are described.

Compton and Galaway (1994) identify four primary activities by the worker in the action plan phase: provision of needed resources, creating change in transactions between the client system and other systems, problem-solving work, and the use of therapeutic relationship for change in the internal interactions of the client system. The map of social work activity (Exhibit 2.1) (Smale et al., 1993), devised for the assessment and care management model, identifies four areas of social work activity: direct work; indirect work; change agent activity; and service delivery. A large degree of similarity exists in the

activities in the action phase between the problem-solving and care management models and, as with the models themselves, differences are of emphasis rather than substance. Nevertheless the importance of negotiation and conflict management skills are perhaps emphasised in the care management model, as is the role of putting together *packages of care* and the co-ordination and management of the package.

Compared with other phases of the social work process, relatively little attention has been given, in research, to the content of social work practice in implementing plans for children. Goldberg et al. (1976), in their evaluation of social work processes, identified the activities that workers engaged in, in order to define and describe intervention strategies. They identify the activities as review visiting, mobilising resources, exploration or assessment, the provision of information and advice, sustaining/nurturing, problem-solving, and advocacy. A separate category of intervention was the provision of practical help and both Seden et al. (1995b) and Gibbons et al. (1995) identify the provision of a range of family support services as one aspect of intervention. Services typically provided consisted of family aides, material help, family centre placement, play schemes, social work assistant, child minder, day nursery, referral to specialist intervention teams and voluntary accommodation of the child.

More recently Seden et al.'s (1995a) study of social work processes in twelve cases where children were thought to be at risk of significant harm, identified the following activities: counselling/casework; exploration and assessment; social care planning (meaning packages of services for prevention or therapeutic purposes); education and behavioural skills training; advice, advocacy; brokerage, negotiating contracts and mediation. A separate study (Seden et al., 1995b) using social workers' accounts of their practice, found different methods in use in two types of cases studied (significant harm/child protection and prevention cases) and draws our attention to the likelihood of different methods being used in different case situations. Gibbons et al. (1995) found some evidence of different methods in use in different types of cases.

They found that what they termed as specific social work methods (as opposed to the provision of practical support) were most likely to be used when children were in foster care than in those cases where children were with their families. They also found that direct work with children including life-story work was much more prevalent in cases where children were fostered or adopted.

If little robust information is available on the range of intervention methods generally in use, even less is known about specific methods of intervention for looked after children. Research studies that have looked at the care careers of children (Millham et al., 1986; Packman et al., 1986. Farmer and Parker, 1991; Vernon, 1985) offer us little insight into the methods in use, but instead comment of whether activity was *purposeful* and on the decrease in social work activity over time the longer a child remained in care. Millham et al. (1986) commented that by 6 to 12 months in care

...children.... receive only a perfunctory scrutiny from social workers. (p.164)

One exception to this lack of research is in the area of the day to day activities of a looked after child's care. However, studies have shown the lack of involvement of social workers in routine parenting tasks such as attending parent evenings at school (Jackson, 1988) or routine health and dental checks (Simms, 1988; Parker et al., (eds.) 1991). One factor here may be the diffuse nature of responsibility spread amongst a range of caring professionals with a consequent lack of clarity about whose role it is to take on these tasks. Passivity rather than purposefulness appears again to be a factor.

Vernon (1985) commented that as care progressed, maintaining the present placement rather than achieving a long-term outcome and rehabilitation, or a permanent substitute placement, became the focus. However Farmer and Parker (1991) did conclude that children who were in care as a result of child

protection concerns were more likely to have plans made for their futures and that

...the disposition towards purposeful action for a particular child's return home ... is associated with its successful realisation. (p.159)

This purposeful disposition appeared to be more significant than the content or type of social work activity as generally, in Farmer and Parker's study (ibid.) social work practice beyond the initial stages of a child coming into care was found by many studies to be passive and reactive.

Summary

In this chapter, two models of social work process and practice have been reviewed to provide a framework for our analysis of social work practice in planning for looked after children. It is from such models that the key elements in planning for looked after children incorporated in the Children Act, are derived.

The problem-solving model is based on three fundamental concepts: an ecological perspective; the principle of partnership with clients, and a "problem-solving" process that has identifiable phases of activity. The assessment and care management model of practice was seen as a development of the problem-solving model (Smale et al., 1993; 1994) but emphasises a *needs* rather than a *problem-solving* focus, the likelihood of a multiple clients and consequently an emphasis on negotiation and mediation by workers. With the exception of "needs" the same key concepts underpin the care management model.

Both models fall within the rational approach that remains the dominant paradigm in current social work practice. Three distinct phases of the social work process have been identified and examined in some detail: assessment,

decision-making and the action phase. These phases represent a sequence of activity that logically and sequentially address the client's problems/needs. The significance of each phase in planning for looked after children has been discussed and key issues from past research highlighted.

By examining models of social work practice a conceptual framework for understanding social work process in planning for looked after children has been explored - the "how" of planning. What is still missing however is any understanding of the context in which such processes might take place. As stated in the first chapter, this study is founded on an assumption that social work practice is in essence interactive. Thus only after an examination of wider influences, notably the policy and legal frameworks and value perspectives that surround statutory child care practice, can we move forward to attempt any analysis of current practice in planning for looked after children. This is explored in the next chapter.

Three: The Legal and Policy Context of Looking after Children.

Introduction

Having reviewed models of social work process and established the areas of concern about workers' decisions and actions in planning for looked after children, the next step is to review the legal and policy frameworks that have an impact on, and shape, practice. In Chapter One we established that one tenet of this study is that workers' decisions and social work practice are seen as "situated actions" (Suchmann, 1987) – actions that are taken within a particular set of circumstances. Thus to understand workers' actions we have to consider the circumstances to which they are a response and which, perhaps, they aim to influence. The provisions of the Children Act 1989 define the statutory functions of local authority social workers and who should be the recipients of state child welfare services - and so provide the context and basis for social work decisions and practice. It is with the legal framework that we will start. However the Act itself is the product of ideology and perspectives on the role of state welfare with children and families and it was influenced by themes and debates in child care policy that occurred prior to its inception (Parton, 1991; Hoggett, 1989; Ball, 1990). Therefore, this chapter will also analyse the legal framework from two perspectives - debates about the role of state welfare in family life, and competing value perspectives. This will provide an overview of the national legal and policy contexts against which to evaluate local policy and ultimately social work practice.

The Children Act Framework for Looking After Children

The Children Act 1989 reformed what had previously been fragmented and complex legal provision that related to children and families. It created a

comprehensive legal framework that dealt with child welfare and child protection provision by the state, and public and private law (Hoggett, 1989; Parton, 1991). Under the Children Act, there are two routes by which children can be looked after by a local authority - either by voluntary agreement with a child's parents (or those with parental responsibility), or without parental agreement, by virtue of an order of the court or as a result of the use emergency powers (Allen 1992).

The first legal route is Section 20(1) of the Children Act 1989, which states that

... every local authority shall provide accommodation for any child in need within their area who appears to them to require accommodation as a result of

a) there being no person who has parental responsibility for him;

b) his being lost or having been abandoned; or

c) the person who has been caring for him being prevented (whether or not permanently, and for whatever reason) from providing him with suitable accommodation or care.

Additionally Section 20(4) states that

A local authority may provide accommodation for any child within their area (even though a person who has parental responsibility for him is able to provide him with accommodation) if they consider that to do so would safeguard or promote his welfare.

Local authorities have a *duty* to provide accommodation for children in need who satisfy any of the conditions in subsection (1), but the *power* to provide accommodation for a child under subsection (4). Under this section, the provision of accommodation is agreed to, *voluntarily*, by the child's parents or others with parental responsibility and subsection (8) states that a person with

parental responsibility may remove a child accommodated under this section at any time. Before providing accommodation, the local authority must consult with parents and anyone with parental responsibility and ascertain the wishes and feelings of the child and give due consideration to them.

Section 20 falls within Part Three of the Children Act which is concerned with a local authority's duty to identify children in need within their area, to provide a range of services to safeguard and promote the welfare of such children, and so far as is consistent with that duty to promote the upbringing of such children by their families (Children Act Section 17(1)). The parents of an accommodated child retain parental responsibility for the child and the local authority does not have, and cannot obtain, parental responsibility unless they can show in court that the grounds for a care or supervision order are proved. In keeping with the function of providing support to children in need through looking after them at their parents' request, the Act also made provision for arrangements to look after a child for a series of short episodes on a planned regular or irregular basis (Aldgate et al., 1996).

The second legal route is the compulsory one, when the local authority or the police take emergency powers or obtain a Care Order in respect of a child. There are two means of emergency admission. Emergency Protection Orders, which replaced Place of Safety Orders (Allen, 1992; Masson and Morris, 1992), can be made only by application to the court under Section 44, when there is reasonable cause to believe a child is likely to suffer harm unless he is removed to accommodation provided by the applicant. An Order lasts for eight days and may be renewed only once for a further seven days. The second route, which proved to be more significant in this study, was the taking of Police Protection. This is provided under Section 46 and the power may be used by the police where a constable has reasonable cause to believe a child is likely to suffer significant harm if not removed to accommodation. Having removed the child to police protection, the local authority can be asked to provide accommodation for the child. Police Protection itself can last for no more than 72 hours.

These two sections of the Act are designed, as their titles suggest, for emergency purposes. The intention is to give the local authority time to investigate the child's situation whilst at the same time ensuring the safety of the child. Both therefore may be a gateway to being looked after. However both are of short duration and for a child to be looked after for any length of time the emergency order or power would have to be followed by the provision of voluntary accommodation under Section 20 or a care order if the grounds are proven.

Care Orders are made under Section 31 and fall within Part Five of the Act, which deals with compulsory interventions when a child is in need of protection. Section 31 (1) states that

On the application of any local authority or authorised person, the court may make an order –

- (a) placing the child with respect to whom the application is made in the care of a designated local authority; or*
- (b) putting him under the supervision of a designated local authority or of a probation officer.*

The grounds for a care or supervision order are that the court must be satisfied:

- that the child concerned is suffering or is likely to suffer, significant harm; and*
- that the harm, or likelihood of harm is attributable to -*
 - (i) the care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give to him; or*
 - (ii) the child's being beyond parental control.*

Section 31(9)(b) defines harm as meaning ill-treatment or the impairment of health or development, where health means physical or mental health, and development means physical, intellectual, emotional social or behavioural. Ill-treatment includes sexual abuse and forms of ill-treatment that are not physical.

The question of whether the harm suffered is significant turns upon the child's health and development and comparison with what could reasonably be expected of a similar child.

The making of a Care Order will give the local authority parental responsibility for a child, although the parents and other adults who have parental responsibility will also continue to hold it. However, the local authority will, on the making of the Care Order, have responsibility for deciding the extent to which a parent or guardian may meet his parental responsibility for the child – that is what decisions can be made by the parents, or who the child may have contact with. But the expectation is that the local authority will work in partnership with parents and the child's care plan will contain the arrangements for maintaining contact between a child and his/her parents (Allen, 1992; Brasse, 1993).

Once a child is subject to a Care Order, the child will be looked after by the local authority even if the child is placed at home with parents or with relatives. The local authority will continue to have parental responsibility for the child until the order is discharged or an Adoption Order made.

The fact that Section 20 and Section 31 are contained within separate Parts of the Children Act will be significant when we come to consider the place of looking after a child in child welfare and child protection provision. At this point it is worth noting that the Children Act reduced the number of compulsory routes into care and ensured that a consistent set of criteria were applied in establishing the grounds for emergency orders or powers, and care and

supervision orders. The threshold criteria for compulsory state intervention are “*significant harm*” or “*the likelihood of significant harm*”.

Once a child is looked after by the local authority, regulations set out a local authority's duties in respect of the care and placement of the child irrespective of the legal route used for admission (DH, 1991e). Section 22 (3) states that

*It shall be the duty of a local authority looking after any child
(a) to safeguard and promote his welfare...*

There is therefore, no distinction between the child looked after by voluntary agreement or the child looked after under a care order when it comes to the standard of care and parenting that the local authority is expected to give to the looked after child. The major difference lies in the extent to which the local authority can override parents' views in decisions made about the child when a care order is in force. Nevertheless, under the Children Act regulations (DH, 1991e) in respect of any looked after child, the local authority is expected not only to consult parents and those with parental responsibility and so to work in partnership with them, but also to take account of the wishes and feelings of the child, having regard to their age and understanding.

In the devising of the Children Act and since its implementation, the standard of “corporate parenting” - that is parenting provided by the state to children in public care - is seen as being set by the expectations placed by the Children Act on biological parents (Parker et al. (eds.), 1991). In respect of a child's biological parents the Children Act introduced in law the concept of *parental responsibility* rather than parental rights. Parental responsibility is defined as

... a collection of powers and duties which follow from being a parent and bringing up a child... (DH, 1989)

When a child is admitted to a placement away from their home, parents retain all parental responsibilities under voluntary arrangements but share parental responsibility with the local authority when there is a Care Order. The responsibility of the state for the standard of parenting must be at least that set for other parents. Furthermore, the *standard* of parenting is defined by the grounds that are applied in Care Proceedings. Once significant harm or likely significant harm is established, the next question to be answered is:

Is the child receiving care which it would be reasonable to expect a parent to give to him? (Sec 31)

Thus the benchmark for local authority parenting has become that which it would be reasonable to expect a parent to give to the child in question.

Subsequent case law has also clarified that the expectation is not what is reasonable for the particular parents. A lower standard of care would not be allowed for a child because, for example, a parent had a disability or ill-health (Fortin, 1993). The standard is what is reasonable for the particular child. Thus it would be reasonable to expect parents to provide additional or special care for a child with special needs. This makes it explicit that a high standard of care is expected - higher, it is argued, than under previous legislation (Parker et al. (eds.), 1991). Children Act Regulations (DH, 1991e) have made it clear that the standard is set, not by what poor parents can afford, but by what they might want to provide for their children if they had more resources. So, Section 22 states that the local authority must promote and safeguard the welfare of children who are looked after, and regulations (which have the force of law under Section 7 of the Local Authority Social Services Act 1970) confirm that the standard is what a parent "*with the means to provide*" would want for their child.

Parker et al. (eds.) (1991) comment

Reasonable parents want their children to be happy, healthy, literate, confident and popular. Few would regard criminality, promiscuity or substance misuse with equanimity. (p.62)

Thus commentators agree that the local authority has a responsibility to act as an effective parent rather than the normal parent. Jackson, Fisher and Ward (1996) are amongst those that comment that this explicit standard marked a radical shift in philosophy as, prior to this, the values of Poor Law legislation and the principle of “less eligibility” were still prevalent.

Recent government initiatives to improve corporate parenting have emphasised the standard of care to be achieved by local authorities:

The Government believes that local authorities should act towards children in their care as any well-meaning natural parent would towards their own child. You should want the best for them and do your utmost to provide them with a good start in life. This means providing a home, good care, and access to the education and health care children need to grow and develop. You need to take a close and continuing interest in the achievements of children in your authority's care, both at school and in other areas of their lives. (DH, 1998b)

The Children Act, then, was instrumental in establishing that there are just two purposes in the state looking after children – the support of the child or parent, or the safeguarding and protection of a child. While looking after a child by voluntary agreement could serve either purpose, compulsory admission was only legitimate when a child was in need of protection. However the state had a clear responsibility to work with parents, to listen to children when making

decisions about them, and to provide a good standard of care for a looked after child.

In establishing these basic principles and provisions, the Children Act 1989 was influenced by debates and concerns that had arisen in child care policy in the forty years since the Children Act 1948. These were debates about the role of the state and the boundaries to the state's role in family life; about prevention and whether that was the prevention of children coming into care or a wider responsibility of general support to families. There had been concerns about the child protection system and the increasing numbers of children being brought into public care by compulsory means (Parton, 1985; Frost and Stein, 1989; Parton, 1991); about the best ways of caring for children away from home (Parker, 1980); and about the poor quality of physical and emotional health and educational achievement of children in care (Aldgate et al., 1992; Aldgate et al., 1993; Biehal et al., 1992; Colton et al., 1990-91; Heath et al., 1989; Hendriks, 1989; Simms, 1988; Parker et al. (eds), 1991; DH, 1991c; Utting, 1991). The 1989 Act was hailed as achieving an integration of child welfare and child protection provision, creating a new balance between the family and the state (Hoggett, 1989; Ball, 1990; Colton et al., (eds.) 1995) and setting out a comprehensive and consistent framework of regulation for looking after children. After 1991, local authority social work practice in looking after children could be expected to follow and use the range of duties and powers contained in the Act (Grimshaw and Sinclair, 1997). However any analysis and evaluation of that practice needs to consider the aims and intentions of the Act. Thus it is necessary to explore some of the debates about the role of state welfare and competing value perspectives in child care policy, in order to understand some of the influences on the Act and the intentions behind the new legal framework that came into operation.

The Role of the State with the Family, and the Social Construction of Family Problems.

Themes in child welfare policy have been subject to analysis from a range of different approaches – historical (Heywood, 1978; Hendrik, 1994; Parton, 1985), policy analysis (Frost and Stein, 1989; Parton, 1991; Hardiker et al., 1991a; 1991b) and value perspectives (Fox Harding, 1991; 1997). However, it is policy analysis and value perspectives that perhaps most reveal the contested nature of beliefs about the role of the state, parents and the child in child welfare provision since the middle of the twentieth century.

Hardiker et al. (1991a) set out to analyse preventive childcare policies and in so doing developed a framework that enables different levels of state intervention into families to be identified. The levels of intervention will be significant later in analysing the nature of the provision made by the Children Act 1989. At this point it is the different *models* of welfare that Hardiker et al. (1991a) identified as underpinning different approaches to, and levels of, intervention that reveal some of the contradictory policy positions that have co-existed over the last forty years. Each model of welfare is based on assumptions about society and the state and has a particular construction of how social problems arise and therefore the purpose of state intervention into family life.

The first model discussed by Hardiker et al. (1991a) is the *residual* model of welfare. This model emphasises the value of individual freedom, personal responsibility and self-sufficiency. From this perspective there is a *minimal* role for the state as free market forces will deliver the greatest good to the greatest number of individuals if left to operate freely. There is a high threshold for state intervention and the state's role in the provision of welfare services is therefore a very limited one - a last resort. Within this model, problems are socially constructed as being due to individual failings. The state has a greater role in protecting personal freedoms and ensuring "deviant" members of society do not de-stabilise society or interfere with the rights of the majority of citizens, than in

meeting the needs of its citizens. From this perspective, the care of children is seen as the responsibility of parents. The state would only intervene if a child's *safety* was at risk or if the standard of care is below that acceptable to society. In that event, the attitude towards parents would be punitive as they would be seen as failing in their responsibilities. At that stage, the needs of the child would prevail over the rights of the parents. The role for social work therefore could be described as social policing and residual.

The second model of welfare is the *institutional* model. The assumption underlying the model is a *consensus* view of society in which it is assumed that the same basic values are held by the majority of people. There is an emphasis on social integration and stability. In this model it is not seen as advisable to rely on the market to achieve social harmony. The state has a role in acting

... to make good the deficiencies of the free market system and to tackle avoidable ills. (George and Wilding, 1976 in Hardiker et al., 1991a p.23)

and thus, in mitigating the worst effects of ill-health, poverty, and unemployment through the provision of social services.

... the state accepts responsibility for the provision of rather more than a basic minimum. (Hardiker et al., 1991a p.24)

The state's role is therefore seen as a functional necessity in order to promote social integration. The state will not be the only provider however, and its role has clear boundaries. Instead a "mixed economy" is encouraged with partnerships between state, private and voluntary organisations and families (Griffiths, 1988). Within this model Hardiker et al. (op.cit.) identify a role for social work in identifying *needs* and *providing or co-ordinating services to meet those needs*. As with the first model the social construction of social problems is individually focused rather than structural, and treatments or remedies are aimed at the individual or - as has developed over time - the family. However

the role of social work with the individual is *enabling*, and is a means of achieving social integration. As there is no acknowledgement that the needs of disadvantaged sectors of society may be structurally caused, social work does not have a role in changing society.

The third model identified by Hardiker et al. (1991a) is the *developmental* model. This model recognises conflict in society, but is underpinned by a *pluralist* perspective. Societal institutions are believed to be responsive to democracy and therefore it is possible to develop a more just and fair society. The state is a key player in achieving this development and has a role in modifying the workings of the market to achieve a more equal society. One means of achieving the redistribution of resources necessary to create a more equal and just society is the provision of welfare. Unlike the institutional model where the state's actions will be largely reactive, in the developmental model they are proactive and promotional. Personal difficulties are seen as caused by the unequal distribution of power and resources in society and are therefore structural, rather than pathological. Thus, the focus of social work activity is different to the first two models, and the concern is achieving societal change rather than personal change. Advocacy and campaigning are integral parts of social work activity. Another central theme is that of empowerment. Individuals will change through growing self-confidence and increased self worth.

Hardiker et al.'s models of welfare are ideal types - that is heuristic tools to assist in analysis, but not actually occurring in society in their pure form (Weber, 1930). The three models are particularly useful in drawing attention to differences in welfare policy, the extent to which the rights and freedoms of individuals and the free market are valued, the extent of trust or mistrust of the state, and differences in the way social problems are constructed. Alternatively, the models illustrate the fundamental assumption, common to all three, that there is a role for the state in providing "welfare". The debate is about timing and the nature of the intervention.

- Implications for practice

The three models enable us to see that the purpose and boundaries in the state's role in looking after children can be viewed and drawn differently, depending on the meanings attached to this state provision and the attitudes and assumptions underpinning the activity. Thus, under the *residual* model taking a child into public care is likely to take place at a high threshold, only as a last resort, and to be accompanied by a punitive attitude towards parents who will be seen to have failed. Within an *institutional* model, however, the assumption is that the state does have a clear role in providing services for children and families to ensure integration by meeting their needs and to moderate the worst effects of poverty and deprivation. Looking after a child would be a means of promoting a child's welfare and meeting their needs if their family was not able or willing to do this. In this model, the threshold for looking after a child would be lower and the state would have a responsibility to provide good compensatory care for the child. In the *developmental* model, the state's role in looking after children is more problematic as the emphasis here is on community interventions rather than with individual families. However the overarching approach is proactive and promotional, modifying the workings of the market and providing for the most disadvantaged. Thus, it would be legitimate within this model to look after a child to provide relief, particularly for families under stress through no fault of their own (Aldgate et al., 1996). In this model the provision of the service of looking after the child would attach no assumption of blame or failure.

Hardiker et al.'s (op.cit.) work shows that behind state provision for looking after children lie assumptions and beliefs about the role of the state, and of welfare provision, and the causes of social problems. Their analysis makes it explicit that social work with families in difficulties is a value-based activity, not just in terms of the value accorded to *the role of state* and the social meanings attached to the activity of looking after the child, but also in the attitudes and opinions towards *the parents* and *children*. An exploration of *value perspectives*

in childcare policy highlights a wider set of divergent beliefs that may influence childcare policy.

Value Perspectives in Childcare Policy

Fox Harding (1991; 1997) identified four distinct value perspectives in childcare policy. As with models of welfare, these perspectives are described as ideals, and are not to be found in a pure form in any existing policy and practice frameworks. Nevertheless, Fox Harding argues that each is or has been influential in shaping current policy and legislative frameworks.

The *first* value perspective is *the laissez faire or minimalist* perspective which can be traced in the Poor Law legislation: the intervention of the state in children's care should be a last resort, only taken in extreme circumstances. In this perspective, the privacy of the family and the rights of parents to bring up their children as they choose should be respected. Also associated with this perspective, although it could be argued, not a necessary consequence of it, is patriarchy - the dominance of men over women - and of fathers over their wives and children. Fox Harding argues that if families are left alone, family relationships usually reflect patriarchal values. Furthermore the rights - and needs - of children, as individuals in their own right, are barely recognised.

Fox Harding argues that this perspective, while strongly associated with the last century and the Poor Law, was still a strong influence in the late seventies. Amongst others she identifies Freud, Goldstein and Solnit (1973; 1979) as key proponents, arguing for minimal state intervention and the safeguarding of the family from state intrusion in order to preserve continuity for a child. Their argument focused on the psychological rather than the biological bond of a child with his/her parents and the view that this should not be interrupted unless absolutely necessary. In their second book (1979), these same authors spell out the circumstances in which intervention would be justified, but their position remains minimalist with a very high threshold for intervention. Harm to a child

would need to have occurred, or a child would have to have formed significant emotional bonds with a substitute carer, before any disruption of the biological parents' rights to bring up their child, as they see fit, would be justified. While Freud et al. (ibid.) argue for the best interests of the child and allow for separate representation of a child in any legal proceedings, it is clear that they only see the "best interests" consideration coming into play *after* the threshold for intervention has been passed. Finally, they say that once state intervention is the issue, subsequent decisions about placement are guided by the concept of the "least detrimental alternative" rather than the child's best interests. State intervention, when it occurs should be as brief as possible, swiftly passing responsibility to new permanent substitute parents, for the state is not seen as having the capacity to supervise complex family relationships.

Fox Harding's (op.cit.) *second* perspective is the *paternalistic/child protection* perspective. By contrast to the laissez-faire position, this perspective sees a considerable role for the state in protecting children when parental care falls below acceptable standards. There is an understanding that (birth) parental care is not always good and in these circumstances the state should intervene, coercively if need be, to protect the child. This perspective can also be seen as a "child rescue" perspective with an emphasis on psychological *and* biological parenting. Consequently continuity of care is not valued for itself, as quality and attachment are significant factors. Adoption is seen as a favourable solution if the birth family could not provide adequate care.

There is considerably more confidence in, and less distrust of, the state in this perspective, in the guise of the professionals who are experts in judging the quality of care. There is also a belief in the state's ability to provide something that is better for the child. Consequently the threshold for state intervention when there are concerns about the standard of parental care is lower than in the laissez faire perspective, as the standard of care expected of birth parents is higher. The needs and rights of children are given precedence over those of parents and they have a right to a good standard of care by their parents.

However there is little emphasis on the child's own views or on the child as an individual in their own right. Rather the child is seen as vulnerable and dependent.

Fox Harding's terms her *third* perspective as *the defence of the birth family and parental rights*. Here the state again has a considerable role - but in this instance the role is supporting families in caring for their children and providing the services that will assist them in staying together. In this perspective, structural issues are recognised and poor parenting is seen as linked to the effects of poverty, disadvantage and inequality. The likelihood of children entering care coming from deprived backgrounds is seen as evidence of this (Holman, 1988; Fisher et al., 1986; Wedge and Phelan, 1988; Bebbington and Miles, 1989). Pugh et al. (1994) quote Rutter (1974) as reflecting this perspective, in describing what he termed as the "*permitting circumstances*" (p. 57) for good enough parenting. One role for the state is to provide a materially enabling environment for parents, and those facing difficulties are viewed with sympathy. A great emphasis is placed on the value of parents to their children - both in terms of biological and psychological bonds with their children, and on parents' rights. Parents' needs are also recognised, and their sense of loss if separated from their children. Thus the state also has a role in recognising and protecting parents' rights alongside those of others (including children), identifying needs and achieving the social integration of the most needy. In this perspective, the issue of taking children into public care is a more complex one. The threshold for compulsory intervention is likely to be high as this would be contrary to notions of support and parents' rights. However the threshold for caring for children by voluntary agreement would be low if this was a means of supporting the parents.

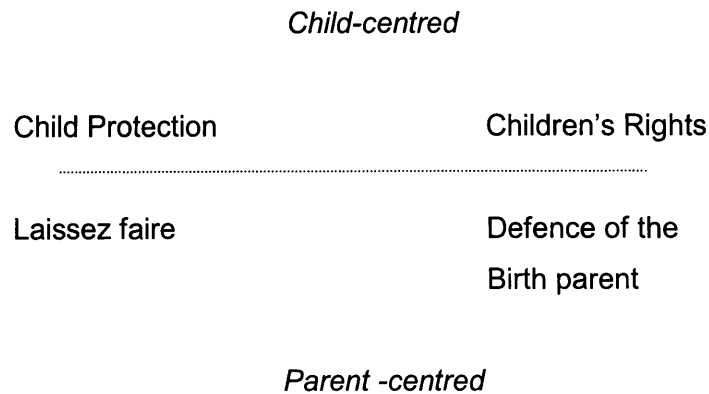
Fox Harding describes her *fourth* and final perspective as "*children's rights*" but acknowledges that within that broad perspective there are at least two versions. In a moderate form, this value perspective emphasises the importance of the child's views, wishes and needs. In its more extreme form however, the

perspective accords the child autonomy from adults, and his/her own freedoms and rights, thereby questioning notions of custody and parents having any rights over their children. Fox Harding argues that this extreme position is implicitly underpinned by a different concept of childhood that sees children as not very different to adults, with similar strengths, capacity for making decisions, and feelings. This is different to seeing the child as vulnerable, dependent and in need of special provisions by the state to ensure their protection. Thus the function of the state in making decisions about children is called into question. The state's role is to enable children to gain freedoms and rights equal to and alongside adults. Whilst Fox Harding identifies a number of authors whom she associates with the extreme form of this perspective, she acknowledges that it is a more moderate formulation - giving greater value and recognition to the voice of the child and arguing for their greater involvement in decisions being made about them - that has gained more acceptance in recent years in Britain.

- Implications for policy and practice

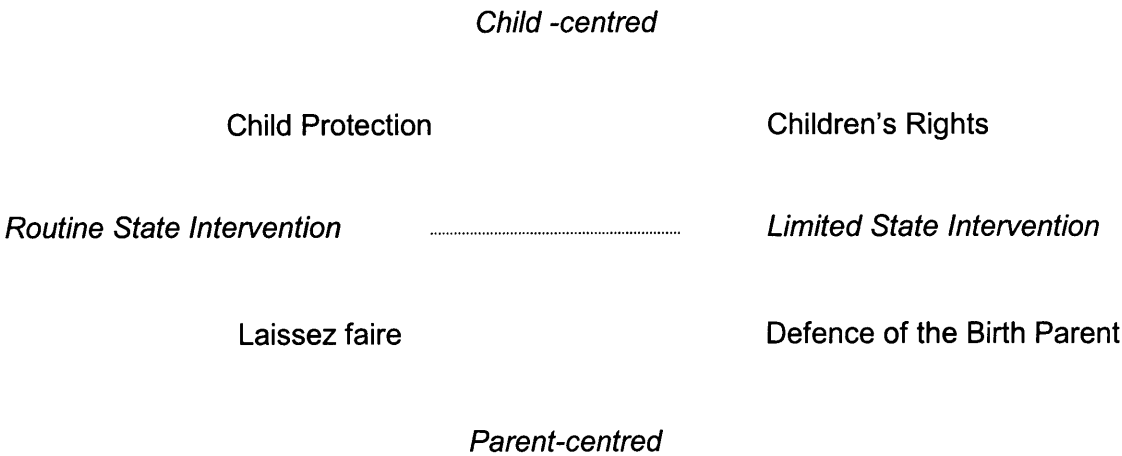
As with Hardiker et al.'s models (1991a), the four value perspectives described here are ideal types. As with the welfare models also, one consequence of idealisation is to emphasise the differences in values in relation to parents, children, state welfare, and the trust or mistrust in the expertise and power of the professional. But, again, common ground can be found amongst the four perspectives. Smith (1995) has demonstrated the possibility of aligning the four perspectives along a number of axes. This shows not only similarities but also suggests some of the implications for policy and practice. Thus, both the child protection and children's rights perspectives would lead to an emphasis on the child's needs and rights, whilst *laissez-faire* and *defence of the birth family* perspectives would focus on those of parents.

Exhibit 3.1. Value perspectives and the child-parent axis.



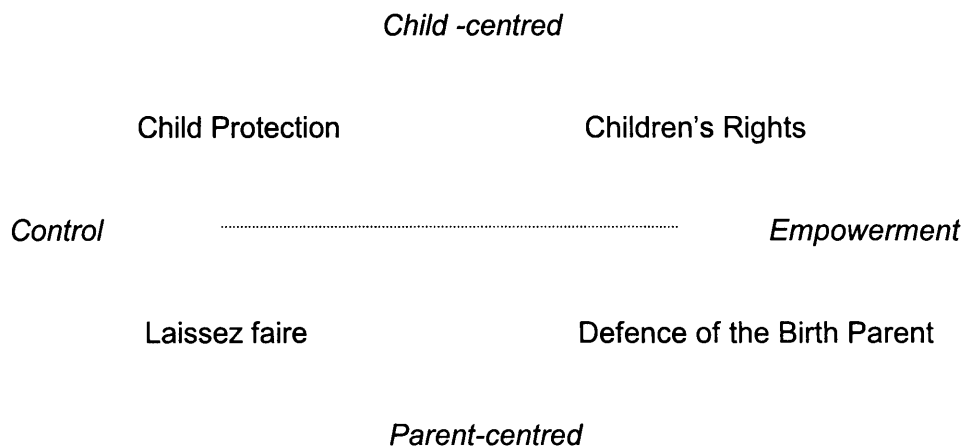
To this can be added the extent to which state intervention is accepted:

Exhibit 3.2. Value Perspectives and State Intervention



and whether the nature of intervention would be empowering or controlling:

Exhibit 3.3. Value Perspectives, Control and Empowerment



The exhibits reveal some of the dimensions in which similarities and differences amongst the perspectives can be found. As with the models of welfare, these differences and similarities have particular implications for aspects of practice in looking after children.

Thresholds for deciding to admit a child will be differently located depending on the value perspective. In the *laissez faire* perspective an admission would be at a very high threshold of *risk* to the child as this would be a serious intervention into the privacy of the family, and the parents' right to bring up their child as they think best. It would also be disruptive of the psychological parenting relationship and, given the limitations of the state in supervising and substituting for complex family relationships, a permanent solution and speedy withdrawal from the situation would be the goal. Within the *defence of the birth family/parent's rights* perspective, the threshold for compulsory admissions would also be very high as the expectation is that everything will be attempted to keep a family together and to support parents in bringing up their children. This is underpinned by the belief that parental failure is not wilful and that, with support, parents will be able to provide good enough care. (As Fox Harding (1991) comments, this position does not explicitly take account of the experience of social work in the last twenty years that some parents do abuse and neglect their children, and poverty is, in some cases, not a sufficient

explanation (Stevenson, 1989; 1998).) However, within a *parents' rights/defence of the birth family* perspective the threshold for admission at the request of parents to provide respite or support may be low as looking after a child could be a service provided on request. Similarly a low threshold for voluntary admission may operate within the *children's rights* perspective if the child themselves is asking to be looked after. Within the *paternalist/child protection* perspective a much lower threshold would apply for compulsory admission as the expectations of the standard of care from parents would be high and the state has a clear role to intervene on a voluntary basis or otherwise in order to protect a child.

The *attitude towards the birth family*, once a child is looked after, will also vary depending on the perspective and the degree to which ongoing contact and involvement in the child's upbringing is to be expected. Within a *laissez faire* perspective attitudes towards the parents of a child in public care, whether compulsorily or not, will be punitive as they are perceived to have failed. If rehabilitation is not possible quickly, alternative family arrangements would be sought swiftly as the "*least detrimental alternative*" (Freud et al., 1979), and the new parents' relationship with the child would be protected at the expense of any rights of the birth parents. A less punitive attitude to birth parents may be taken from a *paternalist/child protection* perspective where the emphasis would be on treatment and remedial action, but ultimately the outcome of placing a child permanently elsewhere may be similar. Within the *children's rights* perspective the outcome for birth parents if a child is looked after can be seen as equally bleak. The child's rights and views would carry more weight than those of the parents and the degree of continued involvement in their child's future would be in the gift of the child themselves. Only in the *parent's rights/defence of the birth family* perspective would parents' feelings of separation from their child and their rights to continued involvement in the upbringing of their child be accepted, even if a child was cared for elsewhere.

Differences and similarities between the perspectives may also influence the *role of the state* and *standard of corporate parenting* once a child is looked after. As has already been said, within the *laissez faire* perspective, faith in the state to provide something better than the biological family is limited. A consequence is a low expectation of involvement and a limited responsibility to place a child in another family and withdraw. In the extreme *children's rights* perspective, the role of the state could be limited according to the wishes of the child. The role would be to enable the child to exercise their choice in respect of their upbringing. At the less extreme children's rights position, there is a larger role for the state in ensuring that children are involved in decisions and have a voice. However in both the *paternalistic/child protection* and *parent's rights/defence of the birth family* perspectives the role of the state once a child is looked after is substantial. In the *paternalistic/child protection* perspective there is an implicit expectation that the state can and must provide something better than the care given by the birth parents and that it has a responsibility to do so. Faith in the state is high and within the duty to protect the child is a notion of a compensatory role, and a duty to remedy any ills that have befallen the child. From a *parents' rights/defence of the birth family* perspective the state has a continuing responsibility to both child and parents, once a child is looked after. As the underlying value is the importance of maintaining families, the state would be expected to make strenuous efforts to re-unite families and at the least to maintain family ties whilst the child is looked after. In both the *child protection* and *defence of the birth family* perspective, therefore, the involvement of the state may be long term as there is a responsibility to remain involved for as long as the child and family needs the support that the state has a duty to provide.

Overlapping Frameworks

Fox Harding's (1991; 1997) analysis of value perspectives, like Hardiker et al.'s (1991a) models of welfare demonstrate that the act of looking after a child can be interpreted in a number of ways depending on the view taken of the role of

welfare or the particular value perspective in operation. However, while each framework offers a different means of analysis, provides different emphases and therefore will be valuable to this study, care must be taken not to see the two approaches as mutually exclusive. Fox Harding's value perspectives can be identified within the three models of welfare that have been outlined and represent some of the underpinning assumptions and values implicit in the models.

Hardiker et al.'s *residual model* involves minimalism and a distrust of state interventions into family life but does allow for intervention to rescue children when standards are not acceptable or a child is subject to abuse or neglect, therefore both *laissez faire* and *paternalistic/child protection* values are inherent in the model. The differences in values that could occur within a residual model of welfare lie in the extent of the distrust of the state, the threshold for intervention and the standard set for the care and safety of a child once a child is cared for by the state. As described above, a *laissez faire* approach will result in a higher threshold for intervention and a minimum standard of care for a child once a child is looked after, in accordance with a principle of less eligibility. *Paternalistic/child protection* values within a residual model would, on the other hand, lead to a lower threshold for intervention and a greater emphasis on the remedial, compensatory and therapeutic aims for a child once they were looked after.

Within the *institutional model*, the *paternalist/child protection* value perspective can again be identified in the role for the state to intervene to protect children, the assumption that the causes of social problems are individual rather than structural, and the explicit responsibility of the state for the standards of care for a child once (s)he is looked after. The value accorded to *parents' rights and the defence of the birth family* may also underpin an institutional model, the difference being the threshold for intervention and the type of services that the state has a role in providing.

Finally, the *developmental model* is founded on the assumption of a pluralist perspective, which would recognise both *the rights of parents (parents' rights perspective)* and those of *children (children's rights perspective)*. *Children's rights* in the extreme version that Fox Harding describes are not explicitly recognised in any of the three models of welfare. However, the developmental model's emphasis on unequal power relationships in society and the state's role in redressing the balance to achieve a fairer society gives room for the rights of children to be acknowledged and supported.

The two frameworks are therefore distinct, but overlapping, and together reveal the complexities and ambiguities that can occur in child care practice where the act of looking after a child may be the outward sign of any one of a range of perspectives, purposes and policy positions. The two frameworks provide a structure for analysing individual social work decisions about looking after children. However, first, they enable us to analyse the policy position in relation to looking after children, and the state's role in providing for them established in the Children Act 1989.

The Children Act 1989, Value Perspectives and Models of Welfare.

The Children Act 1989, and the associated regulations and schedules, formed a comprehensive framework for law in relation to children and families that drew together previously disparate legislation and incorporated both private and public law (Hoggett, 1989; Allen, 1992). It encompassed local authorities' responsibilities in relation to prevention, to the protection of children, and when looking after them (Masson, 1994). However different models of welfare, defining the role of the state in welfare interventions, can be seen as underlying different parts of the Act, as can competing value perspectives. Indeed, the Act incorporates elements of all three models of welfare outlined by Hardiker et al. (1991a) and includes all four value perspectives identified by Fox Harding (1991; 1997).

Primarily, the Act is founded on the *institutional model* of welfare as it is uncompromising in its acceptance of a role for the state in providing a reasonable level of welfare to support families and children disadvantaged in society, and to meet their needs. Welfare support is provided on an individual or family basis and there is no challenge to structural inequality. However, in an acknowledgement of the individual *rights* issues (*children's* and *parents'*), state intervention is subject to checks and balances and the setting of boundaries particularly in relation to compulsory interventions. Thus, the routes to a child being compulsorily looked after are reduced to one, and there is increased judicial scrutiny (Parton, 1991).

The *institutional* model of welfare with an emphasis on the *enabling state* (Hardiker et al., 1991a) and *meeting needs* is particularly apparent in Part Three of the Act. There is an emphasis on the local authority providing services to support children in need and their families and consequently a reduction in the stigma associated with receiving welfare. The location of Section 20 (that provides for a child to be looked after by voluntary agreement) in Part Three of the Act is therefore significant in denoting this as a support service to families as well as a means of protecting children. The supportive nature of giving parents and children “a break” was modelled on care provided by the Health Service to disabled children and their parents prior to the Children Act (Hoggett, 1989; DH, 2000b). After 1991 this type of service fell within the terms of the Act (Aldgate et al. 1996). Parents retain all their rights and responsibilities and the state has no control other than by making agreements with parents.

The provision for looking after a child on a voluntary basis was intended to be non-stigmatising and did not attach blame or imply failure on the part of parents. However by emphasising that the duty of the local authority in Part Three was to “children in need” (Section 17(i)), an underlying tension within the Act is revealed. Not only does the law again place a limit on the extent of state support, and limit those who should receive support, but arguably maintains an element of stigma by defining the recipients of services as “in need”. Tunstill (1997) has argued that the Children Act 1948 made an administrative break

with the Poor Law, but replaced one set of criteria for judging families by another which were applied to a residual set of families still seen as “undeserving”.

Debates about prevention and family support had been prevalent before the Act (Holman, 1988). In the eighties, the concept of prevention, which in practice was often narrowly defined as *gatekeeping* and the prevention of a child coming into care (Packman et al., 1986), had begun to be overtaken by that of *family support* (Hardiker et al., 1991a). This was a more open-ended term that suggested that help should be available, and not only when a family was at the point of breaking down. But, in the Children Act itself, the concept of “*in need*” does act as a filter, and this can be seen as the result of a compromise between the ideologies of the professionals and researchers and the prevailing political view under Thatcher of a reduced (*residual*) role for the state. For changes to occur in practice after the Act was implemented, a lot would depend on the definitions of need made by social work professionals. If families “*in need*” continued to be defined as those who were at risk of their children coming into public care, then little would change, with the state continuing to act as the provider of a *residual* service for the most needy. In its defence, Tunstill (1997) argues the Children Act set a wide definition of need in Section 17(i). In addition, the Guidance (DH, 1991d) is clear that a broad range of support services were envisaged, ranging from practical support to social activities to support parents.

Hardiker (1997), in a summary of her work on social policy and preventive practice, identified five levels of family support:

- the base level at which services are universally available to vulnerable populations;
- a first or diversionary level whereby services are available to families as alternatives to state intervention;

- a second level of early identification of problems and needs and the provision of state support;
- a third level of responses to serious risks and needs, *and finally*
- a fourth level of therapeutic or remedial interventions.

The Act's Guidance (DH, 1991d) cites a range of services and also recognises support provided informally by family and by social contacts. Thus the Act can be seen as promoting the development of first and second level services rather than focusing on situations where risks and needs are greater. In addition, local authorities were given a responsibility to pro-actively identify children in need in their area and to develop a range of services. The scope of state intervention represented in Part Three therefore goes far beyond Hardiker et al.'s third and fourth levels, which would be the hallmark of a *residual* service. Furthermore, the Guidance on arrangements for looking after children by voluntary agreement makes it clear that this service could be provided at a very low threshold of early risks and not just at the third and fourth levels (Aldgate et al., 1996).

It appears then that the concept of a "*child in need*" represents something of a compromise between residual and institutional models of welfare. Since 1991 there has been renewed discussion about the focus of state intervention, the place of family support services and their relationship to the *child protection* provisions in the Act (Rose, 1994). The Act was intended to blur the boundaries between the state's protective and welfare functions in order to create a more balanced approach (Parton, 1991; Parton (ed.), 1997). But the inclusion of responsibility for *safeguarding* children within the Section 17(i) definition of children in need has had to be re-stated, as has the possibility of taking action to protect children without instituting child protection procedures (Dartington Social Research, 1995a). The breadth of the *institutional* role in welfare provision, and the *enabling* role of the state in developing a mixed economy of

resources available to a wide group of families has also been re-emphasised (Audit Commission, 1994).

If Part Three of the Act strongly reflects the institutional model of welfare, in Part Five of the Act, in which the second route for a child to be looked after is placed, the *residual* model is still in evidence. This Part sets out clear boundaries to state intervention, with a high threshold for Care Proceedings, and time and judicial constraints on the use of Emergency Protection Orders. Thus tight boundaries were placed around compulsory state intervention, symptomatic of a distrust of local authority welfare professionals. Parton (1991) argues that the Children Act marked a relative shift from a professional model to a legalistic model with increased judicial scrutiny and control over the actions of professionals. The only route into compulsory care is through the courts and the Act states that all alternatives should be explored *before* a child is subject to a Care Order. The high threshold for admission to public care under a Care Order is set by the three conditions that have to be satisfied before a Care Order can be made: firstly that the child is suffering or is likely to suffer significant harm, secondly that the harm is due to the parenting the child has received and thirdly that it would be better for a child if an order is made than no order.

The differences in the threshold, purpose and boundaries around the decision to look after a child between Section 20 in Part Three and Section 31 in Part Five are apparent. One aim of the Act was to integrate child welfare and child protection provision, although this language itself suggests two different functions and systems. Parton (1991) argues that the child protection system was grafted onto child welfare provision that had been the concern of child welfare professionals since the Children Act 1948. Some have suggested that while the Children Act has pulled the two roles of the state together it is a somewhat uneasy synthesis (Parton (ed.), 1997). Even if the dichotomy between child welfare and child protection is said to be false (Rose, *ibid.*), the only means of moving from a situation in which a child is looked after voluntarily to a compulsory arrangement is if the grounds for a Care Order can be proved

in court. Thus, at some point within a voluntary relationship social work professionals would have to decide that the over-riding concern was to safeguard a child and invoke different legal powers.

If the influence of a *residual model of welfare* can be deduced in Part Five of the Act, when it comes to the standard of care to be provided for children who are looked after by the state, the language of the Act is unequivocal. Under Section 22(3), it is the duty of the local authority looking after any child to safeguard and promote the welfare of that child. An *institutional role* is fully embraced. This is seen as setting a new standard of corporate parenting (Parker et al. (eds.), 1991; Fletcher-Campbell and Hall, 1990) and a shift from the residual approach that had been in operation, in practice, prior to the Children Act's implementation. It is the duty of the state to provide good quality and, if necessary, therapeutic care for a child that will remedy and compensate for disadvantages the child may have experienced prior to being looked after.

The fundamental model underpinning the Act is therefore *institutional* and there is an acceptance of the state's role with vulnerable children and families (DH, 1989; 1991d; 1998a; 1998b; 2000a). In addition, the boundaries to state intervention are more clearly drawn, particularly in relation to compulsory intervention, than had previously been the case when welfare professionals had had a number of options for obtaining parental rights over a child (Parton, 1991). Regulations that accompanied the Act clearly prescribe local authority powers and duties across the range of child welfare and protection functions. The *residual* model underpinning the legislation with regard to children entering and remaining in public care compulsorily is contained within a broader *institutional* model of welfare provision targeted at children in need – but the influence of the two somewhat different approaches to state welfare is apparent.

The Act was aimed at shifting the *balance* of state intervention: an increased role for welfare professionals through the expansion of support for families at

an earlier stage with any difficulties that they experienced. At the same time it offers less freedom to intervene in family life without parental consent except with the oversight of a court. The principles and specific provisions of the Act also make it explicit that a balance was being struck between different value perspectives. The principles of consultation with parents and working in partnership with them, irrespective of whether a child is at home, looked after voluntarily or subject to a care order gives *parent's rights/defence of the birth family* recognition and protection. However it is perhaps significant that in law, the concept of parental rights was replaced by that of parental responsibilities thereby applying some limits to the parents' rights perspective. Echoing the 1975 Act, the child is also given a *voice*, although the Act stops short of the more extreme children's rights perspective of children having equal rights to make decisions about themselves and children's wishes and feelings must be obtained according to their age and understanding. *State paternalism/child protection* is implicit in the Act in so far as the underlying assumption is that welfare professionals and the courts must make judgements about what is in the best interests of a child, and explicit in that local authorities must *safeguard and promote* the welfare of children in need. However again, this *paternalism/child protection* perspective is held in check by the requirement to meet the high threshold for a Care or Supervision Order.

By using two different but overlapping sets of ideal models and Hardiker et al.'s (1991a) analysis of levels of prevention, the underpinning assumptions and values implicit in the Act are made explicit. The Children Act not only attempted to achieve a balance between the family and the state but also to maintain a balance between the rights of the child and parents. Whilst the state is seen as having a clear responsibility to promote children's welfare, mistrust of the state welfare professionals remains an underlying theme. What then are the implications for practice?

- Implications for Social Work Practice.

The Act provides a comprehensive legal framework for social work practice and simplified the fragmented legislation that had been in force previously. But the complexity of the worker's task when making decisions and working with looked after children is now apparent. Our analysis has shown that the Act reflects a number of welfare models and value perspectives, depending on the particular situation and the role and function of the state. Practising under the Act requires social workers to let their actions be influenced by *different* values and approaches, depending on the context and type of intervention and irrespective of their personal/professional value systems. One intention behind the Act was to hold in balance a number of contradictory perspectives:

- to safeguard against an over zealous state,
- to avoid a minimalist approach to children looked after,
- to enable and support families
- but not to open the net of welfare too wide except to those assessed as "in need".

In practice social workers and other professionals involved in making decisions about the welfare of children in need should operate on the basis of a number of views - that a child is best brought up within their family of origin, but that looking after a child may promote their welfare, that care proceedings should only be initiated on evidence of risk to the child and "need", but that once a child is looked after care is a positive opportunity to enhance the welfare of the child.

Thus, the Children Act presented a significant challenge to social work practice because it entailed a shift in attitude from seeing care as a last resort and children in public care as "undeserving", to a view that looking after a child can be a positive service and a means of supporting families. In addition, the Act meant that for the first time the role of the corporate parent was more than providing for basic needs and physical safety, but rather taking steps to

positively promote the child's health and well-being during the time they were looked after by the state. This had implications for this study

- Implications for this research study

Working from the premise that social work decisions and actions in relation to children will be situated actions, the new legal and regulatory framework provided by the Children Act raised a number of issues for any analysis of planning for looked after children. Firstly, it re-cast the focus of the study. The expectation that a range of support services should be provided for children in need and their families, meant that any study of "planning" had to encompass decisions about *when* are children looked after, and *in what circumstances*. That is, *what support or protection* was being provided, and where did looking after the child fall within that activity? Planning for children had to be considered in relation to a child's client career not just their looked after career. Secondly, the purpose of looking after a child and the boundaries between the welfare and protection functions is open to question, as is the integration of the support and protective functions. Finally, there is the nature of social work activity prior to and once a child is looked after, as discussed in the previous chapter, and the extent to which this meets the expectations of the Act in planning for children.

Summary

This chapter has examined the provisions of the Children Act for looking after children. By consideration of models of welfare, value perspectives and levels of intervention, tensions and contradictions within the Act that have consequences for social workers and their practice with families have been exposed. This study set out to understand how workers were planning for looked after children under the Children Act so the changes in law brought about by the Act had implications for practice and therefore for the scope of this research. A methodology was needed that could capture the nature of practice

and enable an analysis of any changes in looked after career patterns and social work practice in the light of new framework created by the Act.

Four: Developing a Research Strategy.

Introduction

The purpose of this chapter is to describe the research methods that were used, to explain how the research strategy evolved and why particular methods were selected. In exploring literature and theoretical ideas that were relevant to the area of study it became evident that the research would need to be conducted on several levels in order to explore the research question - *How were social workers' planning for looked after children after the implementation of the Children Act 1989?* The intention was always that *social work practice* in planning for looked after children would be the primary focus of the study. However conceptual frameworks that recognise the interactive relationships between *practice, law, and policy* broadened the nature of the enquiry. Convergences, tensions and contradictions in welfare ideologies and value perspectives were identified. Social work practice in individual cases, and patterns in case management, could be illustrative of the prevailing value perspectives or welfare models in operation. But *local interpretation and implementation* of statutory functions and the legal responsibilities in looking after children also had to be part of the context within which practice could be understood.

To address both the context and social work practice itself, and to ensure that the possible impact of local policy could be considered, the research question was broken down into four inter-connected questions:

What were the local policies and strategies for looking after children after the implementation of the Children Act 1989?

What was known about children looked after, after 1991, and about their family circumstances?

What were the patterns and outcomes in looking after children after 1991?

What social work processes were employed in planning for children?

Research methods had to be found to explore and examine the areas in question. This chapter will first set out the research design that was used to operationalise the aims of the study and then give an account of how the methodology developed. This will indicate some of the difficulties that had to be overcome and provide a critique of the final design.

Arriving at a Methodological Approach

From the outset the research was designed to be *descriptive*, *exploratory* and *analytical* with the broad aim of achieving a better understanding of a particular area of social work practice. The challenge was to develop a research strategy which would enable both exploration and analysis of the detail of individual case planning (client level processes and outcomes) and allow more generalised conclusions to be drawn about practice within the current legal and policy frameworks (service level processes and outcomes). Trends and patterns in client and looked after careers are a product of the accumulation of individual case processes and were taken as indicators of service level processes and outcomes. The methods adopted would need to capture data and support analysis at both client and service levels and enable connections between the two to be made. In addition an analysis of the local interpretation of the Children Act would be necessary, so local policies had to be examined.

The research was also to include *comparative* and *evaluative* elements. To achieve this current policies, patterns and practice would be considered against pre-Children Act research findings into children in public care (Rowe and Lambert, 1973; Rowe et al., 1984; Packman et al., 1986; Millham et al., 1986; Sinclair, 1984; Vernon, 1985; Vernon and Fruin, 1986; Fisher et al., 1986;

Rushton et al., 1988; Thorpe, 1988; Rowe et al., 1989; Farmer and Parker, 1991; Bullock et al., 1998), and evaluated against the aims and intentions that lay behind the Act (Hoggett, 1989; Parton, 1991; Thoburn, 1991a; 1991b; Gibbons (ed.), 1992; Parton (ed.), 1997).

To achieve the research aims, data was needed from a number of sources and levels – policy, service and individual case levels. Collecting and analysing data from different sources would contribute to *triangulation* – using evidence from different sources as a means of checking the validity of findings. Denzin (1978) suggests that the use of multiple methods and sources enables researchers to rise above personal biases that stem from single methodologies.

At the outset, the most significant source of data was seen to be the practice of workers in individual cases - the circumstances in which children were looked after, the social work processes of planning, and the outcomes of their activity. This led to an exploration of qualitative methods, which according to Sherman and Reid (eds.), (1994) can be defined simply as

... research that produces descriptive data based on spoken or written words or observable behaviour. (p.1)

Maluccio et al. (1994) suggest that

... knowledge building .. is enhanced by increasing use of qualitative approaches in practice-oriented research... (in Sherman and Reid, 1994 p. 343)

and they give a particular example of qualitative methods in researching foster care and permanency planning as helping

... to bring us to an understanding of a complex and interactive phenomenon. (ibid. p. 343)

Having identified that qualitative methods were needed to support the aims of the research, two particular methods underpinned the research strategy that was adopted.

The first method was the *case study approach* (Hakim, 1987; Cheetham et al., 1992; Yin, 1993; 1994) which was helpful in defining the parameters of the research and in demonstrating how different levels and types of data collection could be connected to analyse a complex phenomenon. The description “case study approach” is imprecisely used in social research but one focus is on a single case (an individual, event, or situation). However the subject can also be a social entity – a community, organisation or social group, or a particular social phenomenon (Hakim, op.cit.). Thus, the phenomenon of planning for looked after children in a particular local authority - defined as all the elements that are related to this: policy, policy implementation, service and case levels processes - can be seen as a case study. In this approach, changes and developments in the course of the study may themselves be valuable sources of data, and a variety of data collection methods may be used, allowing

... a more rounded, holistic, study than with any other design.
(Hakim, 1987 p. 61).

However, noting that the method particularly lends itself to descriptive or evaluative methods, Cheetham et al. (1992) comment that a case study approach could become “*merely an extended anecdote*” (p. 29) and suggest that a conceptual framework is necessary to provide a rationale for the selection of a case or for defining the parameters of a study. In this study, the underpinning assumption that workers’ actions are *situated actions* provided a conceptual framework that meant that the context of practice was to be examined as well as practice itself. The literature on the aims and intentions behind the Children Act 1989, and research into planning for looked after children before the Act, also provided a framework for evaluation.

The second method that underpinned the research was that of *grounded theory* (Glaser and Strauss, 1967; Gilgun, 1994; Sherman (S R), 1994). This is defined as a qualitative method but makes use of data sources found in both qualitative and quantitative research (Sherman, *ibid.*). Theory is inductively derived from the phenomenon being studied, and is built from the patterns and themes that emerge from the data. One of the questions motivating this research was the extent to which the rational, theoretical models of social work process and planning did or could match the realities of practice. Thus it was necessary to see what practices and processes emerged from the case files, and what underpinning value perspectives and models of welfare could be deduced, rather than imposing the ideal models of social work process or policy onto local practice. Following the principles of grounded theory methods, patterns and processes identified in a small sample of individual cases would allow theories of process and sequence to be constructed that could be tested against the data from a wider group of cases and vice versa. Thus, generalisations to the careers of the wider population of looked after children could be made with some confidence (Gilgun, 1994).

With the grounded theory method, one does not start with the theory and prove it but rather one begins with an area of study, so what is relevant to a study has to be defined. In this case, what was relevant to the study was largely informed by previous research into children in care. Within the method, it is also necessary to allow the parameters to broaden if further relevant areas emerge. In the course of the data collection for this research, one shift in focus was from analysing a single looked after episode to considering the whole of a child's looked after career, and consequently the purpose of looking after a child within the overall social work intervention with the family.

From an initial focus on qualitative data about individual cases, the research focus expanded to encompass both qualitative and quantitative data in order to examine children's looked after careers and the practice that related to them, from as many aspects as possible. Data was gathered on a number of levels.

The *first* level was that of individual cases – the children themselves, the practice of workers, the circumstances in which children were looked after, the purposes of looking after them, the processes of planning and the outcomes of the activity. A *second* level was the service level: higher level quantitative data from a larger sample of cases - biographical data on the children, and data on admissions, returns home, legal status, frequency, patterns and outcomes of looked after episodes. This would support the generalisation of any conclusions about the use of the Children Act provisions from the small number of cases in which practice was examined. The *third* level was information about local policies. While the Children Act 1989 provided a framework for analysis, the interpretation of the legislation into policy in the local authority would provide an important backdrop to local practice and patterns. The links between policy and practice are not straightforward (Packman et al., 1986; Webb and Wistow, 1987; Hardiker et al., 1991a; 1991b) but the strategic aims, written policies, and the implicit values in agency guidance and procedures, would provide information on the local interpretation of key concepts, principles and duties in the Children Act 1989. Document analysis was therefore another research method. These three levels of data from a number of sources were used to explore, analyse and evaluate the practice of looking after children.

If the final research design employed three levels of data, the development of the design was not without difficulties. Its final shape was something of a compromise and also owed something to chance. An account of its development will illustrate some of the difficulties and complexities and also provide a critique of the methods that were considered and those finally adopted.

The Development of the Methodology.

The initial plan for the research was on just two levels – client and service levels. The chosen research methods were to capture both *process* and

outcomes at both service and client level. However, the concepts of *process* and *outcomes* presented definitional problems.

- Process

Within a study of individual cases, *process* can be examined by exploring sequential events and activities within cases, and assuming or enquiring about connections between the activities of the workers, parents or other actors in relation to these events. As one premise of the research was that social work processes are interactive in nature, a variety of actors and factors would need to be considered. However, as Parker et al. (eds.)(1991) explain, there are difficulties in identifying *causal* processes in such a complex phenomenon as social work. The initial intention was that workers' own accounts of their practice would offer an insight into their motivations and the principles and values influencing their actions, but, nevertheless, examining process itself - or inputs and outputs at a service level - needs care. Whilst Sherman E (1994) writes that

... when we view process as stages or phases of a passage, grounded theory students should also include an explanation of what makes the passage move forward, halt or take a downward turn... (p.158)

process can also be conceptualised as

*... non-progressive movement... (Strauss and Corbin, 1990
p.157)*

Given the history of planning for children in care, "drift" can be as significant as progress. Combinations of variables could be examined, such as reasons for looking after a child, returns home, legal status, sequencing, duration of events and progress, which would provide *descriptions* of typical and atypical

scenarios, but *causation* could not be attributed nor could deductions be made beyond the capacity of the data.

- Outcomes

If *process* research presents difficulties, the problems of *outcome* definition and evaluation in social work are now well documented (Parker, 1985; Millham, 1994; Parker et al. (eds.), 1991; Ward and Jackson, 1991; Cheetham et al., 1992; Ward (ed.), 1995). Parker et al. (eds.) (1991) discuss a number of difficulties in outcome research in relation to child care. Firstly, they identify five different types of outcome: public, service, professional, family and child outcomes. Secondly, choices have to be made about the time period after which outcomes of social work intervention will be evaluated - for example a short-term “child” outcome might be the return home whilst a longer-term outcome is the child’s well-being and independence in adulthood. Thirdly, there are choices between focusing on critical or unusual events and their outcomes or routine outcomes such as the child reaching a developmental milestone, when this may or may not have occurred without social work intervention. Different problem or outcome formulations focus on different aspects of a case and therefore consider different information (Tyson, 1994). And finally, the determination and interpretation of any outcome will depend on the perspective from which a situation is viewed. Here, value perspectives implicit in childcare policy or in the purposes of looking after a child may have a significant impact and the complexity of the area needs to be made explicit.

One example would be when a child is looked after to provide support to parents, or to offer them or the child “respite”. The outcome measure may be the maintenance of the family situation and relief from stress. But this focus ignores any impact on the child of separation and re-union and any consequences to the emotional well-being of a child. While the two outcomes are related, interactive and often not in conflict, a particular value perspective may lead to the one outcome being given priority over the other – or, at least, greater recognition. Taking another scenario, the focus in a case may be

protecting a child and consequently a child may be looked after. Here the outcome measure may be preventing a specific sort of harm befalling or continuing to befall a child. Yet, even here, evaluation of the outcome may well be different if one embraces a wider perspective of the child's well-being and takes account of any distress or disruption to the child's relationships. To add to the difficulties, no ready assumptions can be made about the impact of any particular sort of experience on a child's well-being. The impact of any negative experience will be mediated by a child's psychosocial resilience and any protective mechanisms (Rutter, 1987; Gilligan, 1997).

What is apparent from these examples is that the *perspective* is critical in the value given to a particular outcome and that, in research, the limitations and partial nature of any outcomes for evaluation purposes should be explicitly acknowledged. Despite the difficulties, however, the question of outcomes for looked after children remains critical and some decisions had to be made about the type of outcome that would be considered in this research. Millham et al.'s (1986)'s study provided a useful template here, for they had used *outcome description* to identify the unintended consequences of intervention in looking after children. In this study, looked after career patterns were the primary focus and it was possible to describe the progress of children's looked after episodes and any resolution that was achieved. Some attention was paid to the possible impact of being looked after on the child's health and well-being, and to social work decisions and actions in relation to these aspects of a child's care, but the data sources and length of follow-up would not lend themselves to rigorous examination of these outcomes.

- Looked After Career

If the concepts of *process* and *outcomes* presented difficulties in selecting research methods and in data selection and analysis, a further difficulty lay in the use of a concept fundamental to the research – that of a child's *looked after career*. In past research into children in public care, the concept of a *care career* has proved to be an important one (Millham et al., 1986; Fisher et al.,

1986; Thorpe, 1988; Doyle, 1989; Rowe et al., 1989; DH, 1991c). When they are looked after, children experience a number of transitions. These almost always involve separation, and often involve reunion, and there will be moves of location and changes of roles and status that accompany the moves (Farmer, 1996; Bullock et al., 1998). At each transition the options open to children are often limited by what has gone before (Millham et al., 1986). These are the sorts of developments that are usefully captured in the concept of a “career”. However, most research studies have focused on a career *within* a single looked after episode. In this study the child’s looked after career was defined as the total experience of being looked after. Thus the transitions could include repeated patterns of admission and discharge, as well as placement moves.

Defining a child’s looked after career to include multiple episodes rather than a single one presented particular methodological problems. The concept of a career denotes an *iterative* process and a *developmental* perspective, which can only be grasped over time. Any study looking at careers, therefore, has to have a *longitudinal* perspective, as an analysis of development, patterns, or processes, as well as description of outcomes, requires the passage of a reasonable period of time over which data is collected. This can be achieved in a number of ways - by following cases over time, by sampling cases of children who have spent different periods of time being looked after, or by selecting cases at a point of time and analysing what happened both retrospectively and prospectively. But longitudinal studies present difficulties in terms of expense, loss of a sample group and inconsistency in the research process or approach over time (Cheetham et al., 1992). The methods finally selected for this research sought to minimise the risks and also had to be practicable for a singleton researcher with limited resources.

In summary, the research aims presented a number of methodological difficulties and decisions about how to proceed were necessary. In order to achieve the aims, qualitative and quantitative methods had to be used, and data from a number of sources. Sufficient data had to be collected to draw

some general conclusions about the nature of what was happening to looked after children in the local authority in question (service level data). And sufficient, more detailed, qualitative data was needed to identify patterns and themes in social work processes and outcomes, in a number of individual cases (client level data). From these two types of data it would be possible to consider how the legal provisions of the Children Act were being used and to make deductions about underpinning value perspectives and welfare ideologies. The individual cases and patterns of looking after children could be considered against the local authority's policy statements and strategic aims in looking after children. All data, including that on the children themselves and what was known of their family circumstances could be considered against what was known of the backgrounds and circumstances of children in care from pre-Children Act research.

Taking these factors into account, an initial plan for data collection was developed and a pilot undertaken.

Operationalising the Research Strategy: Sampling and Data Collection Methods.

If the methodological approach presented challenges, access to target populations and individual cases presented fewer difficulties. I had permission to undertake the research in the authority in which I was employed. While comparisons of practice and trends in one local authority with that of another would have enhanced the validity of the research in terms of more general trends in looking after children, the advantages of easier access to data, given the limited resources available, outweighed other considerations. Thus the sample populations were selected from within "Shire" local authority.

- Shire

Shire Social Services Department, at the time of the research and data collection, served a population of over one million people distributed over an

area of 215 thousand hectares. Shire contained a variety of communities. 27% of the population lived in the city and surrounding conurbation where there was a wide range of black and minority ethnic groups. The 1991 census found that just over 10% of the City's population were from ethnic minorities. In Shire overall this percentage was 4%. There were several other large settlements towards the geographical centre, east and north of the county. A decline in traditional industries had led to rising male unemployment and high levels of social deprivation, particularly in the central and northern towns. While there were also areas of relative affluence and large areas of farmland, the rural areas had their own problems of deprivation. Deprivation is positively correlated with the prevalence of children being looked after (Bebbington and Miles, 1989) and the use of compulsory interventions (Lee, 1999).

- Data Collection Methods

From the outset, a number of data collection tools and methods were selected to provide data from a range of sources. Initially *three* methods of data collection were planned.

The *first method* was statistical analysis of data drawn from Shire's register of looked after children – children looked after voluntarily or on care orders. This database was the official register of all children who were looked after or made subject to legal orders. Data for the Register was derived from a "change of circumstances" form completed by social workers each time there was, for example, a change of placement, change of legal status, admission, or discharge. When collated, the information that was recorded formed the basis for statistical reports provided annually to the Department of Health (Section 83 Children Act 1989). Since the early nineties, Shire had invested considerable effort in improving the reliability and accuracy of the data. While the source of information was administrative (Hakim, 1983; 1987; Cheetham et al., 1992; Chambon, 1994) and therefore prone to the inaccuracies found in such records, the fact that the change of circumstances form also triggered payments to the foster carers resulted in a high level of accuracy for children in this type of

placement. Shire had a policy aim of not placing children aged under ten years old in residential care settings and over 80% of all looked after children were in foster and adoptive placements (Shire, 1994; 1995; 1997). As an early decision had been made to limit the research study to children under ten years, the reliability of the available data for admission, discharge, and placement moves was likely to be high. Information recorded on the child's family or reasons for admission was likely to be less reliable, as there was no link to any practical consequence.

The aim was to use the register data for two purposes - to provide a "snapshot" analysis of the looked after population on a specific date that could be compared, for reliability and validity, with similar data produced annually within the organisation (Shire, 1994; 1995; 1997). This would produce some information on the numbers, biographical details, legal status and lengths of stay. The register would also provide a target group for sampling individual cases.

The second data collection method was to be case file analysis of a stratified random sample of looked after children, using a structured schedule. The substantial limitations of case file data were recognised from the outset. As Cheetham et al., (1992) state:

Descriptions of intervention in case notes are, by their nature, selective and subjective accounts by social workers of their work with clients. Potentially relevant information (for research purposes) may be omitted, the assumptions underlying descriptions of clients and their problems may be unclear and the meanings attached by clients to the intervention are likely to be underrepresented. On a more immediately practical level, the information contained in case records will often be incomplete, insufficient or inappropriate to the needs of the evaluative researcher. (p. 43)

However Cheetham et al. (ibid) also comment that the use of such sources may at times be indispensable,

... when, for instance, the use of retrospective samples is required. (p. 43)

This proved to be the case in this research.

The *third data collection method* was to be semi-structured interviews with social workers for the sample of children whose case files had been examined. The aim was to capture the motivations behind decisions and activities and the meanings attached to circumstances or actions in the history of the case.

The three methods of data collection provided checks and balances, so that inconsistencies could be readily identified. The aim was triangulation (Denzin, 1978; Hakim, 1987; Burgess, 1984; Marshall and Rossman, 1989; Denzin and Lincoln (eds.), 1994).

Personal bias was another factor that had to be taken into account. In developing and undertaking the study, I had the benefit of insider knowledge (Hardiker, in Everitt et al., 1992) from being employed in the authority. This not only provided an understanding of some of the data sources (the looked after register) but also some knowledge of departmental culture and history against which to interpret data. More importantly it meant access to internal data analysis systems. However, this position and knowledge could lead to assumptions and bias. As a consequence, one particular short-cut was rejected from the outset – the use of pre-written computer reports that provided operational and policy managers with management information. This was rejected in favour of engaging with the “live data” on the database systems, on the basis that data reduction and codification had already taken place in the writing of the reports, thereby potentially including some, and excluding other, data that may be relevant for this research study (Cheetham et al., 1992). Thus,

while the registers provided the source of the “raw” quantitative data, data reduction and analysis was undertaken manually. A further feature of insider status was the risk of selecting cases where there had been personal involvement in a previous period of employment. On the whole, the practical benefits of insider status outweighed the disadvantages in overcoming the difficulties that emerged, but particular care had to be taken in interpreting and evaluating local policy and practice.

In addition to devising data collection methods and tools, the boundaries of the study had to be defined. An early decision was made to limit the study to children under ten years on a specified date. This was primarily for practical purposes (to keep the numbers of children in the target group for quantitative methods manageable given that methods of analysis would be largely manual) but underpinned by a recognition that the practice issues and objectives in planning may be different for older children (Biehal et al., 1992; 1995; Cleaver (ed.), 1996). At a later stage children under two years were also excluded in selecting the sample of cases for case-file analysis because an initial analysis of career patterns showed that these children generally had different and atypical looked after careers compared with their older peers.

Data Collection: Problems and Developments

The initial plan was for data collection and analysis to take place on a number of levels simultaneously. Thus, data was taken from the computerised register of looked after children for all those under ten years of age who were looked after on a specified date in November 1995. This was their date of birth, gender, ethnic origin, legal status, placement and the date on which the current episode of being looked after had begun. The children were then sorted into groups by age range, gender and ethnic origin, and length of episode. A further sample of twelve cases was selected randomly from these groups for the case file analysis and interviews with workers.

While analysis of the looked after population data was underway, preparations were made for the collection of data from the twelve cases. One case was selected at random to test the schedules for case file analysis and semi-structured interviews with workers. This revealed problems - both with the case-file schedule itself, which was subsequently revised – and with the plan to interview case-holding social workers. The problem with the pilot case then became apparent with several of the sample group. The cases had no current social worker as the case was either active but unallocated, in the process of transfer, or closed. Furthermore, when a case-holding worker was available, they had often only held the case for a relatively brief period compared to the overall period of social work intervention and consequently the worker's personal reflections on care planning could only cover a limited period of the child's looked after career. The chances of gaining consistent longitudinal data through interviews with social workers were therefore poor.

A further difficulty also emerged at this time. A number of the children in the qualitative sample were found to have had only a very brief looked after episode and there had sometimes been no further social work intervention. Others had had more than one episode, but of varying lengths (Festinger, 1994). Such cases would provide very limited qualitative data about a looked after career. The initial research strategy had proved to be impractical and consequently needed to be reformulated. Decisions were made at this point that led to revised data collection methods and a shift in the overall balance of data collected.

The *first* decision was that it would not be possible, within the resources available, to gather rich descriptions of planning for children from social workers *and* gain a reliable longitudinal perspective. In order to achieve the longitudinal perspective, the main source of data for the qualitative sample would therefore be through case file analysis. Interviews with workers were abandoned. While the disadvantages of case files in terms of the quality and reliability of the data were known, the advantages were that they held contemporaneous records of

interventions - that is ones not altered by hindsight. In addition, only a reliance on case-files made a longitudinal and developmental approach feasible (Cheetham et al., 1992).

The *second* decision was to further revise the criteria for the selection of individual cases to ensure a “career” perspective would be present. Only cases where a child had had a *substantial* experience of being looked after were therefore included. From an initial analysis of the register of looked after children and how individual children entered and left accommodation and the lengths of episodes away from home a working definition of a “*substantial experience of being looked after*” was devised. The child would have experienced three or more episodes of being looked after, one of which would have lasted for at least 6 weeks, *or* one or more episodes of being looked after, one of which would have lasted for at least 6 months. This definition had a number of consequences. One was that the sampling frame was likely only to include children with the more complex career patterns who may present more difficulties in planning (Bullock et al., 1998). Another was that it excluded other groups of children and, in particular, children for whom there were agreements for regular short periods of respite care because these were generally for placements lasting less than 6 weeks. Disabled children were very prevalent in this group. Excluding this group of children presented a dilemma. It was apparent from the data that almost all children with these arrangements stayed with a consistent carer and that, in this respect, their careers differed from other children who experienced multiple admissions. And as one aim was to look at the careers of looked after children against the policy framework and value perspectives contained in the Children Act, the use of such respite arrangements might represent one manifestation of family support. Not examining planning for this group of children could lead to a misjudgement about the extent of implementation of the “family support” aims of the Children Act, or the defence of the birth family/parent’s rights perspective. On the other hand, there is, as yet, no evidence that this type of arrangement for looking after children is leading to difficulties in loss of contact and drift for children

(Aldgate et al., 1996; Bullock et al., 1998) (unlike other looked after arrangements) or that planning is problematic. It was on these grounds that children with agreements to be looked after regularly, where the episodes, however frequent, lasted less than six weeks, were excluded from the sample of individual cases.

The *third* decision was to ensure the cases selected could be “tracked” prospectively over a reasonable period of time. Data collection on this element of the research began in early 1997, so children who had an admission in the latter part of 1994 were identified. This meant all cases had at least two years of prospective data for analysis. The two year period was a significant time period in planning for looked after children in this authority, as the local authority had policies in place which set specific targets for the maximum length of time any child under ten years should be looked after. Two years therefore appeared to be a reasonable period of time after which to consider outcomes of a particular looked after episode for the child. A two-year follow-up period was also the length of time that had been used in national studies (Millham et al., 1986; Bullock et al., 1998).

The last decision was to select individual cases from two Districts only. Insider status was a factor here, and two Districts were selected in which I had not worked so that there was no prior knowledge of any of the cases. The case files on all the children who fell within the target group parameters were included. The final group of children was eleven children aged between two years and ten years who began an episode of being looked after in either of the two Districts in the last 6 months of 1994, and who either had or were to spend a substantial period of time looked after.

It was in the process of revising the approach to sampling and arriving at a working definition of a “substantial experience of being looked after” that something serendipitous occurred, which contributed to the final shape and balance of the research. Initially, it was assumed that the focus would be on

planning from the point of admission through to a return home or permanent placement with a substitute family - that is a single looked after episode. It was apparent, however, from examining the looked after register that many children had multiple episodes of being looked after, with some episodes occurring before and after the particular episode that brought them into the research. The register database not only made the selection of a small group who had a substantial experience of being looked after possible, but also provided the opportunity to analyse admission and exit patterns, changes in legal status, and placement changes for a much larger number of children over a period of up to twelve years. (The database had been in operation for 10 years and contained some retrospective data.) It was possible therefore to define a "looked after career" as consisting of all a child's looked after episodes and to consider the "place" of looking after a child within the social work intervention with the family. The review of the literature and of the aims and intentions of the Children Act 1989 had raised the question of the purpose of looking after a child and the place of looking after the child within the work being undertaken with the family. Thus, in addition to analysing Shire's looked after child population on a specific date, it was possible to undertake a more detailed and quantitative analysis of looked after career patterns. Retrospective and prospective data could be included to capture looked after career development. A similar career perspective could be used in the case-file analysis.

In summary, as a result of problems with the initial design, the nature of the research exercise changed substantially but the overall aims and the research questions remained the same. The revised methods lost the rich data that would have come from interviews with workers, but had a stronger quantitative element and, from a number of data sources and perspectives, addressed the research questions. The greatest weakness of the research methodology was the reliance placed upon contemporaneous administrative records, with all their known limitations. The benefits were a stronger emphasis on *patterns* of looked after careers and the opportunity to study career patterns of a larger number of

children, and some *contemporaneous accounts* of social work decision making and actions.

Ultimately, four data collection methods were used in the research. *Firstly*, an analysis of key documents from 1991 to 1997 relating to children looked after within this local authority was undertaken. These consisted of policy and procedural guidance, strategy documents, and annual statistical reports. *Secondly*, data was collected on all children aged under ten years looked after on a specific date (the Snapshot Cohort). This enabled comparison with national reports on the implementation of the Children Act (DH, 1993; 1994; 1995a; 1995b; 2000b) and with previous studies into children's backgrounds (Holman, 1988; Bebbington and Miles, 1989) and length of stay (Thorpe, 1988; Rowe et al., 1989). *Thirdly*, data was collected on personal characteristics, family background, admissions, discharges, legal status, reasons for admission, and placement changes for a cohort of 179 children under 10 years (on 1.7.94) who had an admission between 1.7.94 and 31.12.94 (the Career Cohort). Data was taken both retrospectively and prospectively from the 1994 period, which in some cases meant data was available on a child's looked after career spanning up to 12 years. *Finally*, there was a detailed analysis of case files on all the children from two Districts who were aged between 2 years and 10 years, admitted in the period 1.7.94 - 31.12.94 and who had a substantial experience of being looked after (a Subset of the Career Cohort). This was a sample of eleven children, one of whom was the responsibility of a third District by the time of data collection.

The research therefore drew together data on 4 aspects of the research area, from 3 sources: the policy framework in operation (document analysis), looked after populations (database and case file analysis), looked after careers (database and case file analysis) and social work practice and roles played by other agents (case file analysis).

Key Concepts in the Selection and Analysis of Data.

If developing a feasible research design had been problematic, data selection was structured to ensure relevance for the research questions, consistency and to counteract bias. Structured schedules and data specifications were devised.¹ Underpinning the design of the schedules and selection of the data were key concepts drawn from the literature in respect of children in care. These same key concepts were also to inform the data analysis. The concepts themselves have been discussed in earlier chapters but their operationalisation in the data collection methods needs some explanation.

Hardiker et al's framework for analysing prevention policies (1991a) identified the significance of the *reasons and purposes* for looking after a child, which may vary according to the model of welfare and value base underpinning intervention. The prevalence of sets of circumstances leading to admission and accounts of social work prior to admission may also be an indication of *thresholds* which may vary depending on the welfare model and value perspective. Whilst *reasons* for the admission of a child may be recorded, *purposes* and *thresholds* may prove to be more elusive but may be deduced from the accounts of the circumstances of admission. A second indication may be the process of entry - for example if child protection procedures preceded the admission - or the legal route, as the grounds for care proceedings and emergency orders are also to safeguard children.

Planning is conceived of as purposeful social work activity to achieve certain outcomes for a child (DHSS, 1985b; Parker, 1985; Maluccio et al., 1986; 1994; Bryer, 1988; Parker et al. (eds.), 1991; Jackson and Kilroe (eds.), 1996), and data was therefore collected on social work processes – assessment processes, plans for children, interventions and reviews. Decision-making processes were also critical. All processes were examined on a number of levels, with the primary focus being the medium and longer-term planning of

¹ This is shown in Appendix Four.

deciding and achieving the desired *outcome* from each looked after episode. The extent to which *children's needs* were assessed and how they were addressed was a second, related theme – although no assumptions could be made about outcomes in terms of the well-being of the child.

Permanency is the concept that denotes the overall aim of achieving stability and continuity for a child in a secure long-term family placement (Thoburn et al., 1986; Triseliotis, 1991; DH/SSI, 1994). Changes in children's carers, lengths of stay with family and non-family carers, and the lengths of children's looked after careers were examined (Fisher et al., 1986; Berridge and Cleaver, 1987; Rowe et al., 1989; Festinger, 1994; Farmer, 1996). Consideration was given to the continuity of relationships with siblings and parents (Aldgate, 1980; Marsh, 1987).

Careers, both looked after and client careers, are the product of interactive processes that occur and develop over time. Patterns and sequences of events, reasons, admissions and discharges, as well as career trajectories were considered in the higher level data from the cohort of 179 children and at an individual case level.

Finally, prevailing *value perspectives* in policy and practice were deduced from the accounts and rationales for decisions found on case-files.

Data Collection

Data collection straddled a considerable time period with the initial "snapshot" data on the population of children looked after taking place in autumn of 1995, and looked after career and case file data being collected in 1997. Key documents were collected throughout the period but analysed in 1999. One concern was maintaining a consistent and reliable approach over such a long period while my own understanding was developing. This was counteracted by the use of pre-prepared schedules, the fact that much of the data had been

recorded contemporaneously using a relatively consistent format and therefore could easily be re-visited enabled a degree of back-tracking and re-checking. As my own understanding developed over the period of data collection and analysis, national developments, notably the Quality Protects initiative (DH, 1998a; 1998b) provided some affirmation that the themes emerging locally were not atypical of other local authorities.

Triangulation occurred across all data sources around the themes of social work process, permanency, looked after careers, reasons for intervention and the use of the Children Act. Deductions were made about purposes in looking after children, and underpinning value perspectives from the policy documents, and from reasons and purposes, and use of the law, recorded in the database information and case files. Finally, different data sources allowed for validity checking between the register database information and case files.

Data Reduction and Analysis.

The data collection methods generated a large amount of different types of data, which required clearly defined processes of data display and reduction before analysis could occur.

Data reduction was largely undertaken manually using a variety of methods, but spreadsheets were also used to calculate the length of looked after episodes and the periods of time between episodes, and charts to display the careers of individual children and sibling groups. Other methods included listing and “theme-ing” responses to questions on the file schedules. Finally, as part of the data collection of the eleven cases, a sheet of reflections was completed on the “story” of each case and key practice issues that had emerged (Chambon, 1994). This information was typed up for each case and examined for emerging themes.

Summary

The research design was evolutionary and constrained by the feasibility of researching such a complex area on a number of levels with very limited resources. The final strategy capitalised on insider status and accessibility at the expense of the richness of the accounts of social workers. However, the final design included a longitudinal perspective on children's looked after careers that was not present in national studies focusing on single looked after episodes. The lack of such a longitudinal focus over multiple looked after episodes may render invisible the extent to which being periodically looked after is a defining experience in the childhood of many children. What the study lost in depth from personal accounts of practice, it gained in the comprehensiveness of the study of career patterns. From an initial design for a small scale, qualitative and case-focused project, the study developed to a more holistic examination of the patterns and practice in looking after children under the Children Act 1989. The following chapters set out the results.

Five: Local Policy and Looking After Children under the Children Act 1989

Introduction

In this Chapter the aim is to answer the first of the four research questions – *What were the local policies and strategies for looking after children after the implementation of the Children Act 1989?*

The purposes of examining local policy and strategies were twofold. The first was to understand how the local authority had interpreted the provisions of the Children Act 1989 to provide a context for examining practice with individual children. After the implementation of the Act in 1991, decisions about individual children, as situated actions by social workers, would be taken within the new legal framework, and what was now required or permitted practice. The analysis of different value perspectives and models of welfare in Chapter Three has shown that the nature and extent of the state's role with families is a contested area of social policy and, within the scope of the statutory framework, there can be differences in local interpretation and in the emphasis given to certain powers and duties. Shire's interpretation of the Act's provisions, as evidenced by the formal policies of the local authority, and the arrangements it had in place for ensuring compliance, are part of the backdrop to practice with looked after children in that local authority.

The second purpose was a more practical one - to identify the local aims and the structures and processes for making decisions about looked after children. This would help in understanding terminology and processes with individual cases.

Analysing any local policy framework is not without difficulties and these must first be considered.

Making Sense of Policy.

Policy analysis is itself a contentious area and the subject of considerable debate, particularly in relation to *definition and policy-practice links* (Webb and Wistow, 1987; Hardiker et al., 1991a; 1991b). These debates make the task of defining the boundaries of policy analysis and reaching conclusions about any particular policy position, a difficult one.

The *first* difficulty is one of *defining policy* and the debate is founded in the approach to policy analysis that is taken. There are two theoretical traditions in policy studies (Webb and Wistow, 1987; Hardiker et al., 1991b). Hardiker et al. (ibid.) describe one as the *bureaucratic/rational* tradition in which policies are statements of an agency's intent and are seen as discrete phenomena formulated through rational processes. Within this tradition, policy implementation is seen as a top-down approach. The other tradition is the *interactionist* one that attributes policies to individuals rather than organisations and sees policies as a set of inter-related decisions or non-decisions. From this perspective, policies

... are fused in a seamless web of informal actions... (Hardiker et al. ibid. p. 69)

This is the bottom-up approach to policy development and implementation, where the actions and discretion of front-line practitioners create "policy" even if this is not expressed in formal written statements (Lipsky, 1980).

There are criticisms of both traditions. Policies and policy goals are rarely as clear as the bureaucratic/rational tradition would suggest. Policy aims may be complex or conflicting, as our earlier discussion of the Children Act illustrated, and are sometimes ambiguous. On the other hand, if one adopts the interactionist tradition that policy is a seamless web of day-to-day decisions then it is difficult to identify what policy actually is.

In fact, whichever of the two traditions one follows there may be some difficulty in deciding what a particular policy actually is. Webb and Wistow (op.cit.) define policy simply as

... authoritative statements of intended courses of action which provide a framework for detailed decision making." (p.124)

but such written statements may be lacking or partial (Packman et al., 1986; Robbins, 1990; Grimshaw and Sinclair, 1997) or the intent may have to be deduced from other documents such as procedures, or practice guidance. Grimshaw and Sinclair (1997) argue that child care services require coherent local policies but ten years earlier, Packman et al. (1986), in their study of two local authorities, found that, in reality, policy was often disjointed, could emanate from different sources and at different points in time and rarely added up to a coherent whole (p.147). They found a particular difficulty in knowing when a policy had been changed or withdrawn.

The *second* but overlapping area of difficulty is the *relationship between policy and practice*. The discussion above has already shown that within the interactionist tradition, practice itself can be seen as policy. Unofficial policies - or local interpretations of departmental policies - may develop from local practices. Thus, policy may be manifest in the use or rationing of certain *resources*, or through *routine responses* (Giller and Morris, 1981; Fisher et al., 1986). Individual practitioners will also exercise some discretion in their own interpretation of the policies of their organisation (Lipsky, 1980). So, as Packman et al. (op.cit.) state:

What social workers do becomes policy if it is done with any consistency and starts to establish a trend. (p.149)

This, however, raises issues about how routine or consistent a practice has to be before it could be deemed to be policy. If, on the other hand, one takes the

bureaucratic/rational approach there is still no simple and straightforward relationship between policy, policy implementation and practice. One cannot make an assumption that what is written happens in practice. Some parts of national and local policies may remain inactive or may not be fully implemented, even when explicit top-down policies are in place.

Faced with the dichotomy of approaches, Hardiker et al. (1991b) advocate a middle way to policy analysis. Taking Webb and Wistow's (1987) definition of policy quoted above, they assert that while policies are seen as consciously articulated choices they are not necessarily imposed deterministically from above. They argue that policy is

... located at points where authoritative intentions and workers' actions are brought together. (p.71)

Policy therefore includes written or formally agreed policies, front-line workers' and managers' day to day decision-making and the processes by which objectives are translated into specific guidelines for action. Thus policy is fluid, prone to being partial, changing and developmental over time. The process of implementing one policy may also lead to the emergence of another. Statements of policy may not be written, until, or unless, a policy is officially sanctioned. Unwritten or unofficial policies may be as significant as formal ones, although they will be more difficult to identify. Hardiker et al. (ibid.) argue that policy, policy development and policy implementation are therefore social phenomena that have to be deconstructed to be understood, rather than taken as read from what may be written down.

It will be clear that the debates about policy analysis and the definitions of policy have implications for what I was attempting to do in this research – that is to analyse how one particular local authority had interpreted the Children Act 1989, and the implications for looking after children. Such an aspiration was founded on the assumption that written policies will have some top-down

influence on practice. Yet, following either the interactionist tradition or Hardiker et al's (op.cit) middle way analysis, patterns of looked after careers or patterns of responses to particular case situations would be as much an indication of policy as anything written.

While Hardiker et al's (ibid.) perspective challenged a reliance on written documents as indicating policy, their framework was also useful. The agency's written statements of intent had to be seen as *one element* of policy. A second strand of the analysis would be strategies for *monitoring compliance* and *establishing conformity* with the agency's aims, as these would affect the degree of local variation that might occur. And local policy would only finally emerge when patterns of practice and how far they conformed to written policies were added into the equation.

Two further points about policy analysis also had to be considered – the influence of the *central/local government relationship*, and the likely influence of *other areas of policy* for the area being examined.

Current trends in *central/local government relationships*, in the field of social welfare policy, raise some doubts about the extent to which local variation in policy and practice can occur. The nineties were marked by increasing regulation, and the examination and monitoring of local authority practice against nationally set statistical indicators and standards (DH, 1993; 1994; 1995a; 1995b; 1998g; 2000b). This development was apparent in the Children Act itself, in that its Regulations and Guidance (DH, 1991d; 1991e; 1991f) prescribe in detail the arrangements and processes for the admission and care of looked after children and a range of other local authority responsibilities. Consequently written policies could be little more than a re-iteration of the law, Guidance and Regulations. Grimshaw and Sinclair (1997) comment that the strategy adopted to implement the Children Act 1989 was *regulatory*, citing the ten volumes of guidance and regulation as the means of setting out clear expectations of local authorities and other agencies, and establishing minimum

standards. Increasingly therefore, a local authority may simply “pass on” to its staff what the national frameworks require. On the other hand, Grimshaw and Sinclair (ibid.) also comment on the importance of local policy:

... legislation, even with accompanying Guidance and Regulations, can never prescribe in every detail the way in which a local authority discharges the responsibilities imposed upon it by statute ... child care services can only be delivered in the context of the structure and working practices developed within the organisation and that requires coherent local policies and practice. (p.14)

It is possible therefore, that in studying local policies, the *emphasis* awarded to the different responsibilities by a local authority may be significant - or that local interpretation may be more evident in practice than in written statements.

The final point to be considered was that the policy position in relation to any one area of practice cannot not be seen in isolation, as it is likely that *other policies* will have an impact. Webb and Wistow (1987) use the concept of *policy streams*. They suggest that policies originating from central government and within local organisations can be seen as occurring in a number of “streams”, developed and influenced by different “drivers” or imperatives. Aims and objectives of the different streams may complement, or overlap, but may also conflict while running in parallel with each other, and with the emphasis shifting over time (Hardiker et al., 1991b). One example is resource policies, which are likely to be influenced by wider considerations. Decisions on how much can be spent and on what services, may, for example, undermine a policy aim of making more services available to a wider group of people, expanding provision, or enhancing quality. In relation to looked after children, resource policies and structures may be as influential as policy statements about, for example, looking after children under voluntary arrangements, supporting children at home, or placement priorities. Similarly, the supply of foster and

adoptive homes or residential placements may support or inhibit the achievement of policy aims (DH, 2000b).

Analysis of a particular aspect of child care policy is, then, beset with difficulties. Written documents are only one manifestation of policy in relation to looked after children. Structures and processes will also give an indication of policy. Patterns of social work practice, which are explored later, are also indicative of policy, particularly the degree of congruence or conflict between what written policies did or did not say, and what was actually done.

Given the difficulties, and that policy analysis was only one element of the planned research, previous research studies were used to focus and to set some boundaries. A number of published studies have included descriptions and analysis of relevant child care policy frameworks as background to exploring practice (Grimshaw and Sinclair, 1997; Packman et al., 1986; Packman and Hall, 1998). Different approaches have been adopted. Grimshaw and Sinclair (op.cit.) took a narrow approach focusing directly on policy documents that related to looked after children's plans and reviews - procedures, planning and review forms, and information leaflets for parents and children. Such a narrow focus may be appropriate for research into procedural compliance and the implementation of minimum standards, but it is based on an assumption of a rational top-down approach to policy and policy implementation, rather than interactive processes (Webb and Wistow, 1987; Hardiker et al., 1991b). Packman et al. (1986) had found that a wider perspective was necessary. In their initial study, four areas of policy emerged as relevant to the admission processes of children into care:

- policies that shaped a department's *organisation* and *structure* and determined the *procedures for decision-making*;
- indications of how the department saw *its role in relation to child care*;
- the provision of *resources*; and finally,
- policies specifically directed towards shaping the admission of children to care. (Admissions were the focus of their study.)

Furthermore, Packman et al. (ibid.) did not assume that policy development was a top-down process. Differences in practice between two local authorities were seen as an indication of differences in *informal* policy, even if these were not clearly articulated and documented.

Packman et al.'s (ibid.) original research took place in the early eighties, but ten years on Packman and Hall (1998), in re-visiting the two authorities, still commented on the interplay between policy and organisational context. However they noted that the formulation of *authority-wide* policies had become more pronounced, perhaps one consequence of increased central government regulation and control.

The two studies that Packman and colleagues (1986; 1998) undertook were particularly useful in identifying the main elements that needed to be considered in this study. Packman et al.'s (1986) findings were used to provide a framework for analysing the policy position in Shire.

Policy in Shire

Hardiker et al. (1991a) suggest using a range of data sources in policy analysis to produce an element of triangulation, even within the area of written policies. Two sets of documents were available: formally sanctioned policies, procedures and guidance in the departmental handbook (Shire, 1991-1997) and a range of statistical reports that set out and reported annually on Shire's "Child Care Strategy" (Shire, 1993a). The available documents¹ included statements of intent (Shire, 1993a), statistical information covering several years (Shire, 1993b; 1995a; 1996; 1997), and written policy, practice and procedural guidance to staff (Shire, 1991-1997). The documents were all written between 1991 and 1997 and so were in use during, and up to 1997, when data collection for this study on children's looked after careers and from the case-files ended. The earliest documents had been produced in response to the Children Act

¹ Internal documents are listed in Appendix One.

1989. Some later ones appeared to have been developed as guidance on areas of practice that were causing concern. For example, two of the most detailed policy guidance documents related to working with black children in foster care, and to managing contact between looked after children and their families (Shire, 1995b; Shire, 1991-1997).

The findings and discussion are organised around the four main areas identified by Packman et al. (1986).

Organisation and Structures, and Decision-making about Looked After Children.

By 1992 Shire had adopted a structure that was built around separate adult and child care functions, and the authority's area was subdivided into nine Districts. Districts managed almost all operational services and resources, whilst policy development and strategic planning remained a countywide function. Each District had a District Manager who managed specialist adult and child care service managers. Each child care service manager managed team managers and teams of social workers, although the number and remit of teams varied depending on the numbers of child care staff, which in turn related to the volume of work. Thus, internal District structures, the functions of child care teams and consequently the management of looked after cases were commonly acknowledged to vary (insider knowledge). Service managers also managed resource teams such as fostering teams, and such children's residential units and Family Centres as were located within their District boundaries. Each District managed its own workload and resources, although placements in foster and adoptive homes and residential units were expected to be accessible across District boundaries. This structure remained relatively stable from 1992 until 1997.

Decision-making about the admission and return home of looked after children, and the deployment of resources in individual cases, fell within the remit of the District. Provided that District staff could manage the demands on their services

and resources, the majority of case-related decisions were internal to them. Exceptions were decisions about adoption, which were made by a countywide Adoption Panel, and decisions about specialist placements, if no appropriate Departmental resource was available. Resource development – the supply and support of foster and adoptive homes - also fell to Districts, with larger developments (for example, specialist placements) and capital expenditure falling to the Centre.

Within a structure that delegated most case and resource-related decisions down to District staff, authority-wide policies were the main vehicle by which the authority set out its service delivery expectations and tried to achieve consistency in the decision-making processes taking place. The structure could be seen as offering a great deal of scope for local policy development and differences in practice. However, written policy documents proved to be very explicit about how most decisions about looked after children were to be made.

While there was lengthy, written, policy and procedural guidance (Shire, 1991-1997), the direction and overview of child care policy was set out in a Child Care Strategy that was introduced in 1992/3 to provide

... an integrated strategy covering most, if not all, aspects of services to a client group... (Shire, 1993a).

This strategy was seen as innovative at the time, not least because quantifiable targets were introduced together with systems for reporting performance against targets. Objectives of the strategy included:

- *to minimise the number of children who require to be looked after* (Disabled children were the stated exception to this, as specialist provision was being expanded.)
- *to ensure the looked after experience is planned and consistent with the best interests of the child*

- *to ensure the looked after experience is a safe one, which promotes the child's welfare.* (Shire, 1993a p.6)

Written policies made middle and senior managers responsible for decisions about admissions as part of its strategy of minimising the number of looked after children. As part of its Child Care Strategy, Shire introduced a system of "Accommodation Panels" to oversee decision-making about looked after children. The guidance on the purpose and function of the Panels began

... too many children are looked after by the local authority for too long. (PPG 3.110).

The length of time a child was looked after should not exceed two years. Each District had a Panel, chaired by a service manager with at least two team manager representatives, which had responsibility for

... the control of admissions of all children and young people to accommodation... (PPG 3.110)

as well as for monitoring children's looked after careers and the effectiveness of the planning and reviewing systems.

When care proceedings were initiated, admissions did not fall within the remit of the Accommodation Panels, but middle managers were expected to make all decisions about initiating proceedings, and such decisions were expected to have been preceded by a (Child Protection) Case Conference. There were, therefore, a number of locations where decisions about looking after children could be made, but all such decisions lay with more senior managers.

The use of some resources appeared to be regarded more seriously than others, so that the decision to admit a child to residential care was located with the relevant District Manager. The reasons for this were not given but may have

been related to the aim in the Strategy (1993a) that no child under twelve years of age should be admitted to residential care. There was an implicit assumption that family-based care was generally more appropriate for younger children – or that residential care was not suitable (insider knowledge). One principle of the Children Act, re-iterated in Shire's Strategy, was that the best interests of an individual child should underpin all decisions. However, the general aim in relation to admissions, length of stay and use of certain types of provision appeared to be based on some general assumptions about what would *not* be in a child's best interests.

Processes and mechanisms for managing a child's looked after episode were laid down in the Strategy (Shire, 1993a) and policy guidance (PPG, 4.120). The Child Care Strategy included the expectation that there would be a *written plan* upon admission, with objectives for each child, the tasks to be achieved, and a timescale for return home. (The Department of Health sponsored Looking After Children materials (Dartington, 1995b) which were not implemented in Shire until 1997, made similar, if more detailed, requirements.) *Reviews* were seen as key decision-making fora (Sinclair, 1984; Kendrik and Mapstone, 1991) through which plans would be monitored and changed to ensure the developmental and welfare needs of the child were met:

The purpose of the review is to plan for the child. (PPG, 4.120)

When the Child Care Strategy and associated policies were first introduced, there was an expectation that children already in placements would be brought into the new arrangements - time-limits were set for their return home and a written plan produced - through the review process. Team Managers chaired reviews. The written policy re-iterated the Children Act requirements about review processes and statutory intervals and included the imperative that

... the looked after experience should be a planned one...
(PPG, 4.120).

Furthermore, for children under ten years of age

... any Plan should have a target for their discharge within two years. (PPG 4.120)

Decision-making processes about voluntary and compulsory admissions were therefore explicit and formalised. While any decision-making process was likely to be informed and influenced by the opinions and judgements of front-line practitioners (Lipsky, 1980), the scope for individual practitioners to use their discretion in deciding to admit children was likely to be constrained by the need for agreement and ratification by middle managers or the courts, if the policy guidance was complied with.

In contrast to the level of control applied to admission, decision-making processes for *returning a child home* were not subject to the same level of scrutiny. (The exception was children on compulsory orders where the decision lay with the court.) Agreements with parents, made at the time of admission, were expected to set a timetable for the child to return home and there appeared to be an assumption that the original timetable would be correct. Thus a Review or other meeting was not necessary to make the decision. The final decision about returning a child home therefore lay, in policy terms, with front-line practitioners and the first line managers, and there was no particular guidance about identifying risks or supporting the transition (Farmer, 1996; Bullock et al., 1998).

The arrangements, structures and processes in place for making decisions about looking after children appeared to support the stated aims of the strategy – that is, to control the numbers and length of time children who were looked after. Procedurally, admissions were paid much more attention than discharges. Hardiker et al. (1991b), in their analysis of policy-practice links, had identified the importance of strategies for monitoring compliance and establishing

conformity. In Shire's case, there was a high level of devolved responsibility, so it was significant that policies and procedures for decision-making about looked after children emphasised *managerial scrutiny and control*.

- **Implicit value perspectives**

At first sight, the value perspectives underpinning Shire's Strategy and policies appeared to be *laissez-faire* (limited state intervention and the aim of returning children looked after by voluntary agreement to their families as quickly as possible) and *child protection/paternalism* (separate structures for decision-making about admission and protection of children in need of protection) (Fox-Harding, 1991; 1997). However, it was difficult to draw any conclusions about whether this represented local influence or reflected national concerns at the time the Strategy and policies were developed. For example, the Children Act had adopted a regulatory approach in response to the "failures" of in planning for children in the seventies and eighties (DHSS, 1985a; 1985b; DH, 1991c; Parton, 1991; Grimshaw and Sinclair, 1997). Children Act Regulations and Guidance had placed a responsibility on local authorities to have processes such as reviews, and to ensure good planning for looked after children (DH, 1991e). Shire's Accommodation Panels were potentially one means of monitoring and assuring the quality of planning. Wider national influences could be identified amongst Shire's policies. For example, the Child Care Strategy and policies (Shire, 1993a; 1991-1997) included direct references to research on "drift" from the eighties (Millham et al., 1986; Packman et al., 1986; Thorpe, 1988).

What may be more open to question, and arguably could be a sign of a *laissez-faire* approach, was Shire's stated aim to reduce the numbers of looked after children. Although the Children Act set the new legal and procedural framework for looking after children, there was little in the Act's provisions that would immediately suggest *reducing* the numbers of looked after children, except perhaps the tightening of the grounds for care orders and the increased role for the courts. On the contrary, promoting the use of looking after children as a

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means of supporting families could be seen as likely to *increase* the numbers of looked after children. However, it cannot be assumed that Shire's emphasis on scrutinising admissions through Panels, and managing the length of a child's looked after episode, meant a high threshold for admission. There was no written guidance on how wide or narrow the gateway for looking after children was to be. This in itself could be significant, but only the examination of individual cases would show how high the threshold was in practice. In any event, a policy of reducing the numbers of looked after children could be seen as positive and not in conflict with the Act, if the means of achieving the aim was better planning to avoid drift, and perhaps also implementing the preventative elements and duties contained in Part Three of the Act.

Shire was not alone in interpreting the policy aim of the Act as to reduce the numbers of looked after children. In the early years under the Children Act, the numbers of children who were looked after began to reduce nationally and there were sizeable reductions. The Children Act Report 1993 (DH, 1994) shows that, for voluntarily looked after children, there was a reduction of 8% between 1991 and 1992 and 4% in the following year. This was accompanied by a reduction of 12% each year in the numbers of looked after children under Care Orders. In Shire, like other local authorities, the numbers of children looked after fell in the early years after implementation of the Children Act from 1546 at 31.3.92 to 1095 by 31.3.95 (Shire, 1993b; 1995). The rate of children per thousand population (0-18 years) reduced from 6.9 per thousand at 31.3.91 to 4.6 per thousand at 31.3.95 (Shire, 1995).

Initially the trend in admissions rose (Shire, 1993b) although the overall number looked after fell. This may be significant and could suggest that the reduction overall was the result of correcting data, discharging children who may have been ready to return home for some time, or the effects of setting timescales for children to return home from the point of admission. The increase in admissions could have been an indication of a changing perspective towards looking after children and the influence of the family support aims of the Act – a

defence of the birth family position. What was not explicit in Shire's Strategy (1993a) or written policies was any shift away from looking after children under compulsory orders. Again, this could be a sign of a *laissez-faire* or *child protection* value position. Yet in practice, the balance of children looked after voluntarily to those looked after on care orders changed, with a reduction in children on compulsory orders.

Shire's emphasis on controlling admissions and planning processes, but with a lack of formal decision-making processes in relation to discharge, was consistent with a strategy of reducing the size of its looked after population. In reducing the number of children looked after, Shire conformed to the national trend. However, while the national trend was clear, there is little information on how other local authorities achieved the reductions. The greater percentage reduction in the numbers of children on Care Orders nationally might suggest a general change of approach from coercive interventions to the partnership approach advocated by the designers of the Children Act. As Shire's statistics showed a similar trend, this could be a factor here.

The trend of reducing numbers of looked after children and reducing the proportion on care orders had ceased in Shire by 1995. Again this mirrored the national picture where the numbers of looked after children started to rise again in 1996 (Shire, 1997). By the late nineties, the numbers of looked after children on care orders had also risen (DH, 2000b). This suggests that the influences on local practice and on trends in looking after children are wider than local policy or value perspectives, or indeed the legislative framework, which has remained largely unchanged since 1991.

Shire's Role in relation to Child Care.

The second area that Packman et al. (1986) identified as significant in understanding local policy was a broad one - how a local authority saw its *role* in relation to child care. This question can be interpreted as relating to value

perspectives and welfare ideologies - an area already raised above. Given the different perspectives inherent in the Children Act, how had Shire responded to and interpreted the changes in role and responsibilities in the Act? Here some of the limitations of policy documents were apparent. Documents interpreted and re-iterated the principles of the Children Act. Procedural guidance included statements about partnership with parents, listening to children and taking their views into account, and maintaining children within their own families. The level of commitment would therefore best be judged by examining practice.

Despite these limitations, some understanding was achieved by taking a wider perspective than policies related primarily to looked after children. Two areas in particular were examined. Firstly, *statements of strategic aims* were considered, in relation to the continuum of responsibilities from family support under Part Three to child protection under Part Five of the Act. This gave an indication of where the agency placed its *priorities*. Secondly, *inter-agency working* and, in particular, how the social services department saw itself in relation to other agencies (who also have a part to play in providing for children) gave some indication of how it understood its own role.

- **Statements of Strategic Aims.**

Shire's Child Care Strategy (Shire, 1993a) set out the managerial *priorities* early in the nineties. It recorded early successes as

... reductions in the looked after population and of children on the child protection register...

with a corollary that there was a

... need to strengthen our non-looked after services including children in need and aftercare.

The wording was perhaps an indication that strategies to achieve the reductions in numbers had involved gatekeeping processes and speedy return home and that successes here had not yet been matched by the development of services to support families and children.

The Strategy and policy documents were examined for references to the wider preventative and supportive aims of the Children Act. A further objective in the Strategy related to family support services and stated an aim

...to help children in need and their families to cope with their circumstances by promoting appropriate assistance. (p. 11)

However, the actions linked to this were to compile a resource database and to develop a strategy for developing services. No detailed plans of expansion or development were put forward. The overall Child Care Strategy did appear to be founded on an assumption that looking after a child was a situation to be avoided. There was no mention of the Children Act's promotion of the use of looking after children voluntarily as a positive support service, except in a reference to *not* reducing admissions for children with disabilities. It may also be significant that the Strategy did not explicitly refer to the development or use of additional support services to prevent admission or to support a family once a child returned home. Procedural guidance similarly failed to make such aims explicit, except in relation to working with black children and their families where the local context was said to be one marked out by an increased likelihood that black children would be admitted and would experience delay and drift (Shire, 1995b).

As with seeking to achieve reductions in the numbers of looked after children, Shire was probably not alone in its slowness to embrace the development of preventative and support services. It was some time after the Act before most local authorities would turn to fully implementing the family support aspects of

the legislation (Audit Commission, 1994; Colton et al. (eds.), 1995; Dartington, 1995a; Aldgate et al., 1994; Aldgate and Tunstill, 1996).

A second priority area for improvement in the Child Care Strategy (Shire, 1993b) was adoption, in particular the length of time children were spending in the adoption process. Here again the aim was to minimise the time children spent being looked after. Such aims would be in keeping with those of the Children Act of reducing delay through good planning and decision-making processes for looked after children. However, the fact that adoption receives such a mention is an indication of its significance in child care in Shire. On average about 100 children per year (out of a looked after population of approximately 1000 children) were adopted from Shire's care (Shire, 1997). The evidence was that Shire continued to seek care orders in situations where children were at risk or subject to significant harm and it was not unusual for adoptive homes to be sought for such children.

The documentary evidence suggested that Shire's preoccupation in the early nineties was with better management of higher level interventions and services rather than with the development of early intervention strategies. This would be consistent with an authority that saw its role primarily with third and fourth level interventions (Hardiker et al., 1991a) or at the *residual/institutional* end of the continuum of welfare policy. It would also be consistent with *paternalistic/child protection* and *laissez-faire* perspectives (Fox Harding, 1991;1997). It appeared that some of the intentions of the Children Act had been integrated into written policy documents, but others, in particular the *first and second level, needs-based* responses and *defence of the birth family* perspectives, were being given less emphasis, at least up until 1997, when data collection for this study ended.

If Shire's policies and strategies, written in the early nineties, suggested its priorities were managing, controlling and improving practice in looking after and protecting children, a major child death enquiry in the middle nineties reinforced the authority's pre-occupation with child protection. A steep rise in the number

of child protection referrals, the making of enquiries under Section 47 of the Children Act, Initial Child Protection Conferences and registrations ensued (Shire, 1995a). Registrations per thousand 0-17 year olds remained higher than the national norm in 1997 (Shire, 1997). Whatever the stated aims of the Child Care Strategy to improve and develop family support (Shire, 1993a), these events suggest the power of events in influencing practice, over and above consciously articulated policy choices. The publication of research and reports showing an over-emphasis on the child protection aims of the Children Act at the expense of its family support aims (Audit Commission, 1994; Dartington, 1995a) did nothing to change the pattern of increased child protection activity in Shire.

- **Inter-Agency Working.**

The second area that could throw some light on how the social services department saw its role in child care was its *inter-agency relationships*. The Children Act 1989 placed a duty on the local authority *as a whole*, not just social services departments, to promote and safeguard the welfare of children in need, and other agencies were to assist the local authority in the conduct of its duties (Masson and Morris, 1992; Allen, 1992). Within child protection procedures, co-operation and assistance was a requirement (CA,1989). Thus social services departments were not to see themselves as solely responsible for looked after children or for those on child protection registers. The Audit Commission (1994) re-emphasised the responsibilities of the *local authority* and *health* agencies to children in need. How then did Shire see its own role in relation to others, and the responsibilities of other departments and local agencies in relation to looked after children?

What was most noticeable in the documents was a *lack* of references to other agencies' responsibilities for looked after children. The Child Care Strategy (Shire, 1993a) contained two references in all: one objective to ensure there were effective service planning relationships with other public and voluntary agencies, and a second to seek the involvement of housing departments in

Five: Local Policy and Looking After Children under the Children Act 1989. 122

developing aftercare provision. Other policy, practice and procedural guidance (Shire, 1991-1997) revealed an instrumental approach to other agencies, with references to the department's right or need to request information under Section 47 or Section 27 (CA 1989). Alternatively, other agencies were referred to as the necessary recipients of notices about placements of children, or as participants in conferences or planning meetings. There was no practice guidance on seeking the views of other agencies or what weight should be given to their contributions, nor were there references to their corporate parenting responsibilities. By the mid-nineties, however, the role of other agencies in *child protection* processes was more explicit and new Area Child Protection Procedures were in place. Shire then began to report on the attendance of other agencies at Child Protection Conferences. This development can be directly related to the aftermath of the child death enquiry that had occurred.

One interpretation of the lack of references to other agencies' roles and responsibilities for children in need, including looked after children, was that Shire may have been slow to recognise or embrace the nature of corporate parenting and the compensatory aspect of public care that was part of Children Act provision. Unlike the situation with "drift", there were no references in the policy documents to the research messages about the deficits in health and educational care for looked after children (Jackson, 1988; Hendriks, 1989; Aldgate et al., 1992; Heath et al., 1989.) There was no guidance on undertaking a thorough assessment of a looked after child's needs. Alternatively these gaps in written policy may also have been a sign of reluctance to embrace the needs-based, *institutional* role of local authorities that underpinned much of the Children Act.

An alternative explanation may be that Shire had simply chosen to proceduralise communications and relationships with other agencies through the sending and receiving of notices. However this could be construed as a passive approach to engaging other agencies in enhancing the quality of care

for looked after children. The child death in the mid-nineties was instrumental in causing inter-agency relationships to be re-visited. Shire's strategy then appeared to be one of monitoring the level of involvement in order to hold agencies accountable for the level of their participation.

As all the documents surveyed (Appendix One) were written for internal purposes, some care must be taken about drawing firm conclusions, particularly in relation to the lack of explicit references in some areas. Policy is not static and gaps and contradictions have been a feature of previous studies in this area (Packman et al., 1986). However, the indications were that Shire, at least until 1997, gave priority to implementing, managing and developing practice in reducing the numbers of looked after children and protecting children, over and above the development of family support services. The evidence on inter-agency working would support the fact that joint approaches and the development of alternative sources of support for families and children were not a priority before 1997.

Resource Policies.

The third area that Packman et al. (1986) identified as important to consider was policy in relation to resources and resource provision. It was not possible within the constraints of this work to examine the peaks and flows of resources from 1991-1997 and their consequences. However, of particular significance to this study were the resources available to workers for supporting families, preventing admissions or offering support to children after their return home.

The empirical evidence appeared to reflect the priorities and emphases already identified. The annual reports on the Child Care Strategy (Shire, 1993b; 1995a; 1996; 1997) testified to considerable priority being placed in Shire on increasing fostering and adoptive placements for children. Recruitment rates and the types of placement being used were reported regularly. However, there was limited guidance on the use of resources to prevent emergency admissions or to

support families. Shire had made considerable investment in developing Family Centre provision as required by Part Three of the Children Act 1989 (DH, 1991d). Each District had access to one or more Centres, which provided a range of services including day care for children under five years, as well as assessments of families with children in need of protection. Other aspects of work in supporting families were less developed and the role of the Centres in preventing admission, or supporting children who were looked after, was unclear. Considerable debate existed amongst Centre and fieldwork staff about whether Family Centres should be used to support foster and adoptive carers or whether the focus was children living with their own families in the community (personal communication). For children over eight years, there were few services or dedicated resources. A pilot development had taken place in one District to develop specialist posts to provide adolescent support. In some other Districts, similar but less qualified staff, were employed to undertake crisis intervention with families with teenagers at risk of family breakdown. However, faced with budget reductions through the nineties, neither of these resources was developed more generally across the authority and Family Centre provision faced reductions, whilst looked after and child protection services were protected (insider knowledge).

Earlier it was stated that there was nothing to suggest that Shire was particularly unusual in its limited development of services to support parents and families, and in not giving priority to the promotional and developmental aspects of the Act. The Audit Commission (1994), Messages from Research (Dartington, 1995a) and the refocusing initiative (Rose 1994) all drew attention to the ambivalence of local authorities towards implementing the preventative and family support aspects of the Children Act as fully as the child protection responsibilities. Indeed it can be argued that child protection practice had had a high profile throughout the eighties (London Borough of Brent, 1985; London Borough of Greenwich, 1987; Report into Child Abuse in Cleveland, 1988; DH, 1991g; Parton, 1991) and central government maintained that emphasis by funding post Children Act research primarily into child protection practice

(Dartington, 1995a). Local authorities could be seen as following the national lead when faced with the multiple policy aims of the Children Act. It was the mid-nineties before the broader responsibilities of the local authority and health agencies for children in need received renewed attention nationally (Audit Commission, 1994; Aldgate and Tunstill, 1996; ADSS/NCH, 1996). At the same time concerns about the quality of care given to looked after children and in particular the protection of children in residential care have continued (DH, 1998a; 1998b; Utting, 1997; DH, 1998c; 1998d; Report of the Tribunal of Inquiry, 2000). Arguably, this reinforced the need for local authorities to pay attention to the risks of failure in third and fourth level services (Hardiker et al., 1991a) and the need to balance parallel, and possibly competing, policy priorities.

Policies about Looking After Children.

The final area that Packman et al. (1986) found to be relevant was policies related to the specific area being researched – in this case this meant *policies related to looking after children*.

Overall the written policies and guidance reflected the content of the Guidance and Regulations (DH, 1991e) and upheld basic tenets of the Children Act - the involvement of parents in decision-making about their looked after child, ensuring the wishes and feelings of the child are heard. Leaflets for consulting with and giving information to parents were available. Care plans and Reviews in planning for children were seen as essential to good planning.

In order to evaluate the policy framework, however, consideration was given to how well the policies and procedures dealt with some of the key issues in looking after children. These included: planning as a means of avoiding drift; achieving improvements in the well-being of children; providing continuity and stability for the child through the maintenance of significant relationships; the minimisation of placement disruptions and moves; and achieving permanency

for the child either within their own family network or with adoptive parents (Millham et al., 1986; Packman et al., 1986, Thorpe, 1988; DHSS, 1985b; DH, 1991c; Parker et al. (eds.), 1991). A further aspect was to evaluate the extent to which the policies and guidance were family and child-centred and focused on meeting individual needs, as opposed to focusing on professional tasks and service outcomes. While the two are not necessarily in conflict, the balance would be another indication of how the department interpreted the Children Act 1989.

Firstly, as noted earlier, Shire's policies demonstrated an awareness of the research findings of the eighties and the belief that purposeful *social work planning* was the remedy for the drift. The rationale for purposeful planning was expressed in terms of the impact on children and was more explicit for some groups of children of children than others:

... black children are particularly vulnerable to inappropriate entry to accommodation, poor planning and delay, and a shortage of appropriate placements... (Shire, 1995b)

Several strategies were adopted to combat drift and delay at both a service level and case level. At a case level, strategies included targets for the maximum timescale for a particular stage in a care career, the monitoring and managerial control mechanisms such as the Accommodation Panel, and the allocation of responsibility to middle managers for monitoring and reporting on some aspects of practice. At the service level, District performance in the numbers of looked after children and adherence to timescales, (as well as a range of other data such as number of children on the Child Protection Register) was monitored and commented on at Child Care Strategy meetings attended by senior child care managers (insider knowledge).

Policy guidance also set out expectations of plans and reviews in respect of the *health and well-being* of looked after children and documentation was in place

to request information from other agencies to meet statutory requirements. These procedures were later to be strengthened with the introduction of the Looking After Children processes (Dartington, 1995b). However, as has already been discussed, the corporate nature of the parenting role and responsibilities was less explicit and collecting information from other agencies appeared to be an administrative task. How far such routine proceduralised activity would match up to the level of personal interest and knowledge that is part of “normal” parenting may be open to question. Similar questions may be raised about the national Looking After Children tools where the aim is monitoring and outcome measurement (Parker et al. (eds.), 1991; Huxley, 1994). The intention to be “child” and “need” focused may be lost in the bureaucracy and professionalisation of tasks.

The written policies gave detailed guidance for contact and emphasised the importance of *continuity* of relationships for a looked after child and the range of people with whom a child may need or want to keep contact. The practice guidance opens with:

A strong sense of identity and confidence about self worth are crucial to becoming a mature and stable adult. These are difficult to achieve without a sense of continuity and belonging to a family biologically as well as emotionally. Contact for a child should promote this. (PPG 4.143)

Detailed procedures set out the responsibilities of the social worker for the child in relation to contact plans, which were to be reviewed at any Review meeting. The possible impact of changes in social worker or of placements on continuity was overlooked (Jackson and Thomas, 1999). It may be that these were seen as being outside of a social worker’s control and an “inevitable” part of the way the local authority functioned. Organisational and service considerations may impact on and have priority over “child” considerations, or at least create tensions that may be difficult to overcome.

It may be significant therefore that whilst policy guidance picked up the issue of *continuity*, that of *stability* was less explicit. There were references to emergency placements, but few references were made to “care” or “looked after” careers or the frequency with which some children’s placements might change. Guidance in relation to black children (Shire, 1995b) proved to be an exception to this and here there was an emphasis on the importance of planned placement changes. Policies also made no reference to children being repeatedly admitted and discharged, apart from references to planned series of placements, which might suggest that issues of stability were not fully recognised.

One final area was that of achieving *permanency*. As discussed earlier, considerable emphasis appeared to be placed on gatekeeping, and managing the child’s experience of being looked after, with an overall message that the local authority’s intervention should be as brief and time-limited as possible. In addition, a relatively large number of children were also adopted from Shire and one clearly stated policy aim was to find alternative carers *who would take parental responsibility for the child*. This is illustrated by the policy guidance on planning for a looked after child, in which the worker is offered a choice of three primary objectives for the child:

- *return home as soon as possible, placement with a family member or significant person to the child with a view to them acquiring parental responsibility,*
- *semi or full independence, or*
- *approved carers who are willing or intend to assume parental responsibility. (PPG 4.142)*

Permanency, while not an explicit policy, was therefore implicit in the policy framework and the choices were represented by the two alternative outcomes for young children - return home or adoption. However, as noted earlier, there

was a lack of guidance on planning for a return home or providing additional support in order to maintain the child in the family. Thus this aspect of “achieving permanency” could be seen as under-developed compared with adoption, for which a specialist post-adoption support service had been developed and for which financial support was also available. Growing up in public care was not an option endorsed by any written policy and references to long-term foster arrangements were found to be few.

The predominant message, inherent in the structures and the written guidance, was that being looked after should be a *temporary* experience for any child and that being looked after was never viewed as a permanent state. This may be an expression of values, or of beliefs about the poor longer-term outcomes for looked after children. However, such a policy position could also reflect organisational and professional imperatives about controlling the numbers of looked after children (and the volume of work), and managing throughput in resources such as foster placements.

In summary, the examination of the policy and practice guidance specifically related to looked after children (Shire, 1991-1997), revealed that the common point of reference for policy aims was generally the *needs* of children and families. The policies were partial, overlapping and somewhat different emphases were reflected in different documents (Packman et al., 1986; Robbins, 1990; Grimshaw and Sinclair, 1998). Nevertheless, some of the key practice issues in planning for looked after children and meeting their needs were explicit. The influence of organisational, service and professional demands could also be detected. How “child and family” or “procedurally and professionally” focused social workers were in practice was one question to be answered in the analysis of individual cases.

Summary and Conclusions.

The purposes of this chapter were twofold. Firstly, to describe and analyse the written policies in Shire in order to understand how the local authority had interpreted the provision of the Children Act 1989 and secondly, to identify the local structures and framework for making decisions about looked after children within the authority.

The evidence was that the first priority for Shire, in implementing the Children Act 1989, was to reduce the numbers of looked after children and the proportion of children compulsorily looked after. Initially there was an overall reduction although numbers of admissions rose. The increase in admissions, together with the reduction in compulsory admissions, could be an indication of a lowering of the threshold and early efforts to look after children by voluntary agreement in order to support families. Overall Shire mirrored the national trends (DH, 1994; 1995a). In the mid-nineties numbers of looked after children again rose. However even here, Shire matched the national trend as across the country the numbers of looked after children, and of those on care orders, began a slow rise which has continued throughout the decade (DH ,2000b).

Within the context of lower numbers of looked after children overall (even by 1997 the number remained well below 1990 levels), Shire's written policies addressed some of the key practice issues in looking after children, and gave guidance on managing children's looked after careers. There were policies, guidance and managerial processes in place that provided an explicit framework for social workers' decisions and addressing at least some of the children's needs while they were looked after. However, what was less developed or less explicit can be significant for practice. The lack of a requirement for any formal decision-making process, criteria or guidance for returning a child (unless the court was involved) gave a message about taking that decision, just as the Panel process did for an admission. Similarly, the limited emphasis in the policy documents on the development and provision of

family support services and first and second level interventions (Hardiker et al., 1991a), gave a message about priorities in Shire.

Overall Shire's policy aims were congruent with the overall thrust of the Act with regard to looked after children – reducing drift and better planning. The authority adopted and replicated the Act's strategies for implementation. Changes in practice in looking after children were to be achieved through managerial control, monitoring and compliance, rather than through any alternative ways of working or by greater use of services or community resources to support families and maintain children at home.

The formal policy framework, its (implicit) position on permanency, and the extent of its adoption provision all suggested that Shire accepted an *institutional* role in child care - that is a responsibility for meeting needs - and a *paternalistic/child protection* value perspective. This was most apparent in the guidance for children in need of protection or looked after. However, an underlying value perspective could also have been *laissez-faire*, particularly as Shire's strategies and policies did not appear to emphasise *meeting needs* in the early stages of family difficulties. But following Hardiker et al.'s (1991b) approach to policy analysis, only when patterns of practice are added to the picture can we draw any firm conclusions about Shire's policy towards looking after children. Before we turn to patterns of practice we need to address the second research question - *Who were the looked after children after 1991 and what was known of their circumstances?* Changes in legislation and in policies can have implications for the children who come to be in public care and differences in the looked after population could be a contributory factor in changing practice. We need to consider what, if any, changes occurred in the population of children who were looked after, after 1991.

Six: Looked After Children and their Families.

Introduction

In this chapter we discuss what was known about looked after children in Shire in the nineties and so answer the second of the four research questions – *What was known about looked after children after 1991, and about their family circumstances?* While this study is largely about social work practice, it is important to consider the children and families involved, albeit briefly, for a number of other reasons.

Firstly, as reviewed in Chapter Three, the Children Act made changes in the duties and powers of local authorities. It gave new emphasis to the practice concepts of “children in need”, “family support”, “partnership with parents”, and it blurred the boundaries between family support and child protection (Ball, 1990; Parton, 1991; Thoburn, 1991a; Allen, 1992; Gibbons (ed.), 1992; Colton et al. (eds.), 1995; Aldgate and Tunstill, 1996; Aldgate et al., 1994; Rose, 1994; Utting, 1995; Tunstill, 1997). Perceptions of need are socially constructed, and the wider preventative duties placed on local authorities by the Act could have changed social work perceptions of who was “in need” and led to a different group of families being in receipt of welfare services. Previous changes in legislation have resulted in some changes in the profile of children in public care (Packman, 1968; Bebbington and Miles, 1989). The characteristics of vulnerable children and their families and the nature of their circumstances are therefore part of the context within which social workers’ actions are situated (Suchmann, 1987) and it was important to know whether changes had occurred.

Secondly, the Act had marked a sea change in the responsibilities of the state as a parent to looked after children (Parker et al. (eds.), 1991; Fletcher-Campbell and Hall, 1990; DH, 1991e; Bywaters, 1996). For the first time the

state's responsibility to remedy and compensate for any social, educational and health deficits of looked after children was clear. Only by considering what was known of the children themselves and their needs could the extent of this task, and social workers' responses, be understood.

Looked After Children in Shire.

To find out what was known about the looked after children in Shire, research data from the three cohorts of looked after children was examined. These cohorts were:

- the 504 children aged under ten years, looked after on 1.11.95. (The Snapshot (1995) cohort.)
- the 179 children, aged under ten years on 1.7.94, who began an episode of being looked after between 1.7.94 and 31.12.94. (The Career cohort.)
- the subset of the Career cohort - eleven children, whose files were examined in more detail. (The Subset.)

The data was used in two ways. The first was to provide a broad overview of the patterns of characteristics of all children aged under ten years who were being looked after (the Snapshot and Career cohorts). Thus, any evidence of general changes in the looked after population after the Act could be identified. Earlier research studies provided the opportunity for comparison with care populations from before the Act (Packman et al., 1986; Millham et al., 1986, Rowe et al., 1989; Barn, 1993a; 1993b; Fisher et al., 1986; Fisher et al., 1986; Farmer and Parker, 1991; Bullock et al., 1998)¹.

¹ The main pre-Children Act studies that provide information on children's care careers are summarised in Appendix Two.

The second use was to provide descriptions of the characteristics and circumstances of the eleven children who formed the Subset and whose case files were examined in depth. Their circumstances provided more detailed illustrations of the family situations within which workers had to make decisions about intervention. The eleven children may not have been typical of the looked after population as a whole. Being looked after, like care, is not a uniform experience and, as will be shown in the next Chapter, there continues to be a variety of patterns of looked after career and a range of different reasons why children are looked after (Hunt et al., 1999; Grimshaw and Sinclair, 1997). It is possible that the difficulties their families faced were greater than many of the children who had less experience of being looked after as the eleven children were some of those who had had a *substantial* experience of being looked after. However, of the 179 children (0-10 years) in the Career cohort, 109 met the criterion of having a “substantial looked after career”. This suggests that there were sizeable numbers of looked after children who might not have been dissimilar to the eleven.

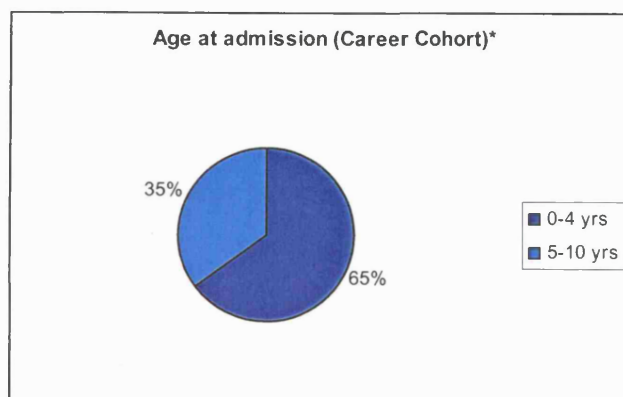
Characteristics of the Children

The age of a child appears to be an important factor in relation to children's looked after career patterns. Some studies of children in care before the Children Act (Rowe et al., 1989; Bullock et al., 1998) suggested that very young children have different career patterns to older children. There may also be different considerations about placements depending on age (Shire, 1993a).

The age profile of the Shire looked after population was somewhat different to the national picture, with 49.6% of the children under ten years being aged 0-4 years, compared with only 42% nationally since the implementation of the Act (DH, 1994). Age at admission in the Career cohort also showed that younger children were more likely to be admitted. This was consistent with the data recorded in Shire in 1993/94, which showed that 64.9% of the 0-10 year old

children admitted were under five years of age and 66.8% in 1994/95 (Shire, 1995a).

Exhibit 6.1: Age of child at admission. (Current episode*)



* This was the admission between 1.7.1994 and 31.12.1994.

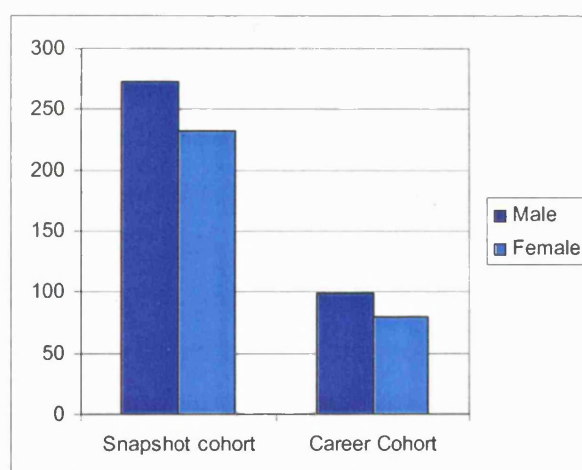
The overall trend was consistent with the findings of some pre-Children Act studies (Bebbington and Miles, 1989; Rowe et al., 1989; Bullock et al., 1998) which found that a greater number of younger children were being admitted. The Children Act appeared to have made relatively little difference in the age profile of looked after children under ten years of age, with children under 5 years still being more likely to be admitted.

There are a number of possible explanations as to why the age of the child appears to be a factor in the vulnerability of a child to being looked after (Bebbington and Miles, 1989). Families may find the early years of a child's life more stressful leading to more requests for support from social services departments. It is a stage when a child needs more personal care, and is more likely to be at home all day. Parents may experience difficulty in making and keeping social contacts and may feel isolated. Alternatively, workers may perceive young children to be more vulnerable and less able to protect themselves, and therefore may be more likely to agree to, or initiate, an admission if they have concerns about a child's safety or well-being. A third explanation may be a combination of the two: parents experience more stress

when children are very young and, because of a perception of vulnerability of the child, workers are more likely to accede to a request for admission or to take protective measures.

Gender also appeared to be a significant factor in a child's vulnerability to being looked after. Boys outnumber girls in the general population (51% to 49%), but outnumbered them even more so amongst looked after children.

Exhibit 6.2. The Children's Gender



The ratio of boys to girls in the two groups was consistent with national data and with previous studies. The Children Act Reports for 1993, 1994 and 1995 (DH, 1993; 1994; 1995a) gave the average figures for children (0-18 years) as 53% boys and 47% girls. Again this is consistent with ratios in pre-Children Act studies (Rowe et al., 1989; Packman et al., 1986).

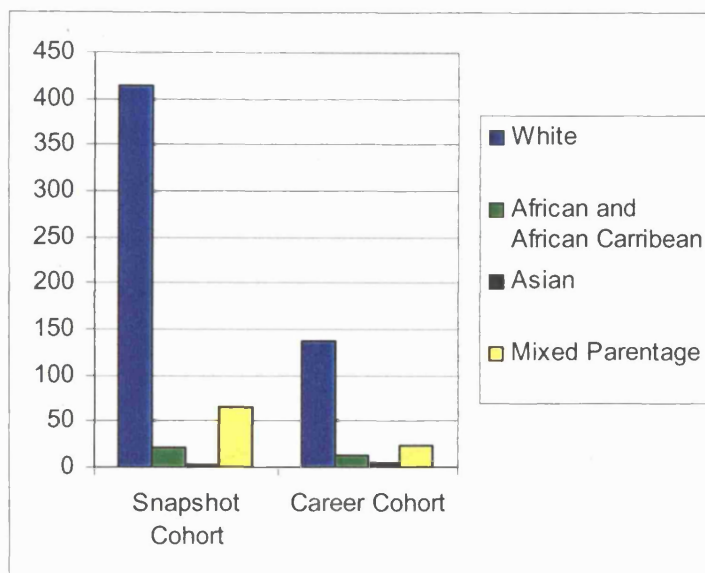
Boys outnumber girls in the general population, during childhood, at a rate of 51% boys to 49% girls (DH, 1994), but population trends alone do not account for the size of the difference between the two groups in the looked after population. The reasons are likely to be several. More boys than girls, for example, are born with disabilities, and disability may be one area in which families may need support (Hardiker et al., 1995). The reasons are also likely to

include a range of social factors, not least gender expectations and the social construction of deviance and deviant behaviour. Perceptions of acceptable behaviour vary not just depending on the context but also who is reporting on the behaviour. For example, teachers' and parents' tolerance of behaviours has been found to vary (Taylor, 1994). Leaving perceptions aside, there is evidence that generally boys are experiencing behavioural, emotional or relationship difficulties to a greater extent than girls of a similar age (HSE, 1995-97; Meltzer et al., 2000). Gender is a key variable in rates of boys and girls experiencing mental health difficulties in childhood.

In Shire, boys were also over-represented amongst children receiving other forms of family support services. Among children receiving day care, the proportion of boys to girls in 1995/96 was 58.2% boys to 41.8% girls (Shire, 1997). The evidence was therefore that parents needed or were seeking more support with boys than with girls and this may be one factor in why they are more likely to be looked after. However, if more boys than girls were looked after, there was no evidence that boys experienced longer episodes. Discharge rates for boys and girls amongst the under tens appeared to be similar, as the proportion of boys to girls in the looked after population remained constant.

Prior to the Children Act, the *ethnic origin* of children had been identified as a factor affecting both rates and age of admission (Rowe et al., 1989), the likelihood of compulsory admission for some black and minority ethnic groups (Barn, 1993a; 1993b) and different career patterns (Barn, 1993a; Rowe et al., 1989). Ethnic origin was recorded in over 95% of the records examined and it was possible to have a degree of confidence in the reliability of the data (insider knowledge). The eight ethnic origin categories in use (white, African Caribbean, Pakistani, Indian, Asian, Asian/white, African Caribbean/white and "mixed/other") were condensed to four for the purposes of this study, as there were very small numbers in some categories.

Exhibit 6.3: Children's Ethnic Origin.



The majority of children were white, with the next largest group being children of mixed parentage. Census data from 1991 suggested that 7.1% of the 0-10 year old population of Shire were of African, Asian, African Caribbean or of mixed ethnic origin. Consequently the number of children from non-white ethnic backgrounds in the looked after population was greater than one would expect from the general population. Once again, this is consistent with national trends before the Children Act 1989 (Rowe et al., 1989; DH, 1991c).

In Rowe et al.'s study (op.cit.), the trend was largely accounted for by the admission of a large number of young African and African Caribbean children for temporary care during family emergencies which produced different career patterns to those of their peers. On the other hand, mixed parentage children, especially those of pre-school age, had particularly high admission rates but their care careers were more like those of their white peers. Whether there were differences in the looked after careers of ethnic minority children amongst the Shire children will be considered in the next Chapter.

Disability was one area where the Act would almost certainly have made a difference to the characteristics of the looked after population. Implementation

of the Act meant that disabled children receiving care away from home would be regarded as looked after children for the first time (Allen, 1992). Previously many of these children had been provided with care under health legislation and consequently had been excluded from statistics on children in local authority care. The Children Act promoted a model of “respite” arrangements encouraging the provision of a regular series of placements with a foster family for non-disabled, as well as disabled, children (Aldgate et al., 1996; Robinson, 1996; Hardiker et al., 1995).

In the mid-nineties the data on the number of disabled looked after children in Shire proved to be unreliable as there was significant under-recording of such children who had respite arrangements (insider knowledge). Services to disabled children remained separate to some mainstream activities and a consequence was a lack of routine recording of their respite arrangements on the looked after database and poor quality information about how many were being looked after. Data quality was also hampered by a lack of clear definitions of disability within the organisation.

The lack of integration of systems and services and the poor quality of the information available about disabled children can be seen as an indication that the changes in approach that underpinned some aspects of the Children Act were slow in developing. The information that was available was sufficient to show that disabled children were now a sizeable group within the looked after population. Within the Snapshot cohort 72 disabled children were recorded as being looked after under a regular respite arrangement. What was not clear was how accurate this figure was.

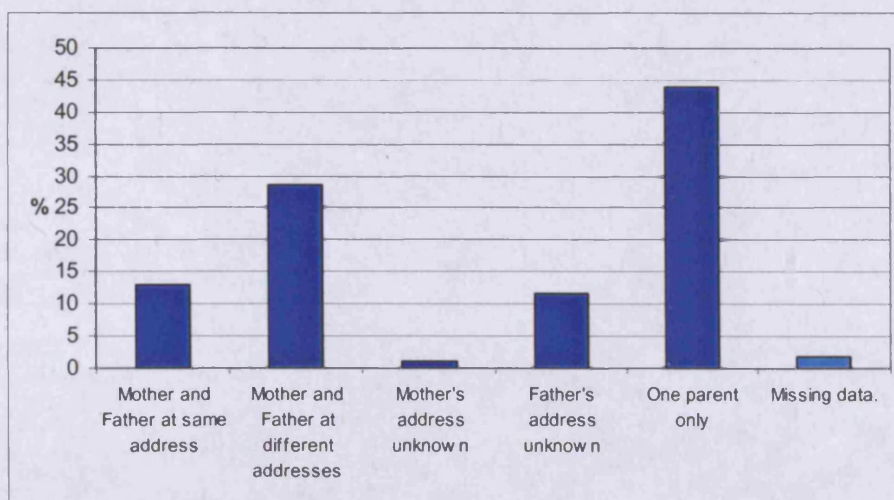
With the exception of the presence of disabled children, which was a consequence of a change in legal boundaries rather than any social event or trend, the analysis of the looked after population revealed no significant differences in the characteristics of the children who were looked after before

and after the Children Act. But were there differences in the characteristics of the children's families?

The Children's Families.

Data on children's *parents and siblings* was available for the Career cohort, but has to be treated with some caution. The data was likely to be less reliable than that on career patterns and the age, gender and ethnic origin of a child, as within the local authority quality control and validity checks on the accuracy of this particular data were less rigorous (insider knowledge). One factor was likely to be under-recording. Information that was not available to the social worker at the time a child was admitted was not always added to the database record at a later date. There was no facility to record a step-parent or other adults in a household who took a parental role and natural parents and their addresses were recorded if the information was available. Lone or two-parent household status was not always clear. Despite these limitations, the data was analysed to provide some information about the state of parental relationships for looked after children.

Exhibit 6.5: The Children's Parents (Career Group only)



Research studies into care and looked after populations both before and after the Children Act 1989 have found a high level of disrupted or broken family relationships in the children's backgrounds. In the eighties a consistent feature of the families of children in care had been that a high proportion (around a half) of the children had come from lone-parent households (Bebbington and Miles, 1989; Fisher et al., 1986). Ten years later, Hall and Packman (1998) also found that 46% of their children came from lone-parent households and that, in all but two cases, the parent was the mother. Sinclair et al. (1995) found a similar proportion for looked after adolescents (43%). A further 25% were living with stepfathers, and 28% were living with both natural parents. Bebbington and Miles' (ibid.) work indicated that family composition was one of the factors in the *vulnerability* of a child to being in care, along with other socio-economic factors.

It was difficult to compare Shire's data with national studies, which have tended to focus on household composition and status. The presence of step-parents, grandparents or other caring adults in a household amongst the Shire children was simply not known and there was no reliable information on size of household, housing or employment status (Bebbington and Miles (ibid.)). It was notable that, in comparison to Packman and Hall's (1998) study (conducted after 1991) a very low percentage of Shire children (12.9%) were recorded as living with both natural parents at the time they began to be looked after. The Shire data did suggest that many of the children in the Career cohort had only ever known, or lived with, *one* natural parent *or* had experienced family or relationship breakdown or disruption. This is likely, at least in part, to be a result of social changes. In the nineties, marriage rates had reached their lowest rates in the United Kingdom for 150 years and nearly one third of births occurred outside marriage (Utting, 1995). Such statistics disguise the number of children born to stable relationships of unmarried couples although it is also known that divorce rates amongst married couples are increasing (ibid.). Against this background, it was noted that the Shire data, like the national studies, suggested that the prevalence of "broken families" identified by Bebbington and Miles (1989) continued to be a feature amongst looked after children. However,

many children are likely to have similar family experiences who are never separated from their families (Joseph Rowntree, 1998).

Although the Subset of eleven children may not have been typical of looked after children generally, the cases revealed that changes in adult relationships were a feature of the children's lives. The natural parents of three of the children were married when the child was born, but two of these couples had parted before the child was one year old. Five more of the children had natural parents who lived together as (unmarried) couples, but subsequently separated. Relationships in three cases were generally short-lived lasting only one to three years. In the other two, while the relationships continued over several years, there were separations and reconciliations. Three mothers never lived with the fathers of the children. The overall picture was therefore that only a minority lived with both natural parents for more than a short time, although some spent time with each, separately.

This picture of the children's parental relationships raised a question about the extent to which the children experienced stability and continuity of care in their families. However, in the main, the eleven children were cared for throughout their early childhood by one consistent adult, usually their mother, although with changing partners. "Family breakdown" cannot be equated with instability or assumed to result in a lack of continuity or poor attachment experiences (Howe, 1995).

Sibling Relationships

Some data was available on sibling relationships. As with the details of children's parents, the reliability of the data is open to question. Sibling relationships were not recorded in the looked after database as such but could be deduced by noting children having the same address and parent(s), and children having their data entries linked and often being admitted and returned home on the same date and/or placed with the same carers. However, the

sampling frame meant that siblings who remained at home and were not looked after were missed, as were any over ten years of age. A further difficulty lay in defining a sibling group. Half and step-sibling relationships were common and could be identified in the same way as full siblings. However children growing up in the same households *may* regard themselves as siblings although no blood relationship exists. Such relationships would not have shown up in the analysis that was undertaken.

A similar proportion of children in both the Career and Snapshot cohorts were found to have siblings who were also looked after at around the same time.

Exhibit 6.6 Sibling groups of looked after children identified in the Snapshot and Career cohorts.

	No. of sibling pairs	No. of sibling groups of 3	No. of sibling groups of 4	No. of sibling groups of 5	No. of sibling groups of 6	Total no. of children in the sibling groups	Total no. in cohort
Snapshot cohort	71	15	4	0	0	206	504
Career Cohort	26	7	0	1	1	84	179
Totals	97	22	4	1	1	290	683

The proportion of children who were part of a looked after sibling group was consistent with studies undertaken before the Children Act in which between a third and a half of all admissions comprised siblings (DH, 1991c; Bebbington and Miles, 1989; Rushton, Treseder and Quinton, 1989).

More detailed information on the extent of the sibling relationships was available from the files for the Subset of the Career cohort. In particular information about older siblings was available. The Subset data was useful in giving a flavour of the type of sibling relationships that some looked after children experienced.

Exhibit 6.7 Number of children by type of sibling relationships (Subset only)

Only child	Full siblings only	Half siblings only	Full and Half siblings	Total
3	1	4	3	11

Sibling relationships amongst the eleven children were sometimes complex, with full, half and step siblings living together or apart at times. Three children also had step-siblings. Full and half-siblings were more likely to be admitted together but did not always remain looked after for as long as each other. For example D² and his sister were admitted together leaving three step-siblings at home. D's sister was soon returned home, leaving D looked after and with a plan to find a permanent family elsewhere. Older siblings were not always admitted with younger ones and this may be a factor in the predominance of younger children amongst admissions. Some of the children also had siblings of whom they appeared to have no knowledge. This occurred when a birth parent had had a child by an earlier or subsequent relationship and had left a child with a former partner. Others had siblings born whilst a child was looked after and a different plan for that child was sometimes formulated.

Sibling relationships may be a source of continuity and secure attachments for children (Rushton et al., 1988; Wedge and Mantle, 1991; Kosonen, 1994). Alternatively siblings may be a source of competition. This does not mean that the relationships are not significant, and no assumptions were made about the quality and meaning of sibling relationships for the Shire children. It was clear, however, that some of the peer sibling relationships within the families were complex and that this was a part of the context in which workers made decisions about admitting children, planning for their future and returning them home.

The reliability of some of the data on the Shire looked after children's characteristics and backgrounds was limited and could only be used to compare the Shire population in the broadest of terms with what was known of the national picture in the eighties and nineties. There was however nothing to suggest that the looked after population in Shire was very different to that found in other studies (Bebbington and Miles, 1989; Fisher et al., 1986; Rowe et al., 1989; Sinclair, 1995; Hall and Packman, 1998) or had changed substantially since the implementation of the Children Act 1989. The trends in age and gender and the family details of children in the Career cohort were similar. The most significant change was the prevalence of disabled children but this was probably due to the numbers of such children now included for the first time in the looked after population figures. With this in mind, we now turn to the second part of this chapter – the circumstances and details of the eleven children in the Subset of the Career cohort – in order to provide a richer picture of the context in which workers were practising and to gauge the task of providing remedial and compensatory care.

The Circumstances, Needs and Difficulties of Looked After Children.

The data on the circumstances, needs and difficulties of the children fell into two areas - data on the child's circumstances (the history of their parents and the difficulties faced by them) and data on any particular areas of difficulty for the child. Once again a number of caveats must be placed around the account that is to follow.

The fact that the research exercise was reliant on secondary sources of information (case-files) meant that the accounts were necessarily biased in the type of information that was recorded. While children's and parents' perceptions of their difficulties might be recorded, the case-file accounts must inevitably have contained what workers deemed to be relevant to the tasks and functions that they were fulfilling and decisions they had to make. Personal and

² Brief details of the circumstances of each of the eleven Subset children are given in Appendix Three.

professional social constructions of deviance would have influenced workers' perceptions (Matza, 1969). Arguably therefore, negative features were more likely to be emphasised than positive ones, as the focus was usually an account of why social work intervention was necessary.

A second note of caution is about the *relationship* between the various circumstances and factors about to be described. It is too simplistic to assume that types of family disadvantage are associated with a child having difficulties or needing to be looked after. The evidence about the impact of disadvantage on the health and well-being of children is undeniable (Rutter, Quinton and Liddle, 1983; Mayall, 1986; Jackson, 1988; Pilling, 1990; Parker et al. (eds), 1991; Utting, 1991; Audit Commission, 1994; Cleaver (ed.), 1996; Jackson and Kilroe (eds), 1996; Joseph Rowntree, 1998) but simple causal relationships cannot be assumed. Factors such as psychosocial resilience and other protective mechanisms will also play a part (Rutter, 1987; 1997; Gilligan, 1997) as will the quality of the emotional relationships that a child experiences (Schaffer, 1985; Howe, 1995). Finally, to repeat a point made earlier, there is no reason to suppose that the circumstances of the families and children about to be described do not exist in many families whose children are *not* looked after. Some families become more visible to state welfare agencies, and may therefore be more susceptible to state intervention (Becker and MacPherson, 1986; Becker and Silburn, 1990). Furthermore, Packman and Hall (1998) suggest that some parents, lacking in family and community supports, use state welfare and voluntary accommodation of children to fill the gaps in their support networks. This might mean that the difficulties they faced were no greater than those of many other families but that other families had found different sources of support. Being looked after therefore should perhaps be seen as just one more indicator of family stress and disadvantage.

If the circumstances and characteristics themselves cannot be taken as causal factors, the fact they were recorded was accepted as an indication that they had contributed to the particular social construction of a child's circumstances.

It is this that was significant for this study. The circumstances are an indication of the context in which social workers made decisions to look after children and what they perceived the problems to be.

Indications of Disadvantage.

There were many aspects of the children's lives that indicated that they were disadvantaged.

Several of the adults in the children's households had experience of *ill-health*. Illnesses and conditions ranged from obesity, diabetes and epilepsy, to heart conditions, arthritis and, in one case, tuberculosis – an illness that left this father permanently unemployed. A partner of one mother was paraplegic following an accident and in need of constant medical attention. He was the main caregiver to the child (M) in his early years. *Poor mental health* was a feature for some of the mothers of the children. Three were said to experience anxiety states and depression and a fourth had taken an overdose. Two more were described as emotionally unstable and prone to mood swings and violence at times. Two parents were said to have a learning disability.

Disharmony and conflict between the adults in the household were features of several of the children's lives. *Family violence* was recorded as a factor for seven of the children, usually in the form of violence by the child's father or mother's partner on the mother. One child recalled how her father would hit her mother and so she would "*go into another room and scream very loudly until her mother and father would stop fighting.*" Violence outside the family was also recorded. One father had a conviction for Actual Bodily Harm and another was serving a prison sentence for the murder of a teenage girl. One consequence of the violence in some households was that the children had experienced many moves either because their mother was trying to get away from a violent partner, or because of periods of homelessness.

The excessive use of *alcohol* or the *misuse of drugs* was a cause of concern to social workers for four of the children's mothers and two of their fathers.

Parents' own family histories sometimes revealed similar circumstances to their own children. Several of the parents talked of experiencing abuse themselves as children and this ranged from sexual abuse to physical abuse, including one description of being "*beaten with pokers*".

Five of the parents had themselves been *in care* as children. For three of them this was for a number of years in their teens and resulted in them leaving home or care aged 16 years, which was then followed by a period of great instability in their lives.

The data on parents' backgrounds in the Shire cohort was compared with data collected about a separate cohort of Shire children in another study in the nineties (Brocklesby, 1997). Here too parents were found to have a range of health and social difficulties and to have come from disrupted family backgrounds, with a significant proportion having been in care. The relationship between being in care and disadvantage in terms of instability, homelessness, and unemployment in adult life is well known (Biehal et al., 1992; 1995; Garnett, 1992).

The extent to which parents seemed able to turn to the *wider family* for help and support with their children, and the extent to which social workers managed to engage the wider family, were mixed. Maternal relatives were mentioned more than paternal ones, which may be a reflection of the fact that mothers were in the most part bringing up the children. Some grandparents, and maternal aunts and uncles, were a source of support and help, and at times, they cared for a child instead of the child being looked after. In one case the grandmother of the child was described as the "*most nurturing relationship the child had*". In other cases the grandparents themselves could not cope with a distressed and disturbed child, or the relative was facing difficulties themselves.

In one case the child's aunt had her own child looked after and a second child was about to be removed by social workers.

Features of family life that were seen either as risk factors in terms of a parent "coping" or in terms of the safety of the child were most likely to be recorded. For example, data such as employment, income levels or housing tended to be missing unless they were areas which were seen as directly affecting the care of the child in some way. Thus the picture of family circumstances that emerged was a narrow one, but went some way to showing the types of stress that were present in some of the families. In other cases, the stress was seen as being related to the child or children themselves. Files recorded parents' difficulty in caring for a particular child and in some cases this was what appeared to have brought the family to social services.

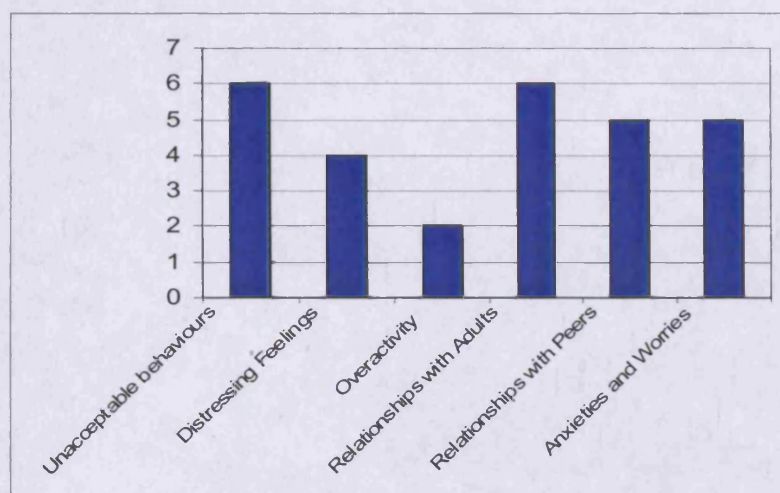
The Well-Being of the Children.

There were only four of the eleven children for whom there were no concerns recorded about *health and well-being*. Of the remaining seven, two children were judged to have serious health difficulties, - one who had Downs Syndrome and a second child who had had poor weight gain, small stature and suffered from enuresis and asthma. Five more children had a range of less severe conditions ranging from mild asthma, allergies, hearing loss, a mild heart condition and sickle cell trait. While many of the concerns were relatively minor, their prevalence is an indication of the importance that good health surveillance and care has for looked after children (Simms, 1988; Hendriks, 1989; Bywaters, 1996).

In addition to the physical and cognitive aspects of health and development, a child's *emotional and behavioural well-being* was often a concern. Here the number of recorded difficulties was far higher. Exhibit 6.7 displays the type of the difficulties recorded in relation to the eleven children, using the

classifications in use in the Looking After Children assessment and planning tools (Dartington, 1995b).

Exhibit 6.7. Number of Children with each type of Emotional and Behavioural Difficulty.



The types of difficulties that might be most apparent to adult carers and social workers were the ones most likely to be recorded. These were “unacceptable behaviours”, and “difficulties in the quality of the child’s relationships with adults”. In some cases, “unacceptable behaviour” was a precipitating factor in a child’s admission, coupled with parents’ assertions that they were unable to cope.

The exhibit is at best a rough guide to the type and extent of the children’s difficulties. Assessing children’s emotional and behavioural well-being without the use of standard tests or systematic evaluation is not reliable (Huxley, 1994). As was noted earlier, ratings of behaviour have been found to be dependent on role, with teachers and parents rating behaviours differently (Buchanan and Hudson, 1998). The setting in which the behaviour is observed may also be a factor (Taylor, 1994). The level of difficulty a few children were experiencing was clear, with problems being recorded across a number of areas, but descriptions from files convey the extent most powerfully:

D (aged 9 years) was said to have *“poor weight gain”* and *“small stature”*. He *“wets and soils occasionally”*. After contact with his family he *“talks of dying”*. He *“sees himself as a bad boy”*. His behaviour is seen as *sexualised* and he is said to *“constantly challenge authority”*, one minute being calm and *“the next all over the place”*. With peers he *“very much wants to make friends and do what they do, but does not know how”*. With adults he will *“regress into babyhood, stares and avoids eye contact”*. He is *“interested in woman’s breasts and uses foul sexual language to his foster mother”*.

S (aged 6 years) *“becomes defiant at any changes in her life”* such as going on holiday. She is said to feel responsible for her father and with adults she is *“wary and won’t relax into a cuddle”*. *“If no-one wants her”*, she *“can go back to her father”*.

Overall, the picture of the health and well-being of the children was one where there were some physical, emotional or behavioural health concerns for nine of the eleven children. Packman and Hall (1998) found that one in ten looked after children suffered some form of ill-health and one in five had non-acute medical needs but their sample group included only children who were looked after voluntarily. Other studies, mainly of older children (DH, 1998d), undertaken since the implementation of the Children Act have found high levels of health needs amongst looked after populations. The evidence is that the high incidence of such concerns that was found amongst children in care has continued (Hendriks, 1989; Simms, 1988). The high incidence of emotional and behavioural difficulties is also the continuation of a trend (Rowe and Lambert, 1973; Colton et al., 1990-91; Fanshel and Shinn, 1978; Thorpe, 1980; Rowe et al., 1984). Sinclair et al. (1995) found that over three-quarters of the young people in their study were thought by professionals to be displaying disturbed or disturbing behaviour. Packman and Hall (1998) also found that behaviour was a reason for concern in their cohort of voluntarily looked after children. A young person’s behaviour was the key reason for admission of teenagers. In other

cases, disturbed behaviour may contribute to family breakdown (Cleaver (ed.), 1996).

In addition to physical health and emotional and behavioural difficulties, the other area of concern to emerge from the file records was the education of the children. File-records showed that five of the eleven children were assessed by educational psychologists as having special educational needs. The nature of these varied and ranged from “*delayed educational achievement*” to “*learning disability*” to behavioural difficulties in the classroom. Several of the children had at some point had part-time schooling, attended a special unit or had additional support in the classroom.

Educational difficulties are once again a continuation of the trend identified before the Children Act (Jackson, 1988; Aldgate et al., 1992; 1993) and was one of the reasons for the renewed focus on the corporate parenting responsibilities of the local authority (DH, 1998a; 1998b; 1998e). The family and social backgrounds of looked after children suggest a higher likelihood of low achievement (Rutter, Quinton and Liddle, 1982; Pilling, 1990; Jackson, 1988) and looked after children perform less well than their peers even if their socio-economic backgrounds are taken into account (Kahan, 1979; Jackson, 1988; Biehal et al., 1992; Garnett, 1992; Jackson and Kilroe (eds.), 1996). In addition to poor achievement, looked after children often have a history of attendance problems (SSI/Ofsted, 1995) or other difficulties in school (Sinclair et al., 1995).

The case-files of the eleven children selected for more detailed analysis, therefore supported the conclusions drawn from the Career cohort data about the backgrounds of the larger group of looked after children, and in particular their sibling and parent relationships. In addition, the information pieced together from the files about the children’s health and well-being suggested that they were facing many emotional and behavioural difficulties and educational problems.

Summary and Conclusions.

The aim of this chapter was to establish what was known about the children who were looked after in Shire after 1991 and whether the population of looked after children differed in any substantial way from that before the Children Act was implemented.

The evidence from the records and files suggested that, apart from the inclusion of disabled children, the profile of looked after children under ten years showed a continuation of trends found before the Act. In particular very young children were more likely to be admitted, boys made up a greater proportion of the looked after population than girls and there was a high number of sibling groups amongst the looked after children.

In the cases of the eleven children, there was evidence that the need for the child to be looked after was only one of a number of indicators that the children's families' lives were stressful. Some parents had a range of health, social and educational/learning difficulties and relationship problems. There were examples of discordant and sometimes violent relationships both in the parents' histories and current lives. A high proportion of the eleven children had some physical and emotional health needs, or educational difficulties that were sufficiently of concern for workers to note them on the case file. These descriptions give a perspective to the task of the local authority if it was to remedy and compensate some children for the levels of disadvantage they faced.

The evidence was then, that social disadvantage and family stress remained a part of the context in which social workers made decisions about looking after children and in which they planned for children's futures. This picture is congruent with the aims of state child welfare policy of providing support for the more vulnerable children in society – children who are in need.

Having considered both the local policy context and something of the nature of the children and families with whom social workers were working, we can begin in the next chapter to look at some of the outcomes of social work practice - the patterns of children's looked after careers, together with the reasons children came to be looked after. From the patterns and trends we can begin to build up a picture of social work practice in planning for children after the Children Act, and whether it had changed.

Seven: Patterns and Outcomes of Children's Looked After Careers

Introduction.

This chapter is the first of two that examine social work practice and outcomes in looking after children since the implementation of the Children Act. We start with outcomes in terms of children's looked after careers as the assumption was that they would reflect patterns of practice, process, and career development for which explanations would become clear in the detailed examination of individual cases. Thus this chapter draws on service level data to address the third of the four research questions - *What were the career patterns and outcomes in looking after children after the implementation of the Act?*

The chapter begins with career data and draws some broad conclusions about some of the similarities and differences between children's looked after and care careers and their outcomes, and what these might tell us about *social work practice*. It will then focus on two particular areas where the Act was intended to bring about change:

- the use by social workers of *voluntary and compulsory interventions*, and
- looked after children's experience of *continuity and stability*.

The first gives an indication of whether there appeared to be a new balance between "family support" and "child protection" interventions after the implementation of the Act and whether social work practice had changed under the new legal framework. The second gives an indication of the extent to which the local authority, as the corporate parent, was providing more positive experiences for children than before the Act.

However, first it is necessary to remind ourselves of the significance of looked after careers for understanding social work practice and the definition of a

looked after career used in this study.

The Significance of Looked After Careers.

The analysis of children's care or looked after careers has been an important element of past research into social work practice (Millham et al., 1986; Packman et al., 1986; Thorpe, 1988; Fisher et al., 1986; Vernon and Fruin, 1986; Doyle, 1989; Rowe et al., 1989; Farmer and Parker, 1991; DH, 1991c; Grimshaw and Sinclair, 1997; Packman and Hall, 1998; Bullock et al., 1998). Indeed, many of the criticisms that have been levelled against social workers for a failure to plan for children in care (DHSS, 1985b; DH, 1991c) have been based on studies that analysed aspects of children's care careers.

The significance of care or looked after careers for *this* study is that they are produced by the interactions of social workers, working with children and families, in the context of the legal framework and the local agency's policy aims and resources. As discussed in Chapter Four, the concept of "career" implies a developmental process involving transitions - beginnings and endings, and changes of placement, role, and status (DHSS, 1985b; DH, 1991c) – with the exact pathway a product of the interactions of the different elements involved. Every child's career will be unique, the consequence of individual events, factors or sequences specific to the individual child. Yet affecting each career may be some more constant factors or processes that are revealed by aggregating data and identifying trends and patterns.

It is helpful to use the analogy of the Trukese and European navigators again here (Berreman, 1966). The looked after career can be likened to the course the navigators follow to reach their destination. Thus the course is the product of the objective of the voyage (policy aims) and the process of navigation (practice) interacting with the environment. Every voyage will be different, but some of the twists and turns of the course will be caused by constant factors such as the location of rocks and sandbanks and also by factors such as

currents and tidal flows - factors that are less visible, but known to the navigators. Through looking at the navigational routes that are normally followed, such factors may be better recognised and known. Through identifying patterns of looked after careers, the currents and tidal flows of formal and informal policy and social work practice may be deduced. *Patterns* of looked after careers are therefore the service level *outcomes* of objectives and social work practice. Any changes that are identified in career patterns since the Children Act may reflect changes produced by its new policy aims and the underlying practices and processes of social work.

As the aim was to draw some conclusions about the impact of the new legal framework and the policy aims of the Children Act, it was essential that looked after careers were defined and described in a way that allowed these aims, and any patterns of social work practice associated with them, to be considered. Two changes made by the Act were particularly influential in how a “looked after career” was defined for this research and therefore the scope of the data collection. For the sake of clarity the explanation is repeated here.

Firstly, Guidance and Regulations (DH, 1991e) now make it clear that assessments of need should *precede* admission – that is that a rational model of social work process should be applied in practice. This meant that social work practice while a child was looked after could not be seen as separate from the practice that took place while the child was at home. Decisions made while a child is looked after may only be understandable in the context of what has gone before. This could include previous looked after episodes. In essence *client* careers, including each of the child’s experiences of being looked after, might be significant in making sense of decision-making about admissions and planning for children.

The second change was the broadening of a local authority’s role in supporting families, and the new emphasis in the Act that looking after a child can be a service for families, when support is required. Consideration had to be given,

therefore, to how social workers were using the “service” of looking after a child in their work with families. A single looked after episode would have provided a very limited picture of the extent to which this service was offered to individual families and children.

For these reasons, the “looked after career” was defined as the whole sequence of looked after episodes that a child experienced, although this differed from the definition used in many previous studies¹. While this made “before” and “after” the Children Act comparisons more difficult, it was thought that it would make patterns of social work practice in the areas that were of particular concern for this research more identifiable.

Analysing Looked After Careers.

As described in Chapter Four the nature of the research methodology was evolutionary and the definition of a “looked after career” occurred after some initial data collection had taken place. Consequently data on a *single* looked after episode for the Snapshot Cohort had been collected before the limitations of such a narrow focus were recognised. For the second cohort of children - the Career Cohort - data was collected on all their referrals, admissions, placements, and discharges. Data from the two cohorts of children provided different, but complementary, perspectives on looked after careers of children in Shire in the early and mid nineties. The richest descriptions of “whole” looked after career patterns came from the Career Cohort, and it is these that provide the main substance of this chapter. However the data from the Snapshot Cohort represented a “slice” through all the looked after children aged less than ten years on a particular date in 1995, showing the length, type, and legal status of each child’s episode. It contributed data on trends in the length of episodes, legal status and some data on case outcomes, which was useful in validating findings from the Career Cohort.

¹ Appendix Two is a brief summary of findings relevant to care careers from pre-Children Act

The focus of this research on identifying changes since the Children Act meant that it was important that no preconceptions about the shape of careers influenced the data analysis. Studies in the eighties had developed typologies for children in care that reflected and categorised children according to the circumstances or reasons for their admissions and, in the course of analysis, career patterns and processes were identified. For example, Packman et al. (1986) described children as either "victims, villains" or "volunteered" and examined their different experiences, while Farmer and Parker (1991), in their study of children returning Home on Trial, refer to the "protected" and "disaffected". These labels drew attention to how far circumstances and reasons for admission led to certain routes of admission or types of legal status. Such factors were found to have consequences for the career pattern in the episode being studied. However in this study, the inclusion of all a child's looked after episodes meant that a child could be "volunteered" for one episode but a "victim" in another. In addition, distinctions based on the circumstances of admission and the subsequent looked after career might no longer be valid, given the changes introduced by the Children Act 1989. As a consequence, the grounded theory method was used with the data, with the aim of seeing what career typologies emerged. This ensured that pre-conceptions and categorisations derived from the pre-Children Act care population did not influence the findings.

The Career Types.

Data on the 179 children in the Career cohort spanned the whole of each child's recorded looked after career up until three years after the 1994 admission. The data on each child therefore covered a 3 to 9 year period, dependent on the child's age. Some older children had referral and looked after histories dating back to 1988 and care episodes that pre-dated the Children Act. It is also worth noting that some children who were nine at admission in 1994 were approaching thirteen years at the follow up point.

research.

Initially three types of career patterns were identified. These were:

- "once-onlys" - children who were admitted in 1994 and had a single episode of being looked after which had ended by the three year follow-up.
- "stayers" - children who were admitted in 1994 for the first time and had not returned home by the three year follow-up.
- "oscillators" - children who had had between two and twelve looked after episodes.

Further analysis led to some development of the categories. Firstly the "once only" group was expanded to include a few children who had one or two further episodes and was re-named the "*brief and limited*" career group. This judgement was made on the basis that these children had one or two further episodes of no more than a few days. Secondly, *oscillators* were subdivided into "*oscillators*" and "*oscillator-stayers*" on the basis of whether the child was at home at the three year follow-up. Four groups had now emerged:

- "*brief and limited* career children",
- "*stayers*",
- "*oscillators*" and
- "*oscillator-stayers*".

This categorisation needs to be treated with some caution. In some cases the allocation of a child to a particular career typology was quite arbitrary. For example, some children in the *oscillator* and *oscillator-stayer* groups could have similar career patterns but only be differentiated by the fact that some remained looked after at the follow-up point, whereas others had been discharged. A follow-up date either a few weeks earlier or later may have seen a child re-admitted or discharged and led to the opposite categorisation. The judgement to include a few children with two or three episodes in a *brief and limited career* group as opposed to the *oscillators* was also a fine one. Despite these limitations, the four descriptors were useful as a heuristic tool for examination of the range, similarities and differences of looked after careers and the children experiencing them. What, then, were the main features of the four career

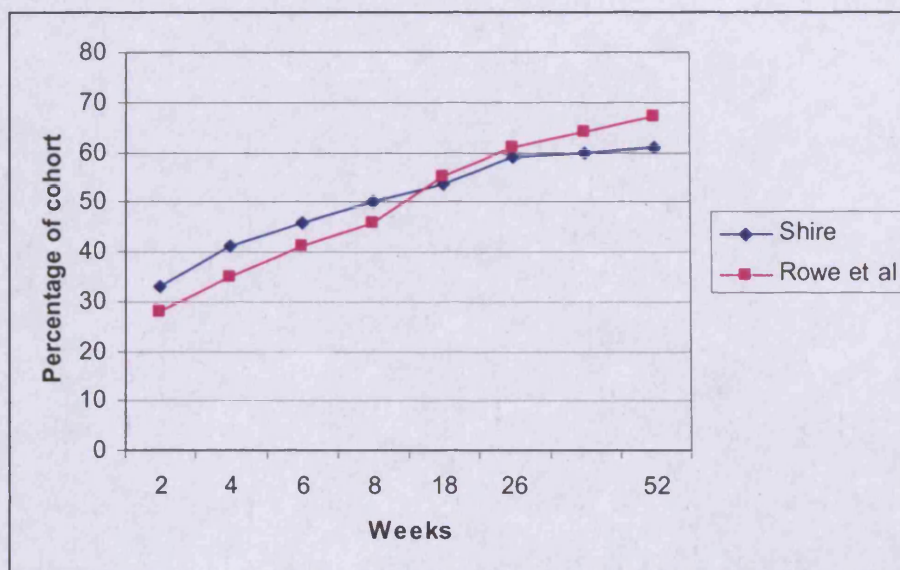
groups?

- **Brief and Limited Looked After Careers.**

77 of the 179 (43.0%) children in the Career cohort fell into this category, and they were by far the largest group. 61 of the children had had only a single looked after episode although they varied in length from 2 days to almost a year. 13 more had had two very brief episodes, and three more had had three. Although all 77 had been 'looked after as defined in law, six had in fact remained at home either under Police Protection (2) or Interim Care Orders (4).

The brevity of the episodes was a significant feature for the majority of the children. While a few (6) had had comparatively long episodes, the remaining 71 (92%) had had between one and three episodes each lasting under six weeks. Thorpe (1988), in looking at the risks of an extended stay in care for children, had identified that 48% of children admitted to care remained for less than six weeks. Other pre-Children Act studies had confirmed this trend (Rowe et al., 1989; Millham et al., 1986). Analysis of the *oscillator* and *oscillator-stayer* groups also showed that brief (but in their case repeated) looked after episodes were a feature of the careers of many of these children. This incidence of short stays was confirmed by the "leaving care curve" calculated for the Snapshot cohort which showed that the majority of children were discharged within 8 weeks and over 20% returned home in less than a week. The curve was similar to that found in pre-Children Act studies. For example 35% of Rowe et al.'s first year cohort left within the first month, a further 11 % in the next four weeks and 15 per cent between two and six months. But only 2 per cent left between the sixth and twelfth month and 2 per cent in the second year.

Exhibit 7.1. Leaving Care Curves compared.



- **Stayers**

The career pattern of the 35 children (19.6% of the cohort of 179) who were *stayers* was distinct. Three years after their first, and only, admission in 1994, these children had not returned home. Furthermore, for the majority, the plan was for them *not* to return. By the follow-up point, 21 (60%) of the children in this group had either been adopted², placed for adoption or had a plan for adoption that had been approved by the local authority's Adoption Panel. The remaining 14 (40%) of the 35 children remained in foster care.

- **Oscillators.**

This group of 33 children (18.4% of the Career Cohort) had had frequent admissions and discharges and had accumulated a total of 129 looked after episodes altogether. All had at least three episodes with a maximum of 11. The average per child was 4.4. The children's looked after careers had lasted from

² Although they cease to be looked after when an adoption order is made, adopted children were included in this group. The reason for this was that from the child's and birth family's perspective the child had been looked after and "stayed" - that is had not returned home.

between 1988 and 1997, and 10 of the children had admissions prior to the implementation of the Children Act.

"Oscillation" was probably the greatest common factor amongst this group of children as there were considerable variations in the pattern. One small group of five children did stand out as having a very distinct career path. Each had had a first looked after episode in 1994, but the next admission marked the beginning of an arrangement for regular brief stays for the child away from home - "respite" arrangements. While the five children for whom there were arrangements for regular stays away from home were included as *oscillators*, their experiences appeared to be different to other children who had repeated admissions, in that their regular short stays were typically found to be with one carer. This was not often the experience of other *oscillators*, or *oscillator-stayers*, as will be seen when we examine placement patterns. However it was similar to a group of children Thorpe (1988) identified in his research who had regular and frequent admissions, always returning to the same carer.

Among the remaining 28 *oscillators* there appeared to be something of a pattern, in that a series of episodes could occur in relatively quick succession, but appeared to be preceded and followed by periods of relative stability. However, the length of the periods of stability and rapid change, and the length of episodes, varied. Many of the children had repeated episodes over a period of between two and four years, although the episodes themselves lasted for different periods of time, some a matter of days but others between 6 weeks and two years. Admissions could then cease. In 12 cases (36.4%), the last episode had ended at least two years before the three-year follow-up and the cycle of admission and return home appeared to have stopped. However other cases suggested that even this length of time was not proof against further single or multiple admissions. Re-admission within two years was common. At the follow-up, 16 children (48.5%) had returned home only within the last two years, and it was possible that the pattern of oscillation was set to continue. It was not possible to know from the data the factors that led to repeated

admissions, or how circumstances had changed in some cases, to cause the pattern to cease.

- **Oscillator-Stayers**

The fourth group were 34 children (19% of the cohort of 179) who were distinguished from the *oscillator* group by the fact that, at the three year follow-up, they had not returned home. All except six of the children (82.4%) had three or more looked after episodes with the maximum for any child being 12. The average was 3.9 episodes per child.

Similarities with the career patterns of the *oscillator* group were apparent, with periods of rapid change preceded, or followed by, relative stability. However further analysis revealed differences and indicated that many of the *oscillator-stayers'* careers had, in fact, taken a different course by the three-year follow-up. It appeared that, by 1997, some of the *oscillator-stayer* group had found stability away from home. There had been a transition from a pattern of admission and discharge to a longer episode and, in some cases, a stable placement. 14 children (41.2%) had either been adopted or had adoption plans. Of the remaining 20 children, nineteen had been looked after continuously for at least a year. Indeed some of the *oscillator-stayers'* careers showed similarities to the *stayers*. Three children had had only two admissions, with the second leading to an adoption plan. This association between longer episodes and adoption plans or longer-lasting foster placements, found amongst the *stayers* and *oscillator-stayers*, was confirmed by data from the Snapshot Cohort. 266 (32.7%) children had been looked after continuously for over 12 months (excluding children on planned respite agreements) and of these 87 (17.3% of the total) were placed under adoption agency regulations. A further 39 children (7.7% of the total) were placed with relative foster carers. Millham et al. (1986) had found that children in their cohort experienced greater stability in the second year of their care episode.

In short, the analysis of career patterns of admission and return home led to four descriptive categories being identified. The characteristics of the four are summarised below.

Exhibit 7.2. Career Patterns.

	No. of children	No. still looked after, or adopted, at the follow-up	Average no. of episodes	Minimum no. of episodes	Maximum no. of episodes
Brief and limited	77	0	1.3	1	3
Stayers	35	35	1	1	1
Oscillators	33	0	4.4	3	11
Oscillator-Stayers	34	34	3.9	2	12

It is worth noting at this point that the four patterns that emerged were similar to those employed by Packman and Hall (1998) in their post Children Act study - although some care must be taken in making comparisons as Packman and Hall's designation of children to particular career paths is based on follow-up after only 6 months. Nevertheless similarities in pattern are apparent. Packman and Hall (ibid.) found that the "once-onlys" (*brief and limited*) were the largest group (64 children) comprising 44% of their cohort. The "in-in-outers" (*oscillators*) had had more than one admission in the six month period but had been discharged, and were the second largest group at 35 (23%). 29 (19%) of their children were designated "stayers" (*stayers*) at the six month point, and 20 (13%) were "in-out-inners" (*oscillator-stayers*). The similarities between Packman and Hall's career types and those in this study are perhaps the more noteworthy because of the different groups of children from whom they were derived. Packman and Hall's study involved 153 children aged 0 -18 years accommodated voluntarily in the early nineties under Section 20 of the Children Act - the group of children who would have been equivalent to the "*volunteered*" in the original Packman et al. (1986) study "Who Cares". The Shire Career cohort was made up only of 0 -10 year olds, but included both those admitted

voluntarily *and* under compulsory powers and orders. This could suggest that career types were not associated with a particular legal status.

The next step was to consider the evidence of an association between particular characteristics of children and factors such as legal status or reasons for admission, and the different career patterns.

Characteristics of children and career patterns.

The characteristics of children in each career group (with the exception of gender and the *stayers*) were broadly similar.

Exhibit 7.3. Gender of Children by Career Type.

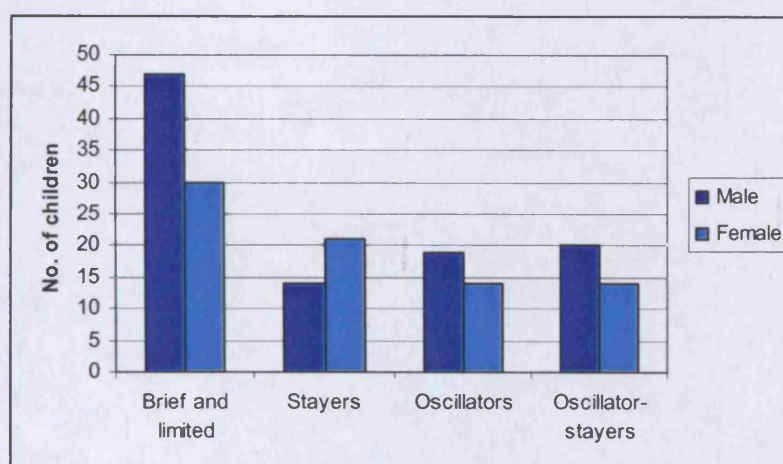


Exhibit 7.4. Age at first referral and at first admission by Career Type.

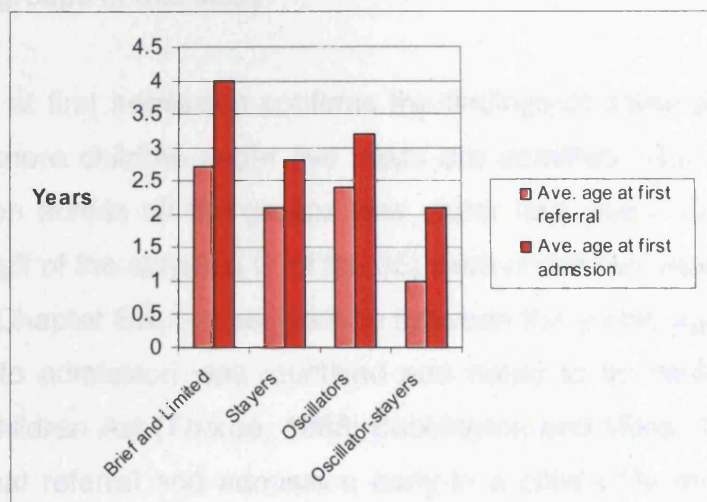
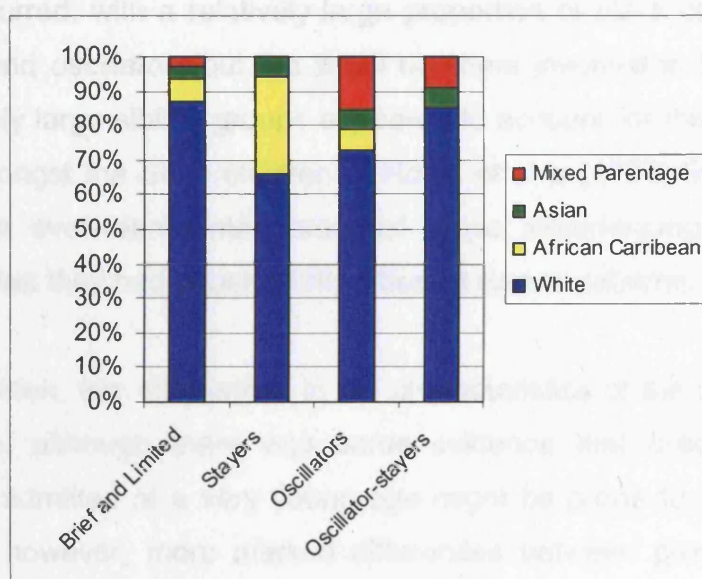


Exhibit 7.5. Ethnic Origin of Children by Career Type



Boys outnumbered girls in three of the four career groups, the exception being amongst the *stayers*, where girls made up 60% of the cohort. Further research with a much larger group of children would be necessary to determine if the latter finding is was a persistent trend, as it was a surprising finding. Boys generally outnumber girls within the looked after population and amongst children receiving community based support services (see Chapter Six). They

did so amongst children in care in pre-Children Act studies and in the three other career groups of this study.

Data on age at first admission confirms the findings of some pre-Children Act studies that more children under five years are admitted. The average age at first admission across all the groups was under four years. *Oscillator-stayers* and almost half of the *stayers* (17 of the 35) were under two years old when first admitted. In Chapter Six, the association between the young age of a child and vulnerability to admission was identified and noted to be similar to the trend before the Children Act (Thorpe, 1988; Bebbington and Miles, 1989). This data suggested that referral and admission early in a child's life meant that young children were also more vulnerable to not returning home.

Black and minority ethnic children were found in each group. Differences in total numbers occurred, with a relatively large proportion of black children amongst the *stayers* and *oscillators* but the small numbers involved in the cohorts and some relatively large sibling groups appeared to account for this. There was no evidence amongst the Shire children of Rowe et al.'s (1989) finding that black children were over-represented amongst those experiencing frequent short episodes or that they had substantially different career patterns.

There were, then, few differences in the characteristics of the children in each career group, although there was some evidence that children who were referred and admitted at a very young age might be prone to extended stays. There were, however, more marked differences between groups when legal routes of admission and legal status were considered.

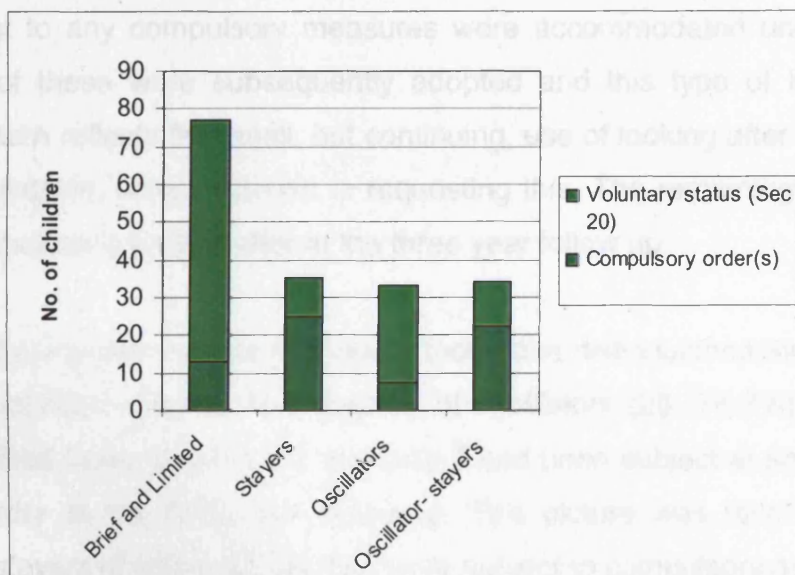
Routes of Admission and Legal Status.

Legal status may change over the course of a looked after career or within a single episode and this was apparent amongst the Career cohort. One of the policy aims of the Children Act had been to change the pattern in the use of

compulsory interventions – to reduce the number and the use of care orders, except where there was a concern about (likely) significant harm and an order would bring some positive benefit to a child. Better partnership with parents was expected to reduce the extent of compulsory interventions, even when there was a risk to a child (Thoburn, 1991a; Thoburn and Lewis, 1992).

The 179 children in the Career cohort had had a total of 397 admissions in their looked after careers by the three-year follow-up date. By far the majority of the admissions were voluntary, under Section 20 of the Children Act, and parents had therefore requested - or at least agreed - to their child being looked after. However some children were admitted compulsorily and others, at some stage in their looked after career, became subject to a care order. Differences in the use of compulsory measures in looking after a child were considered across the four Career groups to identify any differences overall. For this exercise, children who *in any episode* in their career were looked after compulsorily, were included in the “compulsory” figures.

Exhibit 7.6. Number of Children Looked After on a Voluntary or Compulsory Basis, by Career Type.³



³ “Compulsory” includes Police Protection, Emergency Protection Orders, Interim Care Orders and Care Orders. Supervision Orders were excluded as children subject to these are not looked after.

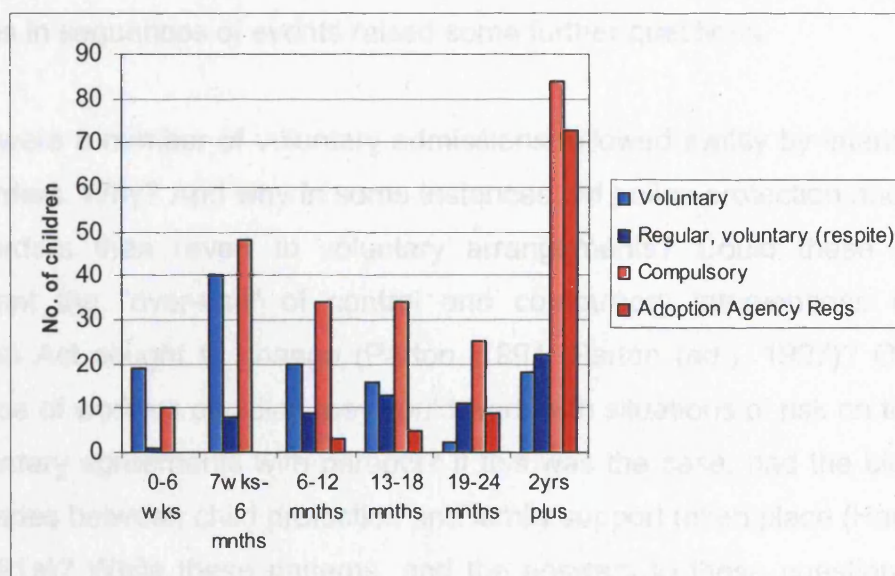
The majority (64 out of 77 (83.1%)) of the *brief and limited* career group had only been looked after voluntarily under Section 20 of the Children Act. 13 children had been subject to some form of compulsory measure. Closer examination revealed that while these 13 children had been subject to some form of compulsory intervention, their looked after status had quickly reverted to a voluntary arrangement when police protection or Interim Care Orders expired. Thus compulsory measures were rare amongst the many children who had *brief and limited* careers.

By contrast, amongst the *stayers*, 25 children (71.4%) were either admitted compulsorily or were subsequently looked after under care orders. The entry route was, in some cases, police protection, with this being swiftly followed by an interim care order. Police protection is an emergency response that can be used either to remove a child to suitable accommodation or to secure a child in such accommodation, and can only last for up to 72 hours. Where police protection was not used, an interim care order either led to an admission or was obtained after a voluntary admission, with the outcome that the child was looked after compulsorily. Interim care orders can only be used in situations of risk of significant harm to a child that are evidenced in court. The 10 *stayers* who were not subject to any compulsory measures were accommodated under Section 20. Four of these were subsequently adopted and this type of looked after career pattern reflects the small, but continuing, use of looking after a child as a route to adoption, when a parent is requesting this. The remaining six *stayers* were still voluntarily looked after at the three year follow up.

The use of compulsory measures was a factor that distinguished the *oscillators* from the *oscillator-stayers*. The majority of *oscillators* (26 (78.8%)) had been admitted under Section 20, and only 7 had been subject at some point to a court order at the three-year follow-up. This picture was reversed for the *oscillator-stayers* of whom 22 (64.7%) were subject to compulsory orders by the follow-up, and only 12 looked after under Section 20. The careers of many of the *oscillators* had undergone a transition from voluntarily agreed and

negotiated looked after episodes to compulsory interventions and the making of care orders. This transition was associated with a change in the looked after career pattern, where the last admission was not followed by discharge but had become an extended looked after episode. At the three-year follow-up 14 of the children who were *oscillator-stayers* were found to have adoption plans. Similarities between the *oscillator-stayers* and the *stayers* were now marked. The data on compulsory orders was consistent with the trend identified in the Snapshot cohort for a greater proportion of all the children looked after for more than year to be subject to compulsory orders or to be placed under adoption regulations. This is similar to Thorpe's (1988) finding that compulsory admission was associated with a longer period in care.

Exhibit 7.7. Legal Status of children by Length of Stay (Snapshot Cohort).



The prevalence of placements under adoption regulations, or children with adoption plans, among the children in the Snapshot Cohort looked after for more than a year, and among the *stayers* and *oscillator-stayers* in the Career cohort, indicates that workers were, in many cases, looking for permanency for these children away from their birth families. This would be consistent, in Shire, with the written policy of seeking a permanent adoptive family placement for a

child rather than the child remaining in public care. But the number of “relative” and other, apparently stable, foster placements amongst the children in the Snapshot cohort who were looked after for more than two years (including some of many years duration), also suggests that workers did support the use of long term foster placements despite the fact that Shire policy did not promote this as an outcome for children.

The conclusion from examining legal status is that some career patterns were more strongly associated with the use of compulsion than others. This is perhaps not surprising as the law provides the framework for a local authority social worker’s work, and is one of the tools that workers use in working with families. Nor is it surprising that longer-term episodes, and plans for permanent alternative placements, continue to be found where risk of significant harm has been proved in court. However, closer examination, and the identification of patterns in sequences of events raised some further questions.

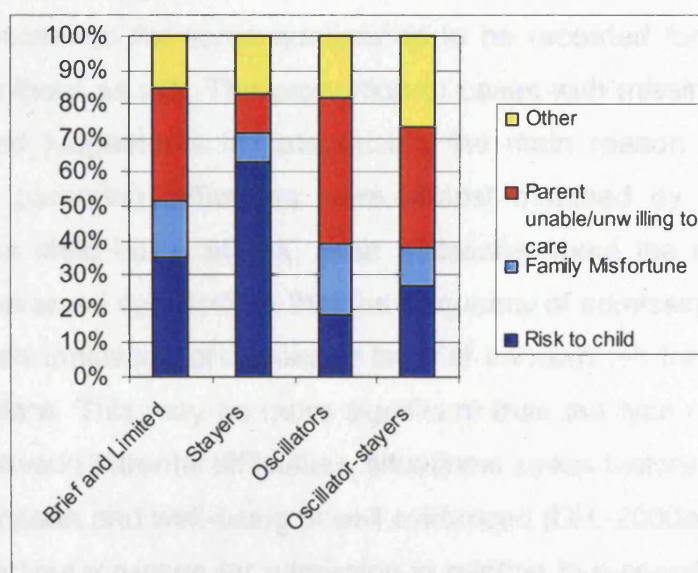
There were a number of voluntary admissions followed swiftly by interim or full care orders. Why? And why in some instances did police protection and interim care orders then revert to voluntary arrangements? Could these patterns represent the “over-use” of control and compulsory interventions that the Children Act sought to change (Parton, 1991; Parton (ed.), 1997)? Or was it evidence of workers deciding they could work with situations of risk on the basis of voluntary agreements with parents? If this was the case, had the blurring of boundaries between child protection and family support taken place (Hardiker et al., 1991a)? While these patterns, and the answers to these questions about practice, would be more fully addressed through the detailed case-file analysis of practice, the data on the *reasons* for looking after a child in relation to types of looked after careers provided a perspective.

Reasons for Admission.

Each time a child was admitted social workers recorded, by code, reasons for

the episode, and this data was available for analysis. The data was less reliable than that on admissions and exits and there was a greater amount of missing data. The codes also represented subjective judgements made by social workers and so the process was open to differences in perception and definition. However, a code could be taken as an indication of the nature of the difficulties pertaining at the time of admission. One difficulty in using this data over a child's whole looked after career was that different reasons would be recorded for different episodes. However, through analysing continuity and changes in the reasons for admissions, as a child's career developed, it was possible to identify and categorise the *predominant* reasons that lay behind each career. Three categories of reasons were deduced: "*risk to the child/child protection*", "*family misfortune*" (e.g. ill health of the parent/carer), and "*the parent carer being unable or unwilling to care*" (e.g. through imprisonment, abandonment or being unable to cope with a child). These were then analysed for each of the career groups.

Exhibit 7.8. Percentage of Children in each Career Group by Reason for Admissions.



The results need to be treated with some caution. *Risk to the child* was found to be a reason for admission in all career categories. This could be another

indication of the blurring of the boundaries between child protection and family support, if “risk” was being dealt with under voluntary arrangements. However, as this data in the records was not subject to any guidance or quality checks it is impossible to know whether there was any consistent view amongst social workers about the level of risk before this reason would be recorded.

Accepting these limitations, it was apparent that *risk to the child* was particularly prevalent amongst *stayers*. Thus, a picture had emerged of a combination of factors associated with *stayers*: - risk to the child, first admission at a young age, compulsory measures, and the prevalence of adoption plans. These appear to describe a particular client and career typology and this group of children, more than any other, may be “victims” in Packman et al’s (1986) pre-Children Act terms.

Admissions for reasons of *family or parenting difficulties* (“family misfortune” and “being unable/unwilling to care”) were also found in each career group, and with the exception of the *stayers*, these were the most commonly cited reasons amongst the remaining groups. However, when a child had multiple admissions, it was not uncommon for some admissions to be recorded for family support reasons and others as risk. The proportion of cases with missing data and the finely balanced judgements in categorising the main reason for each child, where family parenting difficulties were almost matched by admissions for reasons of the child being at risk, raise questions about the reliability of the findings. However we can deduce that the frequency of admission (for whatever reason) was an indication of a *general* level of concern felt for the family and children’s welfare. This may be more significant than the type of concern. The interaction between parental difficulties, situational stress factors and the impact on children’s health and well-being is well evidenced (DH, 2000a, Cleaver et al., 1999). The particular reason for admission in relation to a specific episode may well depend on the presenting situation and the perspective of the social worker. There was likely, therefore, to be an element of serendipity involved in what was recorded.

So far then, some specific factors have been found to be associated with some types of looked after career, in particular *brief and limited careers* and *stayers*. Some career transitions have been identified for *oscillator-stayers* that separate them from *oscillators* by the three-year follow-up. Risk, family difficulties and distress were reasons for admission across all groups of children.

The final aspect of looked after careers that was analysed was the number of different placements children had had, as these would give some indication of the degree of continuity and change children experienced (DH, 1998a; 1998b) and whether this was particularly associated with any type of career.

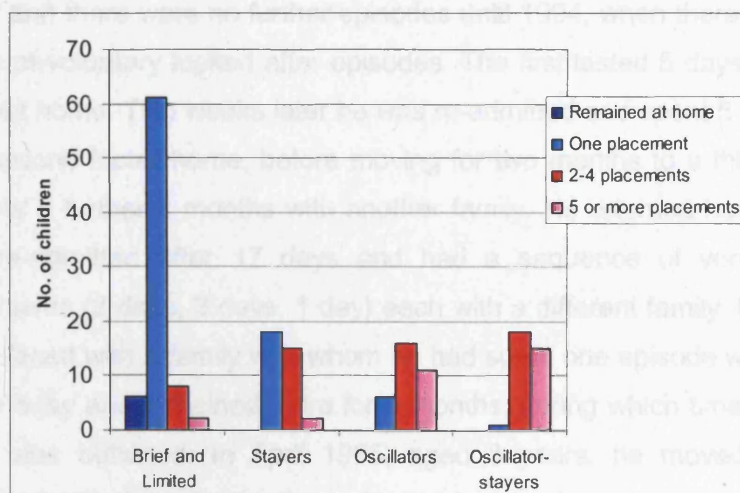
Placements.

Once a child was admitted it was usual for him/her to be placed with foster carers. (Residential placements for children did occur but were rare and usually very brief. This matched the written policy in Shire that no child under ten years should be placed in residential care.) A placement could last for the duration of the looked after episode, but in many cases the child would move on. Placement moves and breakdowns had been commented on in research conducted before the Children Act 1989 (Millham et al., 1986; Rowe et al., 1989; DHSS, 1985b), but recent publications (Jackson and Thomas, 1999; DH, 2000b) and government initiatives (DH, 1998a; 1998b) have drawn particular attention to the number of placement changes experienced by looked after children. The lack of research that focused on this aspect of children's care experience before the Act makes it difficult to evaluate whether placement change is greater or less than before. However if children have a different placement with each new admission, or changes of placement within single episodes, this has implications for the continuity of care and consistency of relationships the child will experience. Each new family placement for a child, whether that is a return home or to another substitute family, will inevitably mean adjustments and may mean changes in school and friends (Bullock et al., 1998; Jackson and Thomas, 1999). Changes of carer for very young children

may have an impact on the attachments they form and their longer-term emotional well-being. If placement changes are now a cause of concern nationally, what was the picture in Shire in the early years after the Children Act 1989?

The great majority of the *brief and limited* career group of children had usually had one foster placement, even when a child had been admitted more than once. However some of the children in the group who had longer episodes did experience placement changes, and the risks of placement change appeared to increase the longer the child was looked after. Before the Act Milham et al. (1986) had found that more than half of the children still in care after 6 months had changed placements. Children in the other three groups were vulnerable to placement change. Seventeen (51.5%) of the *stayers* had had two or more placements and two children had had 7 different family placements. *Oscillators* and *oscillator-stayers* who had experienced more episodes were found, in the main, to have multiple placements and placement changes. A number had also had residential placements. Comparisons between the groups show a difference in the average number of different placements (families and residential).

Exhibit 7.9. Number of Foster Families or Residential Placements per Child by Career Group



It is worth noting that five of the six children in the *oscillator* group who had had only one placement, were the ones for whom an arrangement was made for regular respite placements after their second admission. Where these arrangements were made, children appeared almost always to return to the same foster family and so experienced much greater continuity than children who were regularly admitted under other legal arrangements.

The exhibit (7.9) above resulted from a straightforward count of the number of different foster families or residential placements that children had had. However, examination of the sequences of moves children were making showed that this method understated the degree of change sometimes experienced. Some children moved back and forth between families, staying with a family more than once in an episode. While a foster family with whom a child had been placed on a previous occasion could be assumed to be familiar for the child, it was yet another change. Two children in the Career cohort, one an *oscillator-stayer* and the other a *stayer* illustrate the extent to which some children experienced disruption.

X was a white boy, born in October 1987 and was first referred to the Social Services department at two days old for reasons of “*risk*”. Subsequent referrals related to anxieties about physical and sexual abuse and neglect. He came into care for the first time at five weeks old, and again in 1988. He returned home to his mother on a Supervision Order and there were no further episodes until 1994, when there were a series of voluntary looked after episodes. The first lasted 5 days before he went home. Two weeks later he was re-admitted and spent 5 months in a second foster home, before moving for two months to a third, and then for a further 3 months with another family. He returned home, but was re-admitted after 17 days and had a sequence of very short placements (2 days, 3 days, 1 day) each with a different family. He was then placed with a family with whom he had spent one episode when he was a baby and remained there for 8 months, during which time a care order was obtained. In April 1995, aged 8 years, he moved on to another family for a further 8 months, before having to move again. In

October 1995 the local authority approved a plan of adoption for him. Between the ages of seven and nine he had lived with nine foster families and spent 17 days at home.

It was not possible to tell from the data the reasons or difficulties that lay behind this child's career, but the instability and the lack of continuity of care he experienced is unquestionable. The second case also illustrates how a simple count of looked after episodes, or the number of placements, could conceal high levels of instability.

B, a white girl, was born in 1994 and was referred at birth for reasons of "risk of harm". Her mother was in prison at the time, and B was looked after voluntarily until the local authority gained a care order in December 1994. She was therefore a "stayer" and she was looked after in foster care continuously for the first eighteen months of her life. However, in that time, she had 8 different carers including her mother and 9 changes of carer. Her first foster placement lasted 28 days, her second 14 days and the third 13 months, apart from one overnight stay with a fourth family. After that came a month with a fifth family, before returning to her main foster placement for five weeks. Two more moves followed. Her seventh family, with whom she was placed at the age of eighteen months, was related to her mother. At the follow-up she had remained with them for eighteen months, the longest stable family placement she had yet experienced in her life.

The frequency of placement changes for looked after children, which emerged as a cause for concern nationally in the late nineties, was, then, a feature of looked after careers in Shire. While current initiatives (DH, 1998a; 1998b) have once more focused on the occurrence of placement moves in a single looked after episode, this study was able to consider the cumulative picture over a child's whole looked after career. The empirical evidence was that the risk of placement moves was greater the longer a child's looked after episode lasted. However, the children with the greatest average number of placements were those who were oscillating between home and foster carers for periods of their

childhood. Re-admissions rarely led to placement with the same foster-carers.

Discussion

So far in this chapter the focus has been on describing the four types of looked after careers that were identified amongst the Career cohort of children, the factors that were associated with each of the types and distinguished them from each other. A number of comments have been made about similarities and differences with trends identified before the Children Act. In addition some questions have been raised by particular sequences of events which will now be considered further. First, we will consider some of the changes in the patterns of looked after careers that might indicate any general changes in social work practice, before focusing on two particular areas highlighted by the literature (DHSS, 1985b; DH, 1991c; Hardiker et al., 1991a; Thoburn, 1991a) and by the aims of the new law (Hoggett, 1989; Ball, 1990; Allen, 1992; Parton, 1991; Rose, 1994; Parton (ed.), 1997),

- changes in the use of compulsory interventions that might indicate changes in practice in child protection and family support, *and*
- the degree of continuity, consistency and stability of care children were experiencing whilst looked after.

Similarity and Differences in Careers after the Children Act 1989.

The lack of studies that have focused on anything more than a single looked after or care episode presented some difficulties in identifying similarities and differences in the overall patterns of children's looked after careers since the Children Act and, by inference, similarities and differences in social work practice. However leaving aside the use of compulsory interventions and placement changes within looked after careers, which will be considered later, some similarities could be discerned.

- **Similarities**

It was clear that children were looked after for a range of reasons and purposes, both as a response to risk and as a response to family difficulties, and that this was broadly similar to the case with previous care populations. There also continued to be great variety in children's experiences of being looked after. This variety included the length of stay and the course of individual looked after episodes as well as the extent to which children had "care histories" or "re-admissions" (Packman et al., 1986; Rowe et al., 1989; DH, 1991c; Marsh and Triseliotis (eds.), 1993). The experience of "being looked after" is not a uniform one, just like children's experience of care before the Children Act (DHSS, 1985b). Furthermore, the reasons children were admitted, together with other factors, continued to have a bearing on the nature of the looked after career and both were indicators of how workers construed a family situation and what they saw as an appropriate response. Thus young children (and particularly the very young) were more prevalent amongst children who were admitted (Bebbington and Miles, 1989). The evidence was also that admission of a very young child for reasons of "risk of harm" was associated with the likelihood of that child not returning home.

Within the population of looked after children as a whole, one small group of children illustrated the extent to which pre-Children Act practice in the use of "care" had continued in some circumstances, apparently unaffected by the new legal framework. Six children in the Career cohort (4 *stayers*, and 2 *oscillator-stayers*) were looked after voluntarily, placed in foster care, and subsequently moved on to adoptive families. While the number of voluntarily requested adoptions has long been in decline (DH, 2000c) this small group of children indicated that this was still a service given to some children and parents by local authorities. Looking after the child effected the transition from birth to adoptive family.

While similarities could be identified, the picture was also one of change. A

number of differences emerged which could also be indicative of changes in practice in line with the policy aims of the Children Act.

- **Differences.**

The first, and possibly most important difference, was in the extent to which children's looked after episodes and careers appeared to have an end or outcome. In promoting and regulating planning for looked after children, one of the primary aims of the Children Act was to counteract "drift" – the fact that many children spent long periods of their childhood in care with no clear plan for their discharge (DHSS, 1985b; DH, 1991c; Parton, 1991). One possible assumption is, then, that quicker endings or outcomes may signify better planning for children. Early studies, undertaken soon after the Act was implemented, focused on whether children were still "waiting" and concluded that there were signs of improvement (Thomas and Beckett, 1994) although others argued that planning for children had been made more difficult by the loss of control local authorities experienced (DH/SSI, 1994). The evidence from the Shire cohort supported the view that children were not drifting in the way described in studies from the seventies and the eighties. Some children were still spending lengthy periods of time being looked after, but often a plan for adoption was found in these cases. In others, foster placements were fairly long-standing and it was possible that workers were seeing these as settled "permanent" placements. In the Snapshot cohort some of the children with the longest episodes were placed with relative foster carers where, although the child remained legally the responsibility of the local authority, an "outcome", at least for the foreseeable future, had been achieved. While concerns about drift tend to focus on the children who are looked after longest, the experience of all looked after children has to be considered and it was clear that the majority of children in Shire did return home from being looked after, although the length of time this took varied considerably. In many cases in the Career cohort the child's looked after career simply came to an end and the case was closed. Social work intervention with the family could, and did, cease, even amongst the

oscillators who had generally had the longest periods of involvement with social services. There had been an “ending”, or one was planned, for the majority of children, although it was also clear that this “ending” was no guarantee against further placement moves or new looked after episodes.

The second difference from pre-Children Act care patterns can be directly traced to the new legal framework and could be a sign of the development of more positive approaches to providing support to families (Hardiker et al., 1991a; Aldgate et al., 1994; Aldgate and Tunstill, 1996). This was the number of children who were subject to voluntary arrangements for regular planned periods of “respite” (Aldgate et al., 1996). While the data on this group of children was known to be less reliable, their existence demonstrated the implementation of this new provision under the Children Act. Sixty-four children of the Snapshot cohort had such agreements in place as did five of the *oscillators* in the Career cohort after their second admission. One tentative conclusion from this finding is that workers were identifying the need for regular support and respite and that use of this new type of arrangement was developing. Placement changes were less prevalent amongst this group which may also have been an indication of differences in practice with, perhaps, positive attempts to settle children into a stable arrangement from the outset. What counteracts this positive picture of the development of family support, however, was the fact that the majority of the children with respite arrangements were disabled. Similar respite arrangements before the Act would have fallen outside child-care legislation and not been seen – or counted - as looked after children. However there were a small number of children with respite arrangements who had no recorded disability. It was possible that here were genuine signs of the emergence of the use of planned respite arrangements to support some children and families.

The third and final difference in career patterns can also only be put forward tentatively – the extent to which some children were *oscillating* between home and being looked after. It is clear from previous research and comment that

some children have always had multiple care episodes (Packman et al., 1986; Millham et al., 1986; Millham, 1994). Anecdotal accounts also confirm that before the Children Act, some children have “yo-yo’ed” between home and care for periods of their childhood. We know, for example, that Fred West’s children from his first marriage spent several periods in care at a time when there did not appear to be any concerns about abuse (Burn, 1998). Prior to the Children Act, the legislation may have couched reception into care in terms of a “last resort”, but it had always been an option for workers in responding to family crises (Packman et al., 1986). The question therefore is not whether the Children Act has created oscillation but whether the number of children experiencing it had increased. Here the lack of pre-Children Act research that focused on a child’s total experience of being in care makes it impossible to gauge the extent of any increase or decrease.

Oscillation was such a significant feature of some of the Shire children’s looked after careers that it raises a number of questions about social work practice and whether legislative changes and the new policy aims are having some unintended consequences for the stability some children experience. It is possible to identify some factors that could have contributed to such a pattern. One factor could have been the increased emphasis on voluntary agreements with parents to look after children, and the lack of control over the timing of children returning home. Were parents demanding their children return before the problems had been sufficiently resolved? Alternatively, were social workers prematurely discharging children to avoid the risks of drift or to comply with local policy aims? Another factor could have been the new emphasis on earlier intervention and supporting families (Rose, 1994; Audit Commission, 1994; DH, 1995c; Aldgate and Tunstill, 1996). Did the extent of oscillation mark a change in practice in looking after children as a means of family support? Were parents requesting, and workers acceding to, more requests for children to be looked after? Could this be leading to unplanned admissions in circumstances that might merit a planned respite arrangement, if this type of service was more developed? While it was not possible to answer any of these questions from the

Career cohort data practice in individual cases would throw some light on the sets of circumstances and practice that surrounded oscillating looked after careers.

At best some of the conclusions about similarity and difference presented here can only be tentative as the research base for true comparisons is lacking. What is more important for this study is whether particular features can be associated with the policy aims of the Children Act. The findings are mixed. The lack of “drift” compared with that found in pre-Children Act care careers could be an indication of better social work planning for looked after children. The extent of oscillation and the emergence of planned respite for some non-disabled children could be evidence of looking after children for the purpose of supporting families. A critical area for discerning whether the Act had led to changes in approach was the use of voluntary and compulsory interventions. It is this that we consider next.

Use of Voluntary and Compulsory Interventions.

The Children Act had a number of aims concerned with changing practice in the use of voluntary and compulsory interventions. Firstly, voluntary admissions are encouraged in the Act as a positive act of support, not one of “last resort” (Hardiker et al., 1991a; Fox Harding, 1991; 1997). Some comment has already been made above about the emergence of planned series of placements to give families “respite” and the patterns of oscillation. Both may indicate an *increase* in voluntary admissions and be signs of some success in the promotional aspects of the Act. We reported in Chapter Five that statistical reports generated in Shire during the period of the research (Shire, 1993b; 1995a; 1995-96) showed the balance swinging to voluntary admissions and away from children being looked after on care orders. But whether this marked an increase overall in voluntary admissions compared with before 1991 is not clear. Robust comparative data on patterns of oscillation before the Act is also not available.

A second aim of the Act is to promote looking after children both in situations of

family stress and difficulties, *and* in situations where there is a risk to a child (Parton, 1991; Parton (ed.), 1997). The new approach was to see these two conditions as sides of the same coin. The boundaries between child protection and family support were to be blurred and one would see voluntary intervention in situations where compulsory measures might have been used previously. The use of voluntary agreements and working in partnership with parents was to increase and what was seen as a false dichotomy between child protection and family support was to be overcome (Rose, 1994). A third aim was that through changing the grounds and circumstances by which a social worker could gain a compulsory order, parents' fear of "care" and of their child not returning home would be reduced, if not overcome. What then was the evidence on the latter two aims?

- **Protection and Support**

The empirical evidence from the Shire career data suggested that if clear boundaries had existed between compulsory interventions in child protection cases and voluntary care in other situations, then these had begun to break down. Clearly some relationship between risk of harm and compulsory orders still existed such as the existence amongst the Shire cohort of a group of children who could be described as "victims" (Packman et al. 1986) - children who are admitted at a young age, who were subject to care proceedings, and many of whom moved to adoptive families. The data also illustrated that care orders continued to be sought for a substantial number of children when there was evidence of risk of significant harm. 71% (25) of the *stayers* were subject to care orders and 65% (22) of *oscillator-stayers* by the time of the follow up. However, overall, the picture of social work responses to situations of risk was more diffuse. While admission for reasons of "risk of harm" was more prevalent amongst the two career groups where the child remained looked after at the three year follow up (*stayers* and *oscillator-stayers*), it was a reason for admission in *all* career groups and for children looked after voluntarily as well as those on compulsory orders. Risk to the child was the stated reason for

admission in 35% (27) of the *brief and limited* career group and 18.2% (6) of the *oscillators*. This echoes the findings of Packman and Hall (1998) who had found children who were thought to be at risk of abuse or neglect amongst their cohort of voluntarily looked after children. They suggest this was a change from the practice they found before the Children Act (Packman et al., 1986).

Further evidence that voluntary intervention was being used in situations of risk comes from the fact that social workers sometimes drew back from compulsory measures to pursue voluntary means. For a small number of children compulsory intervention was the initial approach but this was either replaced by voluntary interventions, or no further intervention occurred. Two groups in particular illustrated this pattern. A number of children in the *brief and limited* career group were subject to police protection, or interim care orders, but soon discharged, and a further small group of children, at some stage in their looked after careers, were subject to interim orders that did not lead to care orders. The Shire data therefore supports Packman and Hall's (1998) finding that the boundaries between family support and child protection had become blurred since the implementation of the Act.

If the use of voluntary agreements in situations of risk is seen as the success of one of the policy aims of the Children Act, other patterns in the use of compulsory measures in Shire raised some questions about how far some of the principles and values of the Act did indeed underpin practice. Two patterns merit particular comment. The first was the extent to which police protection was being used to admit children in an emergency, and the second was the extent to which some admissions could be seen as truly voluntary.

- **The Use of Police Protection.**

The Children Act had abolished the discredited Place of Safety Order that was made by a magistrate and which could last up to 28 days (Parton, 1991; Report of the Enquiry into Child Abuse in Cleveland, 1988; Allen, 1992), and replaced it

by the Emergency Protection Order, which can be granted by a court for up to 15 days. Unlike the Place of Safety Order, parents would be represented in any court hearing that granted an Emergency Protection Order and contact between parents and the child, while the order lasted, would be the norm unless the court was persuaded that this was not in the child's best interests. The legal process of achieving the new emergency order was therefore administratively and legally more cumbersome than the old Place of Safety order, but, in keeping with the principles of the Act, provided checks and balances to protect parents' and children's rights (Fox Harding, 1991; 1997). While one policy aim of the Act was a reduction in the number of compulsory emergency admissions overall, a second was to ensure parents had an opportunity to present their views and that family links were maintained from the outset. How compulsory admissions were made after 1991 can be seen, therefore, as an important indicator of whether there had been a shift away from compulsory interventions to negotiated and agreed methods of intervention.

In Shire Emergency Protection Orders were rarely used and at first sight this does indicate the reduction in compulsory admissions that had been intended. However this is to an extent contradicted by the larger number of occasions when emergency police protection powers (Section 46) were used to admit children. This status requires only that the police constable has reasonable cause to suspect the child may be likely to suffer significant harm, and can last up to 36 hours without any judicial process being necessary (Masson and Morris, 1992; Allen, 1992). The police may use their powers on their own initiative if they come across a situation where they deem this to be necessary, but they must inform the local authority. The admission of a child under this power, therefore requires co-operation between police and social workers, but is a less complex legal and bureaucratic process than the application for any other emergency or compulsory order. The safeguards for parents that a court process would provide are missing unless an interim care order is subsequently sought when police protection powers expire (Allen, 1992).

The small number of admissions through Emergency Protection Orders in the Career cohort had therefore to be considered against the number of admissions using police protection powers. The latter route undoubtedly formed a legal and administrative “short-cut” if police and workers believed the grounds for the use of the power existed. It could be used to provide immediate protection and security to a placement, but allowed to lapse as easily as it was applied. The evidence was that in many cases this did happen, and either no action or voluntary admission took place.

There were no grounds to suggest the power of Police Protection was being misused but the extent of its use appeared to be out of proportion with that envisaged at the time of the Act’s drafting (Parton, 1991). The lack of any national data meant that it was not possible to judge whether this pattern reflected an idiosyncrasy of local Shire practice. It does reveal however that compulsory admissions were still in evidence and furthermore that the route that appeared to be used the most was one that allowed parents no immediate access to a judicial process. This raises a question about how far the value of recognising the importance of parents (*defence of the birth family*) was held by workers if practice was more in tune with *child protection/state paternalism* values in Shire at this time (Fox-Harding, 1991; 1997). This practice would be congruent with the policy position reflected by the authority’s written documents.

The question was confirmed by a second pattern in the use of compulsory measures that emerged from the Career data. If the use of police protection powers raised a question about how far some Children Act principles were underpinning practice by the mid nineties, other “voluntary” admissions raised concerns about the extent to which some admissions were truly negotiated and voluntary.

- **Voluntary Admissions?**

On some occasions, when police protection powers were used, the child was

subsequently looked after by agreement with parents. In considering this sequence of events one question is the degree of choice that parents had in agreeing to their child being looked after, given the show of authority by police and social services that had preceded the admission. A similar question was raised by voluntary admissions for reasons of "risk of abuse or neglect" under Section 20 of the Children Act, where this legal status was soon superseded by interim and full care orders. One aim of the Children Act was to promote the "voluntariness" of looking after a child under Section 20, but these cases did not appear to reflect the Act's principles. If parents were fully in agreement with admission in order to safeguard their child's welfare, why were compulsory measures being taken shortly after admission? In their study of accommodated children, Packman and Hall (1998) had commented on cases where risk lay behind the voluntary admission. While the admission was negotiated and agreed by parents, they found that this was often accompanied by the provision that any attempt to discharge the child would result in the seeking of compulsory powers (p.94). They commented further on social workers' unease at the partnerships with parents in these cases, which were described as "*sham*" (ibid.), and they question how far the nature of the admission could be seen as truly voluntary. Career data alone cannot show whether similar pressure or threats lay behind the voluntary admissions in Shire, but it was apparent that in many cases of voluntary admission, applications for care orders soon followed. The implication was that these may have been planned from the outset and "voluntary" admission was only a method of safeguarding the child in the interim.

The Shire, and Packman and Hall (ibid.) findings suggest that the degree of risk with which workers and agencies are prepared to work on a voluntary basis varies irrespective of the legislative framework and this may reflect differences in implicitly-held values and beliefs (Fox-Harding, 1991; 1997), or even the experience of workers (Owen, 1991). It is not possible to know whether social workers in Shire regarded their partnerships with parents in some cases as "*sham*", which would be an acknowledgement of the principles underlying the

Children Act. Similarly it is not possible to discern how far the local unwritten policy was always to seek care orders in cases where the grounds were felt to exist. What the evidence did suggest was that the change in trend from compulsory admission routes to voluntary ones might be masking the number of admissions where parents had no choice. The shift to working with situations of risk of harm on a voluntary basis might not be as great as at first sight. The patterns could be seen as a continuation of the reliance on authority and control that had been found to be the hallmark of child protection work prior to the Act (Parton, 1991).

In the introduction to this section it was stated that a third policy aim of the Act in re-defining the grounds and methods of gaining compulsory orders was to overcome parents' fear of the local authority's power and the risk of their children not returning home from being looked after. The use of police protection raises some questions about whether the safeguards on parents' rights imposed by the Act were fully effective. The use of voluntary admissions in situations of risk, where the voluntary status was quickly overturned, raises additional questions about whether parents' experience of the control exercised by the state had changed significantly. Parents experienced a shift from *voluntary* status to *compulsory* looked after status with a consequent loss of choice and control. The outcome was therefore no different from that produced by the taking of a parental rights resolution before 1991. However care must be taken not to assume that every change from voluntary to compulsory interventions was called into question.

One scenario was a career transition from a pattern of voluntary admission(s) to a more prolonged compulsory episode. This pattern was found particularly amongst the *oscillator-stayer* group of children. It was notable that the reasons for admission often changed at the critical point from those associated with family difficulties to risk of abuse or neglect. Packman and Hall (1998) comment on the fact that they found cases where suspicions about abuse or neglect were voiced alongside interventions to support parents in the care of their children. It

is easy to deduce that the change in social work responses to the family was the consequence of increased concerns about risk of harm. Evidence of harm would need to have been sufficiently convincing for the court to have made interim or care orders.

However a second scenario was that described earlier of children being admitted voluntarily under Section 20 for reasons of “risk of abuse or neglect”, but with the voluntary status being quickly superseded by interim and full care orders. It is here that doubts about practice in relation to the principles of the Act arise. The major difference with practice before the Act was that this extension of the local authority’s power and control would have been granted by a court at which parents would have been represented. How far this would serve to reduce a parent’s fear of the power of a local authority is open to question. From a parent’s perspective, involvement with social services, and voluntary arrangements for children to be looked after continued in some cases to lead to a loss of control over their children’s care.

The evidence for the “successful” implementation of the Children Act’s policy aim to shift the balance between compulsory and voluntary interventions is therefore mixed.

The other key area in which the Act sought to bring about change was in achieving greater continuity and stability for looked after children through improved planning. What was the evidence of success in this area?

Children’s Experiences of Continuity and Stability.

Central issues in the research that preceded and informed the Children Act were the achievement of permanency (a family for life), and stability and continuity for looked after children (DHSS, 1985b; Maluccio et al., 1986; Sosin, 1987; SSI, 1987; Katz, 1990; Triseliotis, 1991; Fein and Maluccio, 1992). The career data did not reveal the extent to which children remained in contact with

their families but it did give an overview of the extent of continuity and disruption of relationships looked after children were experiencing by the mid-nineties.

The career typologies themselves are one indication that many children experienced disrupted care relationships due to multiple admissions and returns home. *Oscillators* and *oscillator-stayers* by definition experienced varying degrees of disruption. However the other variable alongside the number of episodes a child experienced was the number of different looked after placements a child had had. While multiple placement changes and breakdowns received only limited study in the eighties, the issue was commented upon (DHSS, 1985b; Packman et al., 1986; Doyle, 1988). The data presented earlier indicated that while some types of career (*brief and limited* and planned “respite” arrangements) were associated with less placements per child overall, placement changes were the fate of many children. Indeed, some children could best be described as ricocheting around the system for periods of time.

Placement changes may be a consequence of a number of factors including the difficulty a particular child may present to carers, unforeseen events such as illness of carers, or a lack of suitable resources. A lack of suitable foster families to make appropriate choices for children may be one element (DH, 1998a; 1998b) and two or three short admissions or stays, days apart, but each necessitating a different foster family, as in the cases of B and X, may suggest a lack of resources. Other factors may include the extent to which an admission was foreseen and a suitable placement found – that is social work practice. Moves can be “built” into certain admission routes and may be related to the degree of planning before admission (Packman et al., 1986) as emergency admissions often lead to an emergency first placement and consequently the need to move a child on quickly to a more suitable or longer term placement. One aim of the Act was to improve the planning for admission (DH 1991e) and only examination of individual cases (Chapter Eight) would show if this was now happening. The Career data did not show whether an admission was unplanned

or what the factors were influencing placement moves for the Shire children, but it was clear that placement changes and placement breakdowns had not disappeared since the Act and may have been on the increase (Jackson and Thomas, 1999).

Some authors (Bullock et al., 1998) have made the point that a child's separation from parents and family is part of normal childhood and is not always traumatic. Going away and returning home may be a feature of the lives of many children in our society as children go to boarding schools or spend periods with relatives, stay with friends, or go on camps. Nevertheless the stress or difficulty for the family which results in children being looked after raises a question of how far the experience of looked after children can be compared with "normal" childhood. While the two case studies given earlier as illustrations of some children's chaotic careers were at one extreme of children's experience, they were not isolated examples and illustrate that issues of continuity and change for looked after children remain a matter of concern (Jackson and Thomas, 1999; DH, 1998a & b).

It is not possible to say whether the degree of instability children experienced had increased or decreased since the Children Act. However it is hard to conclude that any of the patterns of moves in the two examples given earlier were the consequence of social work *planning* or that changes in practice had increased the stability these children had experienced. It would be premature to draw similar conclusions about the degree of continuity as this will be affected by such factors as whether schools were changed and the degree to which contact with family members was nurtured and promoted. Nevertheless, the extent of the placement moves, while children were so young, would have made continuity more difficult to maintain. One factor, which could be examined and which could help support continuity, was the experience of siblings.

Continuity and Siblings.

Siblings have been recognised as one factor in maintaining a sense of continuity and security for a child at times of instability (Kosonen, 1994; Kosonen, 1996) - the extent to which brothers and sisters are admitted and placed together or maintain contact (Barnados, 1986). In Shire, it was found that not all siblings fell into the same career group and while there was evidence of placement together in many instances, there was also evidence of separation. Perhaps not surprisingly, the larger the sibling group the more likely it was that all the siblings would not be together, or that there would be different outcomes by the three-year follow-up. For example, one group of five African-Caribbean children was admitted because the mother was thought to need "relief". The three oldest children had returned home after 8-9 months but at the three-year follow-up, the two youngest remained in their first and only foster home. In other cases a very young sibling was placed separately for adoption, while older children remained looked after. Sibling relationships may have been a source of continuity and contributed to some children's sense of security but the experience of siblings in the Career cohort suggested that sibling separation may be as frequent as placement together.

Summary and Conclusions.

This chapter set out to identify patterns of looked after careers and to draw some conclusions about changes since the implementation of the Children Act and how far these might indicate practice changes and the implementation of the policy aims of the Children Act. The conclusion is that there was evidence of both similarities and differences in social work practices and the influence of some of the Children Act's policy aims could be deduced. The strongest evidence of change emerged in relation to the development of planned respite arrangements to support families, the blurring of boundaries in social work responses to child protection and family support cases, a reduction in "drift" as found before the Act, and a reduction in the number of compulsory admissions.

However further examination of the extent of compulsory interventions and the practice approaches to acquiring legal control presented weak evidence of the values of *family support* (Hardiker et al., 1991a) and *defence of the birth family* (Fox Harding, 1991; 1997) which, arguably, include a respect for parents rights. Just as these perspectives were weak in written policies, so they appeared to be weak in practice. In addition, the evidence on continuity and stability for children, manifested by placement changes and multiple admissions, did not suggest any improvement since the Act.

With these findings in mind, it is now time to consider the evidence of social work practice in planning for eleven of the looked after children in the Career cohort. We will see whether explanations can be found for some of the features identified in looked after careers and how far social work practice appeared to reflect the values and processes set out in the Children Act 1989.

Eight. Planning in Practice.

Introduction

In this, the second of two chapters that focus on social work practice and outcomes in looking after children, we move on to examine in detail the social work processes and practice found in the cases of eleven children. We will also explore some of the influences on practice including value perspectives. The chapter aims to answer the fourth research question – *What were the social work processes employed in planning for children?* This enables us to address a major theme of this study – the extent to which social work practice reflected the ideal rational model of social work process - assessment, decision-making and action (Compton and Galaway, 1994; Orme and Glastonbury, 1993; DH, 1991b; Smale et al., 1993; 1994) - that the Children Act Guidance promoted (DH, 1991d; DH, 1991e).

This part of the study needs to be placed in context and so the situations of the eleven children whose case-files were analysed, will be described briefly¹ and also how a number of methodological problems, related to both the collection and analysis of the case-file data, were resolved.

The Children

The eleven children whose case-files were selected for study were a subset of the Career cohort of children - all the children in the Career cohort aged three to ten years from two Districts, who had a substantial experience of being looked after². Data analysis of the patterns of looked after careers from the whole cohort and data collection from the Subset took place concurrently. It was only when data analysis was quite advanced that it became clear that the sampling

¹ A brief pen-picture of each child's circumstances is included in Appendix Three. Letters in the text (e.g. K) refer to the individual cases that exemplify the point being made.

criteria for the Subset had excluded not only children from the *brief and limited* career group but also very young children (0-2 year olds) who were *stayers* and *oscillator-stayers*. It is likely therefore that the sampling frame included only children with more complex career patterns (Bullock et al. 1998) and this has to be borne in mind in considering the findings.

The eleven children and their families had all had medium to long term involvement with social services, although the length of this varied. In five cases contact with the family began in the late eighties before the births of some of the subject children, and was continuing at the three-year follow-up in 1997. At the other end of the scale, intervention in one case (K) lasted only just over a year, although the family had previously had some involvement with another social services area. In three cases intervention was intermittent, with cases being re-opened for a period following a new referral or new crisis. For the other children however, involvement with social workers appeared to be a fairly constant feature of their lives. Four of the children were classed as oscillators, six as oscillator-stayers being still looked after at the follow-up and one was a stayer.

There were similarities and differences in the circumstances of the eleven children. The majority of the children came from disadvantaged families who were reliant on state benefits, either because of the poor health or ability of parents, or because of lone parenthood. Only two were cared for by both their birth parents for some of the period of social work involvement. Three birth fathers were not known. However in two cases fathers had become the parent undertaking full-time care after the mother had either left the family home or been found to be unable to care adequately for the child. In one case this was linked to a mother's learning disability, in the other to a chaotic and transient lifestyle. Parental ill-health, violence in parental relationships, offending and misuse of alcohol or drugs were present in several of the families. A more detailed description of some of the children's family circumstances has already

² A substantial experience of being looked after was defined as three or more episodes of which one would have lasted at least 6 weeks, or one or more looked after episode of which one would have lasted at least six months.

been given in Chapter Six but it is worth noting again here that difficulties faced by the eleven families were environmental, interpersonal and personal, and were usually of a persistent nature.

The primary reasons why the children came to be looked after varied. In three cases the main reason was parent-child relationship difficulties, in another two the parents had long term health difficulties. In one case (a *stayer*) the reason was physical abuse of a sibling. In the remaining five cases, the situation can best be described as general concerns about the standard of care of the children.

Methodology and Making Sense of Process and Practice.

In order to analyse the case material some methodological issues had to be resolved.

The first question was the period of time over which social work intervention with the families would be analysed. The decision to consider the whole of each child's looked after career was applied to the case file analysis. Data was collected from the files on processes and service provision that preceded each episode and that followed a child's return home.

The second problem was how to collect data in a way that did not assume specific sequences of social work processes and activity, for the extent to which "rational" sequences occurred in practice was one area to be explored. The focus, therefore, was on identifying the activities, processes and sequences (assessments, key decisions and decision-making processes and types of intervention) underlying client and looked after careers - together with any recorded reasons for the social work decisions and actions that were taken. As with the analysis on looked after careers (Chapter Seven) the grounded theory method (Glaser and Strauss, 1967; Gilgun, 1994; Sherman (S R), 1994; Yin, 1993; 1994) was invaluable here. Data on chronological sequences and types

of event and activity was collected and then analysed to see the patterns and processes that emerged.³

The third problem was the most difficult – how to make sense of what was recorded in the case files in order to address one of the themes of this research – the influences on workers in their practice with individual cases? The experience of piloting data collection with one case (not subsequently included in the eleven) was important here.

Data collection from a pilot case revealed that what was recorded on the file was predominantly *decisions* and *decision-making*. Accounts of circumstances, events and actions were associated with decisions and decision-making processes. The conclusion was that decision-making was not only a day-to-day, week-to-week feature of social work practice but that it could be seen as the concept and process that determined the content of the records. Child and family details, histories of events, accounts of family circumstances and difficulties, were all recorded in relation to *decisions* that were made. These decisions included ones to take a referral, to provide resources, to refer to other agencies, to admit children, to place children with a particular type of carer, to return children home, to determine the statutory basis for action, or the level and nature of contact other family members. As contemporaneous records of decision-making and the activities that flowed from them, files contained first-hand accounts of sequences of events and processes, and gave an indication of the interpretations placed on these events by workers. The limitations of agency records for research purposes were recognised and have been discussed at some length in Chapter Four (Cheetham et al., 1992; Hakim, 1983). However, written as official accounts of actions, the case-files offered the opportunity for an insight into *social work decisions* - the accepted patterns of practice, and what appeared to be determining factors for social workers and their managers in making casework decisions. In essence, the case files recorded practice in the context of the law and local agency and from them

³ See Appendix Five for a summary and commentary on the analysis of one case.

could be *deduced* influences on social work practice. What was needed, however, was a theoretical basis for analysing decision-making and what influenced those decisions. At this point one particular analysis of decision-making offered a model for how contextual factors might influence case-related decisions and decision-making - that of Woehle (1994). Its importance in this chapter is such that it will be outlined in some detail here.

Woehle (ibid.) argued that models of social work process and systems theory are, like all models, abstractions, ideal types that assist in understanding key processes, but that reality is far more complex and cannot be easily captured (p.72). This was, in essence, one of the themes this study had set out to explore - did rational methods occur in practice? Woehle argued that a framework was needed that could encompass the impact of environmental (organisational) factors on client level processes but one that was not based on an *assumption* of a rational and linear process. He identified this in Etzioni's (1986) model of decision-making.

Etzioni (ibid.) identifies a process he terms "mixed scanning" as a hierarchical mode of decision-making. Scanning is a continuous process defined as

... search, collection, processing and evaluation of information as well as drawing conclusions, all in the service of decision-making.
(1986. p 8)

But in contrast to rational models of decision-making not all decisions are of the same order, and the collection and analysis of information is not assumed to be comprehensive. Fundamental decisions are "higher order" decisions within which "lower order", more incremental decisions, are nested. Applied to social work practice (Woehle, 1994), scanning is not confined to the problems or needs of the clients but takes in organisational and structural considerations and *only considers what is possible within that context*. Structural and

organisational information is therefore “known” and taken into account in deciding on courses of action.

In relation to this study, an assumption was made that formal and informal policy, resources, and service level information that may influence case level decisions, would usually be known by workers and managers, but were unlikely to be explicitly recorded on files as factors affecting decisions. Organisational and structural constraints would also not be explicit but could possibly be deduced from the empirical data.

Within Etzioni’s model, scanning is continuous and rarely resembles the formal, systematic processes of gathering and recording information that is defined in the models of social work process as “assessment”. Such formal, client-focused processes of assessment will only take place, and be recorded, when scanning of structural and organisational factors, as well as client circumstances, suggests this is required. Scanning is therefore less demanding than full rational assessment, is itself utilitarian and likely to be limited by available time and resources. It is however more strategic than pure incrementalism which only deals with and responds to crises or trouble spots.

According to Etzioni (*ibid.*), scanning is fundamental to decision-making and through scanning, alternatives may be eliminated for a number of reasons not directly related to client needs. The first is for utilitarian reasons – the lack of means to pursue the option. The second is for normative reasons – the violation of the basic values of the decision-maker. The third is political reasons – the violation of values or interests whose support is necessary to make the decision or to carry it out.

Relating Etzioni’s theories to social work and this research, it was likely that only some of the reasons for eliminating alternative courses of action would be recorded in case-files. For example, utilitarian reasons such as a lack of resources might be recorded, as might a normative or political decision not to

pursue a particular option for a child because it did not have parental co-operation or agreement. But political and normative reasons that were related to agency policies and personal, professional and agency value positions were unlikely to be explicit. However they could legitimately be deduced if the legal considerations and agency policies were known, as they were in this study. Additionally, areas or aspects that were not considered (or at least, not recorded as having been considered) could have meaning, as they could indicate normative considerations. And areas that were subject to *non-decision making* might be indicative of underlying assumptions and values (Fox Harding, 1991; 1997).

So Etzioni's (op.cit.) model provided a framework for deducing influences on decision-making. It was also useful because it challenged the rational model of assessment, decision-making and action. What Etzioni conceptualised was a more fluid, continuous, and iterative process of scanning options and decision-making, and a hierarchical approach to both decision-making and implementation in that not all decisions are of the same order of importance. If rational sequencing occurred in reality it could be identified, but the data collection and analysis was not starting with an assumption that this was how social work process took place in practice.

Woehle (1994) developed the application of Etzioni's model to social work processes. Firstly, he added the concept of *feedback loops* from family systems theory. Feedback from clients may have the effect of opening up or closing down certain options and also indicating whether certain activities are being resisted or just not working. For example a families' responses to what social workers were doing would have an impact but might not always be recorded. Secondly, Woehle placed particular significance on Etzioni's concept of *feasibility*. Etzioni recommended the generation of known alternatives on strategic occasions and the elimination of alternatives, by considering what was feasible. By highlighting the likely impact of *feedback loops* and issues of *feasibility* Woehle concluded that low priority tasks will not be completed. While

workers undertake feasible, high priority, tasks they do not necessarily complete them in the light of feedback, or as priorities change, or new tasks emerge. Thus, one plan may be over-ridden by another plan as events occur, are scanned, and change the perception of the social work task.

What Etzioni's (op.cit.) model and Woehle's additions depict is an *incremental* approach to implementation, with tasks being broken down into sequential parts, commitment to implement being made in serial steps, and resources committed a piece at a time with some in reserve. Etzioni also suggested that commitments are arranged so that the most costly ones will be made later, thus actions are *reversible* and less costly overall. These points were significant in relation to planning looked after careers. Firstly, "costs" could be personal costs rather than financial or resource related. Various options may be seen as more or less risky for a child, or the agency. Secondly, the ideal model of planning (Parker, 1971; 1985; Bryer, 1988; Maluccio et al., 1986) for looked after children puts an emphasis on social workers having a clear goal for a child towards which they move in a systematic way. Etzioni's (Woehle's) model depicts a more complex process of shifting priorities and tasks.

To summarise, Etzioni's model supported the premise that social work is an interactive process, allowed for the fact that file-records mainly recorded decision-making, made no assumptions about processes being rational and following set sequences, and supported the validity of deducing some of the underlying influences on practice. Using this model, the analysis was able to focus on the actual processes and sequences that were recorded in case-files and on the implicit and explicit influences on practice. What then did the case-files reveal?

Patterns of intervention with the families.

The first conclusion was that the patterns of social work intervention found amongst the families of the eleven children fell into three broad patterns.

Furthermore each of these patterns could be found at different periods of time within a single case. What emerged, therefore, were types of social services intervention, rather than typologies that defined a particular child's case.

- **Brief family support**

The first *type* of intervention can best be summarised as the “*brief, family support*” or “*provider only*” pattern. The hallmark of this type of intervention was limited activity by *social workers*. What activity there was took place either in response to requests for help directly from the family or referrals by others. After the initial contact the cases were usually closed to social workers. Five of the eleven cases displayed this pattern at some stage in the child's client career.

A number of features were associated with this type of intervention which led to the conclusion that the purpose of intervention was support. Sometimes a referral was couched in terms of “child protection” and enquiries about likely or actual significant harm were made (under Section 47 of the Children Act 1989), but these did not lead to further child protection activity. On some occasions services were provided. Other types of referral such as a parent requesting material help, a family centre day care place or some assistance in relation to a child, led directly to services. It was typical that recorded information about why help was needed was brief. The outcome of the referral was sometimes just the provision of advice, or referral to other agencies for particular services. It would not involve the continued intervention of social workers themselves. The most common type of social service provision included family centre services, particularly day care where there were young children and financial support in a crisis, although home care services and the provision of play-scheme places for children were also found. J's case typified this pattern for quite lengthy periods with health and education staff having an input, but not social workers.

It was possible for one outcome of this type of intervention to be providing a child and family with regular episodes of respite care on a planned basis. For example, the disabled child (R), visited and stayed with respite carers at

weekends. However, this arrangement did not include regular oversight or case management by a social worker until additional concerns emerged about the family.

- **Case management and co-ordination.**

The second *type* of intervention was when social services took on a *case management* and *co-ordination* role, as well as that of *provider*. The same range of social services resources was used but the difference was the continued intervention of a social worker. The direct work by the social worker was likely to focus on areas such as behaviour management or relationship problems, together with what appeared to be routine monitoring of the children's care, and organising and monitoring the take-up of services. This type of intervention was similar to the model of assessment and care management (Darvill and Smale, 1990; Smale et al., 1988; 1993; 1994) outlined in Chapter Two, with the worker undertaking both direct and indirect work.

This type of intervention was found in ten of the eleven cases for periods of time, and it could involve an extensive range of provision from social services and other agencies, and periods of intensive support. There was some evidence that the extent, range and use of provision increased and developed in the period following the implementation of the Children Act up until the follow-up point in 1997. We suggested in Chapter Seven that the increased use of voluntary admissions for "respite" found in the looked after career analysis could be an indication of the development of family support (Hardiker et al., 1991a). The increase in the range and extent of services used to support families would also suggest this, and perhaps indicate that it had taken time to develop the more supportive approach envisaged in the Children Act.

A notable feature of this second type of intervention was children being looked after as one response to a crisis or family emergency. This occurred in families where social workers were already involved or alternatively, as with K, a crisis could be the first contact and lead to an admission. Workers then remained

involved at least while the child was looked after and until a return home had been achieved.

Although children could be looked after, the main social work aim underpinning this *case management* type of intervention appeared to be maintenance of children in their families. This aim became explicit when social workers had to complete documents to obtain family centre placements or when children were looked after. The aim for family centre placements might be recorded simply as “*to support the family*”. When a child was looked after, the most frequently recorded plan was “*return to birth family within x weeks*”, typically less than four. Such plans were found in five of the eleven cases for some admissions. Children were almost always looked after voluntarily, at their parents’ request or with their agreement. This pattern of intervention could continue for many years with some families, with the children being looked after on several occasions and it is here that we can locate the patterns of oscillation that were found amongst the Career cohort. All but one of the eleven subset of children had been oscillators at some time in their looked after careers.

- Permanent placement away from home.

The *third* type or pattern of intervention was similar to the second in that *social workers* took on a *case management and co-ordination role* and *provided resources* for the family. The main difference was that, at some point when children were looked after, there was active consideration of *long term, permanent, placement* away from home. This occurred in seven of the eleven cases at some point. The role of social workers was substantially similar to the previous type of involvement, but the level of control exercised by social workers was greater, and some of the tasks that they undertook were different. In all of the cases where this type of involvement occurred, social services acquired interim or full care orders and so shared parental responsibility with the parents. Social workers were engaged in different types of direct work with a family – complex assessment processes (8 cases), work on parents’ relationships (2), direct work with children such as life story work (3) or play

therapy (2). Assessment processes were often formal and sometimes subject to written contracts with parents. In the case of S, parents were given two weeks to agree to an assessment. Workers usually defined the content of assessment sessions (DH, 1988). This would suggest a “questioning or procedural” model of assessment with the social worker using their knowledge and expertise to assess the situation, rather than the more participatory “exchange” model outlined in the literature on assessment (Smale et al., 1993). Regular visiting and monitoring of children in foster care were more apparent, with the content of visits being recorded in more detail. In 6 cases contact arrangements with the family were referred to as being supervised. The work that took place directly with children and the more detailed recording of the content of visits to the children in their placements, could be an indication of the corporate parenting responsibility workers felt in these situations. If so, the less explicit detail of such activities for looked after children expected to be returned home in a few weeks may suggest this responsibility was viewed differently in these cases.

In summary, then, analysing the eleven sets of file-records led to the identification of three patterns of social services involvement, as differences were apparent in the role taken. Before moving on, however, two points should be emphasised.

The first point, made earlier, is that the situations were not static. Families moved in and out of the three types or patterns of social work intervention over the length of their children’s client careers⁴. Differences in the intensity of intervention by workers also varied. For example, a period of relatively intense activity could end very quickly with the closure of a case once a looked after child returned home. A re-referral might bring renewed intervention. A pattern noted by Thorpe (1994) in his analysis of childcare referrals to social service agencies was one of rapid withdrawal by social workers and re-referral. This was apparent in the Shire cases where some referrals led to no further action. Re-referral was not uncommon, but often only resulted in a similar pattern of

⁴ See Appendix Five for an illustration.

response unless new or different concerns emerged. There was no evidence that frequent re-referrals for similar concerns were seen as a sign that higher levels of support or intervention were needed. However, some families experienced the continuous intervention of social workers but the type of involvement would change. For example, M and R moved between the case *manager/provider* and *permanent placement planning* types of intervention on two occasions.

The various types of intervention could occur briefly, one being superseded by another. Changes in the pattern and intensity of social workers' involvement were found to be associated with *concerns* about the parents and their children. Concerns increased or decreased and changed in nature, as new events occurred or parental relationships changed. Intrusive and coercive means of intervention were sometimes used briefly, within patterns of intervention that were primarily voluntary and supportive. This is illustrated by the finding that the assertive use of authority could be swiftly stopped if concerns proved unfounded or appeared to dissolve. For example in the case of K the decision to undertake a 'risk assessment' was not followed through once her mother agreed a date for the children's return home. This evidence matched that of the brief, coercive interventions including the use of police protection found in the patterns of looked after career amongst the Career cohort. The file-records therefore revealed the escalation and de-escalation of levels of concern, and the discontinuation or abandonment of tasks if the circumstances that had been causing concern were, or appeared to be, resolved. Woehle (1994) suggests that even high priority tasks will not be completed if priorities change. This appeared to provide some explanation for the shifts from relatively intense involvement by workers (K, J, and H), to low level or "provider only" intervention, or to no further action at all. It also provides some explanation for a phenomenon noted in Chapter Seven, that is, that some looked after careers simply ended. But it was sometimes difficult to see why priority had changed except where there were changes in the level or nature of concerns about parents or children. One explanation could be that the priority of individual

cases could change depending on the overall workload of a worker – or more likely a team. It was not possible in a study of individual cases to determine whether this was a factor, but there is no reason why feasibility and priority may not be factors in organisational decision-making as well as in individual cases.

The second point is that, despite the association between the third type of intervention (*permanent placement planning*) and the use of compulsory powers, social services' involvement with ten of the eleven families was on a *voluntary* basis for most of the period under examination. This suggests that workers were dealing with a broad range of concerns, including child protection concerns, without resort to compulsory intervention. The evidence for this will be discussed further below. The voluntary basis for intervention meant that for most of their early childhood, parents had sole parental responsibility for their children, although seven of the children were subject to interim or full care orders for periods of time. The one exception to this was TB who was made subject to a care order when she was first looked after and did not return home. The pattern of intervention with TB merits further comment.

TB was the only *stayer* in the cohort of eleven. It was apparent in her case that the pattern of intervention was much more uniform, as workers dealt with the initial referral and moved into the *permanent placement planning* type of intervention from that point on. This suggests that fluctuations in the pattern of social work intervention may be less prevalent among children with some types of looked after career. For example, it seems likely from the career data on referrals, the opening and closure of cases and looked after episodes, that practice in the cases of the *brief and limited career* group would be of the first two types described above - *provider only* and *case-management and provider*. *Stayers*, on the other hand, reflected TB's intervention pattern, with a care order obtained early in a child's, single, looked after episode. The particular significance of this is that it does point to a direct relationship between the pattern or type of social work intervention and the pattern of a child's client and looked after careers.

It is noteworthy that the three types or patterns of intervention that emerged are similar to the levels of intervention in Hardiker et al's (1991a) model of family support. The *provider only* pattern could be considered as "early risks and needs" intervention. The *case-management and provider* pattern could be seen as a response to "serious risks and needs". Finally the *permanent placement planning* pattern could be described as "remedial/therapeutic" particularly in view of the more intrusive and controlling intervention that was signalled by the taking of parental responsibility. Hardiker et al. (ibid.) propose that it is the *purpose* for which services were provided that distinguished the levels rather than the service provision itself. The evidence in the Shire cases supports this. Among the eleven cases studied, it was the nature and intensity of *social work* activities, not the type of service provision used to support a family, which distinguished the patterns of intervention. Similar services, including that of looking after a child, were used within each of the three types of intervention. The difference between the last two types of involvement was partly one of social work goal – maintaining a child at home in one case and questioning this for the long-term, in the other. It is not too much to assume therefore that the same services were being used for different purposes.

It was emphasised earlier that the type of involvement with a family was not static and varied over time. It is also important to emphasise that the existence of all three types of involvement in a single case did not indicate a straightforward developmental path or progression from *provider only* to *case management* to *permanent placement planning*⁵, just as Hardiker et al.'s model does not depict a progressive hierarchy of interventions. There was no evidence that "career pathways" could be accurately predicted either for families as clients of social services, or for children once they were looked after. There was *some* evidence to support a view that client and looked after careers might be more predictable as a consequence to certain decisions. It is to decision-making that we next turn.

⁵ Appendix Five.

Decisions and decision-making.

Intrinsic to Etzioni's (1986) model of decision-making is the notion of a hierarchy of decisions - that higher order decisions are fundamental, whereas other decisions may flow from, or be made to support, these higher order decisions. The patterns of social work intervention with families suggested that decisions about the nature of the involvement were fundamental in shaping client and looked after careers. Movement between the types of involvement appeared as *turning points* in careers because they reflected either escalation or de-escalation in the level of concern and intensity of activity with families. Shifts in the type of the social work that followed signified changes in the relationship between the family and social services.

Overall, three key decision-making points or *turning points* emerged from the cases of the eleven children, related to three key decisions. The *first*, revolved around referral, changes in circumstances or unforeseen events, the *second* around the decision to admit and look after a child, and the *third* around whether a child should or should not remain at or return home. Each of the three will be examined in turn.

- Referral

The *first* key decision-making point and decision was the "point of referral", when a decision had to be made about the social work response. The "point of referral" is used here to encompass the referral of an unknown family, the re-referral of a family who had previously had social work input, or the raising of new, different or recurring concerns about a family who were already involved with social services. This could be either as a result of a request for support, a crisis (for example, H, P and K), as a result of expressions of concern by other agencies (J), or a combination of these. With the eleven families in the Subset, new referrals, or expressions of new concerns, were a regular feature and led to each of the three patterns of intervention. Thus decision-making about intervention occurred repeatedly throughout the client careers of the eleven

children. But, as noted above, levels of concern ebbed and flowed, and views about a family's situation could and did change. Decisions about intervention were therefore reversible.

Amongst the various types of referral received by social workers it was evident that *crises* were significant, as they often seemed to result in changed perceptions of a family's circumstances and more intensive intervention at least in the short term. A variety of crises occurred among the eleven families. Examples ranged from the incapacity of a lone parent to care for a child as a result of sickness (J, K), to the life imprisonment of one father leaving a learning disabled mother to bring up three (and subsequently four) young children (T), to parents expressing their inability to cope with a child and requesting the child's removal (M, R, D).

A process of clarification and decision-making about the response accompanied the receipt of a referral. On the case-files, facts that were (it is assumed) regarded as most significant, and workers' and managers' opinions on those facts, were recorded alongside decisions about resources to be offered, agencies to be contacted, or other actions to be taken. A process of establishing details and evaluating concerns was taking place. This sometimes occurred through the use of formal child protection procedures, if the concern was judged to imply possible harm to a child, but otherwise there was no evidence of any formal procedure or process of information gathering and analysis. An assessment of whether the child was a "child in need" as proposed by the Children Act (DH, 1991d) was not an explicit process, if this was what was occurring.

- **Admission**

The *second* key decision-making point and decision, and one which determined that a case would be *case-managed* by a social worker at least for a time, was the decision to admit and look after a child. The circumstances here can be seen as a particular variation of the previous scenario: a crisis, incident or set of

circumstances convincing workers of the need to look after a child. The decision to admit a child *always* led to continued intervention by social workers, even if only for the duration of the episode and to effect the child's return home (K).

The decision to look after a child appeared to be viewed seriously and was a consequence of heightened levels of concern, for whatever reason. This was apparent because there appeared to be a high threshold to admitting a child, with admission seeming to be resisted by social workers. This high threshold was in place, particularly, it seemed, where parents were *requesting* that their child be looked after and the file-records described some element of *risk* before a request to look after a child would be acceded to. Threats or signs of "*risk of harm*" often accompanied claims by parents that they were unable to cope and requests for children to be looked after. For example, one father abandoned his daughter (S) and her sister after telephoning the worker to say that he could no longer cope. In the cases of H, P and K, parents' and other agencies' requests for children to be looked after were accompanied by accounts of threats of harm made by the parents towards the children.

This high level of resistance to a parent's request for a child to be looked after seemed to be in contradiction to the Children Act, which promoted looking after children voluntarily as a means of supporting families in difficulties. In reality however, the patterns in the Career cohort showed that many children were looked after on a voluntary basis, which does suggest that children were being looked after as a way of supporting families. This makes it difficult to interpret whether the high threshold applied consistently (although there was consistency across the eleven cases) and the impact of the high threshold on patterns of looked after careers. Would numbers be greater but overall patterns the same, if the threshold was lower? It was also apparent from the case-files and the Career cohort data that many looked after episodes were brief and that social work intervention could be very limited with children returning home quickly. This could be another sign of changing circumstances or priorities (Woehle,

1994). Alternatively the rapid return of some children could be a consequence of the seriousness with which looking after a child seemed to be viewed.

There were other signs that looking after a child was seen as a serious matter. One was the fact that cases that did not trigger formal child protection processes because of a risk of harm were subjected to another formal decision-making process. Cases were usually presented to a Panel, even if, in five cases, the timing of this was after the child's admission. The practice of presenting a case to Panel matched Shire's written procedures and meant that a senior manager ratified admissions. Time-scales for a child's length of stay and return home would be set at the Panel (for example, P, K D), which may account for the rapidity with which some children returned home. This practice again reflected the local policy guidance, although the policy envisaged the Panel *preceding* admission. It was the degree of seriousness with which admitting a child appeared to be viewed that contributed to the view that this was a key decision and could be turning point in the conduct of a case and how a family was viewed.

The processes of fact-finding and decision-making that preceded admissions were similar to those around referrals or new concerns. Child protection enquiry processes, as defined by Section 47 of the Act, might be evident, but a less explicit process of fact-finding and evaluation was more likely. Data-gathering and assessment, as defined by Children Act Guidance on looking after children (DH, 1991e) was not an explicit process, although an administrative process of notification to other agencies followed an admission.

- **No return home.**

The *third* key decision, or possible turning point, in a child's client and looked after career was when a decision was made that a child *must* be looked after or should *not* return home. What can be described as a sea-change in the conduct of a case followed. Among the eleven children in the cohort, it was at this point that there was a shift from voluntary to compulsory methods of intervention, with

the initiation of care proceedings. The analysis of looked after careers in the previous chapter has shown that the making of interim and full care orders generally marked the point at which children moved from *oscillation* to become *stayers*. This was borne out among the eleven children. At this point, then, the local authority legally acquired parental responsibility for a child, sharing this with parents. The file evidence was that a part of the decision-making about compulsory intervention involved consideration of alternatives to the child returning home. This typically meant consideration of placement with other family members or relatives (5 cases), or a plan for adoption (3 cases). The consideration of an alternative placement to the child's immediate family alongside considerations of whether to seek a Care Order, may be significant as a sign that workers and managers were linking the need for control with decision-making about a child's future. This was a feature of practice prior to the Children Act (Packman et al., 1986).

This decision-making point was reached for seven of the eleven children in the cohort, but, as with the previous two key decisions, the decision that a child should not return home was subject to change. This happened with two boys (R and D) where the decisions to seek adoption were reversed, only to be made again when the boys were older. By the follow-up point in 1997, the decision had been reversed for a second time for one child and he had returned home.

The *processes* of social work decision-making differed from those at the point of referral or other instances of admitting a child. Here the processes prescribed by law and regulation were evident – child protection procedures, case conferences and reviews of looked after children. Accounts of the significant facts were more detailed and were sometimes organised into reports for the various meetings and decision-making forums.

So, *three* key decision-making points emerged from the case-file records, each being a point at which the type of intervention could change. However, it was evident that decisions made at each of the points were reversible. Decisions to

reverse the type of involvement were usually recorded – either through the closure of a case to a social worker (even if a *provider* pattern of involvement continued), or through a formal record of a change of plan for a looked after child. The evidence was that this formal ratification and recording of a change of plan for a child sometimes *followed* a change in the pattern of involvement, with the intensity of social workers activity diminishing and some pieces of work with a child or family appearing not to have been completed. For example with M the adoption plan was dropped after he ran away from his foster home to his mother. While the decision-making points identified may be key turning points in careers, the direction of travel may have already changed or begun to be questioned before a formal decision was made (R). Again, this could be a response to changes in the family's circumstances or further evidence of Woehle's (1994) changing priorities.

It was also evident that the decision about the type of intervention, at each of the three decision-making points, differed with the *nature of the concerns* about a family or child. The language and descriptions of particular circumstances and concerns were seen as an indication of how circumstances were being defined by workers. These definitions appeared to be critical factors in determining or, at least, leading to, different types of response. By studying the language of the file records surrounding each of these points some of the criteria for decision-making were deduced.

Criteria for decision-making.

The critical factors influencing each decision-making process appeared to be whether the difficulties facing the family were perceived as a *problem*, and whether the problem was deemed to involve *risk*. The concerns for, or about, a family were described either in terms of a "need for support" or (what amounted to) a "problem". If a family was deemed to be "in need of support" the most likely response was advice, referral on to another agency, or the provision of services or resources, but no further intervention involving social workers themselves.

On the other hand, if a family was judged to have a problem, then social workers were likely to remain involved even if the predominant type of activity was voluntary, and providing and co-ordinating services. Thus, just as many previous research studies have found (Dartington, 1995a), how workers *defined* a family's circumstances at a particular point in time was critical in affecting the social work response.

- **Problems and risks.**

The case-file accounts suggested that the process of defining a set of circumstances as a *problem* usually involved the convergence of a number of factors. Thus T's mother was not just a single parent in crisis due to her husband's imprisonment, but she also had a learning disability that raised concerns about her ability to manage three (and subsequently four) young children. These "facts" were recorded in close proximity on the file. D and P separately presented behavioural difficulties, but it was their parents' assertions that they was unable to cope, and workers' concerns that the parents were "*rejecting*" their children, that led to direct intervention by social workers. K's mother was addicted to painkillers, and was depressed, so "*needed some respite*", but the fact that she was having dreams in which she harmed her children appeared to be critical in the decision to look after the children.

From the case-file accounts two types of *problem*, in particular, emerged - *risk of harm* to a child, or *risk of a breakdown* in parents' caring for a child. "Harm" included a range of concerns about parents' situations and the standards of care for children. Some concerns about harm crystallised, or were referred to social services, as *abuse*.

What appeared, then, to set individual families apart at particular times in their client careers, and to result in the need for social workers to become directly involved, was the element of *risk* ascribed to a situation. Furthermore, if the risk was defined as *abuse*, this was found to be most often associated with the more controlling interventions by social workers: registration of children on the child

protection register, increased levels of monitoring and surveillance, and in some cases, care proceedings. This *could* occur at the first referral and result in admission and care proceedings (TB). Risks were also important in the accounts of decisions to look after children.

If risk was the critical issue, *harm*, but more usually *abuse*, seemed to be the most significant factor in making a decision that a child could not remain or return home. Allegations of abuse included sexual abuse (T), neglect and abandonment (S), and physical abuse (TB). However *harm* was also in some cases (D, R and M) construed as “*rejection*” and a “*breakdown in relationships*” from which a case could be made to a court. Here, it was the parents’ “*ambivalence*” about their children, together with the children’s difficult and distressed behaviour, which led to a view that they could not be returned home. The significance of feedback (Woehle, 1994) was apparent in these cases. Social work decisions on the grounds of a parent’s ambivalent feelings about their child proved to be prone to change and several reversals were found when parents asserted a wish to care for a child. A phenomenon noted by McCartt Hess and Folaron (1991) was that parents’ ambivalence about their children was often reflected in social work decision-making in those cases.

Practice theory and stories.

The definitions social workers placed on sets of circumstances as a need for support, risk, harm, abuse, appeared to be very influential in the type of intervention and the nature of activity with families. Curnock and Hardiker (1979) had found that probation officers developed their own practice theories, which they used to filter complex sets of information and decide on their recommendations for social enquiry reports. The practice theories were eclectic in nature and derived from theoretical ideas, coupled with experience and “practice wisdom” – knowledge about their field of work, and other agencies and resources. Backe-Hansen (1994) asserts that the story constructed about a family’s circumstances is critical in social work decisions. She describes

decision-making as emerging from a *justifying discourse* that supports a course of action. She conceptualises it as an ongoing iterative process consisting of three elements (reasons, an aim and justification) that influence, and are influenced by interventive steps over time. Concerns about a child and their family can develop and accumulate as workers have more exposure to the family relationships and difficulties. Concerns lead to decisions and actions that, if they fail to achieve the desired outcome (*feasibility* and *feedback loops*), may lead to alternative strategies but also an escalation of concern.

The combinations of factors recorded in relation to key decisions in the Shire cases may be illustrations of Backe-Hansen's justifying discourses. Certain factors emerged as critical in the escalation and de-escalation of concerns in the cases of the eleven children, namely the *level of co-operation* parents were perceived to give, and, in five cases, their attitude towards their children particularly their ability to "*put the child's needs before their own*". Another feature was that against a background of concern, a single incident or event such as an allegation of abuse (L), or a child running away (M), could be the trigger for changing the pattern of social work response. This could result in agreeing to a request for a child to be looked after where this had previously been resisted (L and D), or making a decision that a child should not return home (S). Although no inevitable developmental paths emerged from following the eleven children's client and looked after careers, the importance of the discourses or "stories" that developed around the cases was apparent. Combinations of concerns about risk, harm, and parents' co-operation and commitment often made up the general background of concern against which a new event led to compulsory intervention (R). On the other hand, events or changes in circumstances that reduced the level of concern about any of these elements also appeared to be influential in decision-making. For example, in one case (J), a new partner spelt a period of relative stability as a lone parent found some support. In another (D), it heralded renewed rejection of a child. In two more (S and T) a plan to support one of the parents in caring for the children was overtaken by the other parent taking up the care. Problems could

recede as well as increase. So the stories were powerful in influencing decisions but story-lines could be changed by new events or factors. Thus the interactive nature of social work practice was evident from the case-files with actors other than social workers intervening often unexpectedly in the conduct of a case. Decisions were therefore revealed as situated actions (Suchmann, 1987).

To summarise our findings so far, the empirical evidence from the case-files was that there were three, critical, decision-making points and decisions which, in Etzioni's (1986) terms, could be seen as fundamental or "higher order" decisions. The decisions were influenced by how social workers perceived and defined a family's situation. The decisions influenced the nature of the social work intervention, and so influenced the direction and development of both client and looked after careers. However, the notion of *fundamental* decisions could suggest a less complex process than that which was occurring. It was apparent that some of the eleven children's client careers were "winding" with social workers *responding* to changing and fluctuating family fortunes. Client and looked after careers were developmental but no "inevitable" or even predictable, developmental path was found. Unexpected events, or the interplay with other key professionals, the child themselves, or family members, could lead to a re-consideration and a change in the direction of work. The relationship of decision-making and career development was therefore not a straightforward one. However, the importance of social work' accounts of circumstances accompanying key decisions offered another insight into how workers influence client and looked after careers.

Thus far, this analysis of social work decisions and actions, has focused on the *patterns of intervention, decision-making* and the *discourses* that surrounded them. There is a final aspect of practice to be considered and it is here, in particular, that we looked for evidence of whether the ideal models of social work process occurred in practice. What were the activities - the tasks - that

social workers undertook that made up the different types of intervention and surrounded decision-making? What, if any, was the relationship between these activities and the key decisions and decision-making points identified in the client and looked after careers?

Tasks.

Epstein's (1988) concept of *tasks* in the social work process was of specific areas of work agreed between worker and client - that is what was to be achieved in order to change the client's situation. Tasks were therefore negotiated and agreed with clients. The concept of social work tasks was a useful one for this study but it was used to encompass a wider set of activities than those envisaged by Epstein, including those required by regulation, and some which served *agency* as well as *client* purposes. The difference here was that while parents participated in these *tasks*, they sometimes had no choice and may have been unwilling participants.

The empirical evidence was that workers undertook a range of quite routine tasks in response to particular sets of circumstances or events, or faced with practice dilemmas.

- **Assessments**

The most frequent type of work or task that social workers reported was *assessment*. In the main, the assessments were those prescribed by regulation, policy or guidance, as ways of responding to certain types of events or information. The undertaking of the assessment was not always, therefore, open to negotiation with families, although the parents' engagement, motivation to participate, and co-operation could be influential in reaching conclusions and deciding on the future courses of action.

Assessments of the risk of, or actual, significant harm to a child through the undertaking of *child protection enquiries* (Section 47 of the Children Act 1989)

were the most common form of assessment task. These were used as a routine way of checking out new events that contained information about risk of significant harm. On many occasions, the outcomes appeared to have little immediate impact on future courses of action with a family, but on some occasions (R, S, TB) did result in the making of some of the “higher order” decisions described above.

Comprehensive risk assessments (DH, 1988) were undertaken in five cases and planned in two others and followed decisions to register a child on the child protection register. Comprehensive risk assessment was one process used to consider whether fundamental decisions about the long term care of a child away from the family should be made. In two cases (L and S) the assessment focused on a parent who had taken over the care of a child from the other parent, where there were concerns about lifestyle, relationships and long-term commitment to the child. In some cases (R and S) the comprehensive risk assessment was repeated because the circumstances of the parent had changed.

While the social work activity, factual content and opinions of workers were recorded for both child protection enquiries and comprehensive risk assessments, two further types of assessment were referred to, but were less likely to be recorded in any detail. These were *risk assessments* and *specialist assessments*. The nature and focus of these was more varied, but both types of assessment were used at times of uncertainty about a course of action, such as in relation to the admission of children or the long-term plan for the child. Specialist assessments generally involved another agency or professional group such as mental health staff (K) or child and family therapy (P), and were often a component of a risk assessment or comprehensive risk assessment.

The four types of assessment described above were those where social workers explicitly recorded their – or other professionals’ – activity as assessment. What was not recorded may also be of importance here. It was

noted earlier that the consideration of information on family circumstances was a feature of the social work task, even if this was not formally noted to be assessment. For example, weighing up a new referral or concern was not referred to as an assessment, but what must have been regarded as significant facts and opinions were recorded in proximity to decisions about what needed to be done. Similarly when a child was about to be looked after voluntarily or parents were requesting this, details of the circumstances were recorded, but this activity was not referred to as assessment. It appeared that an element of assessment was ongoing, but the word assessment was used in the files to refer to specific *events* that occurred in response to particular sets of circumstances and decision-making processes. The Children Act regulations (DH, 1991d) talk of assessing whether a child is in need (responding to referrals) and making enquiries (DH, 1991e) before a child is looked after. But in practice, these circumstances did not result in any formal assessment process. What was not clear was whether workers recognised that the processes of gathering facts and evaluating information at other times were assessment.

Assessment *events* emerged as serving a number of functions in the management of cases and planning process.

On a *case level*, at their simplest, they contributed to decision-making processes. They consisted of the collection of information and the organisation of evidence for decision-making as well as highlighting areas for future work. However, comprehensive assessments often appeared to contain an element of “teaching” and thereby “testing” parents’ ability to change their parenting patterns (S, M). One aim of many assessments appeared to be to impress on a parent the seriousness with which a particular concern was viewed. Thus the parents’ motivation and co-operation was being tested. Assessment events, then, were used as a method of *influencing* and *gaining co-operation*, or where necessary *compliance* (S). Assessments also contributed to, or challenged, the justifying discourses (Backe-Hansen, 1994) that were emerging about a particular family, although a discourse justifying a certain course of action was often evident *before* an assessment began, and could be one of the reasons

assessment was required. For example in the case of R, a plan for adoption was agreed but further assessment was also initiated to test his mother's current commitment. On a case-level, then, the relationship between assessment events and finding out factual information was not always clear, as information was often already known from on-going fact-gathering processes that occurred routinely as part of involvement with a family. However, there did appear to be a relationship between assessments and *evaluation* in the form of *evidence-finding* about parents' commitment, levels of co-operation or capacity to change.

On an *agency level*, assessment emerged as a tool for validating or invalidating already-held concerns about a family, both internally within the organisation, and externally, in legal proceedings and with other agencies (R, S, L). This purpose was evident from the range of case conference and court reports on file that drew on assessment processes. The child protection enquiry and comprehensive assessments resulted from workers' and managers' interpretations of the legal and policy frameworks. Assessment events therefore emerged as a means of managing organisational risks. The formality of the processes and the recording of the work demonstrated the seriousness with which a situation was viewed, provided an account of the agency's response, and demonstrated compliance with legal and policy requirements and the standard and safety of practice and decision-making.

Overall, assessment (as events) appeared to be a *routine* response in a variety of situations, and at any stage in a client career where concerns were escalating. However, the evidence was that assessments could be abandoned if a situation was resolved, or the level of concern diminished. For example, in the case of K and her sister, a risk assessment and mental health assessment of the girl's mother were not completed once she had agreed to the girl's return home from accommodation and extended family members had been engaged in providing support. This not only supports Woehle's (1994) analysis that tasks could be abandoned if new priorities emerged, but also suggests a similar

approach to that identified by Sinclair before the Children Act 1989. Sinclair (1984) found that social workers did not seek the “best” solution, but one that will resolve a situation satisfactorily.

- **Direct work with parents and children.**

The second type of work or *task* with families is best described as other types of intervention or pieces of work undertaken with a child or family. The *tasks* were more likely to have been negotiated and agreed with parents (Epstein, 1988), and could involve work with children (seven cases) and parents (seven cases). Child-focused tasks were broadly therapeutic in aim, and examples amongst the cohort of eleven children included life story book work, play therapy, identity work, work on good behaviour/bad behaviour or on separation and loss. Tasks with parents included counselling, behaviour management strategies, teaching the use of non-abusive controls, and relaxation and stress management. Some of these types of work (behaviour management, advice on family relationships) could be undertaken with families where social workers had a case-management and provider role and the child was mainly at home. Others (life story work, identity work) occurred exclusively in four cases when the child was looked after and there was a plan for adoption. This suggests that these types of task may be a manifestation of the corporate parenting role. It was evident also that more attention was paid to a child’s health and schooling the longer a child was looked after, but, with one exception, this focus was not evident where a child was looked after for a short time or where the plan was for a return home. Life story and identity work was generally associated with plans for an alternative permanent placement.

It will be apparent from what has been described so far that a number of the tasks undertaken by social workers were in fact processes – processes such as child protection enquiries and risk assessments leading to decision-making and therefore influencing the development of the client’s career. In that context, the third type of task – one led by social work managers - also had a bearing on the development and conduct of a case. This was *meetings*.

- **Meetings.**

Meetings, like assessment events, were more frequent when social workers were actively managing and working a case and were strongly associated with risk of harm and with a child being looked after. The decision to look after a child voluntarily was often made through an informal process of dialogue between parents, workers and their managers, but once a child was admitted, formal processes became the norm. Case conferences, panel meetings, planning meetings and reviews were the fora that led to the decisions to admit children, to initiate care proceedings, or to plan for adoption, being recorded. However, while local guidance (Shire, 1991-97) may have envisaged meetings as driving the planning processes for children, drawing together a range of professionals, their managers and the parents to make decisions, there was some evidence that meetings formed *routine processes of ratification* for decisions that had been reached elsewhere. Panels illustrate the point. Accommodation Panels were not required as part of national regulation so were an example of local managerial practice. As discussed earlier, the Shire policy was that an Accommodation Panel should consider and agree any voluntary admission but in reality they did not take place on every occasion a child was accommodated. When they did take place, this was generally to ratify an admission that had already occurred, and to set out time-scales for future work and for the child to return home. Meetings such as this were therefore a *means of making* some decisions, and the mean of *validating* others.

Meetings emerged not just as a means of decision-making but also of exercising *managerial control* and, once again, of *managing organisational risk*. At meetings, expectations about courses of action and methods of achieving tasks were set out for both parents *and* workers. Accommodation Panels only took place if a child's admission had not resulted from some other formal process, such as child protection enquiries or a case conference. However, even here there was some evidence that Panel meetings were used, for example in the case of K, as a forum for impressing on parents the seriousness of the child being looked after and the need for a timetable for a return home.

Thus, formal meetings, like assessment events, served case-level functions in exercising influence over parents and also served agency purposes and functions. Case conferences, planning meetings and reviews provided fora for managerial oversight and met the requirements for worker and agency accountability through compliance with regulation and agency policies.

If we return for a moment to Etzioni's (1986) model of decision-making, meetings, particularly reviews, also appeared to be a mechanism for making and monitoring what can be seen as "nested" decisions. While the higher order decision is to look after a child, there are a range of lower-order decisions about the care of a looked after child. Millham et al. (1986) identified the particular importance of what could be deemed to be "lower order" decisions, in that they may impact significantly on a child's looked after career - decisions about family contact, sibling placements, and the health and education of a child. In Shire, case-related meetings, planning meetings but more generally reviews, attended by parents, workers, managers and often by other agency representatives, were routine. Reviews were a consistent feature in eight cases when the child had been looked after long enough to make this a statutory requirement. They made, or ratified, a range of decisions in relation to a child that were likely to be important to the child's career development and experience of continuity. Here it was evident the local authority was acting as a parent in attending to the health, development and well-being of a child. There was little evidence of a thorough appraisal of a child's needs, but the emphasis was on the child's needs, not just problems. This focus would be in line with the Children Act's emphasis on the quality of corporate parenting and the need to ensure any deficits experienced by a child were remedied. However there was no evidence of any discussion of compensatory experiences, although two children went to activities such as music lessons, supported by the local authority. The importance of review meetings for corporate parenting responsibilities may also explain why children with shorter stays did not receive this level of attention. Many were not looked after long enough to reach the milestone of a review. Thus the evidence was that the local authority was providing something near the standard of parental

care envisaged by the Act, where organisational arrangements brought these to the fore.

- **Administrative tasks.**

Before moving on, one final comment is needed on what constituted social work activity in each of the eleven cases studied. It would be easy to underestimate one aspect recorded in the files: telephone calls, completing reports, filling forms and indeed writing the file records themselves. In Chapter Two we noted the debate about the role of care management and how far this was an administrative role, or one in which the skills of engaging with and relating to people were the primary role (Smale et al., 1994). It was apparent that the administrative role was a significant part of case management, if a case was open to a social worker.

In essence, then, the day-to-day activities that constituted social work practice fell broadly into four categories - assessments, other types of work directly with children or families, meetings, and administrative and organisational tasks. The content of social work practice was a range of tasks that served several purposes:

- case-level purposes of engaging and working with families and children (Epstein, 1988), although not always with the voluntary consent and agreement of parents, and
- organisational purposes of making or ratifying decisions, enabling oversight by managers, and managing organisational risks by demonstrating compliance to national regulations.

This description of the evidence of social work practice found in the eleven cases answers the question - *How were social workers planning for looked after children after the Children Act 1989?* But what is missing is what could be deduced about *influences* on the content and nature of social work intervention. This is the subject of the last part of this chapter.

Making sense of practice and processes.

Etzioni's (1986) model of "mixed scanning" provided a framework not just for analysing the nature of practice but also for conceptualising the process by which factors external to an individual case, interacting with case-level information, could guide and influence day-to-day social work practice and processes. To re-cap briefly, scanning is deemed to operate at different levels simultaneously, taking in and relating higher level organisational information such as formal and informal policy or resource availability to lower level case-focused information. It can be likened to using a camera that has both a wide-angle lens and zoom. A range of perspectives can be scanned alternatively from the broadest angle to a detailed close up of particular features. Although the balance and use of the different shots will vary, the wider angles makes possible a view of where the subject "sits" in the environment, while the zoom enables the operator to focus on specific detail of what needs to be done. As the purpose of the scanning process is decision-making, the approach allows the operator to take an overview, and what may appear to be incremental decisions are made within the context of more strategic decisions. It also follows that the balance of higher level scanning is likely to be greater when making what are seen as fundamental decisions.

By definition, scanning is likely to be an *implicit* process rather than an *explicit* one, and so scanning, and the external influences affecting case-level decisions can only be deduced from the empirical evidence. However, patterns and themes, particularly those that relate to fundamental decisions and decision-making points will be an indication of the higher level information that informs decision-making at those points.

So far in this chapter the emphasis has been on describing and categorising the data on social work processes that constitute planning for children. However, the analysis also revealed patterns and associations between decision-making points, key decisions, how a family's particular circumstances was construed at

the point of decision-making, and types of intervention. Backe-Hansen (1994) suggests that where social workers have been involved a family with for a period of time, they develop a discourse about the family's situation. It is the stories at key decision-making points that will be focused upon here, from which we can deduce some of the influences on social workers' practice. Exhibit 8.1 below summarises the alternative ways in which a family's circumstances were construed at each of the decision-making points and the associations that were identified between these social constructions and different patterns of intervention.

Exhibit 8.1 Summary of Key Relationships.

Decision-making point	Key Decision(s)	How the child's or family's circumstances were construed?	Range of possible interventions (types)
Referral/ new information or concern	<ul style="list-style-type: none"> How social services should respond 	<ul style="list-style-type: none"> Need for support Child at risk: <ul style="list-style-type: none"> - harm or -family breakdown Child protection (evidence of maltreatment or abuse) 	<ul style="list-style-type: none"> No further action Diversion Provider only Case management and providing services (may include looking after a child)
Request /need to look after a child	<ul style="list-style-type: none"> Whether to admit a child or not Voluntary or compulsory admission 	<ul style="list-style-type: none"> Need for support Child at risk <ul style="list-style-type: none"> - harm or - family breakdown Child protection (evidence of maltreatment or abuse) 	<ul style="list-style-type: none"> Provider only Case management and providing services (may include looking after a child)
Concerns about returning a looked after child home	<ul style="list-style-type: none"> Where should a child's permanent home be? 	<ul style="list-style-type: none"> Child at risk <ul style="list-style-type: none"> - harm or - family breakdown Child protection (evidence of maltreatment or abuse) 	<ul style="list-style-type: none"> Case management and providing services (may include looking after a child) "Permanency" planning

The second exhibit (Exhibit 8.2) takes the analysis a step further. It shows the relationships between how a family's circumstances were construed and the social work aims at that point, together with the types of social work activity and tasks that were associated with them.

Exhibit 8.2. Relationships of Type of Intervention, Decisions and Tasks.

Social construction of problem.	Social Work Aim	Social Work Response and tasks
Parent/child needs some support	To support the family	<p>Diversion to another agency.</p> <p>Provision of practical resources. (Often time-limited)</p> <p>May include agreement for regular planned respite</p>
<p>Child at risk :</p> <ul style="list-style-type: none"> ➤ Potential harm ➤ Potential family breakdown 	<p>To prevent or reduce the risk of harm</p> <p>To prevent family breakdown</p>	<p><i>Planned responses:</i></p> <p>Monitoring</p> <p>Assessments</p> <p>Packages of practical resource provision, which may include planned respite.</p> <p>Direct work: behaviour management, parenting skills.</p> <p><i>Unplanned responses</i></p> <p>Provision of Accommodation</p>
Child Protection	<p>To protect from significant harm</p> <p>To find an alternative permanent family placement.</p>	<p>Assessment</p> <p>Control – care proceedings</p> <p>Children looked after</p> <p>Explicit attention to permanency planning</p> <p>Direct work: good behaviour/ bad behaviour, separation and loss, life story work</p> <p>Monitoring of, and activity to promote a child's health, well-being and achievement.</p>

It is now possible to consider each of the key decision-making points and decisions in turn and deduce some of the key influences on social work decisions and underlying processes at those points.

- **Responding to a new referral or new concerns**

The first fundamental decision-making point that emerged was that at which a response was made to any referral or new information about a child or family. Information, depending on its nature and the evaluation made of it, either confirmed or changed the prevailing view of a family's situation. The evaluation and response could trigger the beginning of a (short or long) career as a social work client. The pattern of responses indicated that the key question to be answered at this point was "*What type of case is this?*"

Rational decision-making models would suggest that all information on each individual case is systematically collected, weighted and analysed before reaching a decision (Compton and Galaway, 1994;). As discussed above, the lack of explicit references to assessment in relation to new referrals and the existence of two broad typologies of "support" or "problems" (defined as harm or protection) suggested that, in reality, a less systematic process was occurring. Previous studies have found that social workers have developed routinised conceptualisations of the range of presenting situations and how to respond (Giller and Morris, 1981; Fisher et al., 1986). As noted earlier, Curnock and Hardiker (1979) suggest that social workers have personal models of social work which influence their actions, and practice decisions are often made on the basis of practice theories and wisdom. Such categorisations are not the result of formal policies but represent ways of weighing up and making sense of information according to prior experience. A similar intuitive process appeared to be happening in Shire, rather than the more explicit process implied by the Children Act provision for an assessment of any potential child in need (DH, 1991d).

Not all referrals or information about new sets of circumstances or events led to action by social services, but those that did met with different levels of response and resource allocation. This suggests that the question "*What type of case is this?*" can be broken down into three further questions which signify the scope of the scanning process that could be taking place. The three questions are:

Does this situation fall within the function and remit of this agency?"

and, if so,

How serious is the situation? and consequently,

What type of response is necessary?

The first question can be deduced because each new situation appeared to be considered within the context of the duties and responsibilities of *a local authority social services agency*. So some referrals or new information resulted in no action, or no change to the existing activity with the family, while others led to referral to other agencies. Diversion, through referral on to other services, could be another indication of the consideration of higher levels of information about whose role it is to do what, and the making of strategic decisions. The impact of workers' views about the role and responsibilities of other agencies was evident in two cases (K and J). The file-records showed that in the one case the problem was construed primarily as *"the mother's mental health"* and therefore the responsibility of the mental health workers. In the other, social workers saw the problem as *"behavioural difficulties, mainly at school"* which were seen to be the responsibility of child and family therapy services and the education service.

The second and third questions above relate to the seriousness of the situation and the type of response that is necessary. Here it was the hierarchy of responses found in practice that revealed that this was one consideration in decision-making. An implicit process of prioritisation (Woehle, 1994) was taking place. Situations judged to present the greatest risk to children or to the agency received the greatest allocation of resources, at least in terms of social workers' time. Thus the *case management and provider* model of intervention was reserved for children at risk of family breakdown or harm but the intensity of activity was still greater for looked after children who were not intended to return home. The Shire cases revealed informal categorisation and prioritisation although written policies up to 1997 did not explicitly refer to any such systems or processes. Nevertheless one conclusion was that workers' and managers'

understanding of their agency's role and function included a perception of a hierarchy of responsibilities and this knowledge was used in the process of deciding on the individual response to a situation.

- **Looking after children.**

The second fundamental decision and decision-making point that emerged from the cases was the decision to look after a child. A number of influences and implicit processes were deduced: understanding of the Children Act itself, the influence of local policy and also 'experience'. Each merits some comment.

The evidence suggested that the two main influences were the legislative framework (Children Act 1989) with regard to the purposes of looking after children, and the local policy interpretation of the Act's provisions.

At the simplest level, the decisions about looking after a child and the purpose of so doing drew on knowledge about the roles and responsibilities of the local authority - to look after children and ensure the care is appropriate, and to plan for looked after children. Thus, in Shire, the decision to admit a child led to the allocation of a social worker at least while the child was looked after – one indication, perhaps, of the authority's interpretation of the role of corporate parent.

As discussed in Chapter Five, local policy guidance provided an interpretation of the provisions of the Children Act relating to looking after children, and the agency's child protection responsibilities. The local policies included structures to monitor decisions about looking after children and managers were involved in decision-making in case conferences, reviews and Panels. And so, in Shire, the boundaries of permitted and required practice were tightly drawn in relation to allegations of child abuse and looking after children.

Analysis of Shire's written policies had revealed that the agency had an ambivalent position in relation to looking after a child on a voluntary basis.

Written policy statements counterbalanced the provisions in the Children Act that looking after a child by agreement with parents should be available as a support service for families with the Act's principle that children are best brought up and maintained within their families. The dangers of "drift" were explicitly cited as the rationale for introducing the Panel process to screen and monitor voluntary admissions (Shire, 1991-97). And so the policy thrust was one of controlling the extent to which children were admitted. Patterns of looked after careers mirrored this position. It was apparent from the Career cohort that many children were being looked after on a voluntary basis. On the other hand, there was little evidence that the act of looking after a child was prone to lead to drift. The majority were looked after for single episodes (the *brief and limited* career children) although some children had regular planned respite. A further group of children (*oscillators*) had a number of admissions, sometimes for quite long periods but did return home.

Despite the numbers of children looked after voluntarily, the evidence from the case-files suggested that workers, as the first point of contact, were rarely asking themselves the question - *Will looking after this child support this family?* - unless parents were themselves asking for a child to be looked after, or a crisis occurred. Thus, the emphasis in local policy on the seriousness of looking after a child was translated into this being an option that was only considered if there was deemed to be "risk". And the practice of often setting of timescales for a return home at the point of admission may help account for the limited evidence of drift.

The agency's policy position was therefore also reflected in individual case decisions. While children were admitted as a means of support, local policy may have contributed to the nature of admissions and the stories constructed around a family's situation. Despite the chronic nature of some of the eleven families' difficulties, for the largest part of the children's client careers, the overarching plan was to maintain the child in their family at home. Services provided to support parents only included planned respite accommodation in three cases

(R, P, and T). Thus, although voluntary admission was offered as a means of support when crises occurred, looked after episodes were generally “upsets” in the overall plan of maintenance at home. As already described, the evidence was that parents had to push hard to have their children looked after, often bolstering their requests by voicing feelings of rejection, inability to cope or threatening harm. These were the stories and the risk factors that workers recorded as *justifications* for decisions about admitting children.

The influence of local policy was further evidenced by an apparent lack of scrutiny given to the majority of decisions to return a child home. The lack of any local guidance on making the decision to return a child home was commented on in Chapter Five. This decision was rarely subjected to any formal decision-making process, and although in several cases return home was supported by a package of practical services, and a clear plan of support was evident in three cases for the last episode, files rarely recorded justifications or explanations for the timing or decision to return a child home.

There was some evidence of a third influence on decision-making about looking after children - practice experience in accommodating children. Placement choice appeared to be limited. Placement options were rarely recorded on files and in many cases placement decisions appeared to be *non-decisions*, unless there were options with relatives. Some comments on the number of placement moves or the non-availability of previous foster carers were found. The combination of comments on a lack of placements and the non-decision-making around placements suggested that scanning included experience of resource availability. Another factor may have been practice experience of “*what works?*” - or Curnock and Hardiker’s (1979) routine practice wisdom. In addition, workers’ experiences of some of the new provisions in the Act may not have been convincing. The Children Act promoted the use of regular planned periods of respite as a means of support and a preventative service. However, in the cases of the three children who had regular planned respite, there was no evidence such placements either prevented unplanned emergency admissions,

or led to any greater continuity for children if they needed to be looked after at other times. In each case, the respite carers were not able to take the child for the more extended stays.

- Could or should a child return home?

The third fundamental decision and decision-making point has been referred to as *“could or should a child return home?”* This decision was always related to circumstances that were deemed to involve actual harm or maltreatment of the child in question, or a sibling.

The decision about whether a child could return home sometimes coincided with a decision about admitting a child. This scenario and the contrast with looking after a child in different circumstances demonstrated once again that individual decisions took into account the legal framework, and responsibilities of the local authority. For, while, in the main, workers resisted offering to look after children voluntarily, the immediate response when serious allegations of harm were being made was almost always to look after a child voluntarily even if parents did not request this. Thus placing the children in a safe environment was the first priority, and if no extended family members were immediately able to take the children, admission was rapid. Once again, implicit processes of prioritisation related to risk appeared to be influential. Previous considerations about resisting the admission of children were being over-ridden.

Further evidence that workers had, and applied, a different understanding about permitted practices in situations of serious risk also came from the more assertive use of authority that was evident in these situations. For example, in one situation (T) it was recorded that a mother *“should be told of the level of concern”* and children would be voluntarily looked after *“at least until case conference”*. T's sister was alleged to have witnessed her mother's sexual activities and although her mother denied the allegations she did *“voluntarily”* agree to the child being looked after. The voluntary status was then quickly replaced by obtaining an interim care order. The file-record suggested that the

parent had little choice but to co-operate with the girl being voluntarily admitted. There was also evidence of using the powers of other agencies such as the police in these situations with a request that the police use their legal powers to expedite the admission of children at times of high levels of concern. For example, at the worker's request, S and her sister were made subject to police protection when their father abandoned them. They were subsequently looked after until interim care orders could be obtained. Legal options for more controlling interventions were also considered at this point with the use of legal planning meetings to consider evidence and grounds for care proceedings.

It is worth noting at this point that the admission of a child voluntarily as a response to serious risks and the use of police protection were evident amongst the histories of the eleven children and supported the evidence from the Career analysis that these were routine methods within Shire. In the case of T's sister (above) the voluntary agreement by her mother to her being looked after almost certainly fell into the category of a sham agreement (Packman and Hall, 1998) as the record showed that the mother never accepted that her daughter had been abused and needed to be protected.

Finally the file-records showed that workers considered different options for the future of the child in situations of serious risk and it was then, and only then, that "planning for permanency" became an explicit consideration. Relatives could be and were in some cases approved as long term carers (T), and long term foster care was considered in some situations (T and his brothers), but generally adoption was the plan of choice. Practice therefore reflected the more limited concept of permanency that was found in Shire policies (Shire, 1991-97). The term and concept of permanency planning was not used for children who lived with their own families and little attention appeared to be given to the adjustments that result in returning children home after lengthy looked after episodes (Bullock et al., 1998).

To summarise this last section of the chapter, by contrasting the social work responses at the three key decision-making points it was possible to deduce some of the underlying processes that were taking place, and some of the contextual influences on practice at particular points. The evidence was that practice met the requirements of the Children Act, but also in many respects, was found to mirror the local policy positions. This was particularly the case in relation to a high threshold for looking after children voluntarily, except in situations of serious allegations of harm, and in the use of adoption. The use of police protection and that of looking after a child voluntarily (but with a parent having little choice) until an order could be obtained, seemed to be examples of unwritten, local policies.

There was also some evidence that workers' practice experience and wisdom (Curnock and Hardiker, 1979) were influential and in Chapter Three we considered the contradictory value positions within the Act. The final section of this chapter will consider what was deduced about the prevailing value positions influencing practice in Shire. In Chapter Five, some early comment was made about the value perspectives that appeared to underpin Shire's written policies on looking after children. What was the evidence now the content of the case-files had been analysed?

Values in practice.

Exactly how values may be influential in policy and practice is not for discussion here, but exposing the empirical signs of underlying values provides another dimension for understanding the nature of the social work task in a particular local authority. Assumptions and preferences exposed in practice decisions can provide an indication of value perspectives and may help us to understand certain courses of action.

Fox Harding (1991; 1997) identified the three elements that are central to the differentiation of value perspectives in child care policy: notions of children and

childhood, notions of the family and its role in child-rearing, and thirdly the role of the state and the inter-relationship between the state and the family. The picture that emerged from the Shire files was one of *shifting* values, both over time since the implementation of the Children Act, and in individual cases depending on how a case was categorised at a particular point in time.

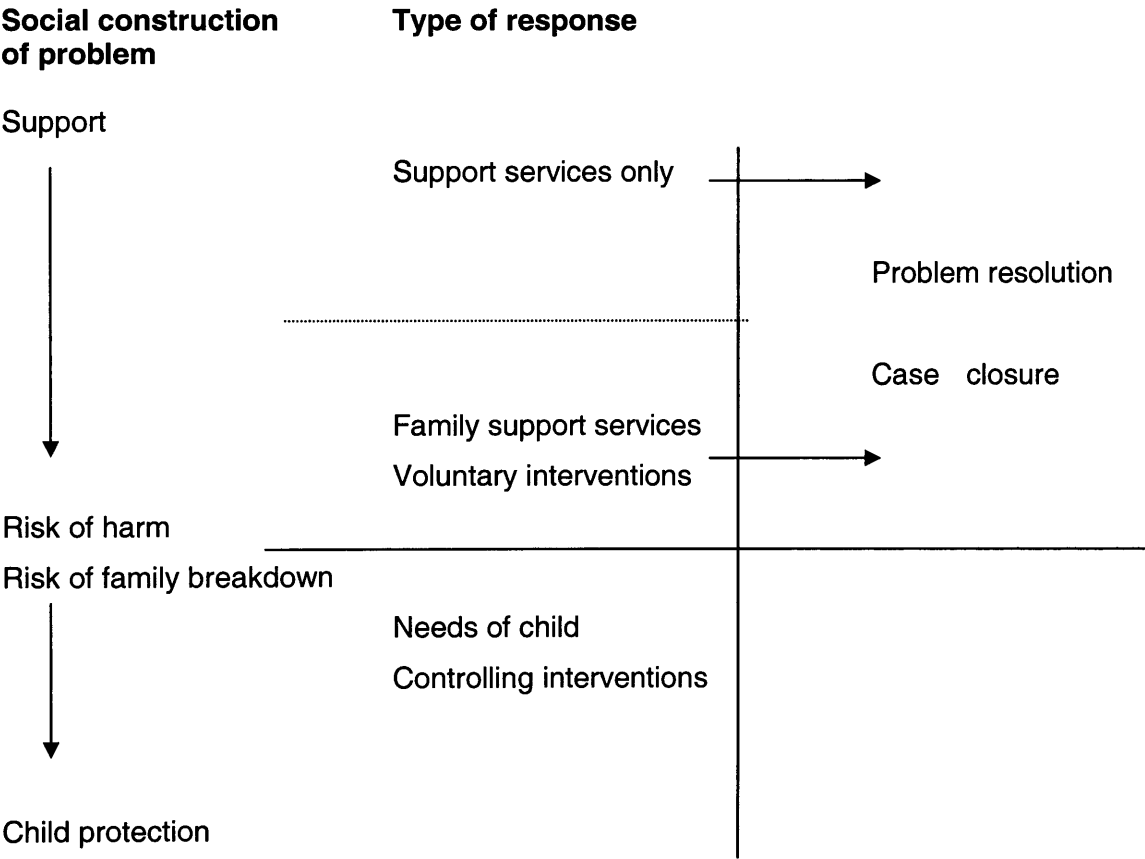
There was some evidence of the growth and development of values of *defending the birth family* since the implementation of the Children Act 1989 – that is the development of the belief in the role of the state in providing support to vulnerable children and families, rather than relying on coercive interventions. This was reflected in the growth in the range and use of services and resources to support families since 1991. Regular respite, transport, home care, family centre placements, play-schemes, day care were used to support parents and provide respite and to give children opportunities for play. However this value position could at best be described as embryonic. This position puts an emphasis on meeting individual needs, but there was no great emphasis in the records of the individual *needs* either of children or of parents. Some individual needs of *children* were considered and recorded, but the provision of services appeared to reflect a generalised view of “parents” rather than recognising the parent as an individual in their own right. Parents’ needs were largely undifferentiated and categorised broadly as *the need for support*. Another indication that this value position was not well developed was that the commitment to “support” had limits, and there was a propensity to abandon plans if problematic situations resolved themselves or if parents refused or failed to take up offers of support.

The limited influence of this value perspective is revealed by the account of decision-making points and the associated interventions. An aim of “support” often could and did get overtaken by concerns about risk. Mounting concerns about safeguarding a child seemed to lead to an increased emphasis on the individual needs of children and the risks to their well-being, but with the legitimisation of explicit use of authority and control in “voluntary” situations.

Safeguarding issues also brought about the use of emergency powers (Section 47 enquiries) or compulsory interventions (care proceedings, adoption planning). The underlying value perspective at this point was therefore identifiable as *paternalism and child protection*, with the child's needs being seen as separable from the parents and there being a strong intervention role for the state. Thus practice in Shire largely reflected the value positions found in written policies.

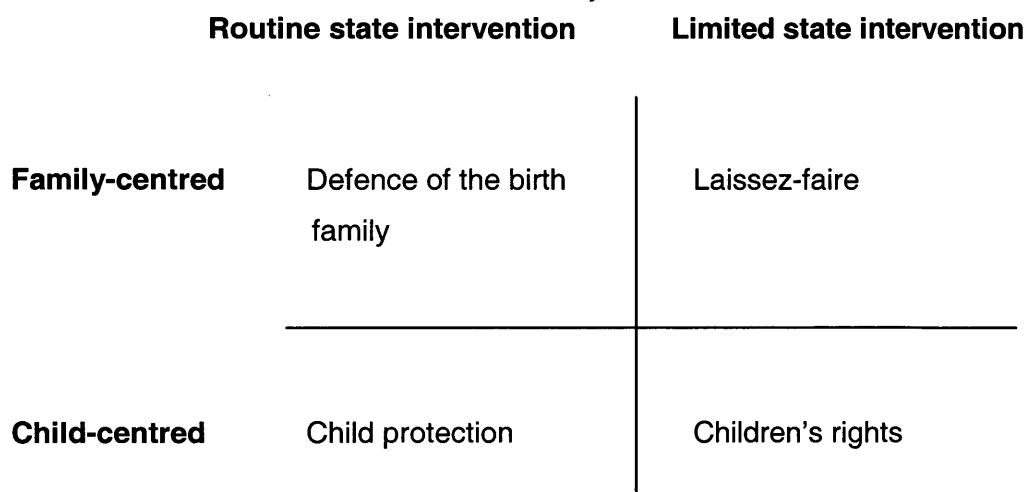
The following exhibit attempts to represent in generalised terms, key features of Shire's practice outlined earlier in this chapter.

Exhibit 8.3 Map of Shire's practice



If one overlays the diagram with one displaying Fox Harding's value perspectives, organised on two axes: routine and limited state intervention and family and child focused, the implicit value perspectives emerge:

Exhibit 8.4 Map of Value Perspectives (derived from Smith, 1995).



The map suggests that Shire's practice was generally interventionist, with the dominant value perspective at a point in time in a case being located along the family/child axis from a defence of the birth family to a child protection perspective. However, the willingness to allow situations to resolve themselves or to withdraw if parents failed to accept or co-operate with the provision of support is taken to indicate a tendency to a laissez-faire perspective. This would suggest an underlying position in Shire that the local authority (the state) had only a residual "safety net" role and could explain the control of voluntary admissions and the limits placed on support. While the limits which Shire appeared to place on support may be sufficient for many children who need perhaps one or two episodes of accommodation to support a family through a crisis, it is brought sharply into focus when one considers that the eleven very vulnerable families in the study were likely to present recurring crises. In the Career cohort of children, *oscillators* and *oscillator-stayers* had some of the most disrupted patterns of placements. The evidence from the Subset of eleven

suggests that many of these children would come from families with chronic difficulties facing regular crises. A laissez-faire perspective amounts, in effect, to a short-term approach to families in need of support. It is not too big an assumption to suggest that a residual short-term approach which allowed problems to resolve rather than recognising the fact that crises would recur could have contributed to the patterns of oscillation that were found.

The tendency to let situations resolve themselves and the way public care was used in the eleven cases does suggest a consistent position in relation to the role of the local authority (state) and its relationship with the family. Looking after a child was seen as a temporary state to be resolved as quickly as possible either through rehabilitation home or through working towards another permanent family placement. Fox Harding (op.cit.) describes such an approach to permanency planning as falling within the laissez-faire value position, but also acknowledges the influence of child protection considerations - that is the rescue of children and the choice of adoption as a permanent alternative family placement.

There were some aspects of practice that challenged this view of Shire's approach. In particular the numbers of children being looked after especially for short episodes and in respite arrangements suggested it was not such a residual service. Holding a position that looking after a child should be a temporary state can be seen as a means of maintaining a balance between the needs of the child and family for support, and the needs of the organisation to manage the use of possibly scarce resources. It may also guard against the damaging effects of "drift".

The picture, then, of the underlying value perspectives in Shire was not straightforward. Values moved across the continuum of defence of the birth family to child protection depending on emerging areas of concern. While a residual laissez-faire role, particularly in looking after children, appeared to be dominant in the eleven Subset cases, examination of the looked after careers of

a different group of children, could have revealed a stronger defence of the birth family value position. Alternatively, the defence of the birth family/family support value perspective may have developed *since* 1991 and be a consequence of the Children Act. However, the evidence was that that a child protection perspective could quite readily override it.

One issue in trying to determine the dominant value perspectives in social work practice may be the tendency to see the local authority as monolithic, whereas, in practice, different teams of workers and their managers, depending on their role and purpose may hold different or more than one value position. Different values may dominate in different situations. Perhaps all that can be concluded is that a position of distrust in the capacity of the local authority (state) to look after children effectively may have acted as a constraint in decision-making and so have influenced the children's client and looked after careers.

Summary and conclusions.

The analysis of case-file records of eleven looked after children provided the means of exploring and examining the social work process involved in planning for children. Using grounded theory methods to see what processes and patterns emerged from the records, three types of intervention, three key decisions and decision-making points, and a range of social work tasks and processes have been discussed. Etzioni's (1986) concept of scanning has enabled us to deduce some of the influences on practice at particular points of time. Scanning would involve workers and managers in weighing up case-level information against their knowledge and understanding of their statutory functions, the role and function and policies of their own agency, and their own practice experience and practice wisdom. Analysis of the patterns in the way workers responded to family problems, and the implicit hierarchy of responses, enabled us to locate practice in Shire according to the value positions put forward by Fox Harding (1991; 1997). While there were signs that family

support (defence of the birth family position) was growing in practice, this value position seemed vulnerable and easily outweighed by child protection or laissez faire values. What was evident in practice reflected the value positions found in the written policy statements in Shire.

One theme that this study set out to explore was how far practice after 1991 reflected the rational models of systematic assessment, decision-making and intervention that the Children Act Guidance and Regulations for planning for looked after children expected. The records revealed that there was little overt evidence of the systematic collection and weighing of case information before the making of some critical decisions (Compton and Galaway, 1994). Rather, the evidence was that assessment processes were used to support decisions, to explore, confirm or close down future options once an initial decision had been made about the nature, seriousness and priority of a situation or case. The sequencing in practice was therefore often the reverse of that depicted in the ideal models of social work process and in Children Act Guidance (DH, 1991d; 1991e), with assessment tasks resulting from decisions, although leading to further decisions about the way forward. Furthermore, formal decision-making processes such as Panels and reviews often only ratified decisions that had implicitly been made, and, in some cases, implemented (as in the case of a Panel decision after a child had been admitted).

However, assessment was a key process, not as a first step or stage, but at the level of a continuous activity. There was some empirical evidence of an implicit but routine process of continuous evaluation and decision-making, underlying the explicit processes of case management marked out by assessment “events” and case-related meetings. The implicit processes helped social workers construct stories around families and sets of circumstances - “in need of support”, “problem”, “risk of harm” - and decide on appropriate responses, so social work responses to a new referral or situation led to one of three broad types of response.

Decision-making was also a key activity but again one that occurred virtually continually as new information was received, absorbed and responded to. As with assessments, a focus on formal decision-making events such as conferences, Panels and reviews would understate the extent of this activity, although their importance in validating difficult decisions and providing a level of accountability and managerial control was apparent.

The conclusion is then that there was little evidence of “pure” or “rational” models of social work process in action in Shire up to 1997, although all three ingredients - assessment, decision-making and intervention – were found. Situations were assessed and decisions made, but there was little evidence of the systematic gathering and consideration of facts outside of some of the processes prescribed in detail by regulation (DH, 1988). Instead practice resembled a fluid, continuous and iterative process (Etzioni, 1986). Practice in assessment and decision-making was more intuitive than formal and explicit, with routine relatively simple categorisations being used to filter referrals and decide on interventions. But that is not to say that the Children Act had not made its mark. Explicit processes such as child protection enquiries, initial child protection conferences, comprehensive risk assessments, and looked after reviews were all new elements of practice since 1991.

Having explored the evidence of practice and processes from the perspective of looked after careers and practice in individual cases, the fundamental question that remains is whether the Act had made a difference for children and families. It is to this that we turn in the final chapter, where we will draw together and discuss the main conclusions of this study.

Nine: Planning for Looked After Children under the Children Act 1989.

Once the European navigator has developed his operating plan and has available the appropriate technical resources, the implementation and monitoring of his navigation can be accomplished with a minimum of thought. He has simply to perform almost mechanically the steps dictated by his training and by his initial planning synthesis.

(Gladwin (1964) in Suchmann (1987) p. 27)

Introduction.

The catalyst for this study's development was a question about the impact of the Children Act 1989 against a background of criticisms of social work in the seventies and eighties – criticisms about failures in social work practice (social work decisions) and social work processes (case conferences, reviews, compulsory intervention) for children in care, and about the outcomes for the children themselves (DHSS, 1985b). All that remains is to draw some final conclusions by re-visiting and commenting on findings felt to be of particular importance and to offer some comment on those conclusions and their implications for current developments in child care social work. First we consider what this study revealed about looked after careers after 1991 and the nature of social work practice in looking after children, before moving on to comment on social work processes in planning for children. Some possible explanations for the main findings are proposed before ending with a brief comment on recent national policy developments.

Looking After Children under the Children Act 1989.

A key argument of this study has been that children's looked after careers reveal patterns and trends in social work practice because they are produced by social work decisions interacting with children and their families, local policies and the law itself. It is with children's looked after careers, therefore, that we begin.

- **Types of Careers.**

Four types of looked after careers were identified - children with "*brief and limited careers*", "*stayers*", "*oscillators*" and "*oscillator-stayers*". It is not clear how far these career patterns are new or different from those of children who came in and out of public care before 1991 as past research has rarely defined children's looked after careers as the sum of their looked after episodes. However the evidence that is available suggests that career patterns similar to those found in this study existed prior to the Children Act 1989. For example, research undertaken in the late eighties had identified the existence of a large group of children who entered voluntary care for short periods of time (Rowe et al., 1989). Pre-Children Act studies had also shown that the repeated admissions that led to the "*oscillator*" career patterns were not unusual (Rowe et al., 1989; Millham, 1994). At the other end of the continuum the extensive literature on permanency planning (Parker, 1985; Thoburn et al., 1986; Maluccio et al., 1986; Seltzer and Bloksberg, 1987; Sosin, 1987; Thoburn, 1991b; Fein and Maluccio, 1992; Triseliotis, 1991) is itself evidence of a significant group of children for whom alternative *permanent* family placements were needed. This was found still to be the case for *stayers*, and for the *oscillator-stayers* in this study, in the later stages of their looked after careers. A key conclusion therefore is that career patterns were similar, which raises questions about what had changed in looking after children, what had stayed the same and how much of the change was the impact of the Act.

- **Looked after children**

There was also little evidence, in broad terms, that the characteristics of looked after children had changed, or that their family circumstances differed greatly from children who were admitted before 1991 (Bebbington and Miles, 1989). The age, ethnic origin and gender balance of looked after children were similar, as was the available data on their family relationships. This itself is a significant finding, given that one of the policy aims of the Act was to broaden the scope of local authorities' responsibilities and to ensure a range of services was available to pro-actively support families and prevent more serious difficulties developing. Looking after a child was to be a positive service in pursuit of this aim. What we do not know, of course, is whether a greater number of families overall were getting some assistance from social services, including having their child looked after, families who might have been turned away before the Act.

The richest descriptions of children's circumstances came from the small sample of cases, which were studied in some depth. Each individual family's circumstances were different and unique, but overall the situations families faced were variations on a limited number of themes. The range of difficulties included personal and interpersonal relationship difficulties, parenting, and family crises caused by sickness and ill-health. These problems often occurred against a background of socio-economic disadvantage and, in some cases, were exacerbated by social isolation or a lack of positive family relationships or support. Again limited change is evident here (Packman et al., 1986; Rowe et al., 1989; Barn, 1993b; Packman and Hall, 1998). In short, a second conclusion of this study is that the legal context within which social work decisions about looked after children are taken has changed, but, by 1997, the nature of families, and the family problems workers were seeking to address, had not.

- **The impact of local policy.**

One argument throughout this study has been that local interpretations of the Children Act and any particular emphasis in a local authority's policies could

impact on practice and ultimately looked after careers. Document analysis showed that many of the written policies relevant to looking after children in Shire largely reflected the wording and Guidance of the Children Act itself (DH, 1991e). The study also found that Shire had devolved responsibility for much decision-making to its District and Service Managers, but had adopted a managerial approach, monitoring consistency of decision-making and exercising control over decision-making processes. Local features, such as Accommodation Panels, were significant in setting the boundaries to intervention with individual families, and in ensuring dates were set for a child's return home and that plans were made. Where the emphasis of local strategy and policy differed from the thrust of the Children Act was in the emphasis placed on controlling voluntary admissions. In the local, written, policies one aim of the Act was emphasised over another and the documents provided a poor testament to the preventive aims of the Act. In practice there was a high threshold for any child to be looked after on request, an approach not in tune with Part Three of the Children Act with its preventive and supportive aims. Also in practice, however, there were some signs of an emerging family support approach and value base by 1997. Nevertheless, on the whole, a notable feature of practice was the extent to which written policies, and the value positions they reflected, seemed to be reflected in practice. Thus a third conclusion is that local policy had an impact, and that the managerial and monitoring approach in Shire was effective in ensuring compliance and consistency.

- **Drift, patterns of oscillation, and planning.**

Where local policy supported the policy intentions behind the Children Act, there were some apparent changes in looked after careers. The number of looked after children in Shire reduced overall, as it did nationally. In addition children's looked after episodes and looked after careers generally came to an end. Thus, 'drift' in the form in which it was described in the seventies and eighties (Rowe and Lambert, 1974; DHSS, 1985b; Millham et al., 1986; Thorpe, 1988) was not evident. But other changes, not necessarily intended by the Act, could not be

ruled out. Although career patterns appeared to be similar to those before 1991, there is a question about the extent of oscillation, and whether the proportion of children experiencing this pattern of care had increased. Patterns of oscillation mean repeated disruption for a child, with different carers and possibly changes of school, friends, and separation from siblings. Thus it represents a particular form of instability and runs contrary to one of the principle aims of good planning for looked after children.

There is a lack of good comparative data from before 1991 on the proportion of children having multiple admissions, but the Children Act Report 1995-99 (DH, 2000b) does include some comment. This demonstrates concern at a national level and that oscillation is not just an issue in Shire, but it is still not clear if the prevalence of such careers is increasing. If it is, this could be an unintended consequence of the Children Act – a possible outcome of the provision to look after children as a means of supporting families, coupled with an increased awareness of the risks of drift for children in public care. It is interesting to note therefore that the Children Act Report (DH, 2000b) points to *local* practice as the likely cause contrasting looking after a child as:

... a planned event aimed, in the long term, at supporting children in their families...

with

... a haphazard unplanned episode in children's lives which adds to their instability and turmoil. (p. 17)

The report suggests that local authorities should examine why their procedures or practices result in repeated care experiences for children. The criticism implied here is similar to that found in the eighties (DHSS, 1985b) that better planning would reduce, if not overcome, the problem.

This implied criticism about a lack of planning merits discussion as it is central to the main theme of this study. In Chapter Eight the possibility was raised that the high threshold in operation for voluntary admissions in Shire, the resistance to looking after children unless the family's problems were seen to pose a level of risk, together with a lack of any framework for ensuring that support was given to children returning home, could contribute to reactive admissions in crises, and patterns of oscillation. Social work practice in Shire in admitting children continued to be reactive in nature and practice in considering whether to admit a child did not match up to the thorough assessment that the Children Act Guidance envisaged, or to some local policy expectations about processes to be followed. The Guidance (DH, 1991e) prescribes planning activity *prior* to any child's admission – enquiries into circumstances, family, and possible alternatives to admission, consultation to elicit views of adults and children, the formulation of a Plan for the child's stay away from home. This sequence amounts to a rational process - assessment, followed by decision-making and ultimately review. In Shire, the more formal planning processes took place *after* admission, through Accommodation Panels which agreed plans, or comprehensive risk assessments, or planning meetings which translated the conclusions of case conferences into action and settled the direction of a case. Such processes also formally agreed contact arrangements between parents and children. Thus "planning" took place, and there was almost always a Plan for the looked after child. But the process of planning could only be identified clearly *after* an initial reactive decision that a child had to be admitted.

Other evidence also challenges the Children Act assumption (DH, 2000b) that a lack of planning could be leading to the prevalence of repeated admissions and oscillating careers and suggests it may be an oversimplified way of looking at processes that are complex and multi-faceted. In Shire, despite an under-developed approach to family support both in policy and in practice, three children in the cohort of eleven had regular looked after episodes (and there was evidence of other such arrangements amongst the Career cohort). Each arrangement was made as part of a plan to support a family, but did not prevent

further admissions in response to crises, and, on admission, children usually went to different foster families. In reality a number of factors appeared to combine to overtake what are assumed to be the best intentions and social work plans.

Firstly and importantly, some families faced chronic difficulties and it did not take much to upset the equilibrium. Crises could be frequent and unforeseen.

In addition the evidence was that structural and resource factors also played a part. Foster carers who took children regularly for “breaks” were not available to take the children when crises occurred and longer placements were needed. The issue here did not appear to be capacity, but lifestyle and availability. What was apparent was that the carers involved in two of the three arrangements were only available for respite placements as they had other commitments that meant this was the only type of fostering they undertook. Thus people’s lifestyles have an impact on the flexibility of resources. Another factor affecting flexibility was that foster carers were approved to take certain types of placement and certain numbers of children.

A further factor may have been the availability of foster placements. This study did not collect data on resource availability, but career patterns included some rapid placement changes and there was limited evidence of any deliberation about placement choice for a child. Placement changes could and did occur within a single episode or through repeated admissions and placements with different families, thus compounding the effects of oscillation. The evidence is that such placement changes are not a new phenomenon (DHSS, 1985b; Millham, 1994), but it is not clear whether the extent of it has grown (Jackson and Thomas, 1999). It was noted in Chapter Seven that some children in Shire seemed to ricochet around for periods of time. Placements of one day, two days, a couple of weeks suggest a sheer lack of choice and availability and stop-gap measures. More recent national policy developments (DH, 1998a; 1998b) imply that foster care resource availability is a factor affecting local

authorities and inhibiting the degree of continuity and security local authorities can offer children.

While the suggestion is that it is too simplistic to suggest that better planning before admission, or more preventative activity, would be sufficient to remedy the pattern of repeated admissions and placement changes, nevertheless we have to conclude that planning for the looked after episode itself was often retrospectively done in Shire, after admission. In essence local practice appeared to be a pragmatic compromise between the policy aim to reduce and control the number of admissions and to ensure there were sound plans for children which ensured they would not drift. In this compromise, the Act's aim to increase the support available to families by looking after children may have lost out.

There were some further signs that local practice took a pragmatic approach to national policy and good practice aims. At the same time there was evidence that processes required by Children Act Regulations impacted on practice, and thus on children's experience whilst in public care.

- **Planning processes and corporate parenting.**

There was evidence of Shire attending to its responsibilities as a "corporate parent", but how far this amounted to the standard of corporate parenting commentators (Parker et al. (eds.), 1991; Dartington, 1995b; DH, 1998a; 1998b) have argued is the intention of the Act is less certain. The local approach again appeared to be a compromise. There was little evidence of any comprehensive assessment of a child's needs from the outset. Instead, there appeared to be a reliance on what was already known (most of the eleven children were well-known to social workers over some years) and what emerged while a child was looked after. However once children were looked after, social workers made and carried out plans for maintaining contact and continuity of schooling. And the longer the period of time a child was looked after, the greater the attention paid to their health and educational needs and

emotional well-being. Furthermore where problems and difficulties were identified, there was generally a plan to respond to these.

The picture is less positive when one considers that less attention was paid to the needs of some looked after children compared with others – that is to children experiencing certain types of looked after episodes. Processes required by Regulation appeared to be a critical factor. When children were looked after for short periods there was little evidence of a particular focus on their health and well-being and what made the difference appeared to be the occurrence or non-occurrence of a Review. Some episodes were too short for Reviews to be held. Thus the quality of practice was affected because different planning processes served different purposes. Accommodation Panels and early plans focused on the time-scales for a child's return home, contact, and maintaining a child's schooling, together with identifying actions to achieve a return home. All were immediate concerns – a reaction to a child's admission. "Looked after" reviews focused not on how to respond to a particular set of circumstances, but rather on progress in achieving aims and setting out actions for the next period. Within this forum concerns for health and well-being came to the fore as did actions to address them.

The overall conclusion on corporate parenting is, then, that some looked after children's needs were being identified and *remedial* action taken. However this appeared to fall short of the ideal model of *remedial and compensatory* care, that is implied in the Act (Parker et al. (eds.), 1991; Dartington, 1995b) and a substantial number of children appeared to be falling through the safety net that the Regulations had been intended to provide.

So far then, we have a picture of continuity in the shape of looked after careers with care careers before the Act, but also continuity in the form of reactive practices and processes of admission and the early stages of planning. We have argued that this might be a consequence of the local interpretation of the Act, which put an emphasis on controlling admissions and lengths of stay, and

may be one factor leading to reactive admissions and the lack of planning found prior to an admission. These tensions lie within the Act itself. Nevertheless some of what had been seen as the essential ingredients of “good” planning such as a clear goal and plan for the looked after episode (Parker, 1971) were evident. Alongside this we have a picture of children’s looked after careers where drift appears to be minimal, and evidence that the local authority was paying attention to the health, education and well-being of looked after children who were cared for over a reasonable length of time, or for whom there was a plan for adoption. But, before we draw this discussion of findings in relation to careers to a close there is a further area where the impact of the Children Act of looked after careers was clearly apparent – that is in the legal routes used to admit children in need of protection.

- **Legal routes to admission, partnership, and control.**

There was evidence amongst the Career cohort, and the subset of eleven children, that children for whom the concerns related to significant harm, were often admitted voluntarily. The point was made in Chapter Eight that this contrasts with pre-Children Act research (Packman et al., 1986; Rowe et al., 1989; Farmer and Parker, 1991; Parton, 1991) which suggested that a much clearer distinction existed between “welfare” and “protection” admissions and that compulsory admission was more of the norm when children needed protection. In this study it was evident that voluntary admissions were by far the majority and compulsory admissions were comparatively rare. This was noted to be similar to Packman and Hall’s (1998) finding that the boundaries between child protection and family support were becoming blurred.

Even if the boundaries between welfare and protection were becoming blurred and social workers were working by agreement with parents in protecting children, control remained a key concern for social workers and their managers. It was actively sought in planning for looked after children, particularly those deemed to be at risk of harm, for there was a distinct pattern of obtaining care orders for these children *after* admitting them voluntarily. An objective appraisal

of the Children Act would suggest that where the agreement and co-operation of parents was forthcoming, compulsory intervention should not be used, but this did not appear to be the practice in Shire. As discussed in the previous chapter, meetings, in particular, played a role in control and were used to impress parents with the authority of the local authority, and to get and record agreement to conditions and future actions. There were examples of admission by use of police protection and then the seeking of interim care orders amongst the Career cohort, and one specific example of the use "police protection" to facilitate an admission for one of the eleven children when she and her siblings were abandoned. In addition, the procedures for admitting children voluntarily amounted to "control", when one considers the emphasis on managers' having an oversight of admissions and their involvement in these decisions.

Control and partnership with parents are two particular issues the Children Act tried to address and the aim was to achieve a shift in the balance of how social workers worked with parents. While it is not possible to reach any firm conclusions, there is a question about whether the concern to have control might be accompanied by discomfort with the notion of partnership with parents. Within the cases that were studied, not only was there little evidence of any focus on the needs of parents as individuals, but there was a consistent theme in formal assessment processes about the extent to which parents were able "*to put their children's needs first*". In addition, there were few references in records that showed that workers were convinced of the "value" of some parents to their children. However, we cannot know whether this picture would have been different had the sample of cases been extended to include families whose children were never, or only briefly, looked after. The lack of positive references in case-files also has to be balanced by the fact that among the eleven families there were quite extensive packages of support in place over some years, with children generally being supported at home even if they were looked after voluntarily for periods of time. Here workers were ostensibly working in partnership and providing an extensive range of help in situations of chronic difficulty. It would therefore be too harsh a conclusion to say that social workers

were not exploiting the possibilities of voluntary intervention and working in partnership with parents, even if some doubts linger. In addition, there was evidence that the range of services offered to families grew and developed over the six years of the study. What we may have evidence of is practice developing slowly and adapting incrementally to the new concepts and principles of the Children Act 1989 but “old” ways of working being resistant to change.

So, to conclude this section, the study revealed that the Act had had some impact on how social workers approached looking after children, with evidence of plans and reviews and greater attention being paid to some looked after children’s routine health and educational needs and progress. But the evidence on outcomes is inconclusive. Children did not appear to be drifting into long looked after episodes, but some were experiencing repeated admissions and multiple placement changes which means that there must still be concern about continuity and stability for these children. It is too early to judge whether there will be better outcomes for children in terms of health and educational achievement. In addition some of the practice issues that had been challenged by commentators before the Act, such as workers seeking control in order to plan (Packman et al., 1986), appeared still to be a significant feature of practice when children at risk of harm were looked after, although compulsory admissions had reduced. This leads us to consider in more detail the changes in practice brought about by the Act. How far had the processes underlying looked after and client careers changed since 1991?

Social Work Processes in Planning for Children.

Key themes of this study have been that the Children Act aimed to change and improve some of the processes which social workers used in planning for children, but also to achieve a new balance in the state’s role in intervening with families. This new balance is reflected in the preventive responsibilities in Part Three of the Act, the shift away from compulsory intervention, the emphasis on partnership with parents, and also the new emphasis on the remedial and

compensatory parenting role of the state when looking after children. In the terms used in Chapter Three, the Act balances three of Fox Harding's (1991; 1997) value positions - defence of the birth family, child protection/paternalism and children's rights. In effect therefore the Act was trying to change not just what social workers and their managers do (social work processes) by requiring certain processes to take place but also the way they responded to families. We have already reviewed some of the evidence of changes in practice and processes. In relation to social work responses to families I have argued throughout this study that these are influenced by how family difficulties are perceived and the accounts that are constructed of these situations. One implicit influence here will be the value positions of workers and their agency. The Children Act, by balancing different value positions, set out to influence how workers and managers should think about the family situations they encounter. In evaluating the impact of the Act, therefore, social work processes and what we know about how social workers and their managers appeared to perceive families and their difficulties also have to be considered.

- **Changing process by regulation.**

The Children Act, and the Guidance and Regulations that preceded and accompanied it, introduced some new processes and revised others (Section 47 enquiries (DH, 1991g), Child Protection Case Conferences (DH, 1991g), comprehensive risk assessments (DH, 1988), and reviews (DH, 1991e)). Certain social work processes, prescribed by Regulations, were seen to be the means of ensuring better case management (DHSS, 1985b) – ensuring that situations were assessed and that there was a plan for what workers were aiming to achieve with families and when a child was looked after. The evidence from this study was that the strategy was successful, at least in part. Many of the processes that were prescribed in detail in the Guidance and Regulations were bedded into practice. Shire had added some processes of its own (planning meetings and Accommodation Panels) with the aim of monitoring and controlling children's voluntary looked after careers. Some referrals such as an allegation of harm to a child, or looking after a child by agreement with parents,

triggered the use of these Shire and Children Act processes. All these processes played a role in forming or confirming plans for children, setting time-scales and detailing what was expected of both parents and workers. In the eighties (DHSS, 1985b) one criticism had been the failure of professional and bureaucratic processes to overcome weaknesses in social workers' practice, and the evidence from this study was that this was no longer the case.

However, the way the new, prescribed, processes were used was also important in seeking to understand social work process in Shire overall. For many of the processes had become "events" that met organisational and case-related purposes and took place *after* a judgement had been made that a case fell into a particular category. So, for example, child protection enquiries were initiated once a decision had been reached that harm was a possible issue. Other processes had become bureaucratic in nature and took place after the event that they were related to. Thus, in policy, consultation with other agencies about the intention to admit a child was a paper-based process of notifications, and, in practice, usually occurred after an admission. Some of the processes which were intended to improve the quality of fact gathering and the systematic evaluation of those facts had become "bureaucratized" and others were "tasks" – specific pieces of work that had become part of social work practice. These were bedded into an overall social work process that was a more fluid, iterative process of decision-making and action in which priorities shifted as concerns about a family escalated and reduced. Not all of the specific tasks such as child protection enquiries or comprehensive assessments were completed if events occurred that overtook the plan at that point or new priorities emerged. And before and between "events", social work process – the iterative process of decision-making and action - continued.

- **An intuitive underlying process.**

The nature of that fluid, iterative, decision-making and action process is important in evaluating the impact of the Act. A key finding is that in responding to families, a particular feature of practice was that workers made quick

evaluations of the situations they were presented with, and responded according to broad, but routine, categorisations. This is significant for a number of reasons. One is that, as stated earlier, practice did not match up to the systematic evaluation of alternatives that should take place before a child is looked after (DH, 1991e). Neither did social work responses to new referrals amount to any systematic investigation into whether a child was in need (DH, 1991d). The process that occurred appeared to be more intuitive – maybe more akin to the process Curnock and Hardiker (1979) found amongst probation officers in their study twenty years ago, in which, in order to write enquiry reports, officers' own practice theories and practice wisdom was used to filter information about the various offenders and offences. The process also appeared to be similar to one identified by authors such as Giller and Morris (1981) and Fisher et al. (1986) before the Children Act. Both of these sets of authors identified the functionality of such a process for workers. For example, Giller and Morris (1981) found that it enabled workers to organise and manage the flow of work. Fisher et al. (1986) suggested that such processes could also be beneficial for families who might be relieved to find that their situation was not seen as exceptional, and that other families faced similar experiences. What was unique and individual to the family was, in fact, commonplace to workers whose daily role was dealing with distress.

- **The language of practice.**

If day-to-day social work process consisted of quick, routine ways of evaluating situations and deciding what to do, based on learnt wisdom and practice theories, then the criteria or concepts underpinning those theories were critical to how workers constructed the “stories” of families’ situations and decided what type of intervention was needed. It is here also that we can evaluate whether the shifts in practice that were intended by the Act had occurred. In fact it was evident, in the terminology used, that some of the new concepts introduced by the Act were integrated into practice use. For example, “risk” was classified in terms of “harm” and families’ needs were expressed as being “for support”. But other key concepts were less well used. There were few references to “needs”

(for parents or children) unless and until a decision was made that a child's name should be placed on the Child Protection Register or a child was looked after. Parents' needs were rarely individualised but were generalised by phrases such as a "need for support" or "respite". This very limited focus on individual needs is significant because the concepts "needs" and "assessments of need" are such central ones in the Children Act (DH, 1991d) and suggests limits to the impact of the Act in changing ways of conceptualising family circumstances.

In addition, even though there was some evidence of new concepts being used in practice, the situation was not straightforward. "Old" concepts persisted indicating that previous ways of thinking and categorising situations persisted. One such concept was "problems" and another was "risk". So, we saw that client' situations were described in terms of problems, and problems were defined and categorised in terms of risks. "*Risk of harm*" and "*risk of family breakdown*" were the determining factors in social workers' stories of cases where children were being supported in their own families, but experiencing episodes of being looked after (the care management and provider type of intervention). "*Risk of harm*" from maltreatment or "*abuse*" provided the basis for more intrusive and, sometimes, compulsory interventions.

The importance of the concept of risk is perhaps not surprising given the history of child care and the consequences for local authorities of failing to protect children (Parton, 1991). Risk was also the concept that underpinned informal processes of prioritisation with the need for 'support' taking lower priority. And the term 'problem' not only suggests a negative evaluation of a set of circumstances, but also strengthens the evidence that the conceptual shift to a broader, more promotional, focus on "needs" had not taken place.

To summarise, then, conclusions about how far the Children Act had changed practice, the picture that emerged was one of limited but evolving change. Some of the new concepts and processes were in operation and had been

incorporated into day-to-day work practices particularly those prescribed in detail by regulation in terms of purpose and content. Child protection enquiries, case conferences, comprehensive risk assessments and reviews were regular and routine occurrences as well as the management processes (planning meetings and Panels) added locally. However, some of the new elements of practice such as assessments of need (which were subject to less rigorous guidance and regulation) were not in use and other concepts that were key to implementing the policy shift intended by the Act were only slowly being taken up. The concept of “needs” might have been used increasingly over the period of the research but remained somewhat limited in its application. Development was occurring against a backdrop where older ways of thinking and practising was still in use. Processes for making early judgements about families were implicit and decision-making was still underpinned by the concepts of risks and problems into which the concept of significant harm, in particular, had been incorporated. Some possible explanations for why practice was as it was need to be considered.

- **Routinisation.**

In the eleven cases examined in some detail for this study, much of practice appeared to be *routine*. This involved both the processes of quick evaluation and categorisation and the more formal processes of assessment “events” and meetings. The quick initial evaluations, the simple ways of categorising situations, which, in turn, led to predictable set of responses (child protection enquiries, risk assessments, comprehensive risk assessments, Initial Child Protection Case Conferences, Review Conferences, Panels, planning meetings, looked after reviews) were all part of day-to-day practice. Thus, while each client’s situation was unique, social workers and their managers not only used routine categorisation to determine the type and level of response but also used a limited range of responses. Routine ways of managing cases appeared to have become something of a hallmark of the local authority’s practice, and processes had become precisely that – ways of *processing* cases. While this may appear at first sight to be a criticism, it may also provide one explanation

for why change was only occurring slowly. For as with the description of the European navigator at the beginning of this chapter practising in a routine way may be a sign of skills well learnt. Skills that are tried and tested and appear to be functional for the task may be hard to give up and change.

- **Feasibility and functionality.**

Woehle (1994) suggests that practice methods that are fit for and achieve the purpose are more likely to be adopted than those that are judged not to be feasible or to be unnecessary to achieve the desired outcome. From this perspective, it could be that timely and responsive support, or action to safeguard a child, was seen as incompatible with the demands for careful consultation and thorough assessments of need at the point of referral or prior to a child's admission. The imperative was to respond to the family crisis or to safeguard the child. Quick routine evaluation and categorisation were therefore not replaced by the ideal Children Act model of assessments of need. Nor, it could be argued, was careful consultation and thorough assessment necessary, in many cases, to counteract drift for looked after children. The routine assumption for most admissions was that a child would return home. On the other hand a more systematic consideration of options was (arguably) more feasible once a crisis was over and the child was looked after, or when workers were more in control (in a longer episode). It might also have been seen as more necessary once the focus turned to achieving outcomes such as meeting a child's developmental needs. Health, educational and developmental needs are likely to be less volatile and changing than the personal and interpersonal problems and crises that beset families. So feasibility provides one possible explanation for the pragmatic task-focused practice, and the difficulty of changing well learnt patterns of practice provides another.

A third explanation may lie in organisational concerns, the need to prioritise and set some parameters to the volume of work. Meetings and other processes fulfilled a number of organisational purposes such as constructing coherent stories, testing evidence and giving managers oversight, as well as case work

ones such as exercising influence over parents. We also surmised earlier that ensuring compliance with high profile Regulations (DH, 1988; 1991g) was a method of managing organisational risk. Thus those processes that were requirements in Children Act Regulations were integrated into practice and the local authority was assured it was meeting its statutory obligations, but such processes had been grafted onto more intuitive ways of making sense of situations and working with families, which were effective in filtering and controlling the intake of work. The new processes were functional for the organisation and for case management.

So there are some possible explanations for what was found in practice and the differences between the ideal set out in Children Act Guidance and Regulations and the reality “on the ground”. The argument is that workers responded to the reality of the situations in which they found themselves and adopted a pragmatic approach to implementing the provisions of the Children Act operating in ways that they found worked. Curnock and Hardiker’s (1979), practice theories and practice wisdom, and Sinclair’s (1984) finding that social workers seek not the best solutions but ones that resolve situations satisfactorily, have a particular resonance here. But this also brings us to one of the themes that has threaded through this study – whether ideal models (Weber, 1930) are or can be delivered in practice. For, the planning models in the Children Act regulations (DH, 1991e) are founded in ideal models of social work processes (Goldstein, 1973; Pincus and Minahan, 1973; Compton and Galaway, 1994; Maluccio et al., 1986; Bryer, 1988). In searching for explanations for the practice we found in Shire, we have to address questions about whether theoretical models are replicable in practice and the relationship between the ideal model imposed by the Act and the changes in practice we have identified.

- **The Relationship between Theory and Practice.**

At the heart of the issue lies the relationship between theory and practice. One body of thought is that ideal models are very unlikely to be found in practice.

Woehle (1994) argues that there are limitations to models of social work process as representations of reality, and sees abstract models only as heuristic devices for conceptualising and understanding. He suggests therefore that rational problem-solving models of social work process are an analogy. From this position, the problem-solving model of social work process theory (Compton and Galaway, 1994) is *"like rationality"* (p.72) but can only be taken so far, and is unlikely to be found in reality. Suchmann (1987) made a similar point in examining the styles of navigation of the Trukese and Europeans and suggested that one interpretation of the different styles – one of abstract analytical thinking and the other as guided by general principles –

... stands in danger of confusing theory with practice... (p viii)

Indeed, if we look again at the second quotation about the European navigator at the beginning of this chapter, the differences between the European who, having internalised his plan puts it into action with the minimum of thought and performs almost mechanically the steps he has learnt, and the Trukese navigator who intuitively reads the winds and currents to reach his destination, look unconvincing.

Smith and May's (1980) contribution with regard to rational and incremental models of decision-making also offers a perspective here, for at the centre of the discussion about planning for looked after children lies a debate about rational decision-making as opposed to the incremental processes that were so criticised in the eighties (DHSS, 1985b). However, Smith and May (op.cit.) comment that the polarisation between rational and incremental models may be confusing *"what should be"* with *"what is"* - the ideal and the reality. They argue that such a debate serves no useful purpose. Rather one should see different models as serving different purposes and representing different things. Thus rational "ideal type" models are helpful for identifying processes and relationships, incremental models may be useful for descriptive purposes of *"what is"*.

The logical conclusion of these arguments is that one could not expect the reality of practice to reflect the ideal models of social work process and descriptions of planning (Goldstein, 1973; Pincus and Minahan, 1973; Parker, 1971; 1985; Bryer, 1988; Mallucio et al., 1986). The problem with this is that research studies in the eighties contributed to a debate about the ideal as *opposed to* reality. The consequences of “*what is*” was seen to result in poor outcomes for children in care (DHSS, 1985; DH 1991c). “*What should be*” was therefore influential in the drafting of the Children Act Regulations, and led to a model close to an ideal rational decision-making and action-focused process. Furthermore, the government’s regulatory strategy in implementing the Act ensured that most of these key processes had to be implemented. Since the fieldwork for this study was concluded the Government has continued this approach and has now introduced Guidance for the assessment of a child in need (DH, 1991d; 2000a) and made this a regulatory requirement. Thus the “ideal” continues to be seen as the minimum acceptable standard. What then do we conclude about the relationship between the ideal and reality and the impact of the Act’s Regulations on planning for looked after children?

The first point has to be one already made and one to which we will return later. It seems possible that wider considerations such as organisational needs and constraints were playing a part in how processes were implemented and the purposes for which they were used. A second point, again already made, is that key processes from the ideal model *were* in place – consultation processes, plans, reviews – but we have concluded that these did not reach the standard of the ideal. Systematic data gathering only took place for some children in some circumstances, and plans were based on broad assumptions about returning children home unless there was good reason (and evidence) to do something different. Yet the new processes were resulting in there being a Plan for a looked after child and a more systematic consideration of the needs of some children. Thus the relationship between the ideal and reality appears to be a complex one. The evidence from this study is that it is at least bi-directional.

More of a needs-focused approach was developing for some groups of looked after children and it seems likely that compliance with Regulations, and the discipline that imposes, were factors here. On the other hand, to risk repeating a point already well made, ways had been found of accommodating older ways of thinking and working into the new processes.

The conclusion is therefore that the ideal did not occur in reality and the influence of the “ideal” rational processes in planning for children is not a straightforward one and not easily disentangled. And perhaps, as Smith and May (1980) suggest, asking whether theory matches reality is the wrong question. Perhaps, the more important question to be answered is whether the standard of “planning” for looked after children came near to that regarded as good practice? What then was the evidence that social work planning for looked after children approached the standard of being purposeful and pro-active and reaching the standard of a good parent?

- Purposeful, pro-active practice?

Parker (1971) has seen the cornerstone of planning for child as workers having

... a reasonably clear practical view of the future for a child ...

(p. 13)

whenever a child was admitted. In Shire, this was the norm, although the view was open to change and was largely based on an assumption that a child would return home unless there was evidence of harm to challenge this. Whatever the basis, however, the result was a clear sense of direction and of a need to make progress.

A second consideration is whether planning was *passive* – did planning consist of purposeful steps to achieve the aims identified for an individual child and was it achieving the outcomes intended? Here, once again, the difficulty is that the

concept of outcomes in child care social work is such a complex one (Parker et al. (eds.), 1991). Within the timeframe of the research, it was not possible to draw conclusions about outcomes in terms improvement in a child's health, well-being and life-chances. Outcomes in terms of an ending to the looked after episode were easier to evaluate and there was relatively little evidence of the "drift" that had been the hallmark of the seventies. However, if we return to the aims of planning for looked after children, the issues highlighted by the early research (DH, 1985b; DH, 1991c) and what the provisions of the Act had been meant to address, two key issues were those of stability and continuity. Here the picture is not positive. Planning in Shire was not delivering good outcomes in terms of stability and continuity for children who oscillated between home and being looked after, or who experienced placement changes within a single looked after episode, – and for some this pattern was occurring over quite long periods of their childhood.

The final measure is to consider how far workers were taking steps to achieve their plans. Could their activities be judged to be purposeful? On balance there is little doubt that social work activity in Shire, in relation to looked after children, could be described as purposeful. Decisions were made either to return children home, to initiate further assessments, to seek care orders, to make an adoption plan or whatever it was decided was necessary to achieve the discharge of a looked after child to their own or an adoptive home.

It seems then that the "ideal" Children Act processes played a part in practice being purposeful, as formal planning processes were the fora in which decisions were made. However, even here a conclusion is not straightforward and a question has to be asked about "what was influencing what?" Local policy appeared to play a significant part. Practice was consistent with local aims in a number of respects: a high threshold was in operation for looking after children; time-scales for a child's return home were set at the time of admission; and alternative plans for a permanent placement were made if a child could not return home. Adoption was generally preferred to a long-term foster placement.

These were not inconsistent with Children Act aim of better planning for children, but did not reflect the aim to increase the support offered to families by looking after children.

- **Underlying value perspectives.**

A further question is the influence of value perspectives within the agency. In Chapter Eight we identified that at least three value perspectives in Shire policy: defence of the birth family, child protection/paternalism and laissez-faire (Fox Harding, 1991; 1997). The evidence was that the Children Act principles applied to any individual family (and thus the implicit value perspective) changed according to circumstances. There was evidence of a shift with practice consistent with the perspective of defence of the birth family strengthening over the period of the research, but some dominant perspectives were found. One was the priority given to situations deemed to demonstrate risk of harm, and another was the prevailing view that looking after a child should almost always be a last resort and always a temporary situation. This position, which is resonant of a laissez-faire value perspective, could also have been a powerful influence in ensuring purposeful action to bring a looked after episode to an end.

The argument here is that although practice was reflective of a number of value positions, a particular view about the purpose of looking after children was critical to the purposeful nature of social work planning and the pro-active approach to moving children through the system. Furthermore this residual position was resistant to some of the different perspectives promoted through particular Children Act principles. That is not to say that other Children Act principles (and thus, value perspectives) were not influential. However the development and expanding use of services to support families, reflective of the defence of the birth family/family support perspective, did not appear to extend to looking after children as a service to families in need of support. Such admissions had to be construed as a response to risk. Thus preventive practice and family support (representing the value of the birth family for a child) was not

fully embedded in Shire practice but by contrast there was evidence of a well-established implicit laissez-faire value position in the patterns of looked after careers, in the pattern of a high threshold and in the reactive approach to admission.

Our aim has been to evaluate the impact of the Children Act. The conclusion is that while it had some of the hallmarks of purposeful pro-active planning it did not fully match up to the ideal model set out in Children Act Guidance. It was possible that what were critical factors in achieving a rapid return home for many children may have meant that health and development needs were overlooked. And the unintended consequences for some children could have been patterns of oscillation. Such a conclusion suggests that by 1997 the Children Act had had relatively little impact in *fundamentally* changing the nature of practice with families in this local authority, although there were signs of new approaches developing. Local factors appeared to have been powerful influences in how the new legislation had been put into practice. In the final part of this final chapter we offer some thoughts on why the practice changes that the Act intended had been so slow to take hold and the implications of this for current policy developments and their implementation.

Policy Implementation and Changing Practice.

The critical issue to emerge from the preceding discussion is that of policy implementation and how far and how easily policy changes, such as those in the Children Act 1989, can change key elements of practice – ways of thinking and processes of doing. Given renewed efforts by government to prescribe social work processes (DH, 2000a), the lessons of history may offer some pointers for the present.

The Children Act is an example of top-down policy making and implementation. It represents a major shift in policy, not just because it brought together

disparate elements of legislation from previous Acts, but also because it broadened a local authority's responsibilities by focusing on social *needs* and its role in meeting them. It is significant therefore that the elements of practice in Shire that were least reflective of the Children Act guidance and principles were those in relation to the assessments of need and support of families. Local authorities will have implemented the Act differently using a range of methods. Any number of factors will have influenced how the Act was interpreted and implemented in Shire, some of which have been included in this study such as the influence of values (Fox Harding, 1991; 1997) and local policy interpretations (Hardiker et al., 1991b) but it is likely that other local factors will have played a part, such as the political context, prevailing organisational culture, training and resources. These were outside the remit of this study. However, whatever was happening at the local level, the Children Act was implemented across England and Wales and national factors offer some possible clues as to why some key concepts and processes from the Act were slow to take hold. The argument is that some of the pressures for and against change may have influenced the impact on social work practice.

- The difficulties with prevention policies.

Hardiker et al.'s (1991a) brief account of the history of prevention identifies four factors that were influential in limiting the development of preventive practice in child care before 1991. Firstly, there was an ideological debate about the nature of the state's role and the extent of intervention into family life and a parallel debate about the point at which the state could or should intervene (ibid. p 14). Secondly, there was a period of retrenchment in public service funding in the eighties. The authors state that local authorities made funding choices between care and control services and more broadly preventive services. Thirdly, Hardiker et al. identify that the traditional structure of local authority management and accountability with its emphasis on case-based practice,

... did not encourage the development of a broader perspective on social need ... (p.15).

They also suggest that government and media attention on the failures of social workers to protect individual children reinforced this focus. Finally, Hardiker et al. offer a view that social work in the eighties had become a "*professionally expert*" service (p. 16) and relatively unresponsive to the needs and wishes of its users. Thus self help and community social work models that made clients at least equal participants in solving their own problems challenged professionally expert approaches.

The Children Act has been hailed as representing a breakthrough in the growth of prevention policies and responsibilities (Aldgate et al., 1994; Colton et al. (eds.), 1995; Aldgate and Tunstill, 1996; Parton (ed.), 1997). But when one comes to look at implementation, particularly of the prevention elements of the Act, we find that the debates continued and organisational and professional arrangements did not change. Thus the conditions that Hardiker et al. (1991a) saw as barriers to the state assuming a preventive role continued to prevail in the nineties. Firstly the "choice" between care and control and preventive work still appeared to be a factor for local authorities. In drafting the Act, an attempt was made to integrate the two roles. However, as has been noted earlier, the evidence was that, politically, local authorities still saw difficulties in fulfilling all their new preventive responsibilities (ADSS/NCH, 1996). Parton (ed.) (1997) states that local authorities will have made choices in implementing the Act about the balance of effort and expenditure in carrying out the broad range of statutory functions. Local authorities also faced difficulties with how well child protection and social welfare functions could be integrated (Rose, 1994). Thus, implementation occurred against a background of continuing debate about the feasibility of what the Children Act required and what it permitted local authorities to do.

We can also see that the second two of Hardiker et al.'s (op.cit.) factors continued to be present. The focus of local authority social services management and organisational arrangements continues to be case-based, and government and press criticisms have continued to focus on failures in the

protection of individual children such as Leanne White (Nottinghamshire), Rikki Neave (Cambridgeshire), and most recently Victoria Climbié (Haringey). There continues to be an assumption that social workers are professional “experts” at least in the field of individual child protection cases, and should not get things wrong. The tensions that surround the state’s preventive role and the priorities for local authorities, continued, therefore, after the implementation of the Children Act.

These debates signal that the basis of local authority practice with children and families remained a contested area of social policy in 1991 and by 1997. In the early nineties there were discussions about what was meant by “meeting needs” and from the outset, local authorities cited difficulties in applying the concept of “need” and making judgements about who was “in need”. This was said to present particular difficulties for local authorities in disadvantaged areas (ADSS/NCH, 1996) and national guidance was not seen as helpful in clarifying the parameters of what local authorities were expected to deliver. For example, Parton (ed.), (1997) comments that the seminal report by the Audit Commission (1994) on children in need used the term “need” in a way that was vague and inadequate and also never discussed how “need” related to poverty, deprivation, and social inequalities. But need was more clearly defined in some areas. For example, in relation to children at risk of harm, the Children Act stated that it was comparative need that was to be considered and the test was to compare with a similar child (Allen, 1992; Masson and Morris, 1992). It may not be coincidence that Shire practice more closely resembled the ideal set out in Guidance and Regulations where the issue of “needs” concerned only children in need of protection and those looked after long term, and only applied, therefore, to a relatively small sub-group of the whole “in need” population. Until 1998, no further guidance was offered for judging whether other children were in need. Thus what was meant and what was expected of local authorities in relation to their preventive responsibilities remained hazy, apart from some specific exceptions such as the development of respite

accommodation, family centres and services for disabled children (DH, 1991 d; 1991e).

So controversy and debate about the implications of the Children Act continued after its implementation. In addition, what appears to have been largely unheralded amid the debate was the changes such a policy shift required of social work practice. For, in essence, the provisions of the Children Act amounted to a paradigm shift in social work practice models and methods. As the survey of literature on social work methods (Chapter Two) showed the dominant paradigm in social work methods up until the Children Act was that of *problem-solving* (Perlman, 1970; Hardiker and Barker, 1981; Compton and Galaway, 1994). By contrast, with the Children Act, the public discourse at policy level was about meeting *needs* (Audit Commission, 1994; Rose, 1994; Dartington, 1995b) and “needs” was the concept that underpinned the case-related planning and decision-making processes that have been studied in this research. In Chapter Two we noted that more recent models of social work process such as assessment and care management were said to be founded in problem-solving methods (Smale et al., 1993; 1994). By contrast however, Compton and Galaway (1994) argue against the concept of needs as the basis for practice. Their arguments echo those of some social policy commentators (Parton (ed.), 1997) – that need is a poorly defined concept and they add that, by implication, the social worker defines the client’s needs. The evidence is, therefore, that “needs” represented a paradigm shift not just in policy terms but also in conceptualising the social work task. The debates that took place at the time and the continuing discussion about how local authorities could meet their new wider responsibilities meant that the Act marked a shift away from *problem-solving* to *needs-led* practice models. But how well this was recognised in the early years after the Act?

The evidence is that this shift was little heralded and perhaps, at first, little recognised, in the field of child care. There was limited exploration of what was entailed in an “assessment of need” except perhaps in relation to looked after

children (Dartington, 1995a). And here the new practice model was launched in the guise of a large volume of forms, which themselves raised some questions about the feasibility of the task. The history of introducing this major shift has to be contrasted with what occurred in the field of adult care a year or two later. With the implementation of the NHS and Community Care Act (1990) came a flurry of debate and exploration as the new needs-led, assessment and care management practice model was introduced (DH, 1991a; 1991b; Challis and Davies, 1986; Challis et al., 1990; Smale et al., 1993; 1994). Thus, the argument is that the shift required from problem-solving models of practice to needs-led methods was not acknowledged and not fully recognised in child care. The “problem” focus we found in social work practice in Shire may therefore be particularly significant. On the other hand, we cannot know whether workers and their managers in Shire were slower or more resistant than those elsewhere in recognising and internalising the change from “solving problems” to “meeting needs”. We can surmise that practice grounded in assessing problems and risks had the advantage of familiarity and we have concluded that a feature of local practice was a degree of pragmatism about what was feasible and “what works”. Yet to lay responsibility for the limited amount of change largely at the door of the local authority concerned would be to overlook what national events tell us about implementation of the Act. Other practice changes required by the Act were subsequently seen to have been poorly understood and implemented. Government and academic sources have had to re-assert the false dichotomy between protection and welfare functions in child care (Dartington, 1995b) and the national policy thrust was to *integrate* social control with social welfare only a few years after the Act (Rose, 1994).

The initiative to re-emphasise the aim of integrating the welfare and control functions is also significant because it was another area where social workers in Shire were facing difficulties in practice. What this study found was that in practice the two elements of the social work role still sat somewhat uneasily together. In reality, workers could (and did) reach a point with families where there was a shift in practice methods marked by an increased use of authority

and in some cases by compulsion. The integration of social welfare and social control in child care law and practice was based on ideological and political considerations and on evidence about what wasn't working, rather than evidence about what would work. In this area too it was left to practitioners and their managers to work out how to put into practice the idealism of the policy makers.

So there is a question that emerges from this thesis – how do governments achieve the policy and practice changes that they want in the complex field of social care, when what is required is change in the way people think and work? This question is as pertinent now as it was at the time of the Children Act was implemented for, as I write the closing paragraphs of this study, child care social work is again experiencing major developments in public policy. Many recent initiatives are pursuing changes intended by the Act ten years ago, but which have been poorly implemented or not achieved (DH, 1998a;1998b). A major focus is again on the experiences of looked after children. We have not only a renewed policy drive to improve their health and educational achievements, but a focus again on drift and a call for increased numbers of looked after to be placed in adoptive homes (DH, 1998f; 2000c). Care orders among looked after children are on the increase again (DH, 2000b). New standards are being set for foster care and adoption practice, to tackle drift and placement instability and lack of choice (DH, 2000c). And in addition we now have Guidance on what is meant by an assessment of need, and it is a requirement to introduce this process in order that workers discriminate effectively between children referred to social services and to decide who should receive services (DH, 2000a). For the first time we have national guidance that attempts to show how protection responsibilities should be integrated within wider needs-led, enabling practice with families.

It remains to be seen how successful these new initiatives are, but to achieve the changes government is increasing its range of methods for implementing policy. Targets, Regulations, inspection, Guidance, and new resources ring-

fenced for government-defined purposes all reduce the scope for local discretion. Yet the messages of this research are that the scale of the task and the change that may be required cannot be overestimated. Of critical importance are local influences, how workers' real life experience matches up to the ideal models they were expected to implement and the resourcefulness with which they adapt to what is required, without changing what they perceive to be tried, and tested, and that works for them. Routine compliance and the outward signs of changed practice are unlikely alone to bring about the sea-change in practice that is still required to improve the lot of looked after children. This is the hard conclusion of this thesis. Yet within this study we also find grounds for optimism – for practice in supporting families was developing and changing, - and this has occurred to an extent because of the new discipline imposed by Regulation. How much more quickly might this have emerged had the full scale of the change been acknowledged and recognised in 1991? Perhaps therein lies the final message of this thesis – achieving policy aims, and planning for children, is like navigating a difficult voyage. There must be at least the basic resources to undertake the voyage and knowledge of the destination, as well as the condition the cargo has to be in at the end of the voyage and the essential ports of call along the route. But there is no substitute for the skills, experience and wisdom of the navigator who makes the voyage in the local conditions - and ways of understanding and skills take time to develop to the point where they are practice wisdom and the routine tools of the trade.

Appendix One: Shire Documentary Sources

SHIRE CHILDREN'S SERVICES. (1993a) *Objectives, Targets and Strategies 1993-1994*

SHIRE COUNTY COUNCIL SOCIAL SERVICES DEPARTMENT: Performance Review and Research Unit (1993b) *Annual Statistical Report 1992/93. Children's Services.*

SHIRE COUNTY COUNCIL SOCIAL SERVICES DEPARTMENT Performance Review and Research Unit (1995a) *Annual report on Children's Services.*

SHIRE COUNTY COUNCIL SOCIAL SERVICES DEPARTMENT (1995b) *Draft Policy and Practice Guidance: Working with Black Children in Substitute Family Care.*

SHIRE COUNTY COUNCIL (1996) *Annual Report on Children's Services 1995-1996.* Performance Review and Research Unit

SHIRE COUNTY COUNCIL SOCIAL SERVICES DEPARTMENT (1997) *Annual Report on Children's Services.* 1996-7 Performance Review and Research Unit

SHIRE POLICY, PRACTICE AND PROCEDURAL GUIDANCE for CHILDREN'S SERVICES (PPG) 1991-1997

SHIRE COUNTY COUNCIL SOCIAL SERVICES DEPARTMENT (1997) *Assessment, Planning, Implementation and Review: Targeting Services for Children in Need. Handbook.*

Appendix Two: Summary of information on 'care careers' from studies prior to implementation of the Children Act 1989 (1986-1991).

Study authors and year of publication	Brief description of research	Care Career information
Packman et al. 1986	<p>Study of admissions in two local authorities, including reasons and type of admission.</p> <p>Focus on a single episode of 'care'.</p> <p>Sample of 361 children from 266 families. 56% of children were boys and 44% girls.</p> <p>16% referred for the first time, 41% re-referrals and 43% 'on the books' for at least one month.</p>	<p>68% admissions were voluntary, 32% compulsory.</p> <p>Reasons for admission were categorised as 52% for parenting behaviour, 35% for the child's behaviour, and 31% for the child's health (including child being at risk).</p> <p>22% of the sample had been in care before the study admission. 8% had been admitted on more than one occasion previously. Half of those for no more than two months but rest for lengthy periods.</p>
Millham et al. 1986 (Dartington Research Unit)	<p>Study of problems faced by parents in maintaining links with their children in local authority care.</p> <p>Two year longitudinal study of single care episode for 450 children in 5 local authorities. Intensive study of 30 children including the negotiations between the family, social worker and child.</p> <p><i>'...75% of families had been known to social services, and more than half for more than one year ..' 'Most children had experienced family breakdown but nearly a quarter entered due to behavioural difficulties.' 'Nearly a half entered with one or more siblings..'</i></p>	<p><i>'... 16% of study group had been on supervision orders and a further 29% had been in care before, whilst for 10% there had been more than one care experience... . Two children had been in care no fewer than 10 times previously.'</i></p> <p>Most previous admissions were short stays due to the temporary breakdown in family care. Usually the children in these admissions were very young – 80% were under the age of five.</p> <p>Changes of placement were a feature with foster placements more likely to break down (than residential placements) and some children had '<i>numerous breakdowns</i>'. More than half of the 222 children still in care after 6 months had changed placements. Changes of social worker were also a feature of discontinuity.</p>
Rowe et al. 1989	<p>Study of admissions, placements and discharges over two years in 6 authorities. All admissions during study period included. Research only measured 'moves' over a 12-23 month period</p>	<p>Two thirds were voluntary admissions. 17% were admitted under Place of Safety Orders.</p> <p>Of the first year admissions 18% had a second admission, 7% three or more.</p>

	<p>2010 children in the Yr One sample which was followed for two years. 57% boys and 43% girls.</p> <p>More than one third of children were aged under five years at admission.</p>	<p>Over half of the 2010 children with at least one admission in the first year of the study had no moves, 26% had one, 9% had two and 8% three or more. 38 children had five or more moves.</p> <p>44% had only one placement, 28% had 3 or more placements</p> <p>Note: There is no report on whether children with three or more admissions returned to the same placement.</p>
Bullock et al. 1994 * (Dartington Research Unit)	Follow-up study of children returning home from care.	Of those in care for two years or more, 84% had moved placement at last once, 56% two or more times.
Barn 1993 *	<p>Study looked at all admissions in the previous six months and followed the children for a further 6 months, in one London Borough. Focus was differences between careers of black and white children. 'Career' was defined as a single episode.</p> <p>Sample was 564 children, 294 black and 270 white. 53% black girl, 47% black boys compared with 57% white boys and 43% white girls.</p> <p>80% families had previous involvement with SSD.</p>	<p>50% had been in care on previous occasions but only a very small majority had had several previous care episodes. There was no difference between black and white children.</p> <p>Multiplicity of reasons for referral and only significant difference between black and white children was referrals for neglect and parental inadequacy.</p> <p>52% entered care through the voluntary route.</p> <p>Children who had been in care more than three times before had the greatest number of placements but there were no differences between black and white children.</p> <p>Taking all the children's care episodes: 36.5% children had had 1-2 placements 36.5% had had 3-5 placements 27% children had had 6 or more placements.</p>
Fisher et al. 1986	<p>Study of the experiences and perceptions of 350 children and their parents in relation to a single care episode over one year (max.).</p> <p>All children aged over 8 years.</p>	<p>No information on previous or further episodes.</p> <p>Half the children stayed in their initial placement.</p>
Vernon and Fruin 1986	<p>A study of decision-making for children in care. Study considered 114 admissions and 204 care episodes in all and followed children for up to one year.</p> <p>Research focus was on decision-making in relation to single episodes.</p>	<p>8 children had at least 2 care episodes in the study period.</p> <p>Half left care in 6 months, and the rate of return home diminished as time went on.</p> <p>Children '<i>rescued from their families</i>' dominated those in care</p>

		for more than 6 months.
Bebbington and Miles 1989	Survey of the family circumstances of 2500 children who entered care in 1987.	No information on previous 'care' experiences.
Thorpe 1987	Study of a group of children in care in Leicestershire.	<i>'a substantial group were regularly and frequently admitted returning always to the same carer'.</i>
Farmer and Parker 1991	Study of children returning 'home on trial' having been taken into care either as a result of abuse or neglect or to control behaviour.	Some children subject to repeated unsuccessful attempts to return them home. <i>'The longer a child was in care and the number of placements the less satisfactory the return home was likely to be.'</i>

* Fieldwork on these studies was completed prior to implementation of the Children Act 1989.

Appendix Three: Brief Details of the 'Subset' Children¹.

- D** A white boy born in 1988 who lived with his father, step-mother, sister and 3 stepsiblings, one of whom was hemiplegic. D's birth mother had a learning disability and she and the father separated soon after D's birth. D's father and step-mother complained they could not cope with D's behaviour. D was looked after three times and spent time in 7 foster homes and 2 residential placements. While D's sister returned home, the Plan for D was adoption.
- R** A white boy born in 1987 who had a substantial earning disability. R's father was unknown and he lived with his mother and her partner. Concerns for R focused on the quality of his care and possible neglect as well as his mother's ability to cope and willingness to care for him. R had a regular respite arrangement with carers but was also looked after for longer periods four times and spent time in two foster homes and two residential placements. At one time the plan was to place R for adoption, but he was returned to his mother.
- K** A white girl born in 1986 with a young sister and three adult siblings. K's mother had left their violent father. She was depressed, abused paracetamol and said she dreamt of harming the children. K and her younger sister were looked after 5 times in 3 different foster homes. The older siblings offered the mother some support and the case had been closed 18 months by 1997.
- M** A white boy born in 1985 who lived with his mother and disabled step-father - his main carer till 1994. Early concerns focused on risk of harm followed later by concerns for M's behaviour. M was subject to a care order twice and was looked after 4 times. He stayed in 4 foster homes and there was a plan for adoption at one time. At the age of 8/9 years he disclosed sexual abuse by his step-father. By 1997 he was living at home and the adoption plan had been abandoned for one maintaining him at home. A care order was still in force.
- P** A white boy born in 1984 with an older half-brother. P's mother complained about his behaviour and said she was afraid of hurting him unless he was

¹ Files were analysed in 1997 and the histories are summarised until that point.

looked after. The family was provided with a range of support services. After leaving the district and returning P's mother again requested he be looked after because of his behaviour. After a further episode he returned home and the case was closed. Altogether P was looked after 3 times and stayed with 4 different foster families.

- S A white girl born in 1991, with a younger sister. Their mother had been homeless at 18 years and had an older son who lived with her mother. Another daughter, born after the girls' last admission, was looked after separately and placed for adoption at 2 days old. The girls' father had two sons by a previous relationship and was not the father of S. Both parents cared for the girls until the mother left. The father later abandoned them. The girls were looked after 6 times and stayed in 6 different foster homes. At the follow-up point the plan was for adoption.
- T A white boy born in 1988 with two older brothers and a younger half sister. The mother had a learning disability, their father was convicted of serious offences and was serving a life sentence. T's mother received a range of support services and T and his siblings had an arrangement for regular respite care. In addition T was looked after 5 times by agreement and stayed with two foster families. Care orders were sought after the younger sister disclosed sexual abuse. The plan for the boys was long term foster care, but for the sister the plan was for adoption.
- H A white girl born in 1991 with an older half-brother. H's mother had been sexually abused in her own family, and had had violent partners. H's mother moved to a women's refuge and was then re-housed. She suffered from depression. The family received a number of support services. The older brother's behaviour caused difficulties at school and he received help from child and family therapy services. The two children were looked after by agreement five times and stayed in two foster homes.
- J A white boy born in 1987. J was the sole child of his mother who had herself been adopted as a child and spent time in care. She had no support from her family and had a life threatening illness throughout most of J's childhood. J lived

with his mother and her partners but she frequently requested that he be looked after when she felt unable to cope. J was looked after at least 11 times (records pre-1988 were unclear) and stayed in four different foster homes. By 7 years he had been excluded from 3 schools, but had returned part-time to mainstream school by 1997.

- L A white girl born in 1990 who had an older sister and two brothers all of whom were looked after at the same time. (A younger sibling was born to their mother by a subsequent relationship.) Concerns focused around the instability of the parents' relationship and neglect when the father was caring for the two oldest children. Later the older sister disclosed sexual abuse and the four children were admitted on Emergency Protection Orders. L was looked after three times and stayed in three different foster homes before all four children were placed with two sets of relatives.
- TB An African Caribbean girl born in 1988 with an older and a younger half brother. TB's half brother was physically abused, and he and TB were admitted and placed separately (the brother with a relative). Care orders were obtained. At the three-year follow-up TB remained with her first set of foster carers, after an assessment of whether her father could care for her had not been completed because he was unwilling to set a timetable for having TB. The plan for TB remained to seek a permanent alternative home.

Appendix Four. Schedule of Data Collected from Files.

Child.

- Name(s)
- Date of birth,
- Ethnic origin,
- Gender,
- Disability status.
- Health and well-being: records of health issues (physical, emotional) (dates).
- References to educational attainment or difficulties (dates)
- Details of specialist help for child.
- Child's Carers (dates and relationship to child.)

Child's family.

Mother

- DoB
- Health and Educational details
- Family background.
- Details of History

Father

- DoB
- Health and Educational details
- Family background
- Details of history

History of parent's relationship

Child's siblings: date of birth,
 ethnic origin,
 gender,
 disability status,
 relationship to child.

If not in household, brief details of why, where living and dates child/sibling spent together.

Other household members, with dates and relationship to child.

Any other “significant others”? Relationship to child? Why significant.

Extended family members mentioned in files. Details of each reference, involvement with child.

Social Work History

- Dates of **referrals** and reasons. Action that followed.
- Dates of **looked after episodes**. “Story” of episode including circumstances of admission and discharge for each episode, legal status at admission, any subsequent changes (including sequence of events), parents’ reaction to admission.
- Decision-making processes for admission(s). Sequence of events. Who consulted? When? Who involved from SSD?
- Plan for child for each episode? Date Plan recorded? Details of what included?
- Contact whilst looked after. With whom? How? Dates?
- Placements.
 - Details of how placement selected?
 - Any record of difficulties related to child in placement, child’s family or foster carers family.
- Decision-making whilst child looked after.
 - Significant decisions: Where? How taken? By whom?
 - For meetings: type of meeting, date, who attended, matters discussed, decisions recorded.
- Decision-making for return home. Sequence of events. Who consulted? When? Who involved from SSD?
- Outcome? Where was the child in 1997? Any changes in family/child recorded?
- Legal proceedings? Dates, type, outcome?
- Record of any work undertaken with child: dates, who involved, focus type of work. Outcomes recorded?

- Record of any work undertaken with parents/carers: dates, who involved, focus/type of work. Outcomes recorded?
- Record of any work undertaken with foster carers: dates, who involved, focus/type of work. Outcomes recorded?
- Resources offered to family – type, dates.
- Resources accepted by family – type, dates.
- Social workers for family? – with dates.

- **The “story” of the child/case** and summary of key issues affecting intervention with the family.

Appendix Five. Illustrative summary case analysis and commentary.

Case 'M'.

Case chronology of events and decisions.	Commentary and Analysis.
<p>M born March 1985 to C aged 20 yrs. M's father unknown.</p> <p>When M aged 18 months, C formed relationship and began living with K. K was paraplegic following an accident and a wheelchair user. K subsequently became M's main carer while C was at work.</p>	
<p>July 1988. Referral of M. Referral refers to C and K finding it difficult to cope, and to K's disability. Day care place in Family Centre till March 1989.. No other SSD input.</p>	<ul style="list-style-type: none"> No formal assessment process. <i>Parent seen as 'in need of support.'</i> Provider only pattern of intervention.
<p>May 1989 Referral for bruising on neck. Case conference concluded injury was non-accidental and M registered on the CP Register.</p>	<ul style="list-style-type: none"> Assessment took form of gathering details for verbal report to Case Conference. <i>Child seen as being 'at risk'.</i> Supervision visits by social worker (SW). Assessment and care management pattern of intervention starts.
<p>Referral Nov. 1989 for a friction burn on M's neck.</p> <p>M received into care on a voluntary basis and placed with series of foster carers (1, 2 and 3¹) (with a brief return to foster home 1 between 2 and 3).</p> <p>Care Order made April 1990</p> <p>May 1990 M returned home. Work with family by C&F Therapy, but no direct work by sw apart from supervision.</p>	<ul style="list-style-type: none"> <i>Assessment and care management pattern of intervention continues with increased focus on control, and liaison with other agencies.</i> First Care Order episode
Children Act implemented in 1991.	
Case closed when Care Order revoked Sept 1992.	
<p>C and K married Sept 1992.</p>	
<p>Referral of M in Sept 1992 for alleged physical abuse. No further action taken.</p>	<ul style="list-style-type: none"> Fact gathering around allegation but 'assessment' activity discontinued. No case conference.
<p>Referred early October 1992 for 'behaviour problems'. C called emergency out-of-hours team saying M was 'out of control'. 2 weeks later M admitted voluntarily and placed</p>	<ul style="list-style-type: none"> Assessment and care management pattern of intervention for brief period child looked after.

¹ Numbers refer to number of different placements e.g. foster home 1, etc.

<p>with foster carer (4). M then returned home.</p> <p>Case closed.</p>	<ul style="list-style-type: none"> • No child care panel before admission. • No record of planning for return home or for follow-up support.
<p>Re-referred 2 days later (Oct 1992) by C through emergency out-of-hours team. M had been excluded from school.</p> <p>M admitted voluntarily and placed with foster carer (3).</p> <p>Child Care Panel held. Decision; M to remain accommodated with an aim of returning home once work completed on behaviour. No specific timetable for return set.</p> <p>Child and Family Therapy involved while SW visited parents and foster placement. M's described as 'having behaviour problems and temper tantrums'.</p> <p>March 1993 Rehab planning meeting. Arrangements for return how with initial support from home care staff made.</p> <p>March 1993, M returned home.</p>	<ul style="list-style-type: none"> • <i>Assessment and care management pattern of intervention re-started.</i> • Child Care Panel considers admission <i>after</i> emergency admission. • Evidence of planning for support after return home. • SW visiting continued till August 1993.
<p>Aug 1993 K and C separated. C's has a new partner - D.</p> <p>Case Closed Aug. 1993</p> <p>K has no contact with M after October 1993.</p>	
<p>Referral Dec 1993 for alleged criminal offence. Information noted.</p>	<ul style="list-style-type: none"> • No evidence of assessment activity.
<p>Referred Jan 1994 by maternal grandmother after M had run away from home. Police returned M to C who refused to take him back. M was admitted voluntarily to residential home for 3 days before being placed with foster carer (5).</p>	<p>Jan 1994 – 1997.</p> <ul style="list-style-type: none"> • <i>Assessment and Care Management pattern of intervention from point of referral.</i> • <i>Quickly becomes 'permanency planning' –</i> • <i>Subsequently reverts to assessment and care management pattern.</i> • Range of direct interventions with the family and child recorded over the period till early 1995: psychologists assessment; assessment 'events' of which one appeared not to be completed; programme of support once M did return home including work on parenting skills. After

<p>Feb 1994. Case Conference. Decisions: Comprehensive assessment of C and K (separately); to apply for a Care Order with a view to placing M for adoption; M to remain looked after.</p> <p>Psychologist prepares report for court.</p> <p>March 1994, Several instances of financial support to family to respond to financial crises and support contact.</p> <p>Assessment concluded C was 'not able to provide M with consistency' and it was uncertain whether K could provide consistency. K was intending to apply for a residence order.</p> <p>April 1994. Contract with C and K about contact because of 'the effect on M's behaviour'. C asking for M to come home but would not set a timetable so the request was refused. K asked separately if willing to care for M.</p> <p>May 1994. Review at foster home (5). Parents not invited to attend. M's progress reported to be 'dramatic' with much improved behaviour and progress in M's reading age of 2.5 years in a few weeks. C reported as wanting M to return home and asking for 'an assessment'. C and D reported not to be keeping to contact plans and were seeing M outside the agreed arrangements. Decisions: M to remain in current placement, legal process to be speeded up, supervise contact, initiate a comprehensive assessment, clarify K's wishes, to apply for ICO with a plan to seek a permanent substitute family (adoption). Recognised need for re-assessment to consider rehabilitation.</p> <p>July 1994 Planning Meeting chaired by service manager, to discuss potential permanency plan, M's links with his birth family. B family saying they want M home. Outcomes of re- assessment not recorded Decision: confirmed plan for M was adoption.</p> <p>Aug 1994. Review. Areas discussed, child's progress, health, schooling, contact with C.</p> <p>M returned home August 1994 after ran away from foster home. Aug 1994 Review confirmed M would not return to foster home.</p>	<p>January 1995 activity becomes more reactive to crises.</p> <ul style="list-style-type: none"> Record of decision to undertake formal assessment of parenting and of assessment subsequently being completed. Decision to apply for a Care Order and consider adoption made <i>prior</i> to assessment work. <ul style="list-style-type: none"> <i>Increasing control being exercised:</i> over contact between M and his parents and in response to request for M to return home. <ul style="list-style-type: none"> Statutory review of looked after child. Explicit record of discussion of M's health, education and progress. <ul style="list-style-type: none"> <i>Increased control exercised with contact now supervised.</i> <i>2nd assessment event initiated to assess prospects for rehabilitation.</i> <ul style="list-style-type: none"> Assessment discontinued? <ul style="list-style-type: none"> Statutory review of looked after child: record of discussion of health, education and child's progress. <ul style="list-style-type: none"> <i>Turning Point. Reactive decision in Review to child running home. Change of plan to rehabilitation with a Care Order.</i>
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<p>Care Order made October 1994 with agreement of all parties that 'rehabilitation' was the plan for M. SSD made contract with parents and there was an acknowledgement that the Care Order led to 'a network of support and constructive work with C and M.'</p> <p>Nov 1994 Case Conference. Areas discussed: background, parents' views, child's views. Other professional's views. Decisions: Care Order to continue. Family to receive SW support. SW to liaise with other agencies, contract and care plan to be made with parents, Discuss with other agencies their input to the family. Care Plan includes work on parenting skills to enable them to provide M with 'clear and understood boundaries for behaviour using non-abusive controls and consistent positive parenting.</p> <p>Direct work session with M about behaviour and impact on parents</p> <p>March 1995. Planning meeting re M's behaviour at school. Decisions: behaviour modification programme at school.</p> <p>May 1995 Review. Considered Child's health, educational progress, home situation, contact with K. Concluded original reasons for M being looked after no longer existed and the plan for M had now changed, since his return home. Decision: M to remain at home, apply for discharge of Care Order.</p>	<ul style="list-style-type: none"> • 2nd Care Order episode begins and continues till follow-up in 1997. • Focus of Case Conference is decision-making and review of events (rather than child's health, development education etc.) • Statutory Looked After Review. Discussion of health, education etc. Also confirmed change of plan for child.
<p>August 1995 D contacted SSD to say M had disclosed sexual abuse by K.</p> <p>September 1995, Case Conference to consider disclosure of CSA and home situation and progress and whether to discharge the Care Order. Decisions: not to register M or to discharge the Care Order. Claim to be made to CICB. No contact with K. Refer M to Child and Family Therapy. Maintain M at home.</p> <p>Dec 1995, K died.</p>	<ul style="list-style-type: none"> • Case Conference under ACPC procedures also confirms current plan for M.
<p>February 1996 Review. Areas considered: M's health, education, developments since the Case Conference of Nov 1995.</p>	<ul style="list-style-type: none"> • Statutory Looked After Review: considered health, educational progress as well as developments since the Case Conference. •

<p>June 1996 Admitted to residential home (2) for 2 days and moved to foster home (6). Returned home.</p> <p>Child Care Panel. M excluded from school. Difficulties at home. Decision: to maintain M at home. Refer for Family Resource Worker input to prevent breakdown at home.</p> <p>Aug 1996. Re-admitted to residential home (3) for 4 days, then foster home (7) for 3 days, then foster home (8), then returned to foster home (7) before admission to residential home (4). Returned home December 1996.</p> <p>October 1996. Application to discharge Care Order withdrawn.</p> <p>December 1996. M admitted to residential home (2), then various foster placements following permanent exclusion from school.</p> <p>Returned to C and D with support from FRW. .</p>	<ul style="list-style-type: none"> • <i>Retrospective Child Care Panel</i> after admission and return home. • M remained a looked after child throughout admissions and rehabilitation due to the Care Order. • <i>Oscillating pattern of admission and discharge.</i> • <i>Reactive to presenting crises, rather than planned.</i> Plan remained to maintain M at home with his mother.
<p>1997 Weekly contact by FRW working with M on managing anger and conflicts, and building relationships with C and D.</p>	<ul style="list-style-type: none"> • <i>Care Management type of intervention continued</i> with inputs from specialist workers.
<p>August 1997. M remained with C and D, but situation described as 'unstable' on a Care Order.</p>	<ul style="list-style-type: none"> • <i>Care Management type of intervention continued at follow-up point</i> with M still looked after under a Care Order but at home..

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