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DECISION MAKING IN CHILD PROTECTION PRACTICE

Nancy Kelly

A thesis submitted to the University of Huddersfield in partial fulfilment of the requirements for the degree of Doctor of Philosophy

The University of Huddersfield

2000
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Abstract

This research explores the decision making processes of individuals and groups engaged in child protection practice within social services departments in the UK. The emphasis of the research was to consider how the application of psychological theories and concepts might allow a descriptive and interpretative evaluation of decision processes in child protection practice. The research sought to elaborate upon much of previous social work literature in that it focused upon the processes of decision making rather than the outcomes for participants. Similarly it sought to elaborate upon literature in decision theory in that it focused upon real world, ongoing and naturalistic decision situations. The theoretical framework used in the research was an integrated model of decision making under conditions of risk proposed by Whyte (1989, 1991). This model outlines circumstances under which individuals and groups may take decisions in the directions of risk or caution.

The methodological approach was grounded in the principles of qualitative research. Drawing upon Forster (1994) and Yin (1989) documentary analysis was applied to case studies. The research considered documents in relation to two categories of child protection cases. Initially those where children who were already known to child protection practitioners had died, namely, child death inquiry reports. Ongoing cases within a local authority child protection department, where the outcomes and decision making were considered to be positive, were then analysed. The interpretation from the first stage of the research suggested that all the concepts outlined in Whyte's model could have explanatory value and that the deaths of children could be a consequence of the ways in which decisions are framed and which leave children in situations of risk. The second stage involved the analysis of documents in relation to eight ongoing cases within a local authority. The number of group meetings held in the eight cases was 38 and in 71% of these the operation of the certainty effect in the direction of risk was evident. In the remaining 39% there was evidence that the certainty effect operated in the direction of caution. Within the documents there was some evidence of group polarisation and groupthink. Resources were committed and escalated consistently in order to ensure the effectiveness of initial plans of action despite evidence that these were unsuccessful in terms of the overall well being of the children.

The decisions were shown to be bounded by the 'objective' principles of the Children Act 1989 and Working Together (1991). However themes that emerged from the analysis of the cases suggest that there is a 'subjective' influence on decision processes. Evident within the analysis was a shared fundamental belief in keeping children with their mothers. Both these objective and subjective influences suggest that almost inevitably decision making in child protection practice will be driven in directions that result in courses of action that involve potential and actual risks for children. The findings emphasise how an explicit recognition of the multifaceted nature of decision making can assist in more reflective practice. The ways in which national and local policy impacts upon decision processes, at the level of the individual and groups, need to be monitored in order that the needs of children in situations that involve risk remain paramount.
Chapter One.

The child protection process- the role of the individual social worker and the multiagency case conference

Parton, (1990, 1997) suggests that ‘child abuse’ is now constructed as one of the major problems of social life. Parton, Thorpe & Wattam (1997) cite research from Canada, the USA, Australia and the UK which reveal that official reports or notifications of ‘child abuse’ to child protection services have risen consistently since the 1970’s. As one example they provide statistics that identify a rise from 517 referrals in 1977/8 to 26,622 referrals in 1993/4 within the State of Victoria, Western Australia. Whilst some of these referrals in each of the countries were later considered to be unsubstantiated or classified as issues of parenting style rather than instances of deliberate harm to children the trends nevertheless corroborate the view that ‘child abuse’ is a major problem in Western society.

This chapter has a number of aims; first to outline historical perspectives and developments in social policy and social work practice within the UK. A second aim is to describe child protection procedures following the implementation of the Children Act 1989. It is here that the nature of the decision making roles of individual social work practitioners and multiagency case conferences will be outlined. Third to provide an evaluation of the effectiveness of child protection procedures since the implementation of the Children Act 1989. Throughout the emergence of the concept of ‘risk’ and the ways in which that is dealt with in child protection practice will be illustrated.

Historical background to contemporary child protection practice.

Through the 1970’s and 1980’s the discourse surrounding the problem of harm to children altered. Definitions moved from ‘battered baby’ (DHSS, 1970) to ‘non accidental injury’ (DHSS, 1974) to ‘child abuse’ (DHSS, 1980). A range of policies were designed and constantly refined in order to deal with this problem. Whilst these changes can on the one hand be seen as attempts to ensure that procedures and practice result in beneficial outcomes for
children they can, on the other hand, be seen to reflect a changing emphasis in how society defines and deals with 'child abuse' (Parton 1996; Parton, Thorpe & Wattam, 1997).

Social services departments were created in 1971 following the Seebohm Report (1968). Within these departments social workers operating with children and families were seen to conform to wider notions of 'welfarism'. Services were provided by the state in order to promote social justice and meet social needs. As such professional and skilled social workers were to intervene into family life in order to address social problems. The professionalism and skill of social workers was considered to be founded upon a knowledge base of psychodynamic theory and ego psychology (Payne, 1992; Pearson, Treseder & Yelloly, 1988) and interventions via casework with families were seen to be beneficial to those families. At this time then, the core of professional practice was therapeutic work with families where the legal system simply provided the context and mandate for any interventions. Throughout the 1970's the medical profession played an important role in the definition of child abuse and in 1974 the DHSS clearly stated that physical signs on a child's body and in the home provided a means of identifying non accidental injury.

Following the inquiry into the death of Maria Colwell (Secretary of State, 1974) the DHSS produced a memorandum recommending the creation of case conferences, area review committees and non accidental injury registers (NAI) (DHSS, 1974). These recommendations were soon put into operation. This memorandum emphasised the need to prevent, diagnose and manage effectively cases of harm to children. In suspected cases of NAI the children were to be admitted to hospital at once, where a medical diagnosis could be made, and where social workers felt that the risk at home was unacceptable to the child a court order should be sought. In the latter cases where the possibility of 'child abuse' may exist, the responsibility of assessing the risk clearly lay with individual social workers and social services departments. Parton et al (1997) suggest that this is the first occasion where the term 'risk' is used in official discourse and the memorandum clearly states that the indicators of risk to children were physical signs. This tendency towards a scientific and medical approach towards the diagnosis of 'child abuse' continued to gather momentum until in 1980 the DHSS officially used the term child abuse and stated that 'the diagnosis of child abuse will normally require both medical examination of the child and social assessment of the family background' (DHSS, 1980, para 2.2 (a)).

Whilst these developments built on a certain degree of optimism about this approach with regard to the welfare of children and families, Parton et al (1997) argue that there were a number of wider anxieties surrounding the whole issue of child abuse and child protection. From within the profession of social work there were several reports (National Children's Bureau Working Party, 1980; DHSS, 1985b; Social Services Committee, 1984) that were
concerned with the instances of poor child care practice. Over time there were a number of wider social critiques that brought into question the whole notion of state intervention into family life. For example, there were concerns from a civil liberties perspective about the right of the state to intervene into a 'natural' and 'private' family life (Morris et al, 1980). This issue became crucial in the mid 1980's and the inquiry into the Cleveland affair (Secretary of State, 1988) became pivotal in setting the issue of parental rights over state intervention into family life on the political agenda.

At the same time there had been a number of publicly held child death inquiries where children who were already known to social services died at the hands of their parents or caretakers (For example: Secretary of State for Social Services, 1974; London Borough of Brent, 1985; London Borough of Greenwich, 1987; Secretary of State for Social Services, 1988). The reports into these child deaths often castigated individual social workers for poor judgements or for levels of incompetence. Importantly, they also repeatedly stated that when the children had died as a result of physical abuse or neglect it could be attributed to the lacking nature of policy and practice, and to the ambiguous and contentious roles of different agencies involved in child abuse cases. The culmination in recommendations from such inquiries was that there was a need to rethink social policy with regard to child abuse and to reconsider the management of cases of harm to children between different agencies involved; that is social work practitioners, police, health professionals, the medical profession. The inquiry into the death of Jasmine Beckford played a central role in positing the legal profession as central to decision making rather than as a context to it. The report into the death of Jasmine Beckford (London Borough of Brent, 1985) suggested that she had been allowed to remain at home with inappropriate social work intervention whilst the decisions as to her care should have been taken only after full legal consultation with multiagency professionals. This was a clear indication that the legal system was considered to be vital in child protection decision making, not simply an adjunct to it.

Alongside these developments in the legal system and the child protection system other debates also challenged the existing policy for the provision of children's services. The UN Convention on the Rights of the Child (1989) set out clear rights of children which included general rights, such as the right to protection from violence, exploitation and deprivation; and more specific rights, such as the right to a name. This document, which was ratified by the UK in 1991 officially widened the scope of the area of child abuse in such a way that not only were individual factors seen to be important, for example, individual pathology in cases of child sexual abuse; but also so that structural factors such as deprivation and poverty, for example, in cases of child neglect were important. What this implied was that policy needed to be reconsidered in a number of ways. These included continuing the development of strategies by which individual families 'at risk' could be identified, and the elaboration of appropriate
support and interventions with such families; and considering community wide strategies that could identify 'children in need' and could specify support aimed at the enhancement of the functioning of all families. (Baldwin & Spencer, 1993; Stevenson, 1998)

This combination of the information with regard to child deaths, the rights of the state, the rights of children and parents led to a reformulation of policy. This resulted in the Children Act 1989, and its implementation in practice following the publication of Working Together (1991).

**Contemporary child protection practice**

**The Children Act 1989**

The Children Act 1989 is a piece of legislation that repealed previous law and that differs significantly from previous child care policies. The fundamental rationale for these changes meant that the Act attempted to:

> 'strike a balance between the rights of children to express their views on decisions made about their lives, the rights of parents to exercise their responsibilities towards the child and the duty of the state to intervene where the child’s welfare requires it' (HMSO, 1991, p 1).

The Act aimed to achieve a balance between the family and the State so that children are adequately protected from harm and abuse but also so that the family is protected from unwarranted intervention by the state. Whilst the major concern in the Act was the ‘welfare of the child’ it was also recognised that this had to be assessed in partnership with parents and their children. Thus the Act encouraged the involvement of parents and children in decision making and encouraged negotiation with families in terms of managing cases. A central belief within the Act was that children are best cared for if at all possible in their family home, hence the Act strongly encourages family support and strategies to prevent child abuse. Similarly it reflects the view that care proceedings and interventions to remove children from their families should be kept to a minimum. As such the Act encompassed two cardinal principles, the ‘welfare principle’, and the ‘principle of non intervention’. There were three mechanisms by which the aims of the legislation were to be achieved:

- Imposing duties on local authorities to promote the upbringing of children by their families.
- Establishing the principle of partnership between families and local authorities.
• Setting a clear, single standard for compulsory measures of care - the ‘significant harm’ test.

Hence in order to achieve these aims it was necessary within the Act to state what actually constituted the threshold for intervention into family life and the criteria for care proceedings, supervision orders and emergency protection orders was:

‘that the child concerned is suffering, or is likely to suffer significant harm’

(1989, 31(2) (a)).

Where harm is further defined in terms of substantial deficits or detriments to standards of health, development and well being which can reasonably be expected for a particular child. This criteria for decisions that concern intervention with families was a major change from previous policy as it suggested not only that current harm must be identified, but also that future harm must be predicted. As Parton et al propose:

‘In theory, the identification of the actually or potentially ‘high risk’ individual or family provides the mechanism for ensuring that children are protected while avoiding unwarrantable interventions’ (1997, p 35).

A key consequence of this would seem to be the emergence of a view that the risk to children can be identified and assessed, and that only in cases of ‘high risk’ would the courts be likely to sanction intervention into family life. In ‘less risky’ cases the role of social services would be to work with families to support them in the interests of the welfare of the child. Indeed state intervention via compulsory measures of care, i.e. removal of the child into public care can be imposed only after following a three stage process

First: the court is satisfied that the child is suffering or is likely to suffer significant harm. Harm refers to ill treatment or the impairment of health and development, and the significance is determined according to what levels of health and development can be reasonably expected for this child in comparison with a similar child. This is achieved by using the DoH guidelines (DoH, 1988). The standard is clearly one of what could be reasonably expected rather than of what could optimally be achieved. Also to be noted here is that the existence of past harm is not sufficient to establish threshold criteria, it is necessary to establish whether or not the child is likely to suffer significant harm in the future.

Second: the court is satisfied that the harm or likelihood of harm is attributable to the care given to the child not being what it would be reasonable to expect a parent to give to him/her, or the
child's being beyond parental control. Once an acceptable level of care has been decided upon there must be evidence that there are substantial deficits to that. Minor shortcomings in care should not trigger off further compulsory intervention unless they may have serious long term effects on the child.

Third: care or supervision orders The presumption here is against intervention, the benefits of making a care order have to be set against those of not making an order.

Threshold criteria at stages one and two must be established and at stage three the court would then apply a welfare checklist which includes:

- wishes/feelings of the child;
- physical, emotional, educational needs;
- likely effect of change in circumstances;
- age, sex, background of the child;
- harm suffered or at risk of suffering;
- capability of parents/others in meeting the child's needs;
- range of powers available.

Essentially the court has to determine that intervention and removal of a child into public care will meet the child's welfare, and that the gain is sufficient to justify compulsory state intervention. Whilst it is recognised that there are many difficulties with this system and definition of significant harm (Adcock et al, 1991), it is nevertheless the one in which social workers are required to make assessments of risk to children.

Current child protection procedures.

Child protection procedures take place within a wider system where local authorities under mandate from Government provide services for children and families. This system can be represented in figure one as overleaf:
Figure 1: Different levels of service provision for families (Childhood Matters, 1996, p 209).

At the first level universal services are offered to all families. At the second level some degree of selectivity of provision occurs where services may be offered based on criteria for eligibility which includes parental request, payment, financial need, children's need. At the third level special procedural services can be seen to fall into two camps: those relating to special educational needs where service provision includes Statementing or a Records of Need system; and those relating to cases of child abuse where provision includes the instigation of child protection procedures with a view to placing children's names on child protection registers (previously non accidental injury registers). The fourth level concerns the use of legal services and/or removal of the child into public care.

Cases will be referred initially to a child protection service in a local authority and a child protection process will begin. As outlined previously the process at the time of the research was governed by the guidelines following the Children Act 1989 laid down in Working Together (1991). These guidelines outline the child protection process and suggest that the process has 4 clearly identifiable stages; pre-investigation, first enquiry, family visit, conference and registration.

Essentially Working Together (1991) provides guidelines that propose that at all of these stages different agencies should co-operate to support families and to protect children from harm. The child protection register is seen to be a management tool where children thought to be at risk of abuse can be listed. This register provides an operational record of children thought to be abused or at risk of abuse and for whom some kind of interagency plan should be created in order to assist in their protection.
However, this register can never indicate the actual proportion of children either suffering maltreatment or the number who are actually at risk. The reasons for this are numerous but importantly some children at risk will never be brought to the attention of child protection services, and the threshold for defining abuse and appropriate action changes over time (Dartington Social Research Unit, 1995). This is perhaps best demonstrated by considering the issues in relation to the Cleveland Inquiry (Secretary of State, 1988). These cases raised issues in relation to the State's response to suspicions of sexual maltreatment of children by parents. A debate ensued concerning the moral concerns of levels of sexual abuse in society, the practicalities of intervening with victims and the perspectives of parents who thought their parental rights had been overturned inappropriately by professionals. The moral concern with levels of sexual abuse in society prior to these cases had the effect of lowering the threshold for intervention hence children were removed into care, yet after the Inquiry the threshold seemed to be raised again due to the view that society had become over zealous and that intervention in the name of protecting children had become counter productive. (Dartington Social Research Unit, 1995)

A DoH study of Inquiry reports (DoH, 1991) suggests that in some ways social workers are caught in a 'double bind', they are criticised if they are 'overcautious' and remove children from their families. Yet they are also criticised if they do not remove the child and that child then suffers further abuse or maltreatment. In relation to the Jasmine Beckford Inquiry (London Borough of Brent, 1985) and the Claire Haddon Inquiry (City of Birmingham Social Services Department, 1980) the report suggests that:

'social workers are employed to provide help, support and assistance for their clients, and to promote and make possible change in even the most invident people (JB 202). Such a relationship involves attaining co-operation from the child or parent so that something positive can be achieved; (CH 3.4.2)' (DoH, 1991 p 4).

Further it states:

'However the social work role, as is explored in particular in the Beckford Inquiry, is more than this. "Social workers are also required by society to carry out certain duties and exercise powers and these duties and powers are laid down in acts of Parliament. These may require the social workers to implement decisions to go against the wishes of the client and to exercise control if, in their professional judgement, the life and well being of a client - who may often
be a child - is at risk. This dual mandate...imposes responsibilities for both social care and social control" (JB 202)' (DoH, 1991 p 4). (my emphasis)

It is interesting here to consider the use of the term 'professional judgement', a social worker is clearly being given the task of evaluating risk of harm to the child and whilst there are guidelines for doing so (DoH, 1988; DoH, 1991) as the report states in relation to the Kimberley Carlile case:

'There is a need for finely attuned decision making. The Kimberley Carlile inquiry judges the final quality of social work performed by social workers responding to an anonymous call "It is never enough simply to comply with the letter of the state of procedures....There is always an overriding professional duty to exercise skill, judgement and care"' (KC 96); DoH, 1991 p5). (my emphasis)

Cleaver and Freeman (1995) suggest that there are commonly three ways in which an authority learns of suspected abuse, reported here in order of greatest number of referrals; the child or another member of the family discloses concerns to a professional (51%); professionals already working within a family identified further instances of abuse (39%); abuse was suggested during an unrelated event for example a home visit or arrest (10%). There is disagreement within the research as to which of these sources of referral is most prevalent, for example Gibbons et al (1995) suggest that health and education professionals report just over half as many cases of abuse as household members and other lay people. However once a referral has been made a key social worker has the job of investigating the allegation. In Inspecting for quality (DoH, 1993), a document which lays down a framework for the inspection of local authority social services practice and systems, the following standards and criteria are laid down and outline the practice of a child protection procedure.

Standard The SSD (social services department) plan and manage an investigation, under section 47 of the Children Act, without undue delay whenever it has reason to suspect that a child is suffering or is likely to suffer significant harm.

Criteria

- All investigations of child abuse are carried out without delay and in accordance with the SSD’s agreed procedures.
The investigating social worker interviews the child as part of the investigative process.

The investigating social worker interviews and/or gathers information from those people who are personally and professionally connected with the child. Consideration is given to the need for providing a separate worker specifically for the parent(s) or care givers.

In terms of the actual activities that a social worker would engage in the criteria continue to suggest what the investigation ought to achieve:

- establish the facts and decide if there are grounds for concern;
- identify sources and levels of risk to the child and all other children at the same address;
- decide upon protective or other action for the referred child, other children and adults in the household;
- take account of the child's race, religion, language, gender, and any special needs in formulating an initial plan.

(adapted from DoH, 1993, p 23)

This standard and the criteria by which it is measured state clearly that risk assessment following an allegation of abuse is to be investigated and measured by an individual social worker. At this initial investigation there is a dual emphasis; first on establishing whether or not abuse has already taken place and if so who is responsible for that abuse; and second on establishing the likelihood of a recurrence of abuse (not always the same as the source of the initial referral) if resources and services are not offered to the family.

With regard to the role of the case conference the framework in Inspecting for Quality (1993) lays down the following standard:

**Standard** Child protection conferences are convened and conducted in accordance with the guidance in Working Together Under the Children Act 1989 (DoH, 1991).

And the criteria for measuring this standard include:
- Initial child protection conferences are called only after an investigation under section 47 of the Children Act 1989 has been made in response to the referral of an incident or suspicion of abuse, and relevant information and reports are available.

- SSD procedures clearly set out the functions and tasks of initial child protection conferences, including membership and process.

- The initial conference is held within 8 working days of the referral being received by the statutory agency.

- Any reasons for a delay in holding the child protection conference up to a maximum of 15 days from the date of referral are clearly recorded.

- Initial child protection conferences are chaired by a member of the SSD or NSPCC's staff who has not had line management responsibility for the case, and who has knowledge and expertise in the child protection field and skills in chairing conferences.

- The conferences are attended by a representative from all the agencies which have specific responsibilities in the child protection process; if representatives cannot attend their written responses are tabled.

- Initial child protection conferences share and evaluate information, identify concerns, determine levels of risk to the child or children and decide on the need for registration.

- Initial child protection conferences discuss and record a proposed plan of action for work with the child and their family, carers and others.

- Dates for the core group to review the child protection plan are set.

- Initial child protection conferences appoint a named key worker, from either the SSD or NSPCC for the registered child.

- Initial child protection conferences make recommendations to be carried out by a core group of professionals from relevant agencies.
• There is a locally agreed procedure for ensuring initial child protection conference recommendations are acted upon.

• There is a management system for monitoring the quality of decision making, involvement of families and attendance by appropriate professionals at initial child protection conferences.

(adapted from DoH, 1993, p25-26)

Again what is apparent through this standard and criteria is that the multiagency case conference is given the mandate to assess risk to children; to decide upon whether or not the risk is sufficient to warrant registration of the child on the child protection register and if so, to develop a care plan to manage that risk and to implement mechanisms to monitor the effectiveness of the care plan.

In the event of an initial conference placing the child’s/children’s name/names on the child protection register the framework proposes the following standard and criteria:

**Standard** The interagency child protection plan is reviewed regularly at a review conference which is held at minimum intervals of six months.

**Criteria** include:

• Review conferences are held at least every six months, or more frequently if requested by other professionals, or if the circumstances of the child demand it (e.g. where the child is thought to be inadequately protected or there is a need to change the child protection plan).

• The child protection review conference reviews the arrangements for the protection of the child, examines the current level of risk, ensures that the child continues to be adequately protected, considers the interagency work of the core group, reviews the child protection plan and considers whether registration should continue or end.

(adapted from DoH, 1993, p 30)
Case reviews are given the mandate to monitor the development of the case, they are expected to re-evaluate risk to children and to evaluate the effectiveness of the care plan.

The standard proposed for deregistration of a child from the register is laid down in the framework as follows:

**Standard** Deregistration is the outcome of the child protection review conference only when all participants are satisfied that the abuse or risk of abuse is no longer present or sufficient to warrant continued registration.

**Criteria** include:

- Any dissenting views or disagreements with the decision to deregister the child's name are recorded in the review minutes.

(adapted from DoH, 1993, p 31)

What is apparent then is that the child protection procedure with regard to risk assessment and management operates through a process which begins with an individual making judgements about the level of risk to children. As the procedures outline risk assessment is not a one off activity, but one which is ongoing in the three main stages of child protection; the pre-investigation stage, the initial investigation stage and the child protection process should cases progress into the system. Whilst there are guidelines and checklists to assist in risk assessment their use is relatively recent and there is considerable debate surrounding the value of checklists. At one level the validity of some of the items can be questioned, for instance in the DoH guide to assessment (1988) which comprises 167 questions, question 112 requires that parents describe their sex life and say whether or not they use contraception. Question 78 is concerned with whether or not parents were involved with drugs or alcohol as teenagers (Corby, 1996). At another level there are concerns about how an overall risk assessment can be made from checklists which ask questions incrementally over a range of areas such as family background and history, support networks, material circumstances, the nature of interaction with children, for a summary see Wald and Woolverton, (1990); Corby, (1996).

One of the reasons for the increasing interest in guidelines and checklists for risk assessment seemed to be that there could be a scientifically developed knowledge base which could allow the diagnosis and identification of causal factors related to child abuse. As such groups of children most likely to suffer from abuse could be identified, as could groups of adults most
likely to engage in abuse. Risk factors associated with children have been suggested as prematurity, low birth weight, illness or handicap (Lynch & Roberts, 1977; Oates et al, 1979). Risk factors associated with parents have been suggested as psychiatric difficulties, alcoholism, poor support systems, social isolation, inability to cope with stress (Steele and Pollock, 1968; Crittenden, 1985; Wolfe, 1985). Parton et al (1997) identify a number of problems with this inclination to try to identify high risk cases in such a prescriptive and causally determined manner. First there is a difficulty with the term ‘child abuse’. Parton et al (1997) suggest that studies of families in the 1970s in the UK were based on small, retrospective clinical samples where ‘variable’ and often ‘vague’ definitions of abuse were employed. Hence causal relationships would be at the least tenuous. Second there are serious methodological flaws in the design of many of the research studies (Dingwall, 1989). Indeed when such flaws are overcome the evidence for causal links appears at best to be uncertain (Pollack et al, 1990).

As a consequence of the review of the evidence Parton et al (1997) suggest that there does not seem to be a consistent set of research findings. As they propose

‘Thus attempts to identify key risk factors associated with child abuse have failed to establish any clear causal relationships or sequences between the variables. Crucially they have failed to differentiate between what constitutes ‘high risk’ and the rest.’ (1997, p 54).

Following these arguments it seems appropriate to consider that the phenomenon of child abuse is multifaceted. There may be many factors associated with child abuse that inter relate at the levels of individuals, family, community, society and social work professionals. Parton et al (1997) continue their argument by outlining a piece of research in which social workers were asked to state what they found to be of importance during the decision making phase of child protection inquiries (based on Thorpe, 1994). They reviewed a number of cases within a Department of Community Services, Western Australia, and suggested ultimately that they could identify twelve factors that were important in decision making (1997, p 131). Not all cases involved all criteria, and they proposed that it was the nature of the alleged abuse, the nature of the referral and the matching of information to the initial visit that determined which factors were important in which cases. What is interesting with this research is that whilst it may not be a checklist in the very prescriptive sense it could be seen nevertheless as a set of guidelines on which to base risk assessment. As with previous checklists some of the factors seem open to subjective interpretation by individual practitioners. For example, factor 3 is ‘The moral character of the carer (the ‘young’ mother being tidy and caring about her appearance)’ (1997, p131). Factor 7 is the ‘Overall image of family life’ (1997, p131). Factor 8 is
‘Reactions by carers to investigators (the mother was ‘surprised’ but not ‘worried’)’ (1997, p131).

Prior to the implementation of checklists and/or guidelines for risk assessment there was a recognition that implicit criteria were used by individuals (Corby and Mills, 1986). Subjective influences on decision making by practitioners have been referred to as ‘tacit knowledge’ (Imre, 1985) and ‘practice wisdom’ (England, 1986; Scott, 1989; 1990). Yet as Scott (1998) argues despite this recognition of implicit influences on decisions very little research has been carried out to elucidate their nature. Comments from inquiry reports reflect the view that ‘professional judgement’ is crucial and whilst guidelines may inform that judgement they should not be the sole determinant of decisions.

Ultimately work in this area seems to suggest that checklists can ensure that a wide range of factors can be considered in a consistent way, but importantly there is a stress that ‘risk assessment instruments should not be used in a mechanistic way’ (Corby, 1996, p22). It seems clear that individual judgement not only does, but should play a part in risk assessment activities.

As Scott suggests:

‘..practice wisdom, or tacit knowledge is central to social work knowledge’
(1998, p 74)

Once this initial risk assessment has been undertaken, if the individual considers the risk of recurrence of abuse to be at a certain threshold the child protection procedure is continued and the social worker will present the case to a group of multiagency professionals. It is this group who are given the legal mandate to assess risk, formally record decisions, and if necessary to develop and monitor a care plan to manage that risk within families.

**Rationale for the case conference**

Government guidelines (DHSS, 1974) recommended that local authorities set up case conferences and create non accidental injury registers. As illustrated in inquiry reports these recommendations were put into operation, however the Children Act 1989 legally required the use of the multiagency group. As described previously this was to be the forum in which risk was to be assessed and care plans formulated for those children thought to be at a certain level of risk. In the light of child death inquiries and public response to decisions (and ensuing situations) made by individual practitioners both policy and practice in child protection adhered to a ‘conventional wisdom’ that a group has advantages over an individual in terms of decision
making. There seemed to be an assumption in child protection work that the group would be able to assess and evaluate risk better, to develop care plans, and to monitor and review risks to children of the recurrence of abuse.

As stated in Working Together (DOH, 1991):

'The protection of children requires a close working relationship between social services departments, the police service, medical practitioners, community health workers, schools, voluntary agencies and others. Cooperation at the individual case level needs to be supported by joint agency and management policies for child protection. There must be a recognised joint forum for developing, monitoring and reviewing child protection policies. This forum is the Area Child Protection Committee' (1.9 p 2).

Further:

'Inter disciplinary and interagency work is an essential process in the task of attempting to protect children from abuse' (2.1 p5).

'The child protection conference provides the main forum for professionals and the family to share information and concerns, analyse and weigh up the level of risks to children and make recommendations for action' (5.15.2 p31).

Hence the case conference as a group of professionals are envisaged to encompass potential advantages of groups when making decisions (to be outlined in more detail in chapter two). Whilst these conferences will be chaired by a senior member of social services departments, Working Together (1991) defines the key social worker's role in relation to the group as:

'The key worker also has a responsibility to act as lead worker for the interagency work in this case. In this role he or she will provide a focus for communication between professionals involved and will co-ordinate interagency contributions to the assessment, planning and review of this case' (6.7 p42). (my emphasis)

Further:

'However, once a long term plan has been formulated, and a group led by the key worker has been identified to work with the family,
the number attending the child protection review will probably be reduced' (6.25, 6.26 p 45-46). (my emphasis)

Ultimately, as Fisher et al suggest:

'The child protection system is expected to identify high risk, i.e. dangerous situations or individuals' (Fisher et al 1995, p 205).

Current child protection procedures would seem to indicate that this is thought to be best carried out by a group rather than an individual in cases of certain levels of risk. There is an acceptance throughout however that the key social worker remains pivotal to the decision making process.

Since the collection of data and analysis in this piece of research the national guidelines social workers are expected to follow and the guidelines referring to risk assessment have changed. The new documents are Working Together to Safeguard Children (DoH, 1999) and Framework for the Assessment of Children in Need and their families (DoH, 2000). The similarities and differences between these documents and their predecessors, and possible implications for child protection practice will be considered in the final chapter.

Existing analyses of the case conference

If this conventional wisdom that the group is a more appropriate forum to assess risk than an individual it seems necessary to undertake some evaluation of the effectiveness of case conferences as group decision making forums. There is extensive literature within social work surrounding the function and effectiveness of the case conference, for example (Hallett and Stevenson, 1980; Hallett & Birchall, 1992; Hallett, 1995). Hallett and Birchall (1992) cite several instances where inquiry reports criticised authorities' practice with regard to conferences. For example the Beckford report contained comments that were critical of the chairing of conferences and noted that crucial members were often absent from meetings; in the Kimberley Carlile case a conference was not held at all; and as the DHSS Summary of Inquiry Reports notes:

'All the inquiry reports either implicitly or more often explicitly highlight critical occasions when a case conference could have had a significant effect on the way a case was handled, but was not held at all, or was ineffective for one reason or another' (1982, p 20).
Hallett and Birchall (1992) provide an analysis of difficulties of case conferences under a list of process and logistical headings which include professionals' attitudes to case conferences, professional attendance, problems of attendance, chairing and interprofessional dynamics, content, parental involvement, and decision processes. In the case of the latter they focus on the difficulties of processing complex and often ambiguous data, the tensions around priorities of different professionals and the problematic area of conformity in groups. This information may be useful and gives indications of practical solutions to some of the problems, i.e. the timing of meetings so that teachers and medical representatives can be present. Yet none of the work fundamentally questions the efficacy of the group as a decision making forum. The conceptual links made between the individual decision maker and the group are concerned merely with difficulties of status and interprofessional tensions. There seems to be an assumption that if these difficulties can be addressed the group will be the best place for risk assessment and risk management decisions.

Evaluating the effectiveness of the case conference

There are two sources of statistics which may give some indication of the effectiveness of the group case conference in relation to the consideration of risk to children.

Statistics that relate to the management of cases.

Whilst there are some studies that report figures throughout the management of cases for particular local authorities which include reports of a) initial referrals, b) decisions to hold a case conference, c) decisions at case conference of whether or not to register a child and d) decisions at subsequent case reviews should a child be registered (Jones 1996; Gibbons, Conroy and Bell, 1995), these are not representative of national patterns of data collection. For example, within the UK, Parton et al (1997) state that there has been no systematic attempt to collect, collate and analyse statistics on the initial stage of referrals to child protection services. Statistics that do exist include the numbers of children on child protection registers, and even these have only been systematically and nationally collected since 1988. Any indications of registrations that are suggested before 1988 are in fact figures extrapolated from NSPCC records which represented only 9% of the child population of England.

Parton et al (1997, p5) provide figures for the numbers of children on child protection registers in England by category for selected years 1978-1994, and whilst there is a fluctuation in the increase or decrease in numbers over those years (which they cite as a result of changes in DoH guidance in 1991, notably on the decision to not include the category of 'grave concern'), their
figures indicate that the numbers of children on registers increased dramatically between 1978 and 1994 i.e. from 11,844 to 34,900, see table one below:

Table 1: The number of children on ‘child protection’ registers in England

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of children on a protection register</th>
</tr>
</thead>
<tbody>
<tr>
<td>1978</td>
<td>11,844</td>
</tr>
<tr>
<td>1984</td>
<td>12,389</td>
</tr>
<tr>
<td>1986</td>
<td>23,820</td>
</tr>
<tr>
<td>1988</td>
<td>39,200</td>
</tr>
<tr>
<td>1989</td>
<td>41,200</td>
</tr>
<tr>
<td>1990</td>
<td>43,600</td>
</tr>
<tr>
<td>1991</td>
<td>45,300</td>
</tr>
<tr>
<td>1992</td>
<td>38,600</td>
</tr>
<tr>
<td>1993</td>
<td>32,500</td>
</tr>
<tr>
<td>1994</td>
<td>34,900</td>
</tr>
</tbody>
</table>

(Adapted from Parton, Thorpe & Wattam 1997, p5)

The drop in figures between 1991, 1992 and 1993 may be a direct result of the DoH amendments to inclusion on the register, yet it can be seen that there may be the beginning of a trend to greater registrations once more.

It could be that increased registration figures reflect the fact that the interagency group is being more cautious than an individual practitioner, but without figures for the whole of the process from referral to registration it is difficult to see how this could be argued unproblematically.

Gibbons, Conroy & Bell (1995) undertook research in eight English authorities and investigated the process of the child protection system for a number of children who had been referred to the child protection services over a range of types of abuse. They tracked individual cases through the child protection system over 26 weeks using social work records and minutes of case conferences. See table two overleaf:
Table 2: The number of cases within the child protection system in one local authority.

<table>
<thead>
<tr>
<th>Point in filter system</th>
<th>Cases at each stage of the system</th>
</tr>
</thead>
<tbody>
<tr>
<td>New allegation/incident</td>
<td>1,888</td>
</tr>
<tr>
<td>Checks</td>
<td>1,846</td>
</tr>
<tr>
<td>Investigation</td>
<td>1,368</td>
</tr>
<tr>
<td>Child protection conference</td>
<td>443</td>
</tr>
<tr>
<td>In system post conference</td>
<td>315</td>
</tr>
<tr>
<td>Name placed on register</td>
<td>272</td>
</tr>
</tbody>
</table>

(adapted from Parton et al, 1997, p10)

Of the 1,888 new allegations only 1,846 were checked by the authority. Parton et al (1997) report that the remaining 42 could not be traced as they appeared to be lost from the outset. As such the first ‘real’ filter occurs when a number of cases do not proceed to investigation. Filter one then concerns the decision making by social work staff at the duty stage of referral, and it can be seen that 26% (478) of referrals do not proceed in the child protection system. Parton et al suggest that these decisions would not have included direct involvement with the family or the child the referral alluded to although decisions may have been taken with advice from a senior social worker and other agencies. It seemed that there were factors that influenced the decision to not proceed a case that were concerned with the nature of the allegation, for example, cases of neglect as opposed to allegations of physical or sexual abuse; cases where referral sources were anonymous; cases where the perpetrator was not in the household; cases where there had been no previous contact with social services and cases where the abuse was thought to be physically less serious.

Filter two concerns the process of the child protection investigation. This essentially involves the allocation of the case to a practitioner. An individual is given the responsibility for investigating the case and is the key decision maker. It is here that the decision would be made as to whether or not the child was considered to be at sufficient risk for a case conference to be held. As can be seen from the figures, by this point 50% (925) of incidents were filtered out and did not proceed to case conference. Individual social workers were making decisions here which suggested that half the referrals that got this far did not warrant the attention of the interagency group. Factors that Gibbons et al (1995) suggested influenced these decisions included again the nature of the abuse; the source of the referral; background information with
regard to previous information about maltreatment by the parents, and recorded information on criminality or substance abuse by the parents.

Filter three concerns the initial interagency case conference. By this point 7% (128) of incidents were filtered out and did not proceed in the system. However in 51% of those cases that got this far the child was placed on the register, 10% were already on the register (so the conference must have constituted some form of review), 10% were deferred and 29% were not registered. Factors influencing the decision by the group to register a child included more previous investigations so the family were already known to child protection services; indications of relatively greater poverty; indications of domestic violence, and indications of parental deviance.

In this study then the interagency group considered that around 60% of cases considered warranted sufficient risk to the children that they be placed on or remain on the register, and a further 10% warranted deferral, presumably for further information. Gibbons et al (1995) research suggests that the decision making processes that occur means that around six out of every seven children that are initially referred to the child protection service do not have their names placed on the register. Decisions are made by individuals and groups at filtering stages in the child protection system with regard to the assessment of risk to children.

The relatively high numbers of children that have their names placed on the register once they have reached case conference may suggest that the group is being cautious in relation to the risk to children, yet it would be impossible to substantiate this without considering exactly how risk had been assessed by individuals previously. If the group is considered to be an effective monitor of individual decisions it is crucial to rigorously analyse the actual assessment of risk at every stage and by every participant in the child protection system. Whilst there is value in Gibbons et al (1995) work in terms of identifying the numbers of children filtered out at each stage in the process, and in terms of identifying general factors that influence decisions it may be beneficial to look at the nature of the relationships between decisions at different stages in the process; to identify the relationship between individual and group decisions and to identify in detail what constitutes the formulation of an assessment of risk. Gibbons et al (1995) describe outcomes of decisions for children in terms of where they end up within the system, but they do not elaborate in detail on the decisional processes by individuals and groups that result in these situations. Indeed the focus of Gibbons et al (1995) work is concerned with formally defined and recorded outcomes and whilst this may portray a longitudinal picture with regard to the outcomes for children it may not in fact portray realistically any of the decision making processes that result in outcomes. Thus there are obvious weaknesses in trying to analyse what are often extrapolated statistics. Similarly there are weaknesses in trying to make inferences about the nature of individual and group decision making processes in risk
assessment based on isolated instances of research that describe the outcomes of the child protection process at stages within the system.

Statistics that relate to cases of child deaths

Pritchard (1996) provides a rigorous analysis of child death statistics in England and Wales between 1973 and 1992 and whilst his figures support the notion that child (babies to 14 year olds) homicides have “decreased significantly” i.e. 41,54,37,36,41 and 29 respectively there seems to be three difficulties with his conclusion that these figures support the notion that there has been an improvement in child protection.

First the figures themselves do not represent a consistent decline in child homicides.

Second this apparent improvement in practice does not seem to be the case if the number of ‘undetermined deaths’ are included in the statistics. The number of homicides plus undetermined deaths between those years were 97,113,94,106,104,110 respectively, even according to Pritchard's notion of consistency this seems to represent an increase over those years.

Third there appears to be an assumption that improved child protection practice and ipso facto the introduction of case conferences in 1991 as part of the change in practice is causally responsible for fluctuations in any statistics. It could of course be the case that these relatively minimal changes in numbers are occurring entirely by chance, or by other factors unrelated to child protection systems and practice.

Each year there are 120 notifications of child deaths or serious injury to the Department of Health (DoH, 1994). Of these 120 notifications the Central Statistical Office (1994) reports between 40 and 50 child deaths each year. Detailed inquiries are held in all of these cases. Reder et al (1993) reviewed 35 fatal child abuse inquiry reports and suggested that in 21 out of the 35 cases the children were subject to some form of formal child protection status at the time of their deaths but the outcomes indicate clearly that they were unprotected by the child protection decisions, interventions and system. In Reder's study, of the nine children subject to full care orders seven died at the hands of a natural parent and two died at the hands of a foster parent. Three children under supervision orders and four whose names were on a child protection register also died.

Similarly there is evidence to suggest that there is a high level of non fatal reabuse of children already known to child protection agencies with estimates varying between 25 and 60%
(Herrenkohl et al, 1979; Cleaver & Freeman, 1995, Farmer & Owen, 1995; Thoburn, Lewis & Shemmings, 1995). More recent research supports the higher rate of reabuse in the more serious cases of abuse.

The first source of statistics then appear not to be rigorous or consistent enough to base an evaluation of the effectiveness of the case conference in assessing risk to children. Given the second source of information it would seem that there is evidence which suggests that in the most serious cases of abuse, those relating to child death, little seems to have changed since the introduction of the case conference, the number of child deaths seem to remain relatively constant over time. The case conference as an interagency group does not appear to have been effective in reducing risk to those children at risk of most significant harm. It would also seem that there is little research which focuses explicitly on decision making processes by practitioners as individuals and groups, rather the existing research appears to concentrate on overall outcomes within the child protection system. (Reder et al, 1993; Pritchard, 1996; Parton et al, 1997).
Chapter Two

An integrated model of decision making in situations that involve risk.

The previous chapter outlined the recent history of child protection practice in the UK. It identified how risk assessment and management in cases of child abuse have developed and how the Children Act 1989 legally required that individuals and multiagency groups assess risks to children and determine appropriate levels of social work intervention with families. A number of difficulties were identified with a 'social work perspective' on the assessment and management of 'risk'. Notably, a brief description was given surrounding the concept of 'risk' and 'high risk' children and families in cases of child protection. Here the problems associated with definitional and methodological issues were outlined. Further the first chapter described the problems associated with the reliability and validity of risk assessment checklists and guidelines in a practice situation, where situations and circumstances are multifaceted. Importantly it was suggested that there is a recognition that there may be subjective influences on decision making that have not been extensively researched. Finally it was proposed that there seems to be a lack of theoretical insight and explanation for the use of individual and group decision making in cases of child protection.

This chapter has two aims. The first aim is to outline a social psychological model of decision making which integrates aspects of individual and group decision making where the outcomes of the decision processes were disastrous (Whyte 1989, 1991). The model will be illustrated and one example of its application to a decision which had a poor outcome will be described. Several psychological concepts will be referred to when describing Whyte’s model and these will be fully explored when addressing the second aim. This second aim is to consider the definition of the concept of risk and the different psychological perspectives used in Whyte’s model. This will be achieved by considering the derivation of the word risk and by outlining psychological literature which identifies attributes of decision making situations which involve risk. An overview of the historical roots of research into decision making by groups and individuals will be provided and the epistemological positions traditionally used in such research will be explored.
An integrated model of decision making.

Davis et al (1992) summarise the background to psychological research into individual and group decision making and suggest that there is often a discontinuity between these areas as a result of the historical backgrounds of the research. Individual decision making and decision theory has its roots in economics and statistics, whereas group decision making has its roots within social psychology. One consequence of this discontinuity is that certain concepts are defined, investigated and dealt with differently by the two areas, for example the concept of risk. A second consequence is that the actual relationship between individual decisions and group decisions is not dealt with at a conceptual or theoretical level. It seems important where individuals inform group decisions in complex real world situations to understand and explain how an individual might influence a group decision and how a group might influence individual's decisions.

Whyte (1989, 1991) provides a model of decision making which integrates aspects of work on individual and group decision making when the outcomes of the decision processes were 'fiascos'. His model proposes a sequence of decision making which occurs in situations involving risk and which he suggests results inevitably in extremely high risk decision making and poor outcomes. This model incorporates the notions of 'decision framing' (Kahneman & Tversky, 1984), pressures for conformity and concurrence seeking (Janis, 1972), 'group polarisation' (Moscovici and Zavalloni, 1969) and 'groupthink' (Janis, 1972; 1982; 1989). Whyte's (1989) model of high risk decision making can be summarised as follows:

- there exists a reference level, this can be construed as a desirable state of the world;
- there occurs an action or event which leads to the perception of the current situation as a negative deviation from the reference level;
- there is a decision to commit further resources to an initial course of action in order to return to the reference level OR a decision to respond to events framed as a choice between losses;
- there occurs risk preference/loss aversion. The option with the possibility of return to the reference level is preferred to the option of a sure loss with a higher expected value. The result of this is a preference to commit new resources to a failing course of action or to otherwise engage in high risk behaviour if the potential exists for return to the reference level;
- pressures for conformity/majority process ensure that the dominant initial position within the group will emerge as the group choice;
• group discussion will result in polarisation around the dominant extreme and will
exaggerate risk preference/loss aversion. This means the group is converging around
choice that is more risky than that an individual would have judged if working in isolation;
• the group may be/become subject to the symptoms of groupthink and will therefore not
evaluate its decision making in an effective manner;
• possibility for high risk decision and potential decision fiasco.

(adapted from Whyte 1989, p49)

Whyte provides several examples where this model appears to have some validity in the
understanding and explanation of disastrous decisions, these include the decision to launch the
space shuttle Challenger, the decision to send arms to Iran in the Iran Contra affair, and the
decision by Coca Cola to change the formula of Coke (Whyte, 1991). Whyte (1991) provides a
worked explanation of how the model of decision making relates to the Coca Cola decision.

In the mid 1980's a decision was taken to change the formula of Coke. At the time of the
decision by Coca Cola, Coke remained the largest selling soft drink yet its market share was
falling. In such a situation the company would consider alternative courses of action to address
the issue. Whyte suggests that the reference level adopted by the individual with responsibility
for presenting alternatives to the board of directors was the previous high market share. The
negative deviation from that i.e. the lesser share, led to a choice framed as one of losses. Coca
Cola could either stay as it was, in which case it accepted a certain loss of the declining market
share, or it could take some kind of action. One possible course of action that might increase its
market share was to change the formula of the drink. Changing the formula held the potential
for increasing possible losses, it could be a change that consumers would not accept, but it also
involved a chance of avoiding a loss the company perceived as certain. By taking the option to
change the formula then the company avoided the perception of large certain losses, yet
embarked upon a course of action that involved what were perceived as less probable, but
potentially more damaging outcomes. The board of directors as a group took this option. In
this case the decision to change the formula for Coke was taken within a negative decision
frame by an individual and taken to a group. Whyte's model proposes that the group polarised
around this decision and hence embarked upon a course of action that inevitably involved risk.

Some three months after this decision the President and chief operating officer of the company
admitted that the decision had been a mistake. The market share of the product continued to
decline and in fact appeared to be declining at a faster rate than previously. Interestingly all was
not lost in this case as the old Coke formula was brought back, renamed as Classic Coke, and
once again became the largest soft selling drink in America.
What Whyte's (1989) model incorporates is an initial section of decision making where an individual 'frames' or perceives the decision situation as one where all sets of outcomes have certain and potential losses attached to them. When decisions are framed in the domain of losses individuals choose that option which avoids the certain loss, but which then involves the alternative that involves potentially higher losses. Once subject to this 'certainty effect' the individual then takes that choice to a group. Whyte's second half of the model proposes that in decisions where outcomes were poor, the group polarises around the individual's recommendations and thus continues to embark upon courses of action that involve risk inevitably. In other words a group may magnify the initial decisions of an individual within that group. Whyte further proposes that the group may be subject to the symptoms of groupthink and as such the risk becomes exacerbated. Within this model once a group has polarised around a risky initial recommendation as group meetings continue the potential for reevaluation decreases and the group commits escalating resources to try to ensure the success of its plans. In the retrospective analyses of poor decision making outlined previously the individual group members that seemed to lead the decision direction could be seen to be charismatic, or in positions of relative power, for example the President of the United States or the managing director of a major international company, and the characteristics of 'key' decision makers in terms of leading decision direction will be considered in this research.

In essence Whyte is proposing a decision making process that can result in high risk decisions if the choice is made by an individual within the frame of losses, but importantly he suggests that when that individual has to take his/her judgement to a group, group processes may exaggerate risk preference and loss aversion.

Whyte attempts to summarise his model in terms of explanatory value thus:

‘On the one hand, prospect polarisation provides leverage with which to discern and predict what the dominant initial preference within the group will be and what will happen to it during the course of group interaction. Groupthink on the other hand, illuminates the means by which the convergence of the stated views of group members occurs. Using groupthink to explain policy debacles provides only a partial explanation. Although the tendency of group members to conform and the convergence of group members views around an option can be explained by groupthink, the theory sheds no light on why the group coalesces around the particular policy option that it does. Prospect polarisation can be used to fill this void in the groupthink hypothesis.'
Group polarisation implies that group pressures toward uniformity will be in the direction of the policy option that is somewhat more extreme than the point of view initially dominant within the group. This point of view can in turn be predicted by knowledge of the decision frame adopted by decision makers. In the context of a choice in the domain of losses and as a result of group interaction, conditions favourable to the occurrence of the distinct processes of group convergence around a high risk option and group polarisation will be established' (1989, p 5)

There are then a number of different psychological perspectives used in Whyte’s model. These include concepts such as ‘decision framing’ (losses and gains), ‘prospect polarisation’, the ‘certainty effect’, ‘group polarisation’, ‘groupthink’. What is common to all of these is the concept of risk.

The concept of risk

Defining risk

There exists a literature around risk and there are many different theories concerning decision making or actions/behaviour that involve risk. These theories often address different elements of risk taking behaviour. For example ‘subjective expected utility theory’ (Savage, 1954) is concerned with how an individual may optimise decisions and actions in situations that involve uncertainty or risk; ‘risky shift’ (Stoner, 1961) is concerned with how groups may exacerbate individual decisions involving risk. Not only are the elements of risk broad enough to allow wide variation in theoretical development but the areas of application are also vast. Research on risk is evident in areas such as management, health, technology, ecology etc. This section will outline the derivation of the word risk and will consider the main issues concerning the investigation and analysis of the concept within the behavioural sciences. The significant attributes of risk will be illustrated and the ‘consensus view’ (Yates & Stone, 1992 p23) where there is a general agreement among researchers that a fundamental conception of risk must involve consideration of losses associated with risk taking behaviour will be described. The subjective nature of the concept of risk is outlined and it will be argued that assessments of risk can be altered by the way in which decision situations are presented or perceived by decision makers. Consideration of individual decision making processes will be incorporated within this section.
Wharton (1992) suggests that:

'Risk pervades all human activity...it is simply not possible to avoid taking risks' (1992, p 3).

and further that:

'In every human decision or action the question is never one of whether or not to take a risk but rather which risk to choose' (1992, p 3).

Taking this perspective suggests that the concept of risk is a universal one with regard to the understanding and explanation of human behaviour and decision making. It is therefore not surprising that risk has been addressed by a range of academic disciplines, notably mathematics, economics, psychology, sociology and biology.

When looking at the derivation of the word risk it is thought to originate from the Arabic risq or the Latin riscum. Risq was used in the sense that it signified anything that had been given to a person (by God) from which profit could be drawn. Riscum was used initially in the sense of a challenge, for instance, that the barrier reef presented to sailors. In the first case the implication in terms of outcomes for people who engage in actions that involve risk is that they will have some positive value, i.e. profit. In the latter case the implication, in terms of outcomes for people who engage in actions that involve risk is that they concern potential losses, damage or loss of life. Even with these early notions of risk it is not necessarily the concept itself that assumes importance but the value of the outcomes in situations where risk is considered to be present. The Greek derivative of Arabic used in the Twelfth century was used to relate largely to notions of chance yet the outcomes were stated in general terms and had no direct link to values that were either positive or negative. The French derivative risqué can be used to indicate proactive behaviour where there is the potential to achieve outcomes with positive value yet it is most often used with reference to actions where outcomes have negative value. In more contemporary terms Leiss and Chociolko (1994) suggest that risk has an intuitive meaning for people which usually takes the form of a recognition of gambling where:

'To gamble is to incur voluntarily a certain loss (the value of the wager) in the expectation of a larger gain, with the foreknowledge that the chance of any return on the wager is in some degree less certain' (1994, p 3).

Whilst the outcomes of actions associated with risk can be seen in terms of negative value (losses), or positive value (gains), and there are degrees of uncertainty surrounding the
likelihood of outcomes in situations involving risk, there remains considerable disagreement among researchers as to what exactly should be understood as risk. This may be a reflection of the complexity and problematic nature of the concept. Glendon (1987) proposes three different dimensions to the category of risk:

- a one dimensional category which is essentially for Glendon a physical sciences view where the focus is on the identification of probabilities of events, on cost benefit analyses and on risk analysis techniques;

- a two dimensional view where context is included in the concept of risk. This might take the form of investigating, for example, intermediate factors which may affect individual perception and cognition with regard to probability estimates and cost benefit analyses such as past experience, emotion, time pressure, presence and influence of others;

- and a three dimensional view where culture is incorporated into any analysis of risk. This might take the form of an examination of structural influences on decision making such as power and politics.

(adapted from Glendon, 1987 p99-104)

This classification of risk into dimensions seems to imply that the concept of risk can be dealt with at several levels of analysis. These range from cognitive and perceptual to structural and political, but it also seems to imply that to understand action or decision making in a real world situation where risk is involved may require the integration of material from different perspectives.

The investigation of risk

Brehmer (1987, p27) focuses on the ways in which risk has been studied and suggests three types of investigation of risk:

- those concerned with gambles where an emphasis is placed on the aspects of gambles that appear to make them risky;

- those concerned with events where the decision maker has personal experience, here the emphasis is placed on events which occur with relative frequency in daily lives for example assessing the risk of being caught speeding on the roads;
• and those concerned with risk judgements that are not in the realm of most people's everyday individual experience, for example assessing the risks of nuclear power as an energy form.

These types of study can be incorporated within Glendon's dimensions of risk as an understanding of gambling will require estimations of probabilities and cost benefit analyses, and an understanding of the risks of nuclear power is likely to require some understanding of political workings and power relationships between, for example, organisations supplying energy to customers.

Despite these complexities in exactly what constitutes risk there does appear to be an emphasis on loss as at least one defining characteristic. The following quotes illustrate risk to be:


'The potential for unwanted negative consequences of an event or activity' (Rowe, 1977, cited in Ansell & Wharton, 1992, p 4).

'..the chancing of a negative outcome. To measure risk we must accordingly measure both of its defining components, the chance and the negativity' (Rescher, 1983, cited in Ansell & Wharton, 1992, p 5).

A review of psychological literature lead Vlek and Stallen (1981) to include definitions of the concept of risk as:

• risk is the probability of a loss;
• risk is the size of the probable loss;
• risk is a function, mostly the product of probability and size of loss;
• risk is the semi variance of the distribution of all consequences, taken over negative consequences only, and with respect to some adopted reference value.

Again in their definitions when any value attached to the outcomes or consequences associated with risk situations is made explicit it highlights the negativity of the outcome i.e. loss.

Following a later review of risk literature Yates & Stone (1992) propose that despite what appears to be substantial disagreement on a definition of risk there is implicit general agreement about a fundamental conception of risk. They describe this as a 'consensus view' and suggest:
‘At its core, risk is the possibility of loss. There are three essential risk elements: (a) losses, (b) the significance of those losses, and (c) uncertainty associated with those losses’ (1992, p 23).

Loss then appears to be a generally agreed attribute of the concept of risk, more precisely situations involving risk seem to be perceived as those where the outcomes of actions and decisions have negative value. If this is the case it becomes necessary to consider what is meant by ‘loss’ and when, why and by whom does ‘loss’ have negative value.

**Risk as a subjective construct**

Yates & Stone (1992) argue that risk should not be seen as an objective feature of a decision alternative, rather it represents an interaction between the alternative and the risk taker. Risk for them is an inherently subjective construct as what is considered to be a loss or a gain is particular to individuals, as is the significance of the loss or gain and the likelihood that it may occur. Whilst risk can be quantified in terms of probabilities of outcomes occurring and the value those outcomes may have, the importance of their argument is that those numbers must not be seen as some kind of objective fact. The numerical properties of probability and value are dependent upon the interpretation of the situation by the decision maker.

That risk may be subjective is emphasised earlier by Brehmer (1987) when he suggests that it is often the way that the concept is investigated or the way questions are asked with regard to risk that determines an individuals representation and interpretation of the concept. As he argues:

‘...people have no single and unitary representation of risks and that the representation they construct depends very much on what questions are asked. ..Such an interpretation raises an important issue. If it is true that different ways of formulating problems about risk lead to different representations there is an obvious possibility that discussions of actual risk problems may lead people to ignore important aspects of these problems because of the way in which the problems have been formulated. To avoid this we need more systematic information about how the formulation of a risk problem affects the cognitive representation of that problem’ (1987, p 34-35).
This together with Yates & Stone’s view would seem to suggest that risk, by its nature, is subjective, but importantly that those aspects of risk that are subjective can be altered by the way the risk problem is formulated. What decision makers assess as risk, potential outcomes in terms of loss or gain, and the likelihood of those outcomes happening is dependent upon how the situation is perceived.

Leiss & Chociolko (1994) argue that in the 1980’s there was an attempt to agree that it was logical to distinguish between risk assessment and risk management. Risk assessment was seen as a scientific process and risk management was seen as a political or bureaucratic process. Risk assessment was considered to be a process which involved objectifying and quantifying risk by looking for types and severity of potential harm. This implies that the focus in risk assessment again was seen to be around issues of the scientific objectification of outcomes or consequences of actions involving risk. Whilst this may be important if, as argued above, representations can be altered by the formulation of the problem it may be equally important to investigate how a situation involving risk itself is perceived by a decision maker.

Drawing on Sjoberg and Winroth (1985) Brehmer points out:

‘..research on psychological risk and acceptability has focused too much upon the consequences and associated probabilities and ignored the activities that produce these consequences, these activities are an important aspect of the decision problem’ (1987, p 36).

This debate in terms of psychological aspects and discussions of risk seem to be replicated in the work on risk assessment and management in child protection practice. As outlined in chapter one, on the one hand there seems to be an enthusiasm for the creation of objective guidelines and criteria which allow the scientific and visibly rigorous assessment of risks to children in the form of checklists; and on the other hand there seems to be a recognition of the subjective and intuitive nature of the assessment of risks to children. There seems to be little in social work literature which explicitly ties these issues directly to mainstream psychological theorising. An exception to this might be the work of Munro (1996) where she suggests that social workers are slow to re-evaluate their initial judgements of risks to children as those judgements are often based on beliefs that are resistant to challenges. She draws upon the work of Kahnemann and Tversky (1990) to propose that intuitive reasoning, often subject to ‘heuristic biases’ is extremely difficult to overcome. There is evidence within psychological research that such ‘heuristic biases’ do exist, that they affect both experts and laymen alike, and that even when informed of the determinants of differences in judgement given essentially the same situation individuals continue to display contradictory decision making. (Kahneman &
Tversky, 1990; Tversky & Kahneman, 1982) Given this information it seems appropriate to consider how and why such different judgements of risk may occur given similar situational and circumstantial information. The next section of this chapter will address this issue. First in terms of how the notion of the value of outcomes may be subjective with regard to an individuals perception of a decision situation. Second in terms of how the notion of the likelihood that outcomes may occur may be subjective with regard to an individual's perception of a decision situation.

**Individual decision making**

**Decision frames - the subjective value of outcomes**

Within a descriptive analysis of decision making, for example Kahneman and Tversky's work on heuristics and biases, the focus of study is the beliefs and preferences that individuals or groups express rather than what those should be according to conceptions of rationality and logical decision making. Within decision making literature this descriptive research on risk tends to have focused on choices between simple gambles with numerically identifiable outcomes such as monetary values and numerically specified probabilities (Tversky & Kahneman, 1981). The assumption here is that an understanding of the way individuals make choices under these circumstances may illustrate basic attitudes towards risk and value. Kahneman and Tversky (1981, 1984) suggested the concepts of 'risk aversion' and 'risk seeking' behaviours in relation to gambles where there are two alternative courses of action; one in which there is a sure outcome with either positive or negative value; and one in which there is a likelihood associated with two outcomes where one has a high likelihood of a high value but possibility of no value and the other a lesser likelihood of a sure positive value. What was important here was that individuals did not consider relatively small outcomes in terms of the actuality of the number of the outcome but rather in terms of gains, losses and neutral outcomes where the neutral outcome would represent neither a loss or a gain on previous states. It was not an ultimate state of wealth in the monetary examples that was important in determining decision direction but rather the way in which the decision maker perceived the final outcome in relation to their present state. That people seem to respond differently to losses than to gains was for Tversky and Kahneman an example of 'framing' where a decision frame is:

*the decision maker's conception of the acts, outcomes and contingencies associated with that particular choice* (1981, p 453).
Whilst Plous (1993) supports this investigation into how the norms, habits, and characteristics of the decision maker influence decision frames, he suggests that in fact Kahneman and Tversky's main focus was on how the formulation of the decision problem influenced a decision maker's subsequent frame. Kahneman and Tversky did investigate how individual differences may influence perceptions of risk, however they were more interested ultimately in the effect of altering the presentation of the decision situation on the decision maker's perceptions.

One of the most famous examples of framing is Tversky and Kahneman's (1981) Asian disease question. In this example individuals were asked to state which of two medical programmes they would adopt given a particular problem, as below:

**Problem 1 (N=152):** Imagine that the US is preparing for the outbreak of an unusual Asian disease, which is expected to kill 600 people. Two alternative programs exist to combat the disease have been proposed. Assume that the exact scientific estimates of the consequences of the programs are as follows:

- If program A is adopted, 200 people will be saved.
- If program B is adopted, there is a 1/3 probability that 600 people will be saved and a 2/3 probability that no people will be saved.

Which of these two programs would you favour?

Of the 152 individuals asked this question 72% chose option A, 28% chose option B.

**Problem 2 (N=155):** the same problem scenario was given but the programs were outlined as

- If program C is adopted, 400 will die.
- If program D is adopted, there is a 1/3 probability that nobody will die and a 2/3 probability that 600 will die.

Of the 155 individuals asked this question 22% chose option C and 78% chose option D.
Programs C and D in the second frame are equivalent numerically to A and B in the first frame yet individuals are making very different choices. In the first frame Kahneman and Tversky argue that individuals are 'risk averse'. They have outcomes of both programs which are evaluated in terms of a 'reference level' (to be elaborated further in this section), the possibility that 600 people will die and two possible gains as measured by the lives that may be saved. 72% of respondents preferred to save 200 lives for sure rather than take a gamble where there was a 1/3 chance of saving 600 lives. In the second frame however Kahneman and Tversky argue that individuals become 'risk seeking'. The outcomes of both programs are still evaluated in terms of a 'reference level' but here it is one in which no one dies. In this case Kahneman and Tversky suggest that the best possible outcome is the maintenance of that level or state, no deaths, and the alternatives are losses that now become measured by the number of people that will die of the disease. 78% of respondents chose the gamble where there was a 1/3 probability that nobody would die and a 2/3 probability that all would die and only 22% chose the programme where 400 would surely die, yet 200 would be saved.

Clearly the outcomes and consequences of such choices and gambles can be framed as either losses or gains relative to a 'reference level', yet the above would seem to demonstrate that how the outcomes are framed can have remarkable effects on individuals judgement and choice. Simply changing the words people will be saved, to people will die changed the reference level where individuals perceived outcomes in terms of gains or losses. This occurred despite the fact that the outcomes were identical, and the effect was to either induce 'risk aversion' or 'risk seeking' in individuals.

It was interesting in this example that there was a slightly larger tendency in the second framing of the problem for people to be risk seeking than in the first version for people to be risk averse, which may suggest that when a decision is framed in terms of losses the subjective value of that as opposed to gains has a greater effect on decision makers. Indeed Kahneman and Tversky propose a hypothetical value function for losses and gains as illustrated overleaf:
They suggest that:

'The value function is a) defined on gains and losses rather than on total wealth, b) concave in the domain of gains and convex in the domain of losses, and c) considerably steeper for losses than for gains. The last property, which we label loss aversion, expresses the intuition that a loss of $x is more aversive than a gain of $x is attractive. Loss aversion explains peoples reluctance to bet on a fair coin for equal stakes: The attractiveness of the possible gain is not nearly sufficient to compensate for the aversiveness of the possible loss' (1984, p 342)

This difference in the steepness of the value function in losses and gains means that decision makers are more likely to perceive that 'losses loom larger than gains'. The possible loss of £X has a much higher value than the possible gain of £X, and this subjective judgement of value is the determinant of choice. Individuals may be more likely to make judgements to avoid losses than to accrue gains. Indeed Kahneman and Tversky describe a particular instance of decision making under uncertainty which they describe as the 'certainty effect'.

The 'certainty effect'.

Kahneman and Tversky describe the certainty effect thus:
A reduction of the probability of an outcome by a constant factor has more impact when the outcome was initially certain than when it was merely probable' (1981, p455).

An example of how this operates is illustrated in the example below:

1) You have to make a choice between incurring a) a certain loss of £50 or b) a 50/50 chance of a £100 loss or no loss at all, which would you choose?

2) You have to make a choice between incurring a) a certain gain of £50 or b) a 50/50 chance of a £100 gain or no gain at all, which would you choose?

This situation is similar to the framing alternatives earlier. The odds are identical in these decisions and people opt most commonly for the riskier course of action when the question is framed in terms of losses i.e. question one. Conversely they usually opt for the more cautious course of action when the question is framed in terms of gains i.e. question two (Kahneman & Tversky, 1979). But importantly the 'certainty effect' predicts that individuals become risk seeking when decisions are framed in terms of choices between losses, exaggerating the distastefulness of losses that are certain (£50) relative to those which are less sure (£100).

If a problem is framed in terms of losses where there are certain losses (sure) and less certain losses (probabilities), individuals will choose the alternative that avoids a certain loss; and if a problem is framed in terms of gains where there are certain gains (sure) and less certain gains (probabilities), individuals will choose the alternative that keeps the certain gain.

That individuals can make such contrasting judgements given essentially the same decision problem can be seen for Kahneman and Tversky (1984) as an example of a 'failure of invariance', as invariance requires that changes in descriptions of outcomes should not alter individuals preference order. As Kahneman and Tversky continue:

'The failure of invariance is both pervasive and robust. It is as common among sophisticated respondents as among naive ones, and it is not eliminated even when the same respondents answer both questions within a few minutes. Respondents confronted with their conflicting answers are typically puzzled. Even after rereading the problems, they still wish to be risk averse in the lives saved version; they wish to be risk seeking in the lives lost version; and they also wish to obey invariance and give consistent answers in the two versions.'
In their stubborn appeal, framing effects resemble perceptual illusions more than computational errors' (1984, p 343)

It appears then that all individuals, expert or not in a given field, can be 'risk averse' or 'risk seeking' dependent upon their perception of the problem in terms of losses or gains. This perception in terms of outcomes may depend on how the problem is phrased or how they interpret it. Moreover their perception of a situation or problem can be effected by the way in which the choice dilemma is presented, that is either in a losses or gains perspective.

The reference level.

Payne (1982) argues that information processing in decision making as with other areas of cognition can be highly contingent on the demands of the task. Payne differentiates between task effects and context effects on decision making. Task effects are factors associated with general structural characteristics of the problem for example response mode, number of alternatives; and context effects are those factors associated with the values of the objects in the decision set for example the overall attractiveness of the alternatives. Payne suggests that:

'The values of context factors are more dependent than the values of task factors on individual perceptions' (1982, p 386).

In other words an individual's perception of the problem may be more influenced by contextual factors than by task factors. One major context effect has been identified in psychological research as the 'reference level', or the standard of comparison by which outcomes are evaluated. Payne, Laughhunn & Crum (1980, 1981) carried out a series of experiments involving both students and business managers where they were asked to make a choice between gambles according to a given reference point. The relationship of a pair of gambles was varied relative to the reference point over choice situations by either adding or subtracting a constant amount from all outcomes and Payne et al demonstrated that manipulating the outcomes in this way could result in a reversal of preference within the pair of gambles. For Payne:

'The preference function that is used to choose among gambles is contingent on whether the choice problem is one involving mainly positive outcomes, a mixture of positive and negative outcomes, or mainly negative outcomes.....The concepts of gains/losses..imply the existence of a neutral reference point that can be used to code outcomes' (1982, p 394).
Whilst this work would seem to support strongly the notion of 'decision frames', there does appear to be some ambiguity in the use of the term 'reference level'. For example Payne (1982) in his experiments reported previously talks of a 'reference point', 'target' or 'aspiration level' as if they are the same thing. Yet Kahneman talks of 'reference level' in relation to a 'status quo' recognising that the 'reference level' may or may not be the 'status quo'.

To return to the Asian disease problem in the first decision frame the neutral reference point implied by the options where they are described in terms of saving lives is 600 dead, hence the choice is between a certain gain and a potentially larger gain combined with a chance of returning to the reference level. In the second decision frame the neutral reference point implied by the options when they are described in terms of people dying is 0 dead, so the choice becomes a certain loss and potentially greater losses combined with the chance of returning to the reference level. Whyte (1991) suggests that there is considerable experimental evidence that supports this notion that a 'reference level' strongly influences risky choice by individuals. As such it seems appropriate that research attempts to identify possible 'reference levels' within child protection practice.

As outlined in chapter one child protection practitioners have objective reference levels which they work within and towards as provided in legislation and government guidelines (Children Act 1989, Working Together, 1991). However there may be subjective reference levels which influence the decision processes of individuals and groups. Even within the prescribed guidelines child protection practitioners seem to display ambiguity about the extent to which they take some of the guidelines as a fundamental part of their everyday business (Daniel, 1999). Given the possibility that the value of outcomes may be dependent upon how individuals perceive a problem subjectively it seems necessary to consider how individuals may perceive the likelihood of those outcomes occurring according to psychological research.

Decision frames - the subjective nature of probabilities

Just as with outcomes, where it is the subjective value of outcomes that is important for decision makers, so it seems that it may be the subjective probabilities of events that determine judgements rather than the actual numerical probability of those events. Given the likelihood's of winning on a lottery ticket Kahneman and Tversky suggest that an increase from a chance of winning from 5 -10% has a larger effect than an increase from 30-35%, hence they propose a decision weight attached to an event by a decision maker as a function of its actual numerical probability, see overleaf:
What this means in terms of choices that involve risk is that individuals tend to overweight small probabilities and underweight moderate to high probabilities. An example of this kind of judgement might be an individual’s decisions to buy and continue to buy lottery tickets. Even though it is well known that the actual probability of winning the jackpot is 1/14 million, it could be argued that individuals continue to buy a ticket as they overweight subjectively the probability of winning. In relation to subjective probabilities Kahneman and Tversky also suggest that there exists a 'category-boundary effect' where:

'A change from impossibility to possibility or from possibility to certainty has a bigger impact than a comparable change in the middle of the scale' (1984, p 344)

It seems difficult to separate out the effects of subjective judgements of probability from the subjective judgements with value or outcomes. In the above lottery scenario it is difficult to see how individuals might disassociate the possible enormous value of the gain of a jackpot lottery win from the actual remote probability and from their own reference points. Hence the weekly decision in terms of the likelihood of winning becomes 'yet it could be me' 'I have as much chance of winning as anyone else'.

In relation to the issue of the reference level and the status quo Kahneman raises the point that the subjectivity of probabilities means that:
A particularly important case arises when the reference point is the status quo, and when the retention of the status quo is an option. Because the disadvantages of any alternative to the status quo are weighted more heavily than its advantages, a powerful bias in favour of the status quo exists (1992, p 298 drawing on Samuelson and Zeckhauser, 1988).

In relation to child protection judgements this raises the issue of whether the benefits of leaving the child at home, and therefore potentially keeping the status quo with regard to a child’s living and domestic circumstances, is compromised by a bias that any individual may make as a function of psychological decision making processes.

Prospect theory

The notion of subjective values and probabilities have been incorporated into 'Prospect Theory' (Kahneman and Tversky 1979) and Fennema and Wakker (1997) suggest that prospect theory has been one of the most important theories of decision making under risk in the past 10 years. Prospect theory (Kahneman and Tversky, 1979) is a model of individual decision making under conditions of uncertainty that was developed to overcome the shortcomings of traditional expected utility theory. Prospect theory involves two stages in the decision making process; first editing where cognitive operations are performed on components of the alternative courses of action; second, evaluation of those alternatives where it is recognised that it is the subjective value and subjective probability that induces judgement as outlined previously. Fennema and Wakker (1997) suggest that despite the fact that Prospect Theory can be demonstrated to violate stochastic dominance it can be used to explain major deviations from expected utility by drawing upon notions of the certainty effect, framing, and the status quo as a reference point. A later version of Prospect Theory, Cumulative prospect theory elaborates and attempts to improve upon the limitations of prospect theory but it is argued here that it is the foundations of prospect theory that are important i.e. decision direction and the subjective nature of values and probabilities, rather than the mathematical specificities of value and weighting function. As Fennema & Wakker outline:

In prospect theory and cumulative prospect theory risk attitudes depend on both the attitude towards outcomes (through a value function) and on the attitude towards probabilities (through a weighting function). A risk attitude then becomes a combination of both the attitude towards probability and attitude towards outcomes' (1997, p 54).
In essence because of the subjective nature of values and probabilities prospect theory predicts that individuals will be risk averse when given a decision problem framed in gains and risk seeking when given a problem framed in losses, and these gains or losses will be relative to a reference level. Prospect theory has received much empirical support in the realm of experimental laboratory controlled decision making situations (Budescu and Weiss, 1987; Shelley, 1994). More recently there have been suggestions concerning the complexity of prospect theory for example the proposal of cumulative prospect theory; the ideas proposed by range frequency theory (Parducci, 1963; Lim, 1995); that it is the salience of losses and gains that are important and that altering salience by emphasising probabilities of positive outcomes to a risky option can alter preferences (Van Schie & Van der Plight 1995) and that there may be moderating factors of framing effects (Smith & Levin 1996). Importantly though these do not question the predictions of decision direction in gains and losses as original prospect theory predicts. As Smith and Levin suggest:

'Significantly the vast majority of studies that identify moderating factors of framing effects do not demonstrate reversals of the effects. Rather they typically show either conditions under which the effects do not obtain, or conditions under which the effects are obtained less strongly' (1996, p 284).

As such it will be argued here that in a real world situation where it may be impossible to place numerical probabilities on the likelihood of outcomes it is the principle decision direction that is most useful for an understanding of child protection decision making. Despite questions around the numerical extent of framing effects it seems to remain the case that:

'Framing is a powerful rhetorical device for persuasion: by changing the representation of a decision problem, one can influence preferences without altering the underlying psychological processes (Kashima & Maher, 1995, p 46).

This section then has outlined psychological research which suggests that outcomes of decisions can be dependant upon the decision processes that occur when examining a decision problem. Specifically it has been argued that the way in which a decision is framed or perceived to be framed by an individual can alter fundamentally the decision direction. If a problem is perceived in terms of losses individuals almost inevitably become risk seeking in an
attempt to avoid a certain loss. If a problem is perceived in terms of gains individuals almost inevitably become risk averse in an attempt to keep a certain gain.

**Group decision making**

**Historical overview of research on groups**

Abrams and Hogg (1999) provide an overview of research into groups. Their analysis of the historical development of groups research suggests that there has been a wide variation in the focus of research which is often dependent upon the professional and geographical location of the work. For example, drawing upon Steiner (1974), they suggest that interest in groups by social psychologists in America between the 1920’s and the early 1960’s shifted from a focus on collective phenomena to a focus on group dynamics and interactions between groups. In the 1960’s and 1970’s they then suggest that interest in groups declined in traditional American social psychology.

There have been several recent quantitative analyses of research trends in groups within social psychology (Fisch and Daniel, 1982; Manstead, 1990; Vala, Lima and Caetano, 1996; Abrams and Hogg, 1998) all of which report a continued interest in groups and a resurgence of interest in particular aspects of groups. One example of this work is that of Moreland et al (1994). Moreland et al conducted an archival analysis of three major American social psychology journals and reported a trend where interest in groups fell in the 1970’s, remained low in the 1980’s yet rose again in the 1990’s. They attributed this to theoretical developments in European social psychology and social cognition. Instead of the emphasis on inter group processes, such as competition between groups and group performance the focus became one of intra group processes.

Within social psychology then it is argued that contemporary research on groups tends to be concerned with intra group phenomena such as dynamics within groups in terms of social cognition such as stereotyping, social identity and self concept (for example see Hogg & Hains 1996; Lindeman et al 1995). Abrams and Hogg (1999) suggest that interest in inter group phenomena continues but it is situated within applied areas of psychology such as organisational psychology, health care and education. It would appear, given this overview of groups research shared by many, that there may be a lack of research in social psychology in terms of group performance, group output and group decision making processes in relation to other groups. Despite this change in emphasis in research, groups are required to make decisions and are accountable often for decision making in situations as diverse as law, ethics,
politics, medicine and social work. As such it is appropriate to consider the work that does exist in the area of group decision making and to consider in particular the research that exists in relation to the aspects of groups that Whyte’s integrated model draws upon.

Rationale for using groups in decision making

Davis, Kameda & Stasson (1992) suggest that small task oriented groups are often given the remit to make decisions that involve risk. In their work they investigated groups ranging from 2 to 12 members where the decision reached had to be a consensus decision focusing on a single collective action. They propose that there are three broad categories of reason for using such groups in decision making.

- The output of the group is an enhancement on that of an individual. Increased numbers of people have the potential for improving task performance by mechanisms such as reducing error in judgements, increasing the probability of a correct response, minimising loss etc.

- Social values can be enhanced by use of a group. Extra decisional considerations can be taken into account for example a recognition of democratic principles, and these together with practical aims are likely to result in heightened commitment to decisions and courses of action needed to implement them.

- Any member of the group can diffuse the risk on tasks where there occurs some kind of loss. Whilst this possibility to diffuse risk and responsibility for poor outcomes may on the surface seem disadvantageous it clearly has advantages for the members of the groups.

(adapted from Davis et al, 1992 p165).

Brigham (1991) suggests that comparing individual and group performance is complex, however he proposes that often it is assumed that in general group performance is superior to the average individual’s performance. Reasons cited for this include: interactions within a group may produce new ideas or solutions; the group is likely to have a wider range of knowledge; and there is a greater probability that within a group there will be at least one individual who has knowledge specific to the task. Despite this however, Brigham continues to suggest that group decisions may not be necessarily better than individual decisions. Reasons for this include: whilst there may be more knowledge within the group it may not always be shared with group members, in fact members seem to reiterate already shared information unless there is very little information already shared; the groups performance may be better than an average individual’s performance but it is often inferior to the best members performance particularly if the problem is a complex one; and importantly there is a social impact of being
part of a group. Problematic social processes that can occur in a group include group polarisation, the tendency to diffuse responsibility amongst group members and groupthink.

Difficulties of groups and decision making

As outlined previously due to the increased influence of European ideas in social psychology and the influence of social cognition on the discipline, recent research into difficulties of groups and decision making has largely centred upon debates concerned with intragroup conflict and identity. Research in social psychology in the areas of group performance in relation to other groups dwindled in the late 1980's and with the exception of a small number of publications (for example see Wekselberg, 1997; Street, 1997; Mohamed et al, 1996; Hollenbeck et al, 1994; Schoorman et al, 1994) within journals such as Small Group Research and the Journal of Applied Psychology the latest material concerned with group polarisation and groupthink appears in the area of organisation and management. Despite this different emphasis on research into small groups they continue to have a large part to play in real world decision making. The final section of this chapter will consider the existing material in relation to those aspects of Whyte’s model concerned with groups, that is risky/cautious shift, group polarisation and groupthink.

Risky/Cautious shift and group polarisation

Brown (1988) suggests that conventional wisdom pre 1960's was that a group decision or judgement was roughly the same as the average of judgements and opinions of its members; whilst Davis et al (1992) suggest that conventional wisdom proposes that groups make better decisions than individuals. Despite a slight contradiction here there is no suggestion that the decision making of a group might be worse than that of an individual. According to both these conventional views when a group has to reach consensus there is often a need for some compromise between group members who may begin with different and disparate judgements. This necessitates some move towards a middle ground and a consequent reluctance by a group to take extreme decisions. Hence as Davis et al suggest:

'The compelling intuition, then, has been that decision making groups unlike individuals reluctantly 'take chances' and generally avoid extremes' (1992, p 168).

However, Stoner (1961) provided subjects as individuals with a number of social choice dilemmas. The task for the individual was to choose between two courses of action, one of which, with a more desirable outcome, involved a higher degree of risk than the other. In
practice the subject had to judge the lowest acceptable level of risk for them to advise the character in the scenario of take the higher risk alternative. Stoner then randomly assigned subjects to groups and their task was to reach a unanimous decision on the decisions they had considered independently. Stoner discovered that the groups were generally more likely to be riskier than individuals. Wallach, Kogan & Bem, (1962) replicated these studies and found the same phenomenon, but also discovered that the shifts in group opinion became internalised. The group opinion was adopted by the individual if they were asked to reconsider the choice as an individual after being part of a group. As Brown suggests:

'It was clear that group decisions...were not simply the average or compromise of the individual group members' initial positions; apparently, groups were willing to entertain greater risks collectively than they would as individuals' (1989, p 143).

Stoner termed this phenomenon the 'risky shift' and many studies were carried out replicating the method with different kinds of choice dilemmas and with different populations which confirmed the presence of the risky shift. In the course of such replications however, it appeared that some choice dilemmas produced a change of judgement by the group in the opposite direction, one of caution. These results (Stoner, 1968) suggested that the term shift to risk might be better described more generally as a shift to extremity, that is a group will make a more extreme decision than an individual member of that group would have done either in the direction of risk or caution. Moscovici and Zavalloni (1969) termed this 'group polarisation'. Baron, Kerr & Miller (1992) suggest that group polarisation does not occur invariably within groups, but that there has to be some basic general agreement by group members over which side of an argument they initially favour. In other words polarisation towards risk would occur after discussion only if members considered risk was a sensible option pre discussion. As they propose:

'..group polarisation represents the intensification of a pre-existing initial group preference' (1992, p 72)

Davis et al (1992) suggest that there are many attempts to theoretically explain such shifts towards risk or caution by groups. They propose that perhaps the most popular explanation is one in which a 'cultural value' for risk is employed. Brown (1965, 1986) suggests that there is a 'cultural value' around risk or caution in relation to certain problems. When a group is engaged in discussion individual members will then discover that other members are, on average, as risk or caution prone as they are and in order to appear to have a cultural value for risk or caution then the individual will alter their preferences in the direction that is valued.
Their rationale for the popularity of this model rests on the fact that it could be used to explain both shifts to risk and caution, it was an explanation lodged at an individual level and it was one which could incorporate notions of social comparisons.

Alternative explanations involve the concepts of ‘normative influence’ on polarisation (Baron & Roper, 1976; Myers, 1982) or ‘informational influence’ (Burnstein & Vinokur, 1973) on polarisation. In the 1970’s there was considerable disagreement about the extent to which each of these concepts may play a part in a group polarising around a judgement or choice. Normative influence is concerned with the competitive pressure exerted by the knowledge of other positions, whilst informational influence is concerned with the nature of persuasive arguments. Baron et al (1992) suggest that it is the decision situations themselves that determine the degree to which one or both of these influences is present and important. For Baron, factors such as whether the judgements are concerned with values and tastes as opposed to factual issues may alter the reasons for polarisation. As has been argued child protection practitioners operate within a situation where there are facts in relation to cases but they operate also within a system that is imbued with political and value laden judgements relating to the welfare and needs of children within society.

Davis et al (1992) suggest that after 1976 interest in choice shifts and polarisation waned, yet the research left a crucial question, as they suggest:

‘Yet the question remained unanswered as to why discussion changes individuals toward one extreme, toward the other, or toward neither. Thus, it is not clear what has been explained, and it is not clear which of the two “effects” (choice shifts and polarisations) is cause and which consequence—or some of both’ (1992, p 170).

**Groupthink**

Janis (1972, 1982, 1989; Janis & Mann 1977) proposed the phenomenon of ‘groupthink’ where they described a process by which groups could engage in high risk decision making and where poor, defective decision making occurs as a direct result of group processes. Janis focused on a series of retrospective case studies involving policy decision making where the outcomes were considered to be either good or bad. He identified several factors that were common to the poor decision making groups.

- The group making the decision was cohesive.
- The group was typically insulated from information from outside the group.
The decision makers rarely searched systematically through alternative policy options in order to appraise the merits of each separately and against each other.

The group often had to reach a decision as a matter of urgency.

The group was often dominated by a directive leader.

If these factors were present Janis suggested that there would be strong conformity pressures within the group and 'concurrence seeking tendencies' would lead to groupthink and defective decision making. Brigham (1991) clusters the eight symptoms of groupthink into three categories. First overestimating one's own group, this includes an illusion that the group is invulnerable and an illusion that the group is inherently morally correct. Second closed minds, this incorporated the notion that the group engages in collective rationalisations to support a first adequate alternative to a decision problem and that a group develops negative stereotypes of outgroups and views their judgements as poor or faulty. Third pressures towards uniformity, this incorporated the notions that the group will place direct pressure on dissenters to conform to the group, members will begin to self censor their own doubts and misgivings, self appointed gatekeepers or mindguards will act to protect the group from adverse information and there exists an illusion that the group members agree unanimously.

(adapted from Brigham 1991, p237).

Many poor decisions have been subject to analysis using groupthink retrospectively, classically the decision to invade Cuba at the Bay of Pigs, the escalation of commitment in Vietnam and the Watergate cover-up (for an overview see McCauley, 1989; Raven, 1998); and more recently the decision to launch the space shuttle Challenger (Brigham, 1989: Whyte, 1991); the decision to send arms to Iran in the Iran Contra affair; and the decision by Coca Cola to change the formula of Coke (Whyte, 1991). The apparent utility of the concept in explaining demonstrably defective decision making led Janis to develop a series of correctives to groupthink that were aimed at combating the unwanted effects of concurrence seeking behaviours. Such correctives included ensuring that the leader of the group adopts a neutral role; ensuring that the leader adequately represents views of minority members; holding a second meeting after the initial consensus to allow any new information or dissent to be presented; perhaps involving the use of a devil's advocate within a group.

Groupthink has had widespread intuitive appeal and as a result Aldag and Riggs Fuller (1993) and Esser, (1998) suggest that it has had considerable heuristic value. Peterson et al (1998) examined this heuristic appeal and supported Aldag et al in that in this study reported that groups within top management teams did appear to display some indicators of groupthink. Perhaps as a result of this intuitive appeal, and the shift in interest by social psychologists in
terms of inter to intra group phenomena, there have been relatively few evaluative studies surrounding groupthink. Of those that do exist there is concern about the way the processes in groups that are thought to be groupthink might actually be the result of concurrence seeking (Longley & Pruitt, 1980); concern about the methodological difficulties associated with the research that has been carried out (Won Woo Park, 1990; Aldag & Fuller, 1993, Fuller & Aldag, 1998) and concern with the scientific status of groupthink (Paulus, 1998). More recently there have been studies that provide contradictory evidence with regard to the existence of the indicators of groupthink, for example see Raven (1998); Rempel et al, (1997); Schafer et al, (1996); Moorhead et al, (1998) for support of at least some aspects of the groupthink phenomenon; and Kramer, (1998); Fuller & Aldag, (1998) Granstroem et al (1997); and Neck et al, (1995) for a refutation of some of those aspects. Whilst some research questions the theoretical foundations of groupthink (Fuller & Aldag, 1998; Wekselberg, 1997) interest in the phenomena in organisational settings remains.

Despite the difficulties of the concept of groupthink it would seem inappropriate to simply abandon it as part of Whyte's explanatory model of decision fiascos. Indeed in one study, Street (1997) proposed a direct link between groups which escalated failing courses of action and groupthink.

This section of the chapter has highlighted psychological research which indicates that group decision making may be subject to phenomena which influence decision making processes in a detrimental manner. Notably groups may polarise around decisions which involve risk and thereby exaggerate that risk, and may be subject to groupthink whereby decisions are not monitored effectively and alternative courses of action are not sought.

Researching risk

Brehmer (1987) suggests that research on perceived risk can be usefully categorised into three areas. First those concerned with gambling where the investigation is concerned with identifying aspects of the situations that make individuals perceive them as risk. Second those concerned with direct personal experience, for example, considerations of the likelihood of getting caught speeding in a car or being involved in an accident. Third those where judgements of risk are made with very little direct experience and where there is little frequency information upon which to base judgements, for instance risks associated with new technologies, nuclear power and more recently genetically modified crops.
Laboratory and experimental research

Yates (1992) outlines a number of research methodologies used in the investigation of categories of risk and risk taking which include techniques designed to study individual differences such as sensation seeking scales and personality measurements; experimental approaches in the study of games and gambling behaviours and case studies in the areas of business and finance. Within individual decision making research, particularly where research is based in a decision theoretical framework (where prospect theory is located) it seems that the dominant research paradigm is positivistic and experimental. Individuals are asked to respond to hypothetical situations in carefully controlled laboratory settings (for example see Kahneman & Tversky, 1979; 1984; 1986; Bar-Hillel, 1972; Wyer, 1976). In terms of groups this positivistic paradigm appears to remain central. Most research on shifts to risk and caution have been done in hypothetical experimental situations (for example Myers & Bishop, 1970; Burnstein & Vinokur, 1973; Myers & Lamm, 1976). Whilst these types of study do have some ecological validity in that they are often concerned with shifts in voting behaviour or shifts in attitudes towards feminism, racism etc. they nevertheless remain 'laboratory based'. It would seem that the nature of the concept provides further difficulties when trying to investigate the phenomenon in retrospect. For instance to provide evidence of group polarisation it would be necessary to interpret whether the group is in fact more extreme than the individual who has 'led' the decision direction. In relation to polarisation and case conferences, without extensive verbatim descriptions of each individual's input at the case conference this would seem to be an issue. Such descriptions are not available in inquiry reports however there are some statements from participants that do give an indication of attitude and belief prior to the meeting. A similar picture emerges concerning research into groupthink. Aldag et al (1993) suggest that research has been based upon retrospective case studies or laboratory studies.

Mann (1992) supports Yates in warning against the temptation to generalise from such research. Mann suggests that findings may differ not only in degree from real situations that individuals find themselves required to make decisions within, but perhaps more importantly they may differ in kind. The change from investigating artificial tasks to everyday tasks may reveal very different individual perceptions of risk and very different decision processes. Yates (1992) comments on the difficulties of overcoming the problems of investigating risk in the real world, he suggests that it would be unethical to expose individuals to the possibility of harm in order to investigate their risk taking behaviour, and it would be problematic to invade the privacy of small groups who make risk decisions on a day to day basis. Yates explicitly recognises the difficulty of intruding upon a situation where the presence of investigators may influence decisions but in real world research it would appear that there might also be a
problem in that the participants in the small group may perceive any study of their activities as being an audit of efficiency. As such Yates suggests

'..risk researchers must seek and exploit creative field and quasi experimental techniques' (1992, p 324).

There is then a recognition by some researchers that the investigation of risk and decision making by individuals and groups under conditions of uncertainty may be enhanced by the study of real situations. However even with this recognition it seems that the quotation implies that researchers continue to use techniques that remain embedded within a positivist research tradition. There seems to be the notion that 'quasi experimental techniques' may be more useful than previous research in uncovering truths about decision making involving risk in complex everyday situations.

A naturalistic approach to decision making research in social work practice.

As outlined in chapter one, Scott amongst others, (Imre, 1985; England, 1986; Scott, 1989; 1990) has argued that the practice of social work is a ‘hermeneutic activity’ concerned with ‘meaning construction’ in the lives of individuals. Further she argues that ‘practice wisdom’ is central to social work knowledge (Scott, 1990) and that this is an inductive process whereby practitioners draw usually implicit generalisations from their practice. If this is the case it may be that a more naturalistic approach to decision making research in social work practice is appropriate. Henwood and Pidgeon (1992) suggest that a naturalistic paradigm can be characterised by a number of factors; there is an emphasis on constructivist epistemologies where the primary focus is one of description as opposed to explanation; a representation of reality through the eyes of the participants; a regard for the importance of viewing the meaning of experience and behaviour in context and in its full complexity. As they propose:

'Qualitative methods are privileged within the naturalistic approach because they are thought to meet a number of reservations about the uncritical use of quantification in social science practice: in particular, the problem of inappropriately fixing meanings where these are variable and re negotiable in relation to their context of use; the neglect of the uniqueness and particularity of human experience (c.f. the nomothetic-ideographic debate in psychology); and because of the concern with the overwriting of internally structured subjectivities by externally imposed 'objective' systems of meaning' (1992, p 16).
This is echoed Lincoln and Guba (1985) who argue that there are a number of fundamental difficulties with an over reliance on quantitative scientific approaches to social science research. For example, in terms of internal critiques to quantitative research, they consider that highly controlled research 'context strips'. That is such research may strip inadvertently from consideration any other variables than those defined by the theory which could potentially alter findings. They further suggest that positivist research can lead only to the exclusion of meaning and purpose, whilst qualitative data can allow an understanding of behaviour whilst acknowledging and recognising meanings and purposes that actors ascribe to their own behaviour. For them qualitative data can provide valuable contextual information. It could be then that a more qualitative approach to child protection decision making can be used in order to understand better both the objective actualities of outcomes for children and the subjective influences and meanings in the decision making processes used by social work practitioners.

In terms of external critiques of quantitative research Lincoln and Guba (1985) concentrate on the interactive nature of the inquirer-inquired. They consider that objective observation where the researcher does not influence the research is not probable, arguing that

‘Indeed the notion that findings are created through the interaction of inquiry and phenomenon (which in the social sciences is usually people) is often a more plausible description of the inquiry process than is the notion that findings are discovered through objective observation 'as they really are and as they really work' (1985 p 107).

Given the complex nature of child protection decision making where all individual and group decisions are placed within a context of governmental policy and public and societal belief systems it appears likely that an approach which can use contextual information and can allow for the understanding of meaning to the participants or individual social workers themselves warranted further investigation. Such an approach is likely to be exploratory in nature and to use multiple methods but importantly it is likely also to address some of the fundamental concerns with decision making research outlined previously by Mann (1992) and Yates and Stone (1992).
Chapter three
The methodological approach.

The previous chapter outlined Whyte's integrated model of decision making (1989) and provided an outline of the main theoretical and conceptual contributions to that model. The latter section of that chapter suggested that the individual and group decision making material is researched most often within a positivistic paradigm. It was argued that such laboratory based research may context strip individual judgement and choice and may not therefore have meaning for individuals nor have descriptive or explanatory value in the real world.

This chapter aims to outline the particular methodological approach adopted in this research. This will be achieved by providing a detailed explanation for the methodological approach and techniques adopted at each stage of the research. By writing this in a linear fashion it may appear that each stage of the research had been preplanned from the outset. This was not the case but, as it will be argued, this fact does not detract from the academic and ethical rigour with which the work was undertaken. Indeed the approach adopted was necessary given the complex, real world, sensitive nature of the research.

Using case studies

Following the rejection of the quantitative and often artificial techniques outlined previously it seemed that the possibility of a more appropriate methodological approach at this stage may be provided by undertaking an exploratory case study using documentary material. The technique finally chosen was that of documentary analysis which fulfilled both ethical and technical criteria. The aim of such a case study would be to provide an interpretation of decision making processes in the child protection case. Yin (1989) suggests two approaches to the analysis of case study material. First, analyses based upon specific sets of theoretical propositions where the theoretical framework determines the research questions being asked and the consequent design of the study; second, analyses based upon descriptive frameworks. The latter involves the development of a case description where the idea is to search for a set of themes linked to the research question which seem to describe adequately the case. For Yin this type of case study analysis should be started at the early stages of the research process whilst enquiry is still in progress. Yin suggests that where there is an absence of a theoretical framework 'playing the data' at this intermediate stage may well assist in identifying themes which can form the basis for a workable descriptive framework.
Given that Whyte's conceptual model (1989) was previously untested in the real world, and that this constituted a new approach to the analysis of decision making in relation to child protection practice it seemed that the second of Yin's propositions was appropriate. Clearly Whyte's structure of decision making with its emphasis on different aspects of decision making being influenced by different factors provides some basis for a framework, but given the exploratory nature of the research it was considered important at this stage to remain open to themes which may emerge from the data.

**Data sources**

In order to explore the explanatory usefulness of Whyte's model it was necessary to identify an appropriate source of data. Qualitative research draws upon a range of data gathering techniques including participant observation, semi structured or in depth interviews and documentary evidence. (Yin, 1989; Burgess, 1984; Bulmer, 1977; Vaughn, 1992; Richardson, 1996)

Given that Whyte's model is concerned with decision making processes that occur when the outcomes are 'fiascos' it was necessary at this stage to focus on child protection decisions where the outcomes were poor. Two techniques were initially considered as possible ways of gathering information from child protection practitioners with regard to the decision making processes that had taken place in cases that had resulted in child death. It would have been possible, working within an appropriate ethical framework, to devise a relatively structured questionnaire which could have been distributed to a sample of child protection practitioners. The aim of the questionnaire would be to ascertain their perceptions of the decisions taken in relation to child deaths. Similarly it would have been possible to engage in interviews with a sample of practitioners. However these techniques were rejected at this stage for the following reasons.

1) It was considered unethical to attempt to contact the individual practitioners who had been involved in cases where children had died. In many instances the Inquiries into the deaths of children had been long, held in the public domain, and were forums where practitioners were castigated for poor judgements. It was considered inappropriate to ask individuals to revisit their practice and open up the possibility of further distress. A statement of ethical practice (BPS, 1991) points out that all research should be considered from the standpoint of all participants and that any foreseeable threats to health, values, dignity or psychological well being should be eliminated.
2) It would be unlikely that a random sample of practitioners would have had first hand access to information relating to case conferences and reviews held in respect of such cases.

3) Whilst individual practitioners' interpretations of events and decisions leading up to child deaths may be important and interesting their opinions would, by their nature, be highly subjective, would be likely to be imbued with vested interests and may not focus specifically upon the decision making processes of both individuals and groups. (Holsti, 1969)

4) Since the last publicly held child death inquiry was held in the 1980's any respondents to questions in whatever format would be reliant upon their memory of events. This would raise questions with regard to the accuracy of memory and would also raise issues concerned with the ways in which different types of information, for example, the media representations of cases, may have influenced their memories and judgements. (Holsti, 1969) Again whilst this may be interesting it is not the primary focus of this research.

Given the rejection of these techniques the use of documentary data was considered.

**Documentary data**

As well as Gibbons et al (1995) and Reder et al (1993) outlined in the second chapter, there are other precedents for the use of secondary material in relation to research into child protection decision making. Jones (1996) examined 701 case decisions within one local authority. Within a multi methods approach he used interviews with child protection personnel and information contained within case conference minutes and reports. His data was subject to auditing by 'professional auditors' to ensure that there was an acceptable level of agreement on the weighting given to the identified risk factors in each case. Wattam (1992) reported the results of two studies where she used methods of participant observation, interviewing and the use of case files. In total she examined 299 case files and proposed that 'records on file present accountable information' (1992, p15). Wattam argues that if files are acceptable records in organisational practice they may not only inform the researcher about practice requirements but also that, often, matters that justify decision making and action are generally recordable. Whilst these studies used documentary material they do not provide detail concerning the philosophical underpinnings to the research, do not provide detail with regard to coding frames or the derivation of those frames, and they do not therefore provide sufficient information with which to evaluate or replicate the research rigorously.
Within social work practice and literature there are documents that exist that may be useful for the analysis of decision making processes. In order to overcome some of the methodological difficulties outlined in respect of the previous work consideration was given to inquiry reports that had been held at the death of children already known to social services.

Child death inquiry reports.

Following the death of Maria Colwell there followed a series of publicly held child death inquiries that were professionally chaired, minuted, received evidence from relevant parties and provided recommendations for the improvement of child protection practice (For example see Secretary of State for Social Services, 1974; London Borough of Brent, 1985; London Borough of Greenwich, 1987; Secretary of State for Social Services, 1988). Importantly each of these inquiries was written and published in the public domain. They present verbatim material from interagency records and practitioners, and evidence detailing decisions at the individual and the case conference level. As such these documents collate information that was available at the specific time of the child death, detail a chronological sequence of events and decision making that relates to the cases and they provide supplementary evidence and contextual information.

These documents then might afford the opportunity to investigate the more 'objective' aspects of decision making processes. There may be particular aspects of the texts where there is a legal requirement to document certain information and decisions. Yet at the same time there may be other aspects of the documents that allow more 'subjective' aspects of decision processes to be accessed, for instance beliefs or attitudes of social work practitioners contained in their own social work reports. Any analyses of these inquiries can be replicated by other researchers. Given that these documents exist it seemed appropriate to consider the potential role of documentary analysis in more detail.

Documentary analysis

Zelditch (1962) proposes a matrix of techniques for investigating issues given various types of information, see overleaf:
Table 3: Methods of obtaining information. Zelditch (1962)

<table>
<thead>
<tr>
<th>Information types</th>
<th>Enumerations and samples</th>
<th>Participant observation</th>
<th>Interviewing informants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency distributions</td>
<td>Prototype and best form</td>
<td>Usually inadequate and inefficient</td>
<td>Often but not always inadequate, if adequate it is efficient</td>
</tr>
<tr>
<td>Incidents, histories</td>
<td>Not adequate by itself, not efficient</td>
<td>Prototype and best form</td>
<td>Adequate with precautions and efficient</td>
</tr>
<tr>
<td>Institutionalised norms and statuses</td>
<td>Adequate but inefficient</td>
<td>Adequate but inefficient except for unverbalised norms</td>
<td>Most efficient and hence best form</td>
</tr>
</tbody>
</table>

Zelditch does not specifically include documentary analysis on the grounds that they represent resultants or combinations of primary methods. Yet given that his three methods of discovering information are all present in inquiry reports i.e. enumeration and samples, participant observations and informant interviewing, it would seem that a fourth column could be added to his matrix with the implication that with certain types of documents the combination of both primary and secondary data can provide a wealth of information with respect to particular events or decisions.

This impression is shared by Forster (1994) who suggests:

'Documentary records constitute a rich source of insights into different employee and group interpretations of organisational life, because they are one of the principal by products of the interactions and communication of individuals and groups, at all levels, in organisations' (1994, p 148).

Hakim (1983) presents a classification system for various types of administrative records based on their primary function and the nature of the recording process. ‘Type one’ refers to statutory decision making with reference to minima only, where the recording process will be routine, but can also include some more specialised material. The recording of data is considered to be routine when it is an expected and necessary part of the work of administrators. Hakim suggests that this recording is likely to be accurate, comprehensive, consistent and reliable and any biases that do occur are at least likely to be systematic and consistent because they would be part of the organisational and work context. Where special research exercises are recorded in this type of record she suggests that the quality of the additional information may be more subjective but can nevertheless provide additional important contextual information.
The remit of child death inquiries and the format in which they are published would seem to suggest that they fall into this category of document. The inquiry will further rely and report on minutes of case conferences and individual practitioner's reports which are a routine part of a practitioners' case work, local authority procedural documents, area child protection committee documents, statistics and monitoring reports, core group reports and referral and investigation checklists. The majority of these documents are professionally minuted to prescribed Government guidelines and as such they can provide an account of decisions and events over a period of time.

Forster (1994) proposes several advantages to the use of documents in research. First the information is already collated and researchers have no need to devote more time to the gathering of data. Second collecting the information is a largely unobtrusive and non reactive process. Third it does not involve active intervention with key personnel and, finally, it can provide a means of triangulating other data. The use of documentary analysis in this instance was not a secondary data source with which to triangulate other data but served a primary function in relation to the efficacy of Whyte's model in understanding the decision making in cases where children had died. Yet it clearly has the benefit of addressing crucial ethical issues with respect to the workers and participants involved in the cases. The questions being raised with regard to judgements and decisions by individuals and groups in cases of child death are clearly sensitive (Renzetti and Lee, 1993) in terms of the subject matter and public attitudes. As such it seemed that an exploratory investigation was best conducted using documentary material that is not ongoing, did not require access to practitioners in current practice in cases and with material that is available to the general public.

Hakim (1993) suggests a further four possible benefits of documentary analysis

1) The application of a somewhat different perspective to a topic.
2) Making full use of contextual information collected but little used in previous analyses.
3) The application of a more extensive data set than previously used.
4) The extension of interpretations that can be placed on the data by setting them in the context of data from other sources.

Benefits of documentary analysis in this research

In this research the first benefit is achieved by the use of an integrative model as a 'template' for analysis of the documents (the use of 'templates' will be expanded upon later in the chapter). As illustrated previously whilst other analyses (Hallett et al., 1992) have been applied to inquiry reports these have been largely related to issues such as information flow and have
not attempted to apply a rigorous or systematic conceptual framework which questions fundamentally the belief in the efficacy of the case conference. Information flow may emerge as a dominant theme through the analysis of cases yet it may be one factor only among many that conflate and contribute to a complex decision process over time with resultant outcomes for children and families. The second benefit is achieved by using all information provided in the reports, not merely selected parts that relate only to specific issues. The third benefit is achieved by the nature of the ‘template’ or ‘code book’. It provides a systematic series of stages which may be charted throughout a decision space focusing on both individual cognitive decision making material, group decision making material and the possible relationships between these. The fourth benefit is achieved by undertaking the research in the light of other research into inquiry reports notably Hallett and Birchall (1992), Thoburn (1994).

In his analysis of company documentation Forster relies upon an 'emic' orientation where the organisation is conceptualised from within rather than an 'etic' orientation where the organisation would be viewed from the outside as a detached observer. Related to this is the notion that all human interaction is based upon meaning laden and negotiated interaction and it is the awareness of individuals and the meanings they place on interactions that is important rather than the situations as they may appear to an observer. Thus as Forster states:

"'Understanding' rather than hypothesis testing" becomes the key methodological issue to be resolved. These meanings [individuals attributions to situations] cannot be reduced to a number of discrete variables acting within and on individuals. The meaning of the situation is in itself a sui generis reality, which is not reducible to a few independent and dependent variables " (1994, p 150 ).

Given these notions Forster suggests that documents can be understood through a process of hermeneutic interpretation where interpretation is governed by a hermeneutic spiral. The spiral of understanding texts includes analysing the meaning of individual texts, consideration of the relation of those to the totality of the life world in which they originated and the reinterpretation of the texts once more. There are seven stages in this hermeneutic process. Understanding the meaning of individual texts; identifying (sub) themes; identifying thematic clusters; triangulating documentary data; employing reliability and validity checks; (re)/contextualising documentary data; using representative case material.

Understanding the meaning of individual texts.

Here Forster suggests that the researcher has a vague understanding of the documents and the first task is to search the text for themes within each document and then within clusters of
documents. The focus is strictly upon meanings rather than analysis and the researcher must become immersed in the data. Units of relevant meaning for the authors of the documents are thus drawn out and themes are allowed to emerge.

Identifying sub themes and thematic clusters.

The second stage of the hermeneutic process is to relate what may be disparate themes with each other in order to investigate the possibility that there may be a central theme which provides a different level of understanding of contradictory sub themes and the third stage follows on from this. That is certain groupings of text may have a commonality of meaning and therefore documents can be clustered according to their own internal cohesion and logic.

Triangulating documentary data

Once the clusters of meaning have been elicited from the documents Forster proposes that they can then be compared to the research questions being asked. He proposes that in fact a 'true' meaning of any text can only be evaluated with reference to other texts and other forms of data. Whilst one solution to this problem is to recognise that fact and to accept that analysis of one or a limited set of documents may not reveal the whole of meanings in organisations a second solution is to engage in reliability and validity checks. This can be done by academic auditing with the same documents or, as will be discussed later, by using other techniques of investigation to ensure that the researchers' interpretations of the texts do in fact have meaning for the authors of the documents. Clearly this is related to the notion of reflexivity in qualitative research and this issue will be dealt with more fully later in this chapter where the process of constant reflexivity in the research will be described.

Recontextualising the data, using representative case material

The sixth and seventh stage of the process recognises that documents do not exist in an organisational vacuum but, in line with previous arguments, can only ever be understood within broader organisational contexts and processes. Once this is recognised the task is to choose the documents which are to be sampled and used as case materials.

As Forster suggests:

'The hermeneutic spiral thus provides a framework with which to understand company documents- once they have been accessed. It describes the process of developing an inductive understanding of clusters of company documents through to a deductive understanding of the whole. It
is not an exact methodology and there are still many difficulties to be ironed out in this process, particularly when differences of interpretation arise between a group of researchers studying the same texts. If company documents are used only in isolation, an agreed interpretation may arise from some sort of consensual validation or 'groupthink' among the researchers concerned. If they are used in context and with appropriate reliability checks, this intersubjective agreement is unnecessary and the results are as reliable as the outcomes of other research methods' (1994, p 153).

Hence it was proposed that this research drew on the principles of qualitative research methodology and it was envisaged that a 'template technique' using Whyte's model as a framework for coding data would be used. In so doing the research could add an additional dimension to the descriptive information provided by previous analyses and has the potential for describing and explaining the decision making processes involved in child protection practice which had meaning for the practitioners themselves.

Template approach

The use of Whyte’s model in relation to a case study in child protection decision making can be seen to be an example of a 'template approach' where some text can be analysed through the use of a guide to analysis or 'code book' (Crabtree and Miller 1992). The particular template technique adopted here follows closely that proposed by Miles and Huberman (1984) where they suggest the use of an 'a priori code book' derived from the literature and content of the research question. In this research the code book is based upon the conceptual foundations to Whyte’s decision structure, that is the concepts of decision frames, group polarisation and groupthink. What is important with this approach however is the idea that the code book can be revised, perhaps repeatedly, as data is experienced. The roots of this approach lie in grounded theory (Glaser and Strauss, 1967) where editing allows the development of theory which is grounded in qualitative data. This process of editing which includes interpretations emerging from analysis of themes or categories and constant comparisons with the original textual data fits in readily with the notion of modification of code books as research progresses.

With data from child protection it was anticipated that stage one of the research would be the application of the code book to cases of child death inquiries which had been held in the public domain. One aim was to investigate the utility of the psychological concepts from Whyte’s
model in the analysis of recorded decisions. In stage two of the research the code book would be applied to the analysis of recorded decisions in respect of recently closed or ongoing cases within a local authority where the outcome for the children was not death. As will be seen, the code book was refined between those two stages of the research. The refinements were the result both of interpretations of the documentary data and triangulation via discussions with practitioners and managers. By engaging in such triangulation it became possible to consider the nature of the relationship between the formally recorded and documented decisions that are a routine part of organisational life and the decisions that lead to those formally recorded outcomes. The possible subjective and/or objective nature of the documents where outcomes are recorded is an issue that will be discussed later. This constant reflexivity with regard to the appropriateness of the code book seemed important again in a situation where the model used as the basis for the guide to analysis has not been tested in a complex decision making situation.

Background concepts

Whilst the basis for this research is one in which themes are allowed to emerge from the data clearly some categories are provided by the conceptual model with which to initially analyse the data. Layder (1993) describes two approaches to such qualitative work where the main issue separating the approaches is their relation to the construction or generation of theory. In the first approach, 'The descriptive or anti formal approach' (1993, p46) he suggests, drawing on Hammersley, that the main aim is for the researcher to go beyond all presumptions and prejudices and to investigate and thus describe the social world as it really is. The emphasis at the end of such work is on description rather than explanation or theory building. In the second approach 'Information gathering approaches' Layder suggests:

'This refers to research which employs qualitative methods with a view to filling in gaps of knowledge about social processes or verifying previous findings, or to investigating a social problem. (Or even some combination of the three aims)' (1993, p 47).

As such this research is more likely to be problem oriented and can allow it seems for the use of a predefined code book that will facilitate verification or otherwise of previous work. Layder argues that whilst the two approaches can be seen as separate it is possible that they can also be used in conjunction with one another. As he continues:
the central aim of the research is to develop 'new' theory, but in so doing it may draw upon other approaches ('information gathering', 'theory applying' or 'concept clarifying' research)' (1993, p 50).

This is reiterated in a number of propositions concerning the directions for grounded theory, notably in relation to grounded theory providing a flexible approach open to the influences of other approaches to research and theory and in the use of background concepts. The notion of background concepts is important here as this research proposes the use of Whyte's conceptual model as a template for analysis of the child protection data. Layder suggests:

'Field researchers who are interested in generating theory from their research are typically uncertain when starting their research. They do not have a clear idea of 'where it's going' in theoretical terms. One way of alleviating uncertainty and anxiety is to use 'sensitising' or 'background' concepts. Such concepts provide provisional pointers to relevancies in the data without imposing a 'closed net' on the research as a whole. That is, they provide useful starting points for theory building but do not necessarily remain important to the analysis as it unfolds. In this sense, the importance of the concept may recede progressively as the research produces newly emergent concepts which prove to be more useful or relevant. On the other hand, the initial concept may prove to be of lasting value, and in fact, grow in importance during the research' (1993, p 129).

Whyte's model itself encompasses several psychological concepts, but it is argued here that it can be seen in its entirety as a background concept. Indeed, in the analysis of data it may be that some aspects of the model are more relevant than others. In the final description of events in relation to social work decision making and in relation to refinement of the model in the explanation of social work practice some aspects may emerge as more important than others.

One of the main requirements of a background concept according to Layder (1993) is that it is 'two sided'. That is that it is possible that the concept can relate to subjective and objective aspects of the social world. In terms of Whyte's model of high risk decision making, it has been demonstrated in the literature review that it may refer to a subjective aspect of a social work practitioners' world. Analysis of the data (documentary and triangulatory evidence) may reveal that those social workers' express feelings that are attributable to the effects of framing or to the ways in which they see the interagency group operating in relation to their position within that group and the effects of group polarisation and groupthink. It may refer also to objective aspects of the social worker's world as it refers to Governmental guided policy in relation to child protection issues which necessitate certain forms of social work practice,
notably the creation of the case conference as a decision making forum and the formally recorded decisions of the case conference. It is interesting here to consider the nature of the decision making process in child protection where the actual decisions that are made may be based on subjective criteria yet, the formally recorded outcomes of those decision processes are objective in that they are guided by national and local authority guidelines and must be recorded in particular formats.

In this sense this research is based in a particular qualitative framework and follows closely some of the principles Layder proposes for field research including: that the use of a background concept can provide an initial means of ordering data; the proviso that this background concept may be phased out as an analytic reference point if it becomes clear through the research that it is no longer so relevant, and that if the concept is used appropriately it can have wide empirical scope and can trace subjective and objective aspects of social life over time and space.

**Operationalisation of documentary analysis**

Forster (1994) further provides a 5 stage sequence to the operationalisation of documentary analysis in qualitative research, the third and fourth of which incorporate the hermeneutic process:

1) Access.
2) Checking for authenticity.
3) Understanding the documents.
4) Analysing the data.
5) Utilising the data.

The first three of these stages in relation to the research question is outlined below, the analysis and utilisation of the data is outlined in the next chapter.

**Access**

Forster describes this stage as involving a number of questions; does the researcher need access to company documents; what documents are required; where are these data to be obtained and who are the principal gatekeepers whom need to be accessed in order to obtain data? In this first stage of this research the documents relating to the public inquiries in relation to child deaths were chosen for reasons outlined previously, as such there were no principal
gatekeepers. The documents were readily available in the public domain and the Inquiry reports themselves were the selected documents.

A sample of seven public child death inquiry reports were initially selected as possible documents for analysis. Four of these were rejected at this stage as they did not contain sufficient verbatim material to fulfil the criterion of authenticity (Scott, 1990; Department of Health and Social Security, 1974; 1975; Secretary of State, 1988; Secretary of state for Scotland, 1992). Three sets of documents remained, (London Borough of Lambeth, 1985; London Borough of Brent, 1987; London Borough of Greenwich, 1987). All of these documents included minutes of case conferences and case reviews and additional information including verbatim reports of recorded social work interactions and communications which occurred during the cases. Of the three documents one case was chosen randomly for preliminary analysis (London Borough of Lambeth, 1985). The process of documentary analysis that follows demonstrates how the research progressed.

Checking for authenticity

Again Forster outlines this stage by posing a number of questions, are the data genuine; are they from a primary or secondary source, are they actually what they appear to be, are they authentic copies of originals, have they been tampered with or corrupted, can authorship be validated, are the documents dated and placed, are they accurate records of the events or processes described and are the authors of documents believable? There are a number of factors that would appear to support the notion that the report is an authentic document in that it was representative not only of the investigative process of the inquiry, but also in that it represented the sequence of events and decisions as the case unfolded. These include considerations such as; the report was professionally minuted to government guidelines; it was independently chaired; it was held within the public domain; the inquiry received evidence from participants and workers in the case both verbally and through the form of written comments; the inquiry used social workers' own recorded comments on communications and interactions throughout the case, and the inquiry used recorded decisions and case conference minutes. The use of these different methods of collating information meant that at every stage the inquiry report could present a detailed description of decisions and events and that the report itself was representative of participants' views and had meaning for them.
Understanding the documents

This stage of the research involves the interpretation of the document, the triangulation of the document with other data, whether or not knowledge is added to, confirmed or contradicted and exactly what interpretations are to be placed on outcomes. In this research this was the stage where the template technique was employed.

Developing a coding frame for the analysis of the Tyra Henry inquiry report.

This section of the chapter aims to outline how a coding frame was developed in order to analyse the document in relation to the death of Tyra Henry and to illustrate how this was put into operation in the analysis of the document. The rationale for using a data display system that is based on Kahneman & Tversky’s (1979) ‘value function’ is described. It is here that the fundamental decisions that social workers make will be considered. Following this a thoroughly worked example will be provided in order to illustrate the rationale for the inclusion of data on the matrices. The level of detail provided seems to be appropriate in achieving ‘transparency’ (Rubin & Rubin, 1995, p85) This allows the reader to observe the process of coding and consequent description and interpretation of the document.

Three main areas that can inform the researcher about the nature of high risk decision making emerge using Whyte as a template with which to analyse data. These are ‘framing’, ‘group polarisation and groupthink’ and ‘commitment of resources’ to courses of action that demonstrate little success over time. Each of these areas therefore provided an initial coding frame with which to analyse inquiry report in relation to the death of Tyra Henry. Chapters 2, 3 and 4 of the report were coded and analysed, the remaining chapters were not analysed for the following reasons.

- Chapter one is descriptive of the background and participants in the inquiry and does not bear any real relevance to the decision making process of the case. The public inquiry occurred after dissatisfaction had been expressed by social services staff and NALGO about the authority’s own inquiries and did not contain details of the case.

- Chapter 5 is largely concerned with information that was uncovered at Andrew Neils’ trial. Since that was unlikely to be known by the workers whilst Tyra was still alive it would not have been used in decision making processes.
The remaining chapters present the review and recommendations by the panel of inquiry and are therefore not related directly to information available at the time of the decisions.

Hence the chapters that were coded contained information that was known as the case continued and contained verbatim reports, minutes of meetings and recorded decisions and plans of action. As argued in the second chapter an important determinant of the decision direction of the group is the way the presenting individual has framed the problem in the first instance, that is either in a frame of losses or a frame of gains. It is proposed here that the nature of child protection practice and Government policy in the form of the Children Act (1989) immediately create the situation where the social worker/case conference is faced with a problem framed in terms of losses. As Blom Cooper stated in the inquiry report into the death of Jasmine Beckford:

'The issues involved are rarely simple, and the choice facing social workers is often not between a wholly satisfactory family setting and an idyllic alternative, but that the choice is between two imperfect and uncertain options' (London Borough of Brent, 1987, p 15)

The imperfect and uncertain options refer to the profound difficulty of making a choice to leave a child at home, in what has by nature of the referral been considered to be a situation that involves risk and potential further abuse (losses) to the child, or to remove a child into public care where it is clear that family relationships will be lost, and that there may be losses for the child in terms of the standards of care and safety provided to children by the state. Whilst the formal mandate of the case conference is to make a decision as to whether or not to place a name on the child protection register it is argued here that the fundamental decision being made at the conference is one of whether or not to leave the child at home or to remove it into care. Since one of the stated functions of the conference is to create a plan to manage the situation it is implicit that the decision about where the child is to be supported has taken place. That management could be either intervention in the form of removal of the child into public care or the provision of services and support for the family. It is recognised that this interpretation of the fundamental decision being made by the case conference may be seen as a contentious issue, and it is one which will be elaborated upon when child protection practitioners involved in ongoing cases were asked to consider their decision making (chapter six). However for the purpose of the analysis of the Tyra Henry report it is argued that the creation of the initial child protection plan was premised on a decision not to remove the child from her family.
Framing in losses or gains

The nature of the document and recording of information in social work practice relating to this case meant that it was necessary to develop an interpretative process for coding in terms of losses and gains. Losses and gains for any participants are often not expressed in those terms in the document rather they are implicit in comments and observations that are made.

For example in relation to gains:

' 3. Claudette and Maternal Grandmother (MGM) to be informed of conference's satisfaction with their care of Tyra over the past year' (Recorded decision from case conference, October 1983, p 49).

This comment implies that there is a gain to Tyra in that she appears to be being cared for to standards that the case conference expect and that there are possible gains for Tyra and MGM in terms of having kept their relationship with Tyra, neither Claudette nor MGM had wished that Tyra be removed from the family. In terms of both of them receiving positive feedback with regard to their care for Tyra, the report continues:

'...although Tyra had missed her 7 month developmental check she has been visited three days earlier by the health visitor; she was progressing well and 'relating well to grandmother'' (Report comment on events, p 47).

This comment would seem to imply once more that there are gains in the situation as it was for Tyra (i.e. that she was placed on a care order under the responsibility of the maternal grandmother with mother in attendance) in that she is cared for physically in terms of keeping with the 'Orange book' (DOH, 1988) regulations, and emotionally in that she maintains family relationships and is developing the capacity to relate to others. Again there are also gains for the maternal grandmother and Claudette in that they too maintain a relationship with Tyra.

In relation to losses:

There is a reference to a loss to Tyra in the previous quote in that she had not been attending the health clinic. Similarly:
'She was full of anxiety about the baby, and readily accepted the seriousness of the situation, and the danger that Claudette might lose the baby. I explained about the conference and that the only circumstances under which Claudette may be able to keep the baby would be if Mrs Henry accepts responsibility to keep her and the baby with her - that Andrew Neil could visit the baby ONLY under her [Beatrice Henry's] supervision. If Claudette chooses to live with Andrew she would lose the baby' (Note from Avon Pailthorpe after a visit to the maternal grandmother, report p 24).

This note reflects a number of losses. There is a clear indication of loss of relationship with the child to both Claudette and the maternal grandmother if Tyra were to be removed. There is an indication that Andrew Neil's presence poses possible losses to Tyra in terms of physical well being given his previous history with her brother. There is also an indication that if Claudette chooses to live with her mother as Avon Pailthorpe (the key social worker) is suggesting then she will lose her relationship with Andrew Neil.

Analysis of the document with a small number of comments, as above, seemed to indicate the necessity for broadening the category of losses and gains into potential or actual losses or gains. In some instances losses or gains could be seen to be actual, for instance an actual gain in the development of Tyra in relation to DOH (1988) developmental milestones, and in other instances the losses could be seen to be potential, for instance, a potential loss of physical well being to Tyra should contact with Andrew Neil occur.

An analysis of the document in terms of possible or actual losses and gains to any participant involved a degree of interpretation on the part of the researcher which is acknowledged in qualitative research (Tesch, 1991). An initial examination of the inquiry report as a document suggested that an appropriate way of representing losses and gains at various points in time in the case was by using a modified version of Kahneman and Tversky's matrix describing the value function in prospect theory (1979). Kahneman and Tversky's 'value function' has been described in chapter two and it seems appropriate to provide more detail in relation to its relevance as a method of data display.

Development of a matrix for data display

In their explanation of this concept they consider that when individuals are asked to make a choice between gambles that involve losses or gains they do so in such a way that avoiding small losses has higher value than accruing small gains. A specific example of this was the 'certainty effect' where individuals make choices that avoid certain loss but which involves
them in potentially higher loss. The reference level that individuals use in these examples is not
the actual numerical current state, as would be the case if rational models of decision making
were being used. Rather, the reference level seems to be changes relative to current states
(Kahneman and Tversky, 1986). The reference level impacts upon the choice and these are
framed in terms of losses or gains. Kahneman and Tversky are able to draw curves which
reflect the value function (see figure 2) as the type of research investigating the concept
involved changing scenarios with different states of numerical wealth, different probabilities of
winning gambles and different numerical outcomes. It seemed likely that using a modification
of figure two might allow the identification of losses and gains for participants in child
protection cases. As such the following matrix was developed:

<table>
<thead>
<tr>
<th>Gains</th>
<th>Losses</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME</td>
<td></td>
</tr>
<tr>
<td>CARE</td>
<td></td>
</tr>
</tbody>
</table>

Figure 4: A modified version of Kahneman and Tversky's 'value function' (1979)

The matrix allows the identification of actual and possible losses and gains in the situation
where the decision is to either allow the child to remain at home or the decision is to remove the
child into public care. This matrix was initially used with a member of social work academic
staff with considerable practice experience and no involvement with the research. The social
worker was asked to recall a case in which she had been a key social worker and was requested
to try to input losses and gains for participants at a particular instance in the case of her
choosing. It is worth reiterating that the rationale for proposing that the decision that social
workers are faced with as being one of leaving the child at home or removal into public care
came from the notion that when the case conference do or do not register a child on the child protection register they have already decided implicitly where that child should be supported; either at home in which case a care plan would be devised, or in care in which case care proceedings would begin. This social worker stated initially that she found the process difficult as the explicit use of the terms losses and gains were not part of the practice of decision making, however she did complete the exercise. (Data display material relating to this exercise can be made available). What was interesting is that when asked to try to weight factors that were more or less important in the decision she found this impossible. She could not place numbers on the factors influencing the decisions in such a way that indicated their relative significance. It appeared that in a situation where multiple factors conflate and compound with each other attempting to work out the shape or gradient of the value function curve may be inappropriate. As such the matrix requires only that losses and gains be inserted into the four quadrants.

By using this matrix it is possible to analyse the decisions and plans at each case conference in the case in relation to decision framing. The matrix could be used at any point in the case yet it was felt that since the case conference has the legal mandate to assess risk to the child, to take decisions and to create and monitor care plans an analysis of the Tyra Henry case at the points of case conference meetings would be useful.

Chapter four will illustrate the coding and analysis of the case in terms of decision frames and losses and gains; chapter five will illustrate the coding and analysis of the case in terms of group polarisation, groupthink and commitment of resources.
Chapter four

Coding the Tyra Henry inquiry report - decision framing

Background to the case

This case occurred prior to the implementation of the Children Act 1989, however case conferences were in operation following the recommendations of the DHSS (1974) memorandum. At that time the register for children considered to be at risk of some form of abuse was the 'At Risk' register. Four case conferences were held between November 1982 and May 1984.

Claudette Henry had a relationship with Andrew Neil, who had a record of personality problems and a history of violent behaviour. Their first child Tyrone was physically assaulted to the extent that he was severely brain damaged and removed from his parents into foster care. Andrew Neil was charged with the assault whilst Claudette’s involvement was considered to be at worst ignorance and failure to protect Tyrone. Claudette became pregnant again by Andrew Neil with Tyra. Social services had to consider the risk to Tyra should Claudette resume a relationship with the father, (she had said that they were now just friends) and had to create a plan to deal with the situation.

Framing: losses and gains

The document was coded for ‘framing’ in two ways; first, by highlighting instances where potential or actual losses and gains could be identified and second, by highlighting comments or reports that reflected the belief systems of participants.

The first case conference is detailed at the level of providing the supporting comments for the inclusion of losses and gains in the matrix. The further case conference matrices are displayed with a summary of the information that was available to the conference, the main decisions concerning assessments and management of risk, and a commentary upon events and decisions.
Case conference 1 November 1982.

At the first case conference after Tyra’s birth (November 1982) when the conference was considering what should occur when Tyra and Claudette were discharged from hospital the following actual or possible losses can be identified:

1) Death/serious injury to the child from Andrew Neil:

‘1. Because of previous injury to Tyrone Lambeth (Tyra’s brother who had been severely injured by Neil) should seek a care order on the baby and place the child in care of grandmother with Claudette in attendance’ (Recorded on decisions sheet from case conference, report p 27).

2) Loss of mother-child relationship:

‘She (Claudette) said Andrew had visited her and baby once but did not seem very interested; their relationship is now just friends, and she does not want to live with him again. If she did, she knew she would have to choose between Andrew and baby, and would unhesitatingly choose baby’ (Note from Avon Pailthorpe after a visit to Claudette in hospital after Tyra’s birth, report p 24).

This comment reflects the view that Claudette wished to keep Tyra and that her removal can be construed as a loss both to Tyra and to Claudette. Further support suggesting that Claudette wished to keep her children is also demonstrated by the fact that she had not willingly parted from Tyrone even after his injuries by Andrew Neil.

3) Loss of parents’ relationship:

In the quote above there is clear indication that if Claudette is to keep Tyra then she will have to sever her relationship with the father. That this can be seen as a loss to Claudette is again reflected throughout the document when it becomes apparent that Claudette does in fact resume contact with Andrew Neil.

4) Loss to all family members as a result of removal of Tyra into public care:

‘I explained about the conference and that the only circumstances under which Claudette may be able to keep the baby would be if Mrs Henry (MGM) accepts responsibility to keep her and the baby with her (Note from Avon Pailthorpe after a visit to MGM, report p 24).
"Beatrice Henry understood and agreed (Report comment, p 24).

The maternal grandmother’s agreement to Avon Pailthorpe’s proposal of what she would later suggest to the case conference reflects the view that the maternal grandmother would see removal of Tyra from the family as a loss.

5) Loss of professional credibility for the key social worker and the local authority:

'I worked with a number of children who had lost contact with their parents entirely many years ago and this strengthened my conviction in the child care policy in Lambeth that children should not be removed from their family of origin if it was possible to keep them with them (Written statement provided to the Inquiry by Avon Pailthorpe, report p 16).

This comment suggests that not only would Avon Pailthorpe see the removal of Tyra as a loss to her rationale for social work practice but also that it would be a loss to Lambeth Social Services in that it would go against the main aim of their policy. This statement by the key social worker seems to indicate immediately that her decision frame is in the domain of losses. It is possible that her decisions may be influenced by the need to avoid losing family relationships.

The gains for participants at this stage should Tyra remain at home can be seen to be the inverse of the losses should Tyra be removed, i.e. the gain of family relationships. The gains should Tyra be removed into public care can be seen as a gain of safety for Tyra from Andrew Neil. At this conference safety was not considered to be a significant issue as he was in custody in another area.

Hence the information presented at the first case conference in November 1982 can be illustrated on a losses and gains matrix as overleaf. The potential nature of the losses and gains is represented by the letters P (potential) and G (gains) in parentheses after each entry.
Figure 5: Matrix from case conference held November 1982.

The case conference considered three possible options in relation to Tyra. These were permanent removal under a care order; a care order with Tyra placed with her mother in the maternal grandmothers home; informal supervision. Option one was dismissed as conference members did not consider that the circumstances warranted such a course of action. Option three was dismissed on the grounds of impracticality, hence option two was chosen.

Amongst the recorded decisions at that conference were:

'1. Baby's name to be included on Lambeth's 'At Risk' register. Tyrone's name to remain on register.

2. Mrs Pailthorpe to seek immediate Interim Care Order or 28-day Place of Safety Order. On successful application Claudette to be discharged from hospital and baby placed in care of maternal grandmother.

3. If application for Full Care Order is successful baby should remain in care of mother in grandmother's home and would be under her
supervision. Any association by the mother with Andrew Neil would precipitate a review of this caring arrangement for the baby.' (Minuted decisions from case conference, report p 27-28)

The initial source of concern for Tyra was the risk of physical injury by Andrew Neil. As he was in custody at the time of this conference this was not considered to be significant, yet the conference did place Tyra's name on the 'At Risk' register. This may indicate an element of caution on their part as Tyra would now receive ongoing support from social services until the next conference. However, it may also be interpreted as an example of the individual social worker and the case conference being subject to the certainty effect. Removal of Tyra into care would mean the certain loss of family relationships, and in order to avoid this, the decision was taken to support Tyra within the family. As outlined in chapter two the difficulty with this choice is that it then leaves Tyra in a situation of potentially greater risk.

**Case conference 2 January 1983**

At the second case conference concerned specifically with Tyra in January 1983 the following information was available to the conference. It was considered possible that Claudette had resumed some contact with Andrew Neil; maternal grandmother had applied to housing services on the grounds of overcrowding; Tyra's development was satisfactory for her age; Tyra had not been attending the clinic but had been seen when Claudette or the maternal grandmother was in when health visitors called at the Henry house. Claudette had expressed a desire to move out of her mother's home and to be rehoused separately despite acknowledging that this would be in breach of the care order. Hence a losses and gains matrix at this conference is illustrated overleaf:
### Losses

<table>
<thead>
<tr>
<th>Tyra</th>
<th>not attending clinic (P/A)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>safety from Neil (P)</td>
</tr>
<tr>
<td>MGM</td>
<td>Housing situation deteriorating (A)</td>
</tr>
<tr>
<td>Claudette</td>
<td>housing (A)</td>
</tr>
</tbody>
</table>

### Gains

<table>
<thead>
<tr>
<th>Tyra</th>
<th>physical development satisfactory (A)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>family relationships (A)</td>
</tr>
<tr>
<td>Claudette</td>
<td>contact with Neil (P)</td>
</tr>
<tr>
<td></td>
<td>housing request and support (A)</td>
</tr>
<tr>
<td></td>
<td>family relationships (A)</td>
</tr>
<tr>
<td>MGM</td>
<td>family relationships (A)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tyra</th>
<th>safety from Neil (A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claudette</td>
<td>family relationships (A)</td>
</tr>
<tr>
<td>Social worker</td>
<td>professional credibility (A)</td>
</tr>
</tbody>
</table>

### Figure 6: Matrix from case conference January 1983

Amongst the recorded decisions at that conference were:

4. **Claudette to be informed by Rosemary Green (Health Visitor) that she is to attend the clinic at specified times and dates to be given to her.**

5. **Avon Pailthorpe to inform Claudette and MGM that Social Services will not support a housing application on behalf of Claudette and the child. We will review the situation in six months time.**

6. **Social Services will however support a housing transfer on behalf of the Henry family on the grounds that they are overcrowded.**

7. **Housing department to be informed by Mrs. Pailthorpe about our concerns and advised not to consider an application from Claudette for the time being.**
   
**Minutes of case conference Jan 1983, report p 35-6.**

This conference continues with the decision to leave Tyra with her family despite evidence that the number of losses, both potential and actual, have increased. The potential loss of safety for Tyra seems to be more of a possibility as it is thought that Claudette may be seeing Neil again. Tyra has the gains of meeting developmental milestones and keeping family relationships.
Case conference 3 October 1983

At the third case conference in October 1983 the following information was available. It was ambiguous whether housing had ever been informed about the requirement to block Claudette's application for a flat; there was evidence that Claudette and her mother were not getting on with each other; Claudette consistently failed to take Tyra to the health clinic, and when Tyra did visit it was either unknown who took her or thought to be the maternal grandmother or Claudette's sister; Claudette and her mother did not keep appointments with social workers (at this stage of the case Avon Pailthorpe was deputised by Rosie Mohan for a short time); overcrowding at the maternal grandmother's house was now considered to be an urgent matter; Claudette was displaying hostility to the social worker and social services; Claudette had removed Tyra from her mothers home on at least one occasion overnight; Tyra appeared to be well cared for and related well to her maternal grandmother; Andrew Neil was released from custody on licence and had not seen his probation officer. Hence a losses a gains matrix is illustrated below:

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tyra, Claudette, MGM family relationships (A)</td>
<td>Tyra safety from Neil (A)</td>
</tr>
<tr>
<td>Social worker professional credibility (A)</td>
<td></td>
</tr>
<tr>
<td>Tyra not attending clinic (A)</td>
<td>Tyra developing satisfactorily (A)</td>
</tr>
<tr>
<td>housing situations (P/A)</td>
<td>MGM/relationship (A)</td>
</tr>
<tr>
<td>safety from Neil, more potential (P)</td>
<td>mother relationship (P/A)</td>
</tr>
<tr>
<td>safety and care by Claudette, she has removed Tyra at least once (A)</td>
<td>MGM relationship (A)</td>
</tr>
<tr>
<td>MGM housing situation (A)</td>
<td>Claudette relationship (P)</td>
</tr>
<tr>
<td>contact with Neil (P)</td>
<td></td>
</tr>
</tbody>
</table>

Figure 7: Matrix from case conference October 1983

The recorded decisions of this third conference included:

'I. Tyra's name to remain on Lambeth's NAI register.'
2. Avon Pailthorpe to remain key worker.

3. Claudette and MGM to be informed of conferences satisfaction with their care of Tyra during the past year.

4. Key worker to follow up Claudette's wish to be rehoused on her own with Tyra, but she is to be told that we still have reservations about how she will cope alone, and we will want to work closely with her once she is rehoused.

5. An agreed contract to be drawn up between Claudette and this agency about mutual expectations, e.g. Tyra to return to Tulse Hill clinic for final immunisation, and twelve month developmental check, plus possibilities of supervision via day nursery placement, FWA etc. Family aide to be examined and discussed with Claudette. Once agreement has been reached, our expectation is that Claudette will work co-operatively with us. Failure to do so may result in removal of Tyra.

6. Claudette to attend health clinic monthly. Health visitor to visit two monthly.

7. Next review to be held at area 5 in six months’ (Recorded decisions at case conference October 1983, report p 49-50.)

By examining this matrix in relation to the previous one it is noticeable that the number of losses to Tyra has increased and that some of them have gone from being potential to actual losses. Tyra has been removed from the care of the maternal grandmother on at least one occasion; the housing situation is getting worse hence Tyra's living conditions; she is not attending clinic still, and most importantly it is known that Andrew Neil is out of custody. That previous potential loss of safety to Tyra appears to be becoming much more significant. In terms of gains, despite the fact that Tyra is showing actual gains in terms of development it is not clear who cares for her, indeed, the relationship with the maternal grandmother is considered to be important as it is commented upon explicitly that Tyra 'relates well to G'ma', whereas health visitors do not make specific comments about Claudette's relationship with Tyra.

By supporting the proposal by Avon Pailthorpe that Claudette and Tyra be rehoused separately from the maternal grandmother this case conference is endorsing a course of action that appears to significantly raise the risk to Tyra from her father, the initial source of concern.
Case conference 4 May 1984

By the final case conference in May 1984 the following information was available. Claudette had been charged on two counts of shoplifting and in November 1983 saw her probation officer in preparation for a court appearance; Claudette had deliberately deceived Avon Pailthorpe about housing and had, in August 1983, signed the tenancy for a flat with Tyra; when Avon Pailthorpe confronted Claudette with the fact that she knew about the flat Claudette appeared ready to come clean but also appeared not to want to move into the flat as she thought social services might be able to get her a better one; Claudette denied going to the flat with Tyra; Andrew Neil and Claudette had been seen together; by January 1984 Tyra's attendance at health clinic was once again a cause for concern; overcrowding at the maternal grandmother's house was again stressed as an urgent priority, her domestic situation was described as getting worse and worse; Claudette was not keeping appointments with Avon Pailthorpe; care of Tyra was satisfactory but the health visitor had not observed her interactions with Claudette; Claudette did see men at her flat perhaps including Andrew Neil; Claudette was under warrant for arrest as she had not answered bail on the second shoplifting charge. Hence a losses and gains matrix for this case conference in May 1984 is represented below:

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tyra not attending clinic (A)</td>
<td>Tyra satisfactory development (A)</td>
</tr>
<tr>
<td>housing situation worsening (A)</td>
<td>mother relationship (P)</td>
</tr>
<tr>
<td>safety from Neil, Claudette now seeing him (P)</td>
<td>MGM relationship (A)</td>
</tr>
<tr>
<td>MGM housing and domestic situation worse (A)</td>
<td>MGM child relationship (A)</td>
</tr>
<tr>
<td>Tyra, Claudette, MGM family relationships (A)</td>
<td>Mother contact with Neil (A)</td>
</tr>
<tr>
<td>Social worker professional credibility (A)</td>
<td>housing (A)</td>
</tr>
<tr>
<td></td>
<td>Tyra safety from Neil (A)</td>
</tr>
</tbody>
</table>

Figure 8: Matrix from case conference May 1984.
Recorded recommendations of this last case conference included:

1. *Tyra's name to remain on Lambeth's NAI register.*

2. *Avon Pailthorpe to remain key worker.*

3. *Ann Daniels (Team Leader) to write to Housing Department to ask for urgent move for Henry family with Claudette being offered separate premises.*

4. *Mrs Henry to be asked to ensure that Tyra gets her immunisation up to date.*

5. *Key worker to remind Claudette of warrant issued by South Western Magistrates court, and encourage her to go to Wandsworth police station.*

6. *Key worker to discuss with Claudette our mutual expectations and possibility of supervision via day nursery placement, FWA, family aide etc.*

7. *Juvenile bureau to be invited to next review.*

8. *Next review to be held at Area 5 in six months when consideration should be given to removal of Tyra's name from the register.* (Recommendations from case conference, report p 62)

Again a comparison of the matrix with the previous one suggests that the care plan for Tyra is failing in almost every possible way. Whilst her health and care are considered satisfactory it is not thought that it is Claudette providing the care hence the value of the mother child relationship can only be seen as a potential gain for Tyra. The losses identified for Tyra previously have not disappeared, the domestic situation has worsened further, hence her living environment ought to be questioned and crucially the potential loss of safety from Andrew Neil is significantly higher now than ever- Claudette is known to be seeing him. Whilst the losses to Tyra and the maternal grandmother have increased in severity or likelihood of occurrence it is interesting that Claudette has shown repeated non co-operation with social services and the police and in fact has more actual gains by this point, i.e. her own flat and a renewed contact with Andrew Neil. The case conference made no attempt to find out where Andrew Neil was living, did not act in the light of evidence that the previous care plan with regard to Claudette's behaviour was failing and it further endorsed the urgency of rehousing Tyra and her mother away from the maternal grandmother. The risk to Tyra from Andrew Neil was now potentially higher than ever yet the conference considered that at their next review they should consider
removal of Tyra's name from the 'At Risk' register. The decisions to continue to leave Tyra with her family and this last decision concerning possible removal from the register at the next meeting may reflect the fact that the conference had received evidence that Tyra was developing in a satisfactory manner and had not received direct evidence with regard to any contact with her father. As such it may have seemed sensible to keep the family together. However, as will be elaborated on later in this chapter, in this case a concentration on the gains for Tyra (with little regard for how these gains were being achieved) seemed to occur at the almost complete exclusion of the risk posed by her father. It is possible that the risk posed to Tyra by Andrew Neil became subsumed by the interest of not removing Tyra from her mother.

In September 1984 Tyra died at the hands of Andrew Neil who also assaulted Claudette.

As shown by the analysis, the dominant decision frame for the case seems to be one of losses where the concern was to take decisions and endorse courses of action that would avoid the loss of the mother child relationship. The analysis suggests that there seem to be two reference levels influencing the decision making. The legislation at the time required that children were only removed from families under circumstances of 'high risk' and where removal could have been demonstrated to be beneficial for the child. This appears to be an 'objective' reference level. Yet throughout this case it was apparent that the key social worker and the local authority held a firm belief in keeping families together. It could be that this belief system is a more 'subjective' reference level. The way in which this first analysis ties into the initial stages of Whyte's (1989) model is illustrated in the figure below.

Need to make a decision ———> Source of concern about Tyra

Decisions framed in losses ———> Belief system of social worker
Lambeth policy on intervention with families

Certainty effect ———> Avoidance of sure loss of mother child relationship

Decision ———> To support care for Tyra within the home

Commitment of resources ———> Social work, health visitor monitoring, housing etc.
Figure 9: Diagram illustrating the interpretation of the Tyra Henry inquiry document in terms of the initial stages of Whyte’s (1989) integrated model of decision making.

It is difficult to separate clearly individual aspects of decision making from group decision making yet it is apparent that the individual social worker may have been subject to the certainty effect, as were the group. Thus decisions were made to keep Tyra with her family and resources had to be committed to support them. A number of themes seemed to emerge from this coding process, these were focus of the case, 'control' of the case and relationships in the case. By looking at these themes it may be possible to provide thick description (Geertz, 1978), a description that can go beyond the text and can allow a further understanding of possible reasons for the decision making, and to elucidate further the nature of the 'subjective' reference level.

Emergent themes

Focus of the case

It will be demonstrated that the focus of the case changed from the risk to Tyra of physical abuse by Andrew Neil, to the risk of neglect by Claudette, to the needs of Claudette herself. As revealed previously Avon Pailthorpe categorically stated that she did not believe that children should be removed from their parents if it was at all possible for them to remain with their family of origin. This belief was reinforced several times in the document where it was made clear that Claudette (Tyra’s mother) did not wish to part from her first child:

‘Claudette Henry did not willingly part from her first child’ (Inquiry report comment based upon a number of recorded sources, report p 16).

and where the first key social worker in a discussion with Claudette about Tyra explained that:

‘this did NOT mean anybody would want to take the baby away from her’ (Avon Pailthorpe notes of a discussion with Henry family, Claudette present, report p 18).

The reports’ commentary confirms this view and explains that the social worker adopted an inappropriate style in dealing with the family, in effect she gave Claudette an almost guarantee of non intervention in terms of removal of the child. This issue of style, which is considered in the report to be a problematic area, can be seen to be linked to the notion of belief systems. By this early point and with little evidence or information Avon Pailthorpe is committed to courses
of action that maintain the mother child relationship. Further evidence to support this concerned her belief that Claudette had severed relationships with Andrew Neil:

'Claudette has now left Andrew (reading between the lines, for the sake of the coming baby) and settled back at home)' (Avon Pailthorpe after a visit to the Henry family, report p 18).

The social worker herself emphasised the importance of the baby to the mother, despite the fact that she did not check the information provided by Claudette. On another occasion Avon Pailthorpe outlined to the maternal grandmother the probability and conditions under which Claudette would not lose the baby at a time when a case conference had not been convened:

'She was full of anxiety about the baby, and readily accepted the seriousness of the situation, and the danger that Claudette might lose the baby. I explained about the conference and that the only circumstances under which Claudette may be able to keep the baby would be if Mrs Henry accepts responsibility to keep her and the baby with her that Andrew could visit the baby ONLY under her [i.e. Beatrice Henry's] supervision. If Claudette chooses to live with Andrew she would lose the baby' (Avon Pailthorpe at a visit to MGM, report p 24).

It may be that in practice a social worker would outline possibilities of courses of action before a case conference, yet here Avon Pailthorpe is providing information that relates to only one course of action, and it is the one that will ensure the non separation of Tyra from her family.

By May 1983 Avon Pailthorpe made the following note after a visit to Claudette:

'This was a difficult visit- Claudette not actually hostile, but not very friendly, and bickering in a half serious half playful way with her mother. They are obviously getting on each others nerves. Claudette was angry we had opposed her being rehoused separately. I re iterated that it was early yet- that I was concerned how she would be able to cope on her own when Andrew is released (probably September) and that we HAVE applied to housing...She asked what we would do if she did take off on her own. I told her we would need to conference it to decide whether Tyra should be with her or Mrs Henry since she is in their joint care' (Note from Avon Pailthorpe, report p 41).
So even as the case progressed, the situation and conditions deteriorated and Claudette's behaviour was of concern, the key social worker was not giving any strong indication that Tyra might be removed from the mother. This would seem to support the notion of the subjective reference level.

Initially it was clear that the main source of risk to Tyra was violence from the father, he was known to social services from the previous incidents with Tyra's older brother and other children, and had been identified as having profound personality problems:

'Even before Tyrone was born social services had...a file which recorded a history of family breakup and personality disturbance culminating on Andrew Neil's attack on a baby at the age of 13' (Report comment, p 19).

'Andrew appears to have been offered no professional help with the profound personality problems which manifested themselves as he reached puberty' (Report comment, p 19).

Social services saw no reason why he would keep away from the new baby. Similarly the document contains information that suggests that as Claudette could not protect her son there was no reason to think she could now protect Tyra from Andrew Neil:

'All that can be said is that, either by deliberate abstention or (more probably) by inability to intervene, she proved unequal to the job of protecting Tyrone from Andrew, and that subsequently she was defensive and unprepared to accept what had happened to Tyrone, giving little hope that she could turn over a new leaf with a new child' (Report comment, p 20).

The idea that violence is the main threat to Tyra from Andrew Neil is confirmed consistently by decisions to try to keep Claudette in hospital for 10 days after Tyra's birth:

'So the first concern was to keep Andrew away for a week from Claudette and the baby ' (Report comment, p 23).

'..The danger is whether Andrew's pull on her is stronger than her fears for the baby. Agreed to liaise closely and to make sure hospital is fully in the picture (so that e.g., if Claudette on discharge give(s) the ambulance 22 Evelyn House [the Neils' flat] as her destination, alarm bells ring' (Note by Avon Pailthorpe the day after Tyra's birth, report p 23.)
by which time it was anticipated that he would have been sentenced for charges of robbery and violence on Tyrone. Reservations about the presence and possible return of Andrew Neil were again expressed consistently by the police:

‘All those present agreed that, as circumstances stood at the moment, the baby should not be removed permanently, though PC Dyos was concerned about Andrew Neil’s possible return and his role in the baby’s future’ (Case conference minutes 17th Nov. 1982, report p 26-27.)

‘The police thought social services should know that this had been conveyed to them by Claudette Henry on Andrew Neil’s behalf, because it might give some indication of the degree of contact continuing between Tyra’s parents’ (Report comment concerning a message left for Avon Pailthorpe by PC Dyos relating to Neil’s inability to appear on child abuse charges in Camberwell Green, p 32).

‘Brixton CID were informed that he [Andrew Neil] would be unable to attend by Claudette and were very concerned as to how she had come by this knowledge since she was thought to have ceased any association with him’ (Case conference minutes Jan 1983, report p 34).

by the Nursing Officer:

‘Considerable concern was also expressed at the possibility of Claudette moving into her own flat. If Andrew was released and wished to renew his relationship with her, Claudette might be unable to resist his forceful personality. It was agreed that Tyra would undoubtedly be at risk if this occurred’ (Case conference minutes of comments by a nursing officer Jan 1983, report p34-35).

and by the Senior Medical Officer:

‘(SMO) was very concerned about making a major decision for Claudette and Tyra to move into their own flat while there was a possibility that Andrew might get in touch again. She felt Claudette couldn’t be trusted not to resume a relationship with him’ (notes from a recorded discussion presented at case conference in October 1983, report p 48).
It seems apparent from the analysis up to this point that even at this stage whilst the main risk to Tyra is seen as violence from Andrew Neil, it is perhaps stressed most forcefully by participants in case conference other than social services, i.e. the Police, the Nursing Officer and the Senior Medical Officer, and there is the assumption throughout that Claudette would probably not be able to protect Tyra from Andrew Neil. Whilst the risk is from Andrew Neil the responsibility for protection is clearly defined as being the mother's. The reality was that Tyra was at risk of physical harm from her father but this point appears to be becoming obscured in the case deliberations.

As the case progressed (and with the ongoing appearance and reappearance of Andrew Neil) the focus continued to shift. The first shift occurred when the major concern about Tyra became that of neglect. In a number of instances as outlined above this relates to the notion put forward by several participants, including the maternal grandmother, that Claudette was easily manipulated and allowed other people to manage her thus confirming the view that she may not be able to protect Tyra. However in the main the decisions and comments related to a more common understanding of neglect where Claudette would simply not be able to provide Tyra with adequate care.

A comment by Avon Pailthorpe early in the case implies an understanding of the level of support that Claudette would need in order to care for Tyra:

'At one point she (Claudette) started to cry, and said she is worried in case anything happens to baby (Tyra)- she says she does not know what happened to Tyrone and is afraid it might have been something she did, in ignorance. I told her whatever it was, was a violent act and not one which could have happened without her realisation. It does seem likely to me that she does NOT know what happened. She is likely to be very anxious with this baby; I talked about how we can help her' (Note recorded by Avon Pailthorpe after a visit to Claudette, report p 29).

Avon Pailthorpe relinquished responsibility for the case for a short time and the social worker new to the case made the following comment with regard to the situation that was now ongoing where Claudette repeatedly asked to be rehoused separately from her mother:

'I told Claudette that if she was really saying that she felt unable to live with her mother then we would have to look [? book] for Claudette, but it would be in a 'care' situation where she could be watched with the baby' (Notes by new key social worker after a visit to Claudette in March 1983, report p 39).
Again this seems to imply the need to monitor the adequacy of care by Claudette to Tyra. It is notable that this new social worker is concerned still to keep the mother and the child together even if there are reservations about her ability to care for Tyra. The main sources of concern surrounding the issue of neglect however came from Claudette’s repeated failure to attend clinics with Tyra and repeated absence when health visitors visited the Henry family:

'Health visitors called on the 18th, 19th 22nd Nov. but got no reply (Report comments on events, p 31).

'Apart from one visit which Claudette Henry was persuaded to make on 30th November Tyra had not been seen at the clinic' (Report commenting on minuted evidence from case conference Jan 1983, p 34).

'.. Tyra had missed her 7 month developmental check’ (Report comment on events, p 47).

'Miss Daniels (nursing officer) was concerned at Claudette’s failure to attend the clinic and felt that, as Tyra is on the at risk register certain commitments should be demanded and kept by Claudette’ (Recorded in minutes of case conference Jan 1984, report p34).

'She (second social worker) made an appointment to see Beatrice and Claudette Henry the next day (after a phone conversation with MGM), which neither of them kept. Rosie Mohan (SW2) telephoned and told Claudette that this was wholly unacceptable... and if they did not co operate she would have to remove the baby’ (Report comments on events, p 39).

Interestingly throughout this period there was little concern about the level of actual care to Tyra:

'She (Avon Pailthorpe) was pleased with the standard of care Tyra was receiving from both her mother and grandmother' (Report comment on notes from Avon Pailthorpe after a visit on 27th Jan 1983, report p 33).

'Health visitor also visited on the 27th (following an abortive visit the day before) and was satisfied that Tyra appeared to be well and warm and of average weight for her age' (Report comment, p 33.)
'Health visitor (2) visited Tyra at home during April and again early in May and considered her well cared for' (Report note on events, p 38).

After a discussion between Avon Pailthorpe and the second health visitor she recorded that:

'neither of them had any worries about Tyra's care at present' (Report comment from note by Avon Pailthorpe, p 41).

Yet there is little in the document to suggest that it was actually Claudette providing the care for Tyra. When Tyra's attendance at clinic improved the following was noted:

'We are satisfied that it was Beatrice (MGM) not Claudette Henry who was caring for Tyra during 1984 and whom Tyra was calling Mummy. We also think it likely that it was Claudette's mother or younger sister, not Claudette, who was taking Tyra to the clinic' (Report comment, p 56)

After a positive 15 month check up at the clinic where it is unknown who had taken Tyra their records note:

'Tyra is apparently cared [for] by Claudette in between times' (Note presented at Report by health clinic, p 56).

It is interesting to consider the fact that it appears that social services were not acknowledging explicitly that the level of care for Tyra and non compliance by Claudette might provide useful information in itself. Care and compliance are two different issues yet it was apparent that social services were not clear who provided the main care for Tyra but they were clear that Claudette was not co-operating with them. That the case had by now become focused around issues of neglect is reflected in the report comments:

'Tyra's first birthday was approaching and she was evidently thriving. For this reason, it seems to us, an air of unconcern characterises the succession of failure to take Tyra to the clinic and the continuous stress on the family and housing situation...(it seems to have escaped the notice of Lambeth council) that it was not the risk of neglect that had led to the care order in the first place, but the risk of sudden violence from the father' (Report comment, p 43).

Once neglect had been raised as the main source of concern to Tyra's welfare if Tyra was not to be removed the social workers and case conference needed to be convinced that neglect was no
longer an issue, and indeed again as the case progressed, a second refocussing occurred where
the major concern of the case became Claudette's needs. In reality Tyra became almost
subsidiary to any plans or decisions and the mother's requirements seemed to be dominant.

The recorded discussion from the case conference October 1983 states:

'(Avon Pailthorpe) considered that Tyra's lack of attendance [at the clinic] should not be viewed with any concern as there has been no anxiety about the standards of her care, and she is well stimulated and advanced for her age. Tyra looks upon Claudette and Mrs Henry equally, as mother figures...[She] felt that Claudette's housing application should not be blocked by social services any longer, as there was no reason to be concerned about her care of Tyra' (Recorded contribution by Avon Pailthorpe at case conference October 1983, report p 48).

'Adequate supervision and support of mother and child should minimise the risk of Andrew Neil) and the care order on Tyra will enable social services to underline the conditions by which Claudette will be allowed to maintain Tyra on her own' (Note from case conference October 1983, p 49).

and in the case conference recorded decisions:

'Key worker to follow up Claudette's wish to be rehoused on her own with Tyra, but she is to be told that we still have reservations about how she will cope alone, and we will want to work closely with her once she is rehoused' (Recorded decision, report p 49).

further:

'An agreed contract to be drawn up between Claudette and this agency about mutual expectations, e.g. Tyra to return to Tulse Hill clinic for final immunisation, and 12 month developmental check, plus possibilities of supervision via day nursery placement, FWA etc. Family aide to be examined and discussed with Claudette. Once agreement has been reached our expectation is that Claudette will work co-operatively with us. Failure to do so may result in removal of Tyra' (Recorded decision, report p 49-50).
The case conference envisage giving Claudette support in looking after Tyra and it is worth noting again, that even though they refer to the possibility of non co-operation, they do not state firmly that there is a possibility that Tyra may be removed from her mother.

At best this successive reframing of the risk to Tyra ensures that living conditions and support for Claudette and Tyra are being attended to, yet at worst the decisions exacerbate the risk to Tyra from her father. This cannot be seen as evidence of ‘drift’ in social work practice rather what has been presented above seems to support the idea that the key social worker was ‘driving’ decisions along a path which supported her own belief in keeping children with their families if ‘at all possible’. By this stage Claudette and Tyra had the opportunity to have their own flat away from the maternal grandmother, and Claudette had been seen with Andrew Neil. Perhaps the decisions by social services to allow Claudette to move away from her mother indicates that, rather than family relationships, the significant relationship that they are trying to avoid breaking is that of the mother and the child. In actuality it appeared that not long after this conference Claudette and Tyra moved into Andrew Neil’s flat.

It becomes apparent through analysing the document in terms of framing that the initial decision frame is one of losses where the social worker, operating under Lambeth’s policy and her belief that children should not be separated from their families, made decisions and plans that avoided breaking the mother child relationship. A second social worker assigned temporarily to the case seemed to work according to the same belief and decision frames. Given that this was the major criterion for choices and plans the issues in the case were successively refocussed so that the child could remain with the mother. Rather than the main concern with regard to risk to Tyra coming from the father it shifted to a main concern of risk of neglect from the mother, and then a main concern with the needs of the mother. This refocussing of the problem obscured the actual and real risk of physical harm to Tyra from her father but ensured that Tyra would remain with her mother.

‘Control’ of the case.

The second theme that emerged from the analysis was one of ‘control’ of the case. This was concerned with the relationship between the control of the situation and Claudette by the two key social workers, the control of the case conference and control by Claudette. Again it is difficult to separate out the conceptual strands between individual and group decision making here yet since the main focus of this chapter relates to framing, the conceptual work relating to groups is dealt with in more detail in the following chapter.
Initially it seems clear that Avon Pailthorpe, operating under her belief that children should not be removed from families if at all possible, had the main control in the case. She informed both the maternal grandmother and Claudette of what she saw as the likely results of the first case conference with regard to Tyra:

'She was full of anxiety about the baby, and readily accepted the seriousness of the situation, and the danger that Claudette might lose the baby. I explained about the conference and that the only circumstances under which Claudette may be able to keep the baby would be if Mrs Henry accepts responsibility to keep her and the baby with her- that Andrew could visit the baby ONLY under her [i.e. Beatrice Henry's] supervision. If Claudette chooses to live with Andrew she would lose the baby' (Avon Pailthorpe at a visit to maternal grandmother, report p 24).

and the report further states:

'If the conference agrees to this...'. shows that she (Avon Pailthorpe) was not treating it as being as good as decided (her plan to keep Tyra in care of MGM and mother), albeit her own views were pretty firm' (Report comment on note by Avon Pailthorpe after a visit with Claudette, report p 24).

Indeed at the first case conference in November 1982 this recommendation by Avon Pailthorpe was confirmed and a decision at that conference was:

1. Because of a previous injury to Tyrone Lambeth should seek a care order on the baby and place the child in the care of the grandmother with Claudette in attendance (Recorded decision at November case conference, report p 27).

Avon Pailthorpe's control of the decision direction of the case conference can also be supported by the fact that whilst the conference did consider three possible options: permanent removal under a care order, placement under a care order with the mother in the grandmothers home, and support and monitoring without any formal intervention, it did not consider the possibility of the maternal grandmother becoming Tyra's foster mother. This would have secured legal support and resources for the situation that the conference actually put her in anyway. The fact that the group did not consider what in retrospect the report considered to be a logical fourth option may be interpreted as an example of group polarisation and/or groupthink. That is the group were being driven in the decision direction suggested by the key social worker and did not consider any possibilities other than those presented to them.
Subsequent to this case conference and a second case conference a number of factors seem to suggest that whilst on the surface Avon Pailthorpe was still in control of the situation Claudette was providing evidence of non co-operation and non compliance and was thought to be in contact with Neil:

‘Health visitors called on the 18th, 19th 22nd Nov. but got no reply (Reports comments on events, p 31).

‘Apart from one visit which Claudette Henry was persuaded to make on 30th November Tyra had not been seen at the clinic’ (Report commenting on minuted evidence from case conference Jan 1983, p 34).

‘The police thought social services should know that this had been conveyed to them by Claudette Henry on Andrew Neil’s behalf, because it might give some indication of the degree of contact continuing between Tyra’s parents’ (Report comment concerning a message left for Avon Pailthorpe by PC Dyos relating to Neil’s inability to appear on child abuse charges in Camberwell Green, p 32).

‘Miss Daniels (nursing officer) was concerned at Claudette’s failure to attend the clinic and felt that, as Tyra is on the at risk register certain commitments should be demanded and kept by Claudette’ (Recorded in minutes of case conference Jan 1984, report p 34).

‘Said (Claudette) was going to move out (from MGM) as soon as possible with the baby. On asking Claudette whether she realised that Tyra was officially in the care of her mother, she replied that she knew, but would move out with the baby anyway’ (Note from health visitor after a visit with Claudette, report p 35).

In March 1983 Avon Pailthorpe was deputised for by a second social worker, Rosemary Mohan, and it appears that this social worker began to regain control over Claudette and the situation. Rosie Mohan told Claudette repeatedly, as she was insisting on being rehoused, that it was not possible under the terms of the care order and that Claudette was not to remove Tyra from the maternal grandmother’s home again:

‘She (Claudette) also said that she and Tyra had stayed that night at a friend’s house. Rosie Mahon noted the discrepancy with what Beatrice Henry had told her (MGM said that Claudette stormed out with Tyra but returned for the night)
and warned Claudette Henry that she must on no account take Tyra away again’
(Report comment on events, p 38).

Similarly when the maternal grandmother and Claudette failed to keep an appointment the next
day with Rosie Mohan she telephoned and:

‘told Claudette that this was wholly unacceptable, that Tyra was on a care
order, and that if they did not co-operate she would have to remove the baby’
(Report comment, p 39).

There is no evidence in the document that Rosie Mohan did not consider Tyra well cared for:

‘Rosie Mohan too was satisfied with what she saw of Tyra’s care’ (Report
comment, p 38).

But it is clear that Rosie Mohan was concerned that the care order and plans be adhered to
firmly and that if they were not she stated that she was prepared to remove the child from the
mother. There is no evidence that Rosie Mohan was engaging deliberately in such a course of
action as a direct result of the risk to Tyra from Andrew Neil yet she was not prepared to let
Claudette show consistent non compliance and non co-operation.

Avon Pailthorpe took the case over again in May 1983 and despite the following note:

‘This was a difficult visit- Claudette not actually hostile, but not very friendly,
and bickering in a half serious half playful way with her mother. They are
obviously getting on each others nerves. Claudette was angry we had opposed
her being rehoused separately. I re iterated that it was early yet- that I was
concerned how she would be able to cope on her own when Andrew is released
(probably September) and that we HAVE applied to housing...She asked what
we would do if she did take off on her own. I told her we would need to
conference it to decide whether Tyra should be with her or Mrs Henry since she
is in their joint care’ (Note from Avon Pailthorpe, report p 41).

After a conversation with the health visitor the social worker took the decision to reduce the
frequency of supervision. This decision was completely out of the control of the case
conference:

‘The decision was taken without reference back to the case conference’ (Report
comment, p 42).
This would seem to indicate that Avon Pailthorpe considered that she was in control of Claudette and the situation however again evidence suggested that she did not check information, took information from the maternal grandmother and Claudette at face value, and was in fact being deceived by Claudette with regard to her housing situation. Claudette was offered tenancy of a flat as from 22nd August yet Avon Pailthorpe noted in September:

"We discussed the housing problem; there is no indication from housing that a transfer is remotely foreseeable. In view of this and the fact that Claudette is very anxious to move out, I told her that I now feel the time is right to consider our supporting her separate housing application; a review is due and I told her I would put this forward. She was very pleased." (Note from Avon Pailthorpe after a visit to Claudette in September 1983, report p 43).

Claudette was claiming to be living with her mother and had not told Avon Pailthorpe about the flat. Even when she did find out about the flat Avon Pailthorpe seemed to be willing to overlook the potential seriousness of the deception and the situation:

"Claudette into office. She was shamefaced about not having told me about the shoplifting or the flat - she said she was afraid we'd stop her taking it. But she was in a quite friendly open mood, and apparently prepared to 'come clean'. I read to her the recommendation of the conference (that separate housing be supported) and told her that as she already has a flat we will now be prepared to support her moving into it [there is no question as she seemed to imagine that we will find her a better one!!]....Claudette says she has not taken Tyra to the flat; she goes there most days and Patrick [her sisters] boyfriend (presumably the father of her baby) goes too, as he is doing it up (Note from Avon Pailthorpe after visit to Claudette in November, report p 51).

In October Avon Pailthorpe visited Claudette at the family home and noted the following:

"Claudette went and sat with her back to me, watching TV - I had to ask her to turn round and talk to me. She was very resentful about 'you lot being on my back'. I told her about the C.S.S. young mothers group, in which I hoped she might be interested, and explained I felt when she moves out of her mothers house she is likely to need more support in the community - however, she was totally unresponsive to this. She said when she's in a flat she might go to college' (Note from Avon Pailthorpe after a visit to Claudette, report p 46).
Again despite this explicit non-co-operation Avon Pailthorpe did not reconsider her plans indeed at this same visit, after discovering that Claudette’s younger sister was expecting a baby, she noted:

“This obviously puts even more strain on the crowding in the household and makes it more pressing that Claudette should be housed before February (The expected date of the birth of her sister’s child) (note from Avon Pailthorpe after visit to Claudette, report p 47).

It would seem that Avon Pailthorpe intended to continue her initial plans of keeping the mother and child together in the face of information that Andrew Neil was out of custody and despite the fact that Claudette’s behaviour was directly non-compliant with and hostile to social services.

The case conference two days after this visit in October was presented with two opposing arguments with regard to the housing issue, one from Avon Pailthorpe which supported the application and one from the medical officer who expressed grave concerns about housing Claudette and Tyra separately given Andrew’s release. The report notes the following:

‘Between these two poles, the conference, without the help of a legal advisor tried to assess the significance of the quashing of Andrew Neil’s conviction for cruelty to Tyrone. It was thought that the decision would make it hard to prevent him from gaining access to Tyra if he wanted to. The possibility of Claudette’s complicity in Tyrone’s injuries was again raised. The conference proceeded to identify two options: to keep Claudette at home in bad and deteriorating conditions, or to ‘request housing for Mrs Henry plus family, and a flat for Claudette and Tyra nearby’. (Report note on conference events, p 49).

Despite some recognition that there was a distinct possibility that Andrew Neil would try to see Tyra the conference seemed to focus their discussions around the issue of housing with no consideration for how they might ensure that he was kept away. Indeed in the recorded decisions of that conference there was no reference to Andrew Neil at all. It appears that neither the key social worker nor the conference has taken any control over the initial source of risk to Tyra, that of violence from the father.

This preoccupation with housing might suggest that by now Claudette is in fact leading the direction of the decisions and is in ‘control’ over the situation with regard to Avon Pailthorpe. This is further supported by the refusal of Avon Pailthorpe to become involved in writing a
probation report on Claudette on shoplifting charges, Avon Pailthorpe noted in response to a request by Roger Frankland (Claudette's probation officer):

'I don't want anything that stresses further my policing role with Claudette'  
(Nota from Avon Pailthorpe after request to write probation report on Claudette, report p 50).

It would have been interesting here to have considered what Rosie Mohan would have done in these circumstances, her previous handling of the case might suggest that Claudette would not have been allowed to get so far showing such levels of non co-operation. In the same conversation with Frankland, who informed Avon Pailthorpe about the fact that Claudette actually had her own flat by now and had obviously concealed this from her, she noted:

'I was very disturbed about this, and told Roger we had written to housing asking them not to make an offer to Claudette- also very annoyed at Claudette for concealing so much! But glad to have the information. Roger said he will recommend probation for Claudette- this will not affect our plans' (Note from Avon Pailthorpe after discussion with Roger Frankland, report p 50-51).

It appears that Avon Pailthorpe was allowing Claudette latitude with regard to the original care order and did not see her role as one of 'policing Claudette'. Again it seems that this is compatible with her belief that Tyra should not be removed from her mother and it gave Claudette opportunity to insist further on rehousing which remained in direct contradiction to the original care order.

The report notes, with reference to control by the conference:

'The conference, however, took no decision to make enquiries about where Andrew Neil was living...the conference was steered, principally by Avon Pailthorpe...down a road which she saw as preferable, the road of separate rehousing for Claudette and Tyra' (Report comment on events, p 52 53)

It is worth noting that Avon Pailthorpe was in fact proposing what Claudette saw as desirable and it could be inferred that indeed it was Claudette principally steering the conference through Avon Pailthorpe, again as the report suggests:

'She (Avon Pailthorpe was enabled to do this by the format and focus of the conference, which paid very little attention to Tyra and her needs and the great
majority of attention to Claudette and hers.....Without any conscious decision or discussion, Claudette Henry had been moved, or allowed to move, into the centre of the stage, taking Tyra with her almost as an extra' (Report comment on events, p 53).

This interpretation suggests that the case conference is displaying a lack of control in relation to its function of monitoring and re-evaluating risks to Tyra. By the time of the last case conference the document contains evidence that Claudette was still not complying with either social services or the police; Tyra is attending the clinic, but it is Claudette’s sister who is taking her, and Claudette had failed to turn up for bail on a shoplifting charge. Furthermore the conference was informed that there was a possibility that Claudette was seeing Andrew Neil:

‘Claudette had had a few men at her flat, perhaps including Andrew Neil. Andrew was arrested for TDA (taking and driving away) of vehicles. In February and in March he was picked up on a warrant for one of these offences. It is not known how much Claudette sees of him but she has certainly not visited him with Tyra’ (Information supplied to case conference by Avon Pailthorpe, report p 61).

It was neither made clear how Avon Pailthorpe had obtained this information nor was there any evidence of its accuracy. The case conference received information from Claudette’s probation officer with regard to Andrew Neil (reported previously) which was questioned after Tyra’s death and thought to be highly spurious. Had the conference had control over the situation it seems reasonable that it would have been questioning this information as it was always the violence of the father that was the reason for the case in the first place. The recommendations of this last case conference make no reference to Andrew Neil and the last recommendation was:

‘Next review to be held at area 5 in six months when consideration should be given to removal of Tyra’s name from the register’ (Conference recommendations, report p 62).

In this interpretation ‘control’ of the case can be seen to have shifted but significantly out of the hand of social services and into the hands of Claudette, and possibly by implication Andrew Neil. Initially Avon Pailthorpe considered that she was handling the case under the belief of keeping Tyra with her mother and she steered the case conference into making decisions that supported her plans. Avon Pailthorpe repeatedly did not question information given to her by Claudette or Beatrice Henry and even when it was evident that Claudette was deceiving her quite blatantly, she appeared to discount the significance of the deception. The temporary social
worker did appear to regain some control of Claudette with regard to ensuring Claudette’s compliance with social services, but both the level of compliance in terms of attendance of Tyra at the health clinic and that social worker’s involvement with the case were of a short duration. At no point does it seem that the case conference ever had real control of either Avon Pailthorpe nor the case as a whole. The case conference did not re-evaluate risk to Tyra it consistently affirmed the decisions and plans of Avon Pailthorpe.

Relationships

The third theme that emerged through the coding of the document was that of relationships. Avon Pailthorpe clearly stated her belief that children should be kept with their families if at all possible, and the above analysis would appear to illustrate that her decisions and plans were framed consistently by this belief. That the issue of rehousing became such a pressing concern would seem to suggest that the belief could be further expressed in terms of keeping children with their mothers. Avon Pailthorpe did not suggest leaving Tyra with the maternal grandmother, as had been the original care order, but consistently supported the idea that Claudette and Tyra should be rehoused separately from the maternal grandmother when the domestic situation itself was problematic. This notion is further supported by the way in which Avon Pailthorpe refocussed the decisions from risk to Tyra by Andrew Neil, to neglect by Claudette, to Claudette’s needs. Avon Pailthorpe embarked upon decisions and courses of action that emphasised the needs of the mother if she were to keep Tyra.

If this were the case it seems logical to expect that Avon Pailthorpe would be concerned to demonstrate the positive nature of the mother child relationship. There is little evidence in the document that relates directly to the nature of the relationship between Claudette and Tyra.

That Claudette wanted to keep Tyra was not in question:

'I was extremely pleased that Claudette was very frank with me, and agreed readily to co-operate in every way. She said Andrew had visited her & baby once but did not seem very interested; their relationship is now just friends, and she does not want to live with him again. If she did, she knew she would have to choose between Andrew and the Baby, and would unhesitatingly choose baby' (Note from Avon Pailthorpe after a visit to Claudette in hospital after Tyra's birth, report p 24).

Yet there are few direct references in the document to the level of care Tyra receives from Claudette, two examples of direct reference are presented:
‘She was pleased with the standard of care Tyra was receiving from both her mother and her grandmother’ (Report comment on note by Avon Pailthorpe after a visit to the Henry family January 1983, report p 33).

‘3. Claudette and MGM to be informed of conference’s satisfaction with their care of Tyra over the past year’ (Recorded decision from case conference October 1983, report p 49).

There was little doubt expressed throughout the case that despite Tyra’s repeated non attendance at clinic she was well cared for:

‘Christaine Englard, who took over responsibility as health visitor in April (1983), visited Tyra at home during April and again early in May and considered her well cared for’ (Report comment on events, p 38).

‘neither of them had any worries about Tyra’s care at present’ (Report comment following discussion between Avon Pailthorpe and Christiane Englard, June 1983, p 41).

Yet there was ambiguity about who was doing the caring:

‘The clinic records show that she (Tyra) was duly taken (for her 15 month check in February 1984), though we do not know by whom’ (Report comment of clinic records, p 55).

‘Tyra is apparently cared [for] by Claudette in between times’ (Note on clinic records after Beatrice Henry had telephoned to say she would not be taking Tyra for her check up as Tyra was unwell, May 1984, report p 56).

There was direct reference in 1984 that it was likely it was not Claudette who was caring for Tyra:

‘We are satisfied that it was Beatrice (MGM), not Claudette Henry who was caring for Tyra during 1984 and whom Tyra was calling ‘mummy’. We also think it likely that it was Claudette’s mother or younger sister, not Claudette, who was taking Tyra to the clinic’ (Report comment, p 56).
It is interesting that in July 1984 after Avon Pailthorpe met Claudette in the street with Tyra and made notes subsequently:

'The note shows no observation of Tyra' (Report comment, p 65).

It is possible by now that Avon Pailthorpe was so concerned with the needs of Claudette that the actual nature of her relationship with Tyra was subsumed.

Throughout the whole of the document there is reference to Tyra's relationships in terms of relating to others. On four occasions, one as reported above where the report suggests it is the MGM that Tyra calls mummy, and further:

'...although Tyra had missed her 7 month developmental check she has been visited three days earlier by the health visitor; she was progressing well and 'relating well to grandmother'' (Report comment on events, p 47).

'Seems to be progressing well. Relates well to g'ma' (Note by health visitor following a visit to Tyra, January 1984, report p 55).

'Tyra relates well to her grandmother, but I shall have been unable to observe her interactions with her mother' (Written comment to final case conference by health visitor who did not attend, report p 60).

Despite Avon Pailthorpe’s desire to keep Tyra with her mother there seems to be very little in the document to suggest that she monitored the care that Claudette provided for Tyra independently of the maternal grandmother. Significantly the only reference in the documents to Tyra’s relationships with others are concerned with the fact that she relates well to the maternal grandmother. Neither Avon Pailthorpe nor the case conference seem to have picked up on this nor questioned the fundamental relationship between Tyra and her mother.

The previous analysis with regard to control of the case would seem to imply a certain kind of relationship between Claudette and Avon Pailthorpe and, by implication, social services. It seems that Avon Pailthorpe saw her relationship with Claudette as being one of trust, despite obvious deceit, and as one where she (Avon Pailthorpe) would do everything possible to keep Tyra with Claudette. Avon Pailthorpe seemed to see her central role with Claudette as one of providing support for the family not one of investigating Claudette’s behaviour with or without Tyra. Claudette on the other hand appears to have seen her relationship with Avon Pailthorpe as one where she could demand resources, where she could supply information to social
services as and when she desired, where she could be non compliant, uncooperative and hostile and where she could make demands to of the key social worker.

On the whole it is interesting that given Avon Pailthorpe’s fundamental belief in keeping families together, specifically in keeping Tyra with Claudette, she did not at any time appear to investigate the nature of the mother child relationship. Her own relationship with Claudette of course could have made this difficult as she trusted Claudette.

There does appear to be some value in interpreting this case using Whyte’s (1989) model with regard to decision framing and losses and gains. The dominant decision frame has been shown to be one of losses where the social worker was subject to the certainty effect. In order to avoid the loss of the mother child relationship the family were kept together, the alternative losses to Tyra increased and the significance of the initial source of risk increased.
Chapter five

The coding of Tyra Henry - Group polarisation and groupthink, commitment of resources

The previous chapter illustrated the analysis of the Tyra Henry inquiry report in terms of decision framing. It was demonstrated that the first part of Whyte’s (1989) model which concerned individual decision making did have applicability in the understanding and explanation of the decision processes used by individuals within the case. The second part of Whyte’s model is concerned with the role of the group when an individual takes their judgement and decisions to that group for monitoring, evaluation and ratification. In this section of the model Whyte proposes that the group may become subject to group polarisation so that the decisions become more extreme than that of any individual member of the group if they were working in isolation. Further, that the group may also be subject to the phenomenon of groupthink so that they do not effectively monitor decision making and begin to develop dynamics and strategies which prevent the evaluation of decision processes and outcomes. If the decision is framed initially by an individual in terms of losses then, Whyte suggests, drawing upon the certainty effect, that decisions are taken almost inevitably in the direction of risk. In decisions where the outcomes are poor Whyte goes on to say that the group is driven by the individual and polarises around an even more risky set of decisions. Once subject to groupthink the group cannot remove itself from the decisions and courses of action it has been set upon and agreed. The final part of Whyte’s model is concerned with the commitment of resources. Here Whyte proposes that again, in decision making where there are poor outcomes, commitment of resources follows a particular pattern. Resources are committed to the decisions initially and since those decisions are not monitored effectively further resources are committed successively to the same course of action. In other words once the group is acting in accordance with groupthink it will believe that its decisions and courses of action are correct, and that any delay in positive outcome can be dealt with by committing more resources to the actions. In this way failing courses of action are not re-evaluated in terms of the initial decision making and aims are rather supported by more and more input of resources.

In order to test the applicability of this latter stage of Whyte’s model it was necessary to code the document for group polarisation and groupthink, and for the commitment of resources.

The document was coded for group polarisation and groupthink by highlighting participants at successive case conferences, their roles, the decisions made by the group and by highlighting
decisions and events when dissent had been registered within the group. It was considered that the analysis of the inquiry report in terms of these factors may reveal both the group’s shift to risk, group polarisation; and symptoms of groupthink should these phenomena occur. This chapter aims to outline the analysis of the document according to these criteria and to consider themes that might emerge from the coding of the document. This will be achieved by considering decision making at each case conference and by considering information and events that occurred between conferences which could have had an influence on the group’s decision making.

**Evidence for group polarisation within the document.**

Group polarisation (Moscovici & Zavalloni, 1969) was outlined in chapter two where the concept was described to refer to the phenomenon where a group makes a decision that is more extreme in the direction of risk or caution than any one of the individuals working in isolation would have done. There appear to be a number of difficulties in investigating both the occurrence of the phenomenon in groups and the reasons for that occurrence. First, most research on shifts to risk and caution have been done in hypothetical experimental situations (for example Myers & Bishop, 1970; Burnstein & Vinokur, 1973; Myers & Lamm, 1976). Whilst these types of study do have some ecological validity in that they are often concerned with shifts in voting behaviour or shifts in attitudes towards feminism, racism etc. they nevertheless remain 'laboratory based'. Second, there is disagreement about the relative importance of 'normative influence' on polarisation (Baron & Roper, 1976; Myers, 1982) or 'informational influence' (Burnstein & Vinokur, 1973). Normative influence is concerned with the competitive pressure exerted by the knowledge of other positions, whilst informational influence is concerned with the nature of persuasive arguments. Baron et al (1992) suggest that it is the decision situations themselves that determine the degree to which one or both of these influences is present and important. For Baron, factors such as whether the judgements are concerned with values and tastes as opposed to factual issues may alter the reasons for polarisation. As such, even in laboratory conditions group polarisation is a difficult concept to research.

It would seem that the nature of the concept provides further difficulties when trying to investigate the phenomenon in retrospect. For instance to provide evidence of group polarisation it would be necessary to interpret whether the group is in fact more extreme than the individual who has ‘led’ the decision direction. In relation to polarisation and case conferences, without extensive verbatim descriptions of each individual’s input at the case conference this would seem to be an issue. Such descriptions are not available in inquiry reports however there are some statements from participants that do give an indication of
attitude and belief prior to the meeting. Also available, as illustrated previously, are documented decisions that are taken by the case conference as a group.

Within the Tyra Henry document there does appear to be some indication that the case conference as a group polarise around the proposals of the key social worker. For instance at the first case conference the social worker presented information with regard to the conditions she had already outlined to Claudette if she were to keep Tyra. Following a note by the social worker saying If the c[onference] agrees to this....' the report states:

"shows that she (Avon Pailthorpe) was not treating it as being as good as decided (her plan to keep Tyra in care of MGM and mother), albeit her own views were pretty firm"'(Report comment on note by Avon Pailthorpe after a visit with Claudette' p 24).

One interpretation here may be that the decisions about where Tyra is to be cared for has already been made by the individual social worker and that she saw the role of the conference as one of evaluating and ratifying that judgement. At this first case conference the group did agree with her proposals as demonstrated by their resultant decisions (report p27-28). As a consequence Tyra's name was placed on the "At Risk" register and she was placed under a care order with the grandmother and mother in attendance. Whilst this may be a result of 'informational influence' i.e. the persuasive nature of the arguments by the key social worker, again it is difficult to support this interpretation further without additional evidence.

The difficulty of explaining accurately the reasons for polarisation in a real world context become apparent here. Laughlin & Early, (1982) suggest that 'normative influence' is more likely when the decisions involve judgements of values and taste; and Kaplan & Miller (1987) suggest that 'informational influence' is more likely to be apparent in task oriented groups. The case conference appears to encompass both of those issues. It is task oriented in that it has the mandate to make the judgements about the level of risk and appropriate courses of action for the child. Nevertheless, as illustrated in chapter four, it is also possible that its decisions are going to be influenced by a set of values that its members hold with regard to keeping families together. However, as has been illustrated with the analysis of the document in the previous chapter, this initial assessment of risk and decisions consequent to that were not changed by three following group meetings. Tyra remained with her mother until her death at the hands of her father. In relation to this notion of polarisation a number of questions remained:

- Were the group polarising around the social worker's recommendations because they all shared the belief systems or reference levels?
• Were the group being ‘driven’ in a decision direction by the individual social worker?
• Or were the group subject to the phenomenon of groupthink so that they did not consider any other possibilities?

Evidence for groupthink within the document.

As outlined in chapter two, groupthink (Janis, 1972) describes the ways in which cohesive groups become subject to decision making processes which result in a groups’ failure to monitor decisions effectively. When a group is subject to groupthink Janis argues that it becomes evident through a number of symptoms. Notably the group supports the first apparently adequate alternative course of action to achieve its aims and does not consider all possible options; the group perceives itself as correct in its aims and decision making; the group perceives other individuals as an incorrect ‘outgroup’; the group actively discounts or suppresses information which is not directly in accordance with its own view; dissenting members begin to self censor and eventually come to the position of the group or stop attending the group decision making forum, and ultimately the group displays ‘closed minds’. As outlined in a previous chapter research into groupthink tends to have been carried out retrospectively, for example in the analysis of the American foreign policy decisions to invade the Bay of Pigs and escalate the Vietnam war (Janis, 1972); the decision to launch the space shuttle Challenger and to change the formula of Coke (Whyte, 1991).

Case conference one, November 1982.

The first case conference concerning Tyrone and Tyra was held on 17th November 1982.

Attendance:

Charles Doherty, the area co-ordinator, and Chair of the conference.
Avon Pailthorpe, key social worker.
Sue Herman, the hospital social worker.
Dr Kyvelie Papas, the senior clinical medical officer.
Shan Daniels, the Belthorn Clinic nursing officer.
Christine Cousins, educational advisor for visually impaired children.
PC Dyos, care officer, Youth and Juvenile Bureau.
Laurel Sayer, a senior care officer and who took minutes of the conference.

Others who were invited but did not attend:
The health visitors attached to the Belthorn and Earlswood clinics respectively.
Ann Daniels, Avon Pailthorpe’s teamleader.

Some of these individuals were invited to the conference as it concerned Tyrone as well as Tyra, these were the representatives from Belthorn and Earlswood Clinics and the educational advisor for visually impaired children. Ann Daniels was not present but did present her views in a report to the conference where she suggested that Tyra be allowed to stay with her mother under supervision on the grounds that:

‘Unlike when Tyrone was born, the mother, Claudette Henry, now has her own mother’s support and is living with her. She was living with Andrew when Tyrone was born... Mrs Henry (senior) has indicated that she intends to be vigilant... Whilst Claudette undoubtedly does see Andrew Neil (they live in the same block) she does now appear to understand that Andrew cannot become involved with this child and will, with her mother's help, keep the baby away from its father’ (Memo from Ann Daniels to this first case conference, report p 25).

The resultant decisions of this case conference were that Tyra should be placed on the ‘At Risk’ register and placed in the care of her maternal grandmother with the mother in attendance and at the exclusion of the father.

There are a number of factors that could be interpreted as symptoms of groupthink at this first conference. First the group seemed to take at face value the options proposed to them by Avon Pailthorpe, supported by Ann Daniels (her teamleader). As illustrated in the example above the group supported the first apparently adequate course of action and did not consider any alternatives to those proposed by the key social worker. No member put forward the suggestion that the maternal grandmother might become the foster mother of Tyra. The report comments upon this:

‘These problems (those relating to the ambiguity of responsibility between mother, MGM and Lambeth council in relation to Tyra’s care given the first case conference decision) could have been more realistically faced by Beatrice Henry becoming Tyra’s foster mother, a solution which appears to have at no time been considered’ (Report comments on events, p 30).

The report considered this surprising given Avon Pailthorpe’s own personal experience of foster parenting (p30-31), she was herself an experienced foster carer and would have been aware of the advantages of this course of action. The report considered that this position where
the grandmother became foster parent could have dealt more appropriately with the confusion between legal and factual responsibility for Tyra, and could have allowed considerably more resources to be allocated for the care of Tyra at once. The report continues:

‘Consideration was not given, as it should have been, to a mother and baby placement for Claudette and Tyra, which would have provided supervised care, relieved some of the domestic stresses for a time, and allowed some appraisal of Claudette’s mothering to be made’ (Report comments on events, p 30).

Second during the conference concern was expressed explicitly by (amongst others) the police constable:

‘..PC Dyos was concerned about Andrew Neil’s possible return and his role in the baby’s future’ (Minutes from case conference Nov. 1982, report p 26-27).

There are references to this in the minutes and the recommendations specified that the conference was to be informed as to the outcome of Andrew Neil’s pending court appearances in November and December (report p28). If the group was to assess and monitor effectively the risks to Tyra, given that Andrew Neil was the original source of concern, then one might expect that this view of concern, if not of dissent, would be closely followed up at case reviews. Effective monitoring of these concerns might form part of successive recommendations and plans. If this is not apparent this could be interpreted as evidence of ‘closed minds’ on the part of some members of the case conference. As will be illustrated below this does appear to become the case.

Evidence that some members’ views may be discounted or at least subsumed by the conference can be found in relation to a case conference held previously with regard to Tyrone. On the 15th March 1992 a case conference was called with reference to Tyrone by which time the injuries to him were so severe that he was blind and mentally handicapped for life. No case conference had been called previously as Tyrone had not been considered to be at risk. At this conference the decision was for Tyrone to be fostered and his case allocated to a social worker, Avon Pailthorpe. The report does not detail full attendance at this meeting as it did not concern Tyra, but present at that time was a paediatric social worker, Mike Blake who on a visit to Claudette in June 1982 had noted

‘...I could not predict at the moment what the outcome would be. I did suggest to her, however, that she thought long and hard about what she felt
would be best for her and any future children' (Notes from Paediatric social worker after a visit to Claudette after the injuries to Tyrone had occurred, report p 17).

He was expressing concern with regard to the nature of the injuries to Tyrone and the possibility of reoccurrence of such injuries should Claudette and Andrew Neil have other children. At a second case conference on Tyrone in August 1992, chaired by Ann Daniels, Avon Pailthorpe's teamleader, the conference considered the implications of Claudette being pregnant with Tyra and the report recorded:

'The minutes record that the baby was thought to be due in January, and that Claudette was saying that she had split up with Andrew, 'but it was felt she may still be seeing him' a view with which Avon Pailthorpe in her written evidence expressly associates herself. Mike Blake formally bowed out of the case which was now outside his remit' (Report comments on events, p 18).

It is interesting to consider here how the absence of the member of a previous group, (Mike Blake) who had expressed obvious concern about the relationship and violent nature of Andrew Neil, might have affected the overall framing and decisions of this second case conference in relation to Tyra. Even though his role had been in relation to Tyrone's case he remained vigilant about the source of risk from Andrew Neil to other children. Whilst Avon Pailthorpe had clearly associated herself with the concerns expressed by the pediatric social worker the first case conference was the only occasion where his concerns were referred to and there was no indication that Avon Pailthorpe would revisit these concerns and raise them at later group meetings. One interpretation might be that the group consider that Avon Pailthorpe remained vigilant to the risk posed by Andrew Neil raised by Mike Blake. However a different interpretation may be that by default his opinions became subsumed by other considerations at successive case conferences as the social worker was concentrating on the aim of keeping the child with her mother.

Case conference two, 27th January 1983.

A second case conference with regard to Tyra was convened in January 1993.

Attendance:

Charles Doherty, the area co-ordinator, and Chair of the conference.
Avon Pailthorpe, key social worker.
Dr Kyvelie Papas, the senior clinical medical officer.
Shan Daniels, the Belthorn Clinic nursing officer and health visitor.
Rosemary Green, health visitor.
PC Dyos, care officer, Youth and Juvenile Bureau.
Bethan Jones, the council's solicitor.

Those absent were:

Ann Daniels, Avon Pailthorpe's teamleader.

(Report, p33).

One of the difficulties at this conference appears to be the way in which the conference was allocating and monitoring responsibility for roles. First the report comments on the communication and co-ordination difficulties between social workers and the housing department. (p 36-37, 42, 44). During the time lapse between this and the first conference Claudette had put a claim into the housing department through the homeless persons unit for accommodation separate from the grandmother (this move would have been in direct breach of the original conference decision). The housing department had begun to process the application. Avon Pailthorpe claimed later to have spoken to housing on the phone but was only ever 'fairly sure' of this. This second case conference was informed of these facts, and again, if it was to monitor the situation adequately it might be reasonable to expect that the group would actively revisit the issue at the next meeting. Second, due to stressful personal circumstances, between the 4th March and the 13th May Avon Pailthorpe was deputised for by Rosie Mohan. Whilst social services did allow Avon Pailthorpe compassionate leave there was a delay of some three weeks between that decision and the actual deputisation. Prior to the 4th March the report comments that Avon Pailthorpe's record keeping had become 'perfunctory' (p36) and that Rosie Mohan's notes showed a more professional approach (p44). Again it is interesting to note that the next case conferences did not acknowledge such 'perfunctory' record keeping. This may be interpreted as 'closed minds' on the part of at least some members of the group.

Shan Daniels (health visitor) was present at this conference and expressed her concerns about Tyra's repeated failures to attend clinics. She considered that given the nature of the situation it was appropriate that Claudette should be expected to meet certain commitments. Notes from health authority's records of a home visit also by Daniels expressed the view that, after a conversation with Claudette on the 7th January, Claudette seemed perfectly willing to remove Tyra from the grandmother's home in the knowledge that this would be in contradiction of the
care order. (Report, p 35) This conference had been supplied with information which raised concerns about Claudette’s intentions with regard to the care order and it seems that the group did not consider this.

The conference did address the issue raised by PC Dyos at the previous meeting with regard to the potential of violence to Tyra from Andrew Neil. The minutes of the conference include:

’Brixton CID were informed that he (Andrew Neil) would be unable to attend by Claudette and were very concerned as to how she had come by this knowledge since she was thought to have ceased any association with him, Claudette maintains, however, that apart from Andrew’s sister she has no contact with the rest of the Neil family.’ (From conference minutes, report, p 34)

Further:

‘Considerable concern was also expressed (by the conference) at the possibility of Claudette moving into her own flat. If Andrew was released and wished to renew his relationship with her, Claudette might be unable to resist his forceful personality. It was agreed that Tyra would undoubtedly be at risk if this occurred.’ (From minuted assessment of conference, report p 35).

Yet there is no explicit reference to this in the recorded decisions which included:

‘4. Claudette to be informed by Rosemary Green (HV) that she is to attend the clinic at specified times and dates to be given to her.

5. Avon Pailthorpe to inform Claudette and MGM that social services will not support a housing application on behalf of Claudette and the child. We will review the situation in six months time.

6. Social services will however support a housing transfer on behalf of the Henry family on the grounds they are overcrowded.
7. Housing department to be informed by Mrs Pailthorpe about our concerns and advised not to consider an application from Claudette for the time being’ (Case conference minutes Jan. 1983, report p 35-36.)

It does not appear that the plans from the conference included any actions which may have needed to be taken should Claudette and Andrew Neil resume contact. The conference seemed to be considering some information as more significant than other information. For instance it was clear by now that housing had become a major issue, and indeed one that the plans deal with explicitly. Although some of the concerns of the health visitor were addressed in the decisions in point 4, the concerns expressed by the police constable previously were not. These concerns actually addressed the initial source of risk to Tyra.

Case conference three, 21st October 1983.

A third case conference in October 1983 was convened.

Attendance:

Ann Daniels, Avon Pailthorpe’s teamleader, the chair of the conference.
Avon Pailthorpe, key social worker.
Dr Kyvelie Papas, the senior clinical medical officer.
Christiane Englard, health visitor.
Jim Gritton, Andrew Neil’s probation officer.
PC Mick Fuller from the Juvenile Bureau.
Laurel Sayer again took the minutes.
(Adapted from report p 47)

It is noticeable here that the chair had changed and whilst Ann Daniels (now the chair) had not been present at the earlier conferences she had submitted written reports supporting Avon Pailthorpe’s decisions and handling of the case. The health visitor and the police officer here were not the same as had attended previously and those not attending had expressed considerable concern about the risks to Tyra. At this conference the report suggests that two opposing tendencies emerged from the discussions with regard to rehousing Claudette and Tyra separately from the maternal grandmother. Avon Pailthorpe provided support for the idea whilst Dr Papas expressed clear concerns (Andrew Neil is now out of custody) (Report p 48).

The case conference considered two options:
"The conference proceeded to identify two options: to keep Claudette at home in bad and deteriorating conditions, or to 'request housing for Mrs Henry plus family, and a flat for Claudette and Tyra nearby' (Report comment on conference discussion, p 49).

With some reservations concerning the level of support Claudette would require the conference chose the second option because it saw no viable alternative, it noted

'Adequate supervision and support of mother and child should minimise the risk, and the care order on Tyra will enable social services to underline the conditions by which Claudette will be able to maintain Tyra on her own' (Report comment and note from case conference, p 49).

Amongst the recorded decisions were:

'Key worker to follow up Claudette’s wish to be rehoused on her own with Tyra, but she is to be told that we still have reservations about how she will cope alone and will want to work closely with her once she is rehoused' (Case conference minutes Oct.1983, report p 49).

So housing was monitored following the second case conference but the recorded decisions then suggested a course of action that was in contradiction to the original care order, i.e. that Tyra be in the care of the maternal grandmother with mother in attendance. There is no reference to this in the report or the information from the case conference which suggests that groupthink may be present. Fundamentally it brings into question once more the efficacy of the group in re evaluating risk to the child, and in dealing with the situation in a more effective way than an individual social worker. By this point it seems possible that the case conference is not monitoring earlier decisions, nor proposals put forward by Avon Pailthorpe. Once again there does seem to be an indication that the views of the medical profession are becoming subsumed under the objective of keeping the family together. The inquiry report at this stage suggests that:

‘the conference was steered, principally by Avon Pailthorpe...down a road which she saw as preferable, the road of separate rehousing for Claudette and Tyra. She was enabled to do this by the format and focus of the conference which paid very little attention to Tyra and her needs and the great majority of attention to Claudette and hers. The two were far from synonymous’ (Report comments on events p 53).
Case conference four, 24th May 1984.

The fourth and final case conference on Tyra was held in May 1984.

Attendance:

Ann Daniels, chairperson
Avon Pailthorpe, key social worker
Laurel Sayer, senior care officer
Roger Frankland, the probation officer assigned to Claudette on a shoplifting charge PC Dyos from the juvenile bureau

Those invited but not attending included:

Dr Papas who sent apologies for non attendance
Peter Hall, a housing representative
Christaine Englard, health visitor who apologised for her absence and sent a letter

(Adapted from report, p 59).

This letter from the health visitor did not contain any information relating to Andrew Neil, merely comments on Tyra and her concerns that Claudette and the maternal grandmother were not getting on very well. It appears that one of the major previous dissenters did not attend this meeting, the medical officer; and the health visitor who had expressed concerns in other meetings provided no information at this conference that indicated her views of the risk to Tyra from Andrew Neil.

The case conference minutes of assessment and recommendations included: Assessment

'Mrs Pailthorpe said she had never felt Claudette would hurt Tyra and did not consider the child was at risk. She never felt committed to the care order on Tyra because the situation had changed considerably by the time it was made.....Regarding Andrew Neils possible involvement Mr Frankland felt it was unlikely she [sic] would injure Tyra. Andrew injured Tyrone, a very young and difficult baby, in temper. Tyra is now beyond that stage' (Report citing recorded assessment at case conference, p 62).
Recommendations: These made no mention of Andrew Neil and were concerned mainly with the issue of housing and support for Claudette and Tyra. Significantly they did include:

'Next review is to be held at Area 5 in six months when consideration should be given to removal of Tyra's name from the register' (Case conference minute, report p 62).

As the quote illustrates at this last conference the key social worker seemed to place the risk to Tyra at the hands of the mother which had never been the case, but it is possible that the absence of the health visitor and the doctor meant that the group did not question this. Although PC Dyos was present there are no comments in the report that suggest any input from him at this last case conference. One interpretation may be that he did not provide any input, another that his comments would not concern the focus of this conference (the level of support needed for Claudette in order for Tyra to remain with her) and may not have been recorded. As illustrated in the previous chapter it is evident now that the situation has been reframed into the needs of Claudette if she is to care for Tyra. The case conference did not consider the issue of risk from Andrew Neil and recommended that Tyra’s name be looked at in terms of removal from the register at the next meeting. It may be that a lack of conference members who had expressed concern previously and consistently with regard to Andrew Neil meant that the remaining group members did not evaluate that source of risk. This occurred within the group decisions despite evidence that Claudette was now known to be seeing Andrew Neil.

Although there are some acknowledged difficulties in analysing the document for group polarisation and groupthink this interpretation would seem to suggest that the concepts may have validity in explaining and understanding the sequence of events and decisions in relation to this case. Groupthink may account for the poor attendance of individuals who had dissented from previous judgements at the last conference; it may account for the evident lack of evaluation of previous decisions, in that information and concern by the police and medical profession seem to be subsumed beneath the needs of Claudette which were put forward by social services; and it may account for the fact that the group considered initially only those options put forward by the individual key social worker. There are several references in the report which put forward the view that in fact the conferences became successively steered or 'driven' by Avon Pailthorpe (p 52-53). After two case conferences the chair of the remaining two was taken by Avon Pailthorpe's team leader Ann Daniels. One of the difficulties associated with this is the fact that the chair had previously supported Avon Pailthorpe's decisions and plans and by implication therefore could have held the same belief with regard to not breaking the mother-child relationship. There is evidence in the document that when she took over the role as chair she gave further authority to the course of action Avon Pailthorpe proposed consistently, and could have contributed to the discounting of some information.
As the report states:

'That crucial factor (that the reason Tyra was in care was the possibility of violence from the father) was overridden by the renewed endeavour, with the apparent authority of Ann Daniels in the chair, to let Claudette move out of her mother's flat, taking Tyra with her from the only shelter provided by Lambeth into accommodation where the real risk to her safety was most likely to materialise' (Report comment, p 53).

It could be argued that the replacement of the earlier chair exacerbated further the risk to Tyra since Ann Daniels was now in charge of the case conference and had affirmed earlier the beliefs and actions of Avon Pailthorpe. There seem to be two factors that may lend support for an argument that in fact it is representatives from child protection services that form the cohesive 'in group', and that other members can be seen as the 'outgroup'. First there was consistent unquestioning agreement and support for Avon Pailthorpe by her teamleader who became the group's chairperson. Second the concerns that members of the conference who were not from the child protection service were either subsumed beneath the judgements of child protection workers, or that those expressing concern were absent from the later meetings.

Emergent issues.

If this interpretation is to be considered useful in the understanding of decision processes and decision making in relation to cases of child deaths it may be appropriate to consider themes that emerge from the coding of the document. This analysis was undertaken and one issue arose that concerned the nature of information available at group meetings. This factor has been suggested in previous research as important in the analysis of case conference decision making. There is a body of literature surrounding the participation of members at case conferences. (for example see Hallett & Birchall, 1992; Reder et al, 1993; Birchall with Hallett, 1995; Saunders, Jackson & Thomas, 1997). This literature does address some of the difficulties outlined above, that is the significance given to some members' information rather than others, the communication difficulties inherent in a group of multiagency representatives and the difference in priority of objectives of some of the members. The work does appear to have some utility in understanding the practical difficulties encountered by the multiagency case conference but it does not locate those difficulties in a theoretical framework. As such it may be that any correctives this literature suggests do not and cannot address fundamental problems of the group. In a later section of this chapter it will be argued that the application of the concepts of
group polarisation and groupthink may be one theoretical approach to the explanation of the problems of the case conference as a group decision making forum.

The nature of information received by the conference.

Case conference one, November 1982.

One factor that is illustrated by the previous analysis is that queries with regard to the risk to Tyra from Andrew Neil became subsumed successively by an emphasis on the needs of Tyra's mother. This acceptance of a reframing of the case by the group may be a function of the information that the conference received. The difficulties in the discounting of some information have been discussed as a possible symptom of groupthink therefore this section of the chapter will concentrate on other issues concerned with information presented by the individual social worker, and received or requested by the case conference. As illustrated in chapter four, prior to the first case conference, Avon Pailthorpe had given information to Claudette and Beatrice Henry that suggested a possible outcome of the conference decision. The report states:

'No firm decisions had been taken at the previous one (Case conference) in August (with regard to Tyra); but equally, no decision of the kind apparently conveyed to Beatrice Henry on the 10th Nov. (the date of the visit by AP) had yet been taken by a case conference' (Report comments with regard to events, p 24).

Further the report outlines comments after a visit between Avon Pailthorpe and Claudette on 11th November:

'Avon Pailthorpe was impressed and told Claudette that she would recommend to the conference that the baby be put on the At risk register and given close supervision' (Report comment following notes from Avon Pailthorpe with regard to her visit with Claudette on 11th November, p 24).

It seems possible that these notes are representative of an indication that the social worker would frame the case in a particular way and would propose decisions for ratification at case conference. As outlined in chapter two, framing is concerned fundamentally with the way in which information is presented and perceived, as such Avon Pailthorpe's own beliefs and decisions suggested that she would present information in a particular way to the case
conference. This inference does not imply any judgement of the social workers decision as any situation by necessity involves the presentation and perception of information. What is important though is that the decision frame can determine decision direction in terms of risk or caution.

The report goes on to question the judgement of Avon Pailthorpe given the information that she had in relation to one of her proposals at the first conference, that is that one possible course of action would be to support and monitor the situation without formal intervention. It states:

'We entirely agree with the conferences majority opinion that the option of leaving it to Claudette Henry and not considering intervention unless she failed was unacceptable; and we are disturbed that Avon Pailthorpe should even have considered it viable on the information which she and the conference possessed' (Report comment, p 29-30).

Again this would seem to suggest that Avon Pailthorpe was being selective in the information she used in the assessment of risk to Tyra. The report acknowledges that at this initial stage of the case there was sufficient information to the group that suggested the need for some form of intervention and, as has been outlined, that did in fact result in Tyra being placed on the 'At Risk' register under the supervision of maternal grandmother with the mother in attendance. Whilst the group here may seem to be cautious in that they rejected one proposal by the social worker, the above comments illustrate the notion that Avon Pailthorpe was relatively determined to keep Tyra with her mother. The strength of this conviction might have meant that she would offer or retain information to the case conference according to this aim. Again, this does not imply any intent to deceive the conference. As outlined in chapter two the initial framing of the problem can largely determine the decision direction and in such circumstances decision makers may be unaware of the selectivity of the information that they gather or use in order to achieve their aims.

At this early stage in the case a problem in the way that information and decisions were recorded arose. This conference was recorded by formal typed minutes which were then later circulated on a 'decisions sheet'. The report states:

'It will be seen that there is a difference between item 3 on the formal minuted decisions on the one hand and item 1 of the manuscript on the record and item 2 of the formal minutes on the other' (Report comment, p 28)
In practice what this meant was that there was an ambiguity between whether or not the responsibility for Tyra was placed firmly on the maternal grandmother or with the mother. In the event the chair of the case conference signed both sets of documents as accurate. Whilst both options would have been subject to a care order which would have made the council legally responsible for the decisions it is apparent that the recording of decisions was problematic. The report acknowledges this and states:

'The vice of the course decided on, leaving aside for the moment its ambiguous formulation, was that it tried to follow both routes at once: it accepted council responsibility for Tyra but sought to discharge it by delegating it wholesale to Beatrice Henry' (Report comment on events, p 30).

Therefore at his first case conference there is some support for an interpretation that suggests that Avon Pailthorpe was providing information to the group that had already been given to Claudette and Beatrice Henry, that is the conditions upon which they could keep Tyra, and this was determined by her own individual decision frame. There is also evidence that Avon Pailthorpe may have been selective in the information she chose to use in her assessment of risk to Tyra and in her presentation to the conference. There is further evidence to suggest that the recording of the decision making procedures and outcomes were ambiguous. The fact that information was recorded ambiguously and inaccurately on this occasion was never considered by future conferences, once more suggesting that the group was not monitoring either Avon Pailthorpe's decisions nor its own decision making in an effective manner.

Case conference two, 27th January 1983.

At the second case conference in January 1993 the issue of communication and co-ordination with housing services was raised. Beatrice Henry made an application to be rehoused on the grounds of overcrowding some two weeks after Tyra's birth but this was blocked initially due to her late husband's debts. The report notes that the block may have continued even when social services applied on the maternal grandmother's behalf, although it notes that their explanations were somewhat different. (report p 32-33). These differing explanations were not queried by the group. This in itself may not seem to be problematic but if it is symptomatic of the way in which the group dealt with information generally then it may be indicative of a problem with the group decision making processes. As outlined previously in this chapter, between the first and second case conference, Claudette had been reported by the health visitor as being willing to remove Tyra from the grandmother's care, and she had applied herself to be rehoused. After a visit with Avon Pailthorpe, the report states:
Avon Pailthorpe knew prior to the second meeting that Claudette was willing to break the care order and was only ever 'fairly sure' (report p 36) that she had phoned housing to inform them not to rehouse Claudette and Tyra separately from the maternal grandmother. This may not have been Avon Pailthorpe's responsibility entirely as the first case conference had not assigned this task to any one person. This second conference included a decision in which they refused support for separate accommodation (report p 34). Some three weeks after this conference Claudette submitted a fresh application through the Homeless Persons Unit and after several instances of what the report considers to be intentional deceit by Claudette (report p 37) the application began to be processed. When Rosie Mohan deputised for Avon Pailthorpe she did pick up on the fact that nobody had co-ordinated with housing services and Claudette’s application was halted. There are several instances here where it appears that the conference as a group were unclear about roles and responsibilities and where decisions were being made based on ambiguous information.

As well as Claudette’s repeated failures to attend the clinic with Tyra, which Rosie Mohan was aware of, housing continued to be an issue and by the end of April Rosie Mohan had written to housing to support the housing application for a larger flat for the whole family. By the 25th May Avon Pailthorpe was once again the key social worker and after a visit to Claudette she noted afterwards:

'This was a difficult visit - Claudette not actually hostile but not very friendly, and bickering in a half serious, half playful way with her mother. They are obviously getting on each others nerves. Claudette was angry we had opposed her being rehoused separately. I reiterated that it was early yet - that I was concerned how she would be able to cope on her own when Andrew is released (probably early September) and that we have applied to housing...She asked what we would do if she did take off on her own. I told her we would need to conference it to decide whether Tyra should be with her or Mrs Henry since she is in their joint care' (Note from Avon Pailthorpe after a visit to Claudette, May 198. report p 41).
Between this time and the next conference Claudette was offered a tenancy of a flat for herself, Tyrone and Tyra which she signed in August 1983. That Tyrone was in foster care is a further example of Claudette's deceit to the authority's (she had claimed he was still in her care) in an attempt to achieve her own aims, ostensibly separate accommodation for herself and Tyra. Avon Pailthorpe had no knowledge of this and in September 1983 told Claudette that she supported her application for rehousing separately from the maternal grandmother. The report states:

'..I told her that I now feel the time is right to consider our supporting her separate housing application; a review is due, and I told her I would put this forward. She was very pleased..' (Note from Avon Pailthorpe after a visit to Claudette, 20th Sept. 1983, report p 43).

There is some evidence now that Claudette was becoming less and less compliant with social services, she was not attending the clinic with Tyra, was withholding information from the social worker and was showing hostility to social services. Yet the social worker was giving information to Claudette about likely courses of action without reference to the case conference as a group. Further evidence that Avon Pailthorpe was taking decisions increasingly without recourse to the group concerned reduction in the level of supervision of Claudette and Tyra. In June 1983 Avon Pailthorpe and the health visitor considered that they had no worries about care for Tyra and between them decided:

'so will reduce the frequency of supervision' (Note from Avon Pailthorpe after a conversation with the health visitor June 83, report p 41).

and notably:

'This decision was taken without reference back to the case conference'
(Report comment, p 42).

Case conference three, 21st October 1983.

By the time of the third case conference in October 1983 the information available at the case conference was that the housing situation was worse and Claudette was resentful of social services slowness in dealing with the issue. Andrew Neil was at liberty and Tyra was progressing well. One passage in the minutes of that conference includes:
'Claudette has reiterated that she is finished with Andrew Neil. She had seen him on the street but said they didn't talk, and he didn't ask to see Tyra etc.' (From minutes of Oct. 1983 conference, report p 47)

The source of this information is not provided in the minutes and given that one of the recorded decisions was that Avon Pailthorpe was to follow up on Claudette’s wish to be rehoused (report p 49) where Andrew Neil might have access to Tyra, it seems possible that the case conference did not question this information. Further to this there was no evidence to suggest that the conference tried to gather information that might now have a direct relevance to plans:

"The conference however took no decision to make enquiries about where Andrew Neil was living" (Report comment, p 52).

It also seemed that Avon Pailthorpe was not fully informing the conference of events, the report comments:

"If the conference had been fully informed of the surly and antagonistic reception which Avon Pailthorpe had recorded Claudette as giving her it would surely have put two and two together and have at least suspected a link with Andrews return and the resumption of influence over her" (Report comment, p 52).

This conference appeared not to question the information on which Avon Pailthorpe had chosen to reduce supervision of Claudette and Tyra and seemed to be taking information at face value. On occasion the conference also sanctioned plans when the individual social worker presented them with information in contradiction to that which she gave other agencies:

"In September, in contrast with what she had written for the juvenile court on the care hearing, Avon Pailthorpe openly espoused separate housing for Claudette Henry and Tyra-and as we shall see- the October conference, albeit hesitantly, endorsed this critical shift" (Report comment, p 44)

The issue of ambiguity and inconsistency in the recording of decisions and outcomes in the minutes was noted once more in the report:

"they (minutes) represent a railroading of the conference along a preconceived track: whether the track turned out to be right or wrong, this should not have been allowed to happen...and they (minutes) contain
illogical propositions and factual inadequacies: the former could and should have been spotted during the conference, the latter were Avon Pailthorpe's responsibility, but a sight of her file notes would have enabled the conference to spot them too' (Report comment p 54).

By this time there seems to be some support for an interpretation of events that suggests that the case conference as a group was not questioning information that was presented to it; was not requesting information that might have direct relevance to plans and was not monitoring roles and responsibilities. The recording of information by the conferences has been illustrated to be ambiguous or inaccurate on several occasions.

Case conference four, 24th May 1984.

By the final conference, in May 1984, Avon Pailthorpe informed them that Tyra was attending the clinic more regularly as Claudette's sister was taking her and that Claudette was known to be seeing other men but could not get pregnant as she was using contraception. The report further states that the conference received the following information from Avon Pailthorpe:

'Claudette has had a few men at her flat, perhaps including Andrew Neil. Andrew was arrested for T.D.A. (taking and driving away) of vehicles. In February and March he was picked up on a warrant for one of these offences. It is not known how much Claudette sees of him but she has certainly not visited him with Tyra' (Report p 61)

Avon Pailthorpe then informed the conference that she had never considered that Claudette would hurt Tyra, she did not think that Tyra was at risk, and that rehousing Claudette was a priority if her care of Tyra was to be put to the test. The recommendations of this conference have been outlined previously. Whilst the conference did have information that suggested that Claudette was seeing Andrew Neil it seems that it accepted Avon Pailthorpe's information that she did not see him with Tyra and the group became focused on the issues surrounding Claudette's needs if she was to keep Tyra. By August Claudette had moved into Andrew Neil's family flat with Tyra and Tyra was killed by Andrew Neil on the 1st of September.

In terms of information, as well as the discounting of information by some members of the case conference, there seem to be two sources of concern with regard to the decision making. First there is the 'shaping' of information by Avon Pailthorpe. It has been illustrated that it is possible that she selected information in the assessment of risk to Tyra in order to keep the mother child relationship intact. In practice this meant that she reframed the case so that the risk from Andrew Neil became negligible, the group did not question this and sanctioned her
proposals. Indeed there is some support to suggest that even when there was evidence that the situation was becoming more problematic, that is Claudette’s negative attitude and deceit with social workers, Avon Pailthorpe did not fully inform the conference. The report comments:

'We have remarked upon the way in which Avon Pailthorpe came up with new and often significant information which cannot be found in her file notes. We think this matters. Procedurally it meant that if anybody had to deputise for her they would be underinformed about things which might turn out to be important. Substantively it meant that she maintained a personal hold on the case, because she had it in her power to use or withhold information. We do not think that she used this power in any Machiavellian or calculating way, rather the reverse. but it helped her skew the case conference appraisals' (Report commentary on events, p 67).

Second the group did not question the ambiguity and inaccuracy of the recording of some of the discussions and decisions at case conferences. Again this may be a function of the presence of groupthink, however it seems to be important that information was not checked or evaluated by the group.

Commitment of resources

The first aspects of Whyte’s model, framing and group polarisation and groupthink, have been outlined in detail with reference to direct evidence from the report. The document was coded for commitment of resources by highlighting instances where resources were inputted to the case and this is available for independent auditing. The examples provided up to this point reveal instances where resources were committed to the case, for instance where the recommendations of the case conferences have been detailed. In order to avoid duplication of material this section provides a summary of the analysis in terms of commitment of resources. The resources committed at each case conference will be summarised from the recommendations at the conference. Some of the resources that occur automatically as a case progresses are not outlined, for example the allocation and continuance of a key social worker and the setting of the next case review, as these are not outlined in all the recommendations in the inquiry report. It seems reasonable to assume however that factors such as these are inputted throughout the case. A commentary will then be provided on the pattern of resource commitment and on extra resources that were provided by social services.
Case conference one, November 1982.

Although some resources at this conference were committed to the care of Tyrone (Tyra's brother) only those directly concerned with Tyra are outlined below.

- The application for a care order by social services so that Tyra be placed in the care of her maternal grandmother with the mother in attendance.
- Health visitor to initiate visits to Tyra once she and her mother are released from hospital.
- Social services to monitor the outcome of Andrew Neil's court appearances via the police at the juvenile bureau.
- Avon Pailthorpe to remain key worker.
- Review to be held in January 1983.

Case conference two, 27th January 1983.

- Health visitor to inform Claudette that she must attend clinic with Tyra.
- Avon Pailthorpe to inform Claudette that social services would not at this time support housing Claudette and Tyra separately from the maternal grandmother. But that would be reviewed.
- Social services will support rehousing for the whole family.
- The housing department to be informed by Avon Pailthorpe that there are concerns about Claudette's wish to be rehoused alone with Tyra.

Case conference three, 21st October 1983.

- Avon Pailthorpe to follow up Claudette's wish to be rehoused on her own with Tyra.
- A contract to be drawn up between Claudette and social services outlining mutual expectations.
- Possibility of supervision of Claudette and Tyra via day nursery placement.
- Examination of possible allocation of FWA and family aide.
- Health visitor to visit Claudette every two months.

Case conference four, 24th May 1984.

- Ann Daniels, Avon Pailthorpe's teamleader, to write to housing department to ask for urgent move for the Henry family, with Claudette and Tyra being offered separate premises.
- Avon Pailthorpe to remind Claudette to attend Wandsworth police station with regard to a shoplifting charge.
• Avon Pailthorpe to discuss mutual expectations and possibility of supervision via day nursery placement, FWA and family aide.

Analysis of the document in terms of commitment of resources reveals the input of resources that may be reasonably expected given the situation; these include: nomination of a key social worker and time and effort expended by her (in this case two workers at two different times); creation of the multi agency case conference and time and effort expended by the conference and its members, and visits and evaluations by health visitors. The resources allocated by the conferences did seem to increase. The level of time and effort that health visitors and social workers put into the case increased, and the commitment to rehousing the family went from a commitment to finding one larger house for the whole family to finding two houses, one for Claudette and Tyra, and one for the maternal grandmother. This became a matter of priority to the extent that the teamleader committed herself to liaising with the housing department. By the third case conference the group was proposing resources such as day nursery and family aide and they continued to propose this at the final conference. This might suggest that the October plans had not been put into operation, that is had failed, and the group were willing to recommit to that previous decision as Whyte's model outlines in instances of decision making with poor outcomes.

The report commentary reveals more detail with regard to the actual levels at which these resources were operationalised. Claudette's consistent non compliance with social services meant that both the social workers and the health visitors spent considerable time trying to contact Claudette when in fact the responsibility should have been Claudette's. On several occasions Claudette failed to turn up for appointments and new ones had to be made, and several times she was not in the house when health visitors called and they had to reschedule their visits. Claudette was offered support within the community but did not take that up and at the third and final case conference they decided to investigate the possibility of supervision of Claudette and Tyra via nursery provisions and a family aide worker. By far the main interest and time was spent on trying to get Tyra and her mother and maternal grandmother rehoused. At several points in the document housing services and social services state firmly their commitment to rehouse. At one point the maternal grandmother was offered two flats separate from Claudette and Tyra which she refused due to drawbacks, (report p 50) and subsequent to that social services paid an electricity reconnection charge for the maternal grandmother (report p 65-66). Claudette had the opportunity during the case of two flats; one known to social services, one not known to them. When it became apparent that Claudette had arranged for her own accommodation through housing, she complained about the facilities as it seemed that she thought social services could find her a better one, (report p 51) and she later relinquished her tenancy and requested rehousing through social services once more (report p 58).
An interpretation of the analysis of commitment of resources is that social services were prepared consistently to expend time and effort on courses of action that would keep Tyra with her mother. At its simplest this may be illustrated by the fact that the health visitor's had to constantly visit the family home as Claudette was not taking Tyra to the clinic and would often not be at home for arranged visits. Throughout the conferences the levels of support seemed to escalate, for instance with regard to the effort expended on the housing issue. At the last case conference the level of support for their plans and provisions they were prepared to offer to Claudette increased. Importantly though the group never questioned the appropriateness of continuing to provide support. This was evident in the fact that the conference agreed to provide a housing resource that was in direct contradiction to their original decision (where Tyra would reside with her mother in the maternal grandmother's home) i.e. a flat for Tyra and Claudette independent of the maternal grandmother, and in the fact that the plans at the third case conference seem not to have been put into operation.

This analysis then appears to highlight the ways in which resources were committed to Claudette and Tyra, and the maternal grandmother. It highlights that commitment to the initial course of action, that is keeping the family together, was escalated over time and was supported increasingly by resources. It also highlights the way in which resources were allocated to failing courses of action. At no time did the group re-evaluate its previous decisions and plans, and it did not consider abandoning the course of action it had sanctioned at the initial case conference.

In terms of Whyte's (1989) model there does appear to be evidence to suggest that the latter stages of his model were apparent in relation to the decision making processes in the Tyra Henry case. Further to the diagram illustrating the sequence in chapter four, the diagram overleaf represents the whole of the decision making process:
Need to make a decision → Source of concern about Tyra
Decisions framed in losses by individual social worker → Belief system of social worker, Lambeth policy on intervention with families
Certainty effect → Avoidance of sure loss of mother child relationship should child be taken into care
Decision by the individual → To propose care for Tyra within the home
Case conference meet as a group → Consider alternatives and polarise around the option to keep Tyra at home under the supervision of the maternal grandmother with mother in attendance and father excluded
Commitment of resources → Social work, health visitor monitoring, housing etc.
Case reviews → Further commitment of resources, non-questioning of information, no requests for further information, evidence of closed minds, no evaluation of previous decisions etc.
Final outcome → Death of Tyra Henry

Figure 10: Diagram illustrating the interpretation of the Tyra Henry inquiry document in terms of all the stages of Whyte’s (1989) integrated model of decision making.

This first stage of the research aimed to investigate the utility of Whyte’s integrated model of decision making in relation to child protection decisions that had resulted in the worst possible
outcomes for children, that of death. To summarise Whyte’s model, the process can be described as follows. An individual frames a choice as one between unattractive options both of which involve losses, and in order to avoid a certain loss, chooses an alternative course of action that has the potential for either no loss or greater loss. Hence an individual has embarked upon a course of action that involves risk. The individual then presents information to a group and that group polarises around the individual’s loss avoidance preferences. By the nature of group polarisation this means that the group embarks upon a riskier course of action than the individual would have done had s/he been working in isolation. As subsequent group meetings occur the group will display a commitment to its initial decisions and course of action and will not re-evaluate the whole situation in terms of risk but rather will focus on assessing the success of actions in relation to the original objectives. As time elapses the group does not consider that its decisions and actions might be failing, nor will it consider abandoning original plans. In fact the group will continue to commit further resources to the actions to try to ensure its success. This whole process means that the group is unwilling to accept that previous plans might be failing and shows a reluctance to accept that resources committed may have been wasted. As has been argued previously, it is difficult to pinpoint the exact point at which groupthink becomes a possible explanation for the decision making procedures. It might be that the phenomenon occurs as the case progresses, but given the analysis of the document it seems more likely that child protection workers form an in group and other members of the conference form an outgroup from the very beginning of the case. If this is so all the decisions and recommendations of the group are subject to the phenomenon, not merely those that occur towards the end of the case. Ultimately though the group exacerbates the risky judgement that an individual had presented to them.

The above analysis of one child death inquiry showed remarkable fit with the template used for analysis and raised questions with regard to researcher bias, consequently a further two inquiry reports were analysed (London Borough of Brent, 1987; London Borough of Greenwich, 1987). These also appeared to provide a similar good fit with the template. They are not reported here as numerous copies exist in the public domain and are therefore accessible for independent analysis. This stage of the research then seemed to indicate a number of preliminary findings.

Preliminary findings

- Documentary analysis and use of a template technique can be a useful way to understand and analyse child death inquiry reports.
- Whyte’s conceptual model does appear to have value in understanding the decision making processes of individual and case conference decision makers in cases where the outcome

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was the death of the child. Specifically the initial decision frame by an individual social worker was one of losses where their decisions were influenced by avoiding the loss of the mother child relationship should the child be removed into public care. The case conference did not fundamentally question the judgement of the individual but maintained the direction of the decisions in terms of risk. In instances of case conferences that were subject to the symptoms of groupthink, most notably where dissenters to the initial choices stopped attending, the case conference exacerbated the decisions further in the direction of risk. In terms of Whyte's model as an initial template with which to code the document, it is apparent that evidence for group polarisation is difficult to achieve. However subsequent coding for groupthink suggests that the group does polarise around the individual social worker and is successively driven by individual judgement.

- The actual loss that social workers seem to be trying to avoid is that of the mother child relationship. This was constantly affirmed in the Tyra Henry case as reflected in the beliefs of the key individual social worker and in the policy of Lambeth with regard to intervention with families.

- The development of a losses and gains matrix can assist the representation and understanding of the decision sequence through successive case conferences. By listing the losses and gains for all participants in a child abuse case at each successive case conference it is possible to describe the unfolding of events and to trace the influence on consequent decisions.

As illustrated with the Tyra Henry case it is likely that whether a social worker initially uses a decision frame bounded by losses or gains depends upon both policy and belief systems. Once the initial plans and decisions have been embarked upon, to leave the child at home or to remove the child into public care for safety, it may be that theoretical debates about decision making in domains of losses or gains become less important than having a relatively simple yet effective mechanism for monitoring decisions and events. It is possible that the matrix developed in relation to the analysis of the Tyra Henry case may have utility in routine social work.
Chapter Six

Methodological issues - the application of documentary analysis with ongoing cases.

The previous chapters have outlined the theoretical framework used to analyse the Tyra Henry inquiry document. The three components of Whyte's (1989) model were outlined, 'framing'; 'group polarisation' and 'groupthink'; and the commitment of resources, and the document was coded for each of those concepts. By using the model as a 'codebook' or 'template' for analysis it has been illustrated that the model does seem to have some descriptive and explanatory value in cases where the outcome for the child was the worst possible, that of death. As discussed in chapter five coding in relation to group polarisation is difficult due to the nature of the information that would be required to provide substantive evidence. However there did seem to be support for the presence of group polarisation. Similarly, whilst there is evidence for the phenomenon of groupthink the question was raised with regard to the time at which it begins to influence the decision making processes. There is evidence to suggest that the child protection representatives formed an ‘in group’ right from the start of the investigation and case and that other members of the case conference could be seen as the ‘outgoup’.

In terms of Layder's (1993) notion of the 'background concept' it would seem that framing remains an issue and that groupthink may take on more importance in any further analyses. Whilst group polarisation may become less evident in terms of the actual coding and analysis of the document it may not in be, in reality, less important as a phenomenon. The analysis of the Tyra Henry document further illustrated that using Whyte’s model as a background concept did reveal objective aspects that influenced decision making of the individuals and groups, that is it revealed the ways in which decision making occurred within the parameters of Government and local policy and the ways in which information is recorded in relation to outcomes within the case. It also revealed subjective aspects that influenced the decision making of individuals and groups, that is the belief systems that social workers seemed to hold with regard to keeping the mother and child together if at all possible. There does appear to be some evidence that this is a subjective ‘reference level’ which influenced decisions and judgements by the individual social worker and by the case conference as a group.

A number of questions relating to the phenomena of groupthink and the ways in which it has been researched were raised in chapter two. For instance there is concern about the way the processes in groups that are thought to be groupthink might actually be the result of concurrence seeking (Longley & Pruitt, 1980); and concern about the methodological
difficulties associated with the research that has been carried out (Won Woo Park, 1990; Aldag & Fuller, 1993). Aldag & Fuller (1993) suggest further difficulties with groupthink that include the fact that it has a relatively narrow focus and has largely been concerned with decision making that has resulted in decision fiascos. They argue that

‘Groupthink has been overwhelmingly viewed as an unalloyed evil, leading to uniformly negative outcomes. Indeed, such a view is universally implicit in the language of groupthink (e.g. the common references to ‘symptoms of groupthink’, ‘victims of groupthink’ and ‘defects of groupthink’)...The consequences of the groupthink model’s focus on fiascos are doubly ironic. First, the consideration only of fiascos precludes generalisation to other decision situations used in virtually all attempts to assess the validity of groupthink. Second, the focus on fiascos makes it impossible to say anything even about the determinants of fiascos’ (1993, p 539-540).

In some senses the incorporation of framing in the integrated model proposed by Whyte negates the second of their difficulties. It is the individual decision maker’s frame that determines the decisions in the direction of risk that result in fiasco. Yet the first difficulty does appear to have some validity. If a group is driven in the direction of risk by an individual and that risk becomes exacerbated by the presence of groupthink, why could the converse not occur? If a group is driven in the direction of caution by an individual then that caution may be exacerbated by the group. Caution in itself may not by necessity lead to positive outcomes as the assessment of risk may have been a ‘false positive’. That is the risk assessment may have predicted a high risk for a child where the dangers do not or would not occur. The consequences of a ‘false positive’ assessment are likely to be significant for both child protection agencies and families. In the case of the latter it is probable that once an assessment of high risk has been made intervention will take place immediately; and in the case of the former the practitioners will intervene and may never know whether or not a child would have suffered further harm had they not done so. Whilst being cautious in such a way may be detrimental to families it may however prevent events such as the death of children in child protection cases. Given that the number of children already known to social services who die each year are relatively small (see chapter one) it would seem prudent to attempt to monitor decision making in relation to ‘false positive’ assessments of risk. This once more reflects the ‘double bind’ that social workers find themselves in, they are castigated if they do not intervene when it subsequently appears that they should have done so; and they are castigated if they do intervene when it subsequently appears that they should not have done so.

Given an awareness of the need to monitor what may be seen as overly cautious decision making in relation to the concept of ‘false positives’ a question arises. If groupthink can lead to
disastrous decisions when the group is initially led in the direction of risk why could the same phenomena not lead to ‘good’ decisions when the group is initially led in the direction of caution? The second stage of this research aimed to address questions which emerged from the analysis of the inquiries into child deaths, and aimed to address questions relating to the ‘credibility’ of such interpretative qualitative research.

The research questions that emerged from the analysis of the Tyra Henry document were specifically:

- Do framing and groupthink retain similar importance in terms of descriptive and/or explanatory value in cases where the outcome for children is not death?
- Does Whyte’s model have applicability when the outcomes of decision making processes are considered to be ‘good’?
- Does the model have utility in the description and/or explanation of decision making processes in cases where there are different types of alleged abuse?
- Does documentary analysis continue to have utility in the analysis of ongoing, live cases?
- Is there/can there be evidence for group polarisation? and
- How can the research demonstrate ‘rigour’?

Given these research questions it was necessary to repeat Forster’s (1994) five stages in the operationalisation of documentary analysis in qualitative research, that is access; checking for authenticity; understanding the documents; analysing the data and utilising the data. This chapter will outline the first three of those stages in relation to live cases and will illustrate how the research dealt with the issue of ‘credibility’.

**Documentary analysis**

**Access to live cases**

**Background- meeting with representatives from a child protection service**

Gordon and Gibbons (1998) suggest that nationally and within local authorities there can be a wide variation in the rates of children placed on child protection registers, and by implication wide variation in the assessment of risks to children. Drawing upon Little and Gibbons (1993) their proposed reasons included differences in the characteristics of local populations, particular ‘rogue’ authorities, and differences in local authority policy and operational practice. Particularly with respect to local variations in registration rates they suggest also that ‘idiosyncratic practices’ of chairs of child protection committees or ‘other influential actors’ in the decision making process may influence assessments of risk to children. In order to try to
reduce the importance of these factors as possible influences on differences in assessments of risk and decision making processes this research aimed to access ongoing cases from one local authority where local populations had similar profiles and where the chairs of the child protection conferences in respect of the cases remained constant.

Access to live cases involved negotiation with a local authority child protection service. A meeting with senior management and staff was arranged to discuss the conceptual framework and results from analyses of the child death inquiry reports outlined previously. Prior to this meeting a copy of the research aim, proposed information for the child protection service, should access be granted, and a draft article later to be published in Child Abuse Review (Kelly & Milner, 1996)) was distributed to the principal training officer, a senior manager in child protection and a community team manager in the local authority. At that first meeting, which lasted a whole day, on local authority premises each individual demonstrated an understanding of the relevance of groupthink and group polarisation effects to their decision processes. However they were considerably less clear about the implications of framing effects and requested that the concept be explained in more detail in relation to their work experience. This was achieved by asking them to answer the example of framing using choices between monetary losses and gains cited in chapter two. Each of them was subject to framing effects. It was also achieved by using the matrix developed in the analysis of the Tyra Henry document where the decision was concerned with either leaving the child at home with the parents or family, or admitting the child into public care, figure 4, chapter three.

The management team from the authority suggested that they found this problematic as they said that this was not the decision that the case conference is mandated to make. This was the same problem outlined in chapter three when an individual social worker was asked to use the matrix in relation to an example of her own previous practice with regard to the development of a technique with which to analyse the Tyra Henry document. The management team of the local authority said that the case conference took the decision as to whether or not to place a child’s name on the child protection register. In order to continue with the research this problem needed to be addressed.

The team were asked to give some examples from their own experience of cases and were asked to input the losses and gains for individuals within the cases on several variations of the matrix. In each instance the professionals themselves defined the actual decision they thought they were making. The first matrix they suggested had the decision as whether or not to place a child’s name on the child protection register. This proved unsatisfactory to all present as it became clear to them that this decision and consequent courses of action was premised on prior considerations and decisions. They expressed these considerations as leaving the situation as it was or taking some kind of action.
A second matrix then had the decision as keeping the ‘status quo’ or choosing to do something. Again this proved to be unsatisfactory to the group. Discussion with the professionals revealed that whatever the official mandate of the case conference, the fundamental decision upon which their deliberations and decisions were premised was in fact whether to leave the child at home and create plans to deal with the alleged abuse and provide family support or to remove the child into public care. This is represented by the matrix first presented to them and used in the analysis of the Tyra Henry document. In terms of risk the management team stated that their judgements were concerned with whether or not the level of risk to the child was deemed sufficient enough to warrant public intervention into the life of the family. As a result of these discussions and examples the group were offered the choice of which matrix they thought most appropriate for the analysis of cases. All the members considered that the matrix where the decision was one of removing the child into public care or leaving it at home was the most appropriate one.

Relating these discussions may give the impression that the process was logical and straightforward. This was not the case. The professionals deliberated at length on each version of the matrix and clearly found it difficult and uncomfortable to articulate the precise nature of the fundamental decision they were making. They gave examples of courses of action that would be taken, and types of resources that would be inputted to a case with ease but actually stating the premise and judgement on which those decisions were based was much more problematic for them. It did seem that they were in fact implicitly basing all judgements around the issue of leaving the child at home or removing it into care. All the group acknowledged this explicitly yet there remained a distinct level of discomfort at this recognition. It seems that this may be connected to the fact (as argued in chapter one) that there is to date relatively little written in social work that explicitly focusses upon decision making processes. O’Sullivan (1999) suggests that there may be a number of reasons for this reluctance to examine decision processes which include avoiding responsibility for decisions where there is no clear perceived satisfactory outcome; holding a professional belief where clients themselves have the right to make decisions and judgements about their own lives, and holding a view that social workers are agency functionaries who follow instructions and procedures so that the responsibility for decision making lies with the child protection agency management or government.

One interesting factor that emerged from this exercise was that the management team suggested that using this matrix revealed an issue for them. They stated that it enabled them to identify explicitly the information which they had used to inform their decisions. It also enabled them to recognise information they had not selected to inform decisions in their own case examples. As such they considered that the matrix may have utility in decision making in everyday social work practice.
The result of discussion and collaboration at this meeting was that the senior management of the child protection service in the local authority considered that some form of action research might be appropriate.

**Action research within a local authority**

Cohen and Manion (1984) propose that:

> 'Action research investigates problems identified by practitioners and is essentially directed towards greater understanding and improvement of practice over a period of time' (1984, p 41).

And Carr and Kemmis (1986) state that there are two fundamental aims of action research, that is to improve and to involve. At this stage it was anticipated that analysis of documents might further 'demystify' (Reinharz, 1992) decision making processes and that in itself might offer the opportunity to improve practice.

Where the research involves ongoing cases it could be argued that the individuals whose work is being investigated must be seen as contributors to that research. By adopting a contributory and participatory approach individual practitioners could be kept fully informed as to the progress of the research, could make suggestions as to research techniques, could assist with triangulation of data (to be discussed later) and could be informed constantly about the work and thus have some information about the likely consequences of emergent issues. This accords with the view by Rapoport et al (1970) in which they suggest that action research should take place within a mutually acceptable ethical framework. The emphasis should be on avoidance of exploitation and on sensitivity to ethical issues. As they suggest:

> 'Within an action research strategy the researcher treats the need to set a course not as an occasion for imposing definitions and limitations but rather as an opportunity for discussion about understandings and for the establishment of collaborative working relationships' (1970, p 74).

These approaches seem to be in line with Forster's (1994) hermeneutic process described previously. Implicit in all these perspectives is the need for multimethod research. As Reinharz (1992) suggests the use of multiple methods can not only facilitate understanding by adding layers of information and by using one type of data to validate or refine another, but it creates as well an opportunity to put texts in context and thus allows a richer and more accurate
interpretation of actions and events than might otherwise be achieved. Therefore it was envisaged that the research would include the analysis of specific documents alongside discussions with managers and social workers involved in the cases.

More traditional action research would normally involve a number of stages: the collaboration with an agency, the implementation of the research, the analysis of the research, the feedback of the research and consequent changes to practice, and an evaluation of those changes to practice. It was not the intention of this research to make specific recommendations for practice rather, as stated previously, the aim was to consider how a particular theoretical perspective might allow an understanding of child protection decision making. At the initial meeting with senior management it was made explicit that any implications for change in practice would need to be considered by themselves. However the level of collaboration with the local authority in terms of input to the development of the matrix used for analysis and the constant reflexivity with staff in terms of the interpretation of documents did mean that they had considerable involvement in the research. As such it may be more usefully considered as ‘action in research’ (Reinharz, 1992).

The sample - Selecting the ongoing cases for analysis

Following the initial negotiations with the collaborating local authority the principal training officer identified two teams of child protection practitioners who were considered to be representative of child protection workers within the authority. The teams were considered by management to be adequately staffed with fully qualified confident staff, and were thought to be fully supported by their team leaders. As such the decision making by these teams was not considered to be deficient in any way as a result of poor experience and performance of individual social workers, nor by poor monitoring and evaluation by peers and their team leaders. Both team leaders were approached by the principal training officer and the team leaders gave permission for access to documents in relation to some of the teams’ ongoing cases. This raised the issue of ‘gatekeepers’ (Burgess, 1984) in research. Gatekeepers are those individuals within organisations that hold the power to allow or to withhold access for research. Dingwall (1980) suggests that often in field research settings there exists a hierarchy of consent, and that it is usual for senior personnel to act as gatekeepers as they consider that by virtue of their position they have the right to allow access to the work of those lower in the hierarchy. As this stage of the research progressed this did become an ethical issue. As illustrated below access to cases was granted by the management team, however discussions with individual social workers in order to triangulate data, and to try to ensure constantly that the research had meaning for them revealed the fact that often they were not aware of the
researchers presence, or of the purpose of the research. In retrospect it might have been appropriate to ensure that any of the social workers whose cases were being analysed were also involved in the decision making with regard to access. Attempts to deal with this issue included a detailed explanation of the research to the social workers and constant reiteration that their work was not being audited. Subsequent to the first two visits (when the issue was revealed) information was provided to the two teams and they were encouraged to engage in discussions with the researchers. Two individuals were involved in the collection of data at the local authority premises. One individual was a member of academic social work staff with considerable experience in practice, the other is the author of this thesis. The experienced social worker played a significant role in gaining access to the ongoing cases but was not involved in the planning of the work, the analysis, interpretation or writing up of the data.

In order to investigate the research questions outlined on page 138 it was necessary that three criteria were fulfilled by the cases provided for analysis:

- Whyte’s (1989) model involves a sequence of decisions by individuals and groups, hence it was necessary that each case was ongoing and covered a minimum of three case conferences/reviews.
- In order to investigate whether the model has applicability where the outcome for children was not disastrous it was necessary that the cases had outcomes which the professionals themselves considered to be satisfactory or good.
- In order to investigate the possible generic nature of the model it was necessary that the cases covered a range of types of alleged abuse.

Documents in relation to 10 cases were selected, five from one child protection team (team A) and five from a second child protection team (team B). These teams worked in different areas within the local authority yet the areas had similar profiles in terms of 'poverty and vulnerability' indicators, (Gordon and Gibbons, 1998). As such it seems unlikely that any differences in assessment and management of risks to children that may occur would be due to situational factors associated with the families. With both teams it was stated that under normal circumstances the chair of the child protection committees would be the same person. The cases were chosen according to the criteria specified above by the teamleader from team A who had been present at the initial collaboration meeting. The documents included background information to the case, the names and ages of all family members, information under a subheading 'assessment/reassessment of risk', information under a subheading 'child protection plan' and recorded decisions. Some of the documents also had social work reports attached.
At this stage of the research it might have been useful to supplement the use of documentary analysis with other forms of data collection. For example the observation of case conferences in progress may have revealed information specifically related to the process of decision making that was not contained in the documents. Extra information in the Tyra Henry inquiry report referred specifically to the process of decision making whereas documents in relation to ongoing may have been more likely to report facts and outcomes of decision making. This was considered but was rejected for two reasons. First direct observation of a case conference would have involved further intrusion upon the work of practitioners and in the lives of families who may have been present at conference. Second it seemed impractical to request access to case conferences given the amount of time and cooperation that the child protection unit had already provided. It is recognised however that observation of conferences may be a useful area for future research.

An overview of the cases available for analysis.

Table 4 overleaf provides an overview of all the cases made available for analysis. The analysis of case two was started but was not completed and included in the research for the following reasons. The series of documents presented by the authority related to a family with a number of children, the source of concern to the social services at this time was the youngest child. The case conferences presented related to the youngest child but it was apparent from information in the documents that there had been a series of conferences relating to the other children which had taken place over a number of years. This information appeared implicitly to affect the current ongoing case. Disentangling the decision making process with regard to the younger child could not be comprehensive without details of the prior conferences for which access had not been sought or granted. The analysis of case ten was not completed and included here as there were considerable amounts of information not included in documents, additionally many of the documents relating to this case appeared to be missing.

Table 4: An overview of the ongoing cases made available for analysis
<table>
<thead>
<tr>
<th>Case number</th>
<th>Number of children involved</th>
<th>Reason for referral</th>
<th>Type of abuse</th>
<th>Number of group meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>Mother threatening to commit suicide and to take children with her.</td>
<td>Inconsistency of mothers behaviour.</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>This case was not analysed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>One child hit in school classroom by mother’s partner</td>
<td>Physical abuse</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>One child disclosed physical and sexual abuse by a former cohabitee of the mother to a family friend</td>
<td>Physical and sexual abuse</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>Prior sexual abuse of two older children by male present in the family</td>
<td>sexual abuse</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>2</td>
<td>Child reported sexual abuse by a family member</td>
<td>sexual abuse</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>2</td>
<td>Child was on register in another area for sexual abuse</td>
<td>sexual abuse</td>
<td>6</td>
</tr>
<tr>
<td>8</td>
<td>3</td>
<td>Social services already involved with family due to physical and emotional abuse</td>
<td>physical and emotional abuse</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td>1</td>
<td>Mother threw child across room in hostel. Child overexposed to sun</td>
<td>physical abuse and neglect</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>This case was not analysed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Checking for Authenticity

The documents in relation to the cases were verified as authentic by all of the management team. The teamleader from each team had direct involvement in the meetings and therefore in the subsequent monitoring of the documents. As such they did identify validity in terms of the documents representation of events and decisions. The training officer and the area child protection officer in the authority are required to monitor cases on a random basis and they would have had access to some of those put forward for analysis. They also stated that the documents were a valid representation of events and decisions.

Understanding the documents

Gathering the documents relating to each case was a task that required teamleader A, who had been present at the preliminary collaborations, to identify the cases according to the specified criteria referred to previously. It was then necessary for the teamleader to request that a member of administrative staff locate the documents and make them available for the research. In practice this meant that the documents in relation to cases were made available on successive visits. For example on the first visit to the authority premises for the purpose of analysis of documents, only the cases relating to team A were available. When these were read it was clear that some of the documentation was missing and the staff were asked to look for these prior to the second visit. At the second visit these had been made available, and the principal training officer and teamleader A suggested that documents relating to the remainder of the cases be requested as they were needed. Given the nature of real world research where the demands of time exist for the permanent staff in the authority this appeared to be a reasonable request, and not one which would hinder the progress of the research. There were many instances when staff were requested to go back to find earlier case documents, or to try to locate what appeared to be missing parts of documents, and they were only too willing to do so. At the initial visit for the purpose of analysis the first stage in understanding the documents involved a period of ‘immersing oneself in the data’. (Forster, 1994) Whilst no analysis was carried out in the sense of coding documents a number of further issues in relation to the nature of research in the real world became apparent.

The documents presented in relation to the first four cases included minutes from the national statutory case conferences and reviews. The case conference and review documents were formally minuted and represented the forums where the child protection management team considered and stated that all major decisions in relation to each case occurred. They stated that the explicit purpose of the case conference (or review) was to assess (or reassess) risk and to
formulate (or revise) a care plan. This is in accordance with the standards and criteria outlined in chapter two following the Children Act 1989. Some of the cases also included documents that were minutes from 'ACAC' meetings. In this early stage of the research it was not clear what 'ACAC' meant as an abbreviation, nor what the concern and objectives of these meetings were. At the end of this first visit teamleader A, who was available for questions and feedback throughout the research, was asked to elaborate on this issue. He stated that 'ACAC' was an abbreviation for 'Alternative to Care and Accommodation' meetings. These meetings were said to occur prior to case conferences and were normally attended by case holding social workers and their teamleader. Occasionally representatives from the health profession, in reality health visitors, and the police were invited, yet teamleader A did suggest that an ACAC meeting would usually be attended by members from the child protection service alone. It was further stated that the explicit purpose of the ACAC meeting was to make decisions about where the child or children would reside and to formulate plans for how objectives may be realised. Assessment of risk was not explicit in the minutes of ACAC meetings but teamleader A suggested that it was a central, if implicit feature, of the judgements and decision making of the group. ACAC meetings were not formally minuted in the same way as case conferences but were minuted by the teamleader.

Immersing oneself in the data (Forster, 1994) at this stage suggested that there were two levels of group meetings that were important in the decision making processes in relation to the cases made available for analysis. Those were the ACAC meetings which would normally be attended only by members from the child protection service, and case conferences and reviews, which are the groups nationally required to make decisions about the location and welfare of the child and which are required to invite members other than those from child protection services.

Issues of confidentiality meant that the actual documentation relating to all cases could not be removed from the authority premises and they are not therefore available for academic audit. However in the interests of rigour the documents relating to two further cases were requested, were suitably confidentialised by the professionals, and were used in an exercise designed to allow triangulation of data and to ascertain relevance of the research for professionals. This took the form of a formal feedback and training session with senior management from the authority, the process and results of which will be outlined in the next chapter.
Preliminary consideration of two live cases

In order to test the appropriateness of the method of documentary analysis with live cases it was decided to undertake a preliminary consideration of two cases of decision making where there were different types of alleged abuse. As such cases one and three were chosen as they were available at the first three visits to the authority and they did concern different types of abuse. Case one was concerned with inconsistencies in the mother's parenting behaviour and case three was concerned with physical abuse. The decision making groups in these cases included ACAC meetings and the case conferences or reviews. The purpose of this analysis was twofold.

- To ascertain whether there was sufficient information in the documents to allow the development of a matrix for each group decision making forum, as had been achieved in the analysis of the Tyra Henry document.
- To ascertain whether these documents contained sufficient information to facilitate a coherent and comprehensive interpretation of each case.

In the documents relating to the inquiries into child deaths there was supplementary information from, for example, individual health visitor's or social worker's reports, and information with regard to communication difficulties between different sections of the local authorities. It was not known at this stage whether this information would be available in documents relating to live cases, or whether such information would be important in relation to the analysis of the cases.

Since case three was concerned with physical abuse which had been the concern in the Tyra Henry case, only the analysis of case one is presented here. The analysis of case three in relation to the two issues is presented in appendix one.

Information was taken from the minuted documents of ACAC meetings and conferences and reviews and was entered onto the matrix in terms of losses and gains for participants in the case. In the case presented detailed explanation for the entries in each section of the matrix is given. Each group meeting is considered firstly in relation to the information at its disposal and then in relation to previous meetings. This does reflect the fact that initial case conferences assess risk and create care plans, and that subsequent case reviews are mandated to reassess risk and to evaluate the care plan. Material available to the case conference is presented in a summary. Formally minuted decisions by the conference are presented and where possible these are verbatim. Some decisions were conflated in the documents i.e. resources committed
and these are summarised. In order to anonymise the data the dates of case conferences are not provided, but the timespan between conferences and reviews is indicated by the number of months that passed between each. Similarly the dates of birth for the children have been removed and their approximate ages in years is provided at the start of the case. Commentaries on each group meeting are outlined. At the end of this consideration of two cases a discussion with regard to emergent themes and information relating to the reflexive dialogue with staff is presented.

CASE ONE

Family composition: mother, father, girl age 7 yrs (C1), girl age 4 yrs (C2)

Meeting one.

ACAC meeting

*Background information available to the first group meeting:* The family were already known to social services department because of mother’s alcohol and overdose behaviour. Both children had been placed with foster parents following an incident when the mother rang the Samaritans threatening to take her own and the children’s lives. At this time her husband, and the father of the children, was working away from home. Given this background information the following losses and gains matrix was developed:

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1, C2 Accidents</td>
<td>Parent children relationships</td>
</tr>
<tr>
<td>C1, C2 Emotional trauma</td>
<td></td>
</tr>
<tr>
<td>C1, C2 Neglect</td>
<td>HOME</td>
</tr>
<tr>
<td>Parent children separation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C1, C2 Safety</td>
</tr>
</tbody>
</table>

Figure 11: matrix from ACAC (meeting one)

The three items listed in the losses column should the children be allowed to return home from foster care are entered onto the matrix as possibilities given the information with regard to the mother. It was considered possible, given the absence of the father, that the mother’s known
difficulties would lead to the possibilities of neglect, emotional trauma and accidents to the children either as a result of their own behaviour or the behaviour of the mother. The loss in the matrix should the children be removed into care is presented as the loss of the full time parent child relationship. The item listed in gains should the children remain at home is a full time parent children relationship; and the gain should the children be removed into care is presented as safety and care for the children.

Minuted decisions ACAC meeting

1) The children to return home as soon as convenient.
2-9) Decisions concerning support for the family.
3) Core group to support the care plan.
4) Refer to case conference.
5) Contingency plan to inform other professionals of father's work number.

Commentary

There is a clear decision by the ACAC group to allow the children to return home from the foster parents. Resources had been committed to facilitate the implementation of this decision, for example the provision of day care for C2.

Meeting two, one month later.

Case conference

Background information available to this group meeting: there was further evidence of the mother's drinking, associated this time with violence towards her husband and threats to give the children away. The children had been temporarily placed with the maternal Aunt. C2 is reported to have 'blossomed' following the start of day care. Concern was expressed at this meeting about the effect of the mother's behaviour on the children, particularly the unpredictability of her behaviour. The emergency duty social worker present at moments of crisis expressed the opinion that the children were at risk. The father expressed less concern with regard to the risk to the children. Given this information the following losses and gains matrix was developed:
The items in the losses section of the matrix should the children be returned home from the maternal Aunt's are concerned in the main with the effects of the inconsistent behaviour of the mother. There was some reference in the documents as to the uncertainty of the mother ensuring attendance of C1 at school, and C2 at day care. In addition to the losses in the previous matrix (figure 11) should the children be removed into care, there was now a loss in terms of further disruption for the children should they be allowed to return home. The father retained the potential loss in terms of violence from the mother given either decision. In terms of gains, should the children reside at home the additional gain concerned resources made available for the mother. Reference in the document was made for the possibility of alcohol and anger management courses. Additional gains should the children be removed into care included developments in the children as a result of attendance at school and day care and consistency of care for the children.

**Minuted decisions of the case conference**

1) Place names of both children on the child protection register.
2) Review in 3 months.
3) Create a child protection plan.
Child protection plan- decisions

1-8) Concerned with support for the family.
9) Core group to be formed.
10) Contingency plan to remove the children to the maternal Aunt in an emergency.

Commentary

The decision of the case conference was that the children reside at home but the group did consider that the children were 'at risk'. Resources were committed in terms of day care etc. to facilitate the implementation of the decision. The number of resources had increased since the first meeting as the mother was now offered support in terms of alcohol and anger management. There were additional resources i.e. taxi services to ensure that the children attend educational establishments. The overall number of losses and gains on the matrix has increased since the previous meeting.

Meeting three, three months later

Case review

*Background information available to this group meeting:* Since the last meeting the mother had set fire to the curtains in the home. She was arrested and charged with intent to endanger life. She was remanded to prison and a bail hostel, and then resided at her sister's under bail conditions. The mother continued drinking and was admitted to psychiatric hospital. The children remained with their father who supervised access with the mother. The mother expressed the desire to live in a hostel rather than live with her sister and requested weekend leave. The father hoped for the wife's return to the family if and when she stopped drinking. C1 was said to be happy at school. Reassessment of risk in the document comments:

'there are currently no concerns for [children's] welfare, however there is a firm recommendation from the community team that the children should remain on the child protection register in view of the uncertainty of the future. And the fact that the mother is still part of their lives...they will be reviewed in three months time by which time the court will have reached a decision.'

Given this information the following losses and gains matrix was developed:
Figure 13: matrix from case review (meeting three)

This matrix differs significantly from the previous two as the alleged abuser was no longer present in the home with the children. Hence the losses should the children remain at home include full time mother/children separation, full time husband/wife separation. Losses should the children be removed into care include father/children separation, mother/children separation and further disruption for the children. Gains should the children remain at home in the care of the father include father/children relationship; continued progress of children; further resources for the children; and potentially greater consistency in their relationship and behaviour with the mother. No gains should the children be removed into care are listed here as the source of risk in terms of safety to the children is no longer in the place where they permanently reside. There were no other concerns put forward that suggested that the children were at risk from any other potential sources of abuse.

Minuted decisions of case review

These were not listed in the document, but the statement quoted previously was written in the document. Additionally it was minuted that the care plan formulated at the last conference should continue, with increased day care for C2.
Commentary

The decision that the children's names remain on the child protection register was proposed due to the uncertainty about the mother’s future in relation to the children. The children seemed to be developing satisfactorily. Increased resources were offered to support the care plan.

Meeting four, three months later

Case review

Background information available to this group meeting: The mother remained in hospital visiting the family in the evenings and staying with her sister at the weekends. She continued drinking and was bailed back to the hospital. The court decision was that the mother be placed on probation for two years under the conditions of attending an alcohol rehabilitation programme. The mother returned home under these conditions. The mother thought she was closer to the children although she expressed feelings of emotional detachment and depression and anticipated a long convalescence. This conference was informed:

'Children fine and happy to have their mother home. C2 has shown some emotional disturbance in day care which services attribute to the number of carers she has had'.

Consideration was given to the mother increasing her attendance at day care with her daughter. Given this information the following losses and gains matrix was developed:
<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>C1, C2 Accidents</td>
<td>Parent children relationships</td>
<td>HOME</td>
</tr>
<tr>
<td>C1, C2 Emotional trauma</td>
<td>Husband wife relationship</td>
<td></td>
</tr>
<tr>
<td>C1, C2 Neglect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C1 School performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C2 Erratic day care attendance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C1, C2 Further disruption to their lives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C1, C2 Lack of consistency of care by mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father further violence by the mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent children separation</td>
<td>C1, C2 Safety from mother</td>
<td>CARE</td>
</tr>
<tr>
<td>C1, C2 Further disruption to their lives</td>
<td>C1 education</td>
<td></td>
</tr>
<tr>
<td>Father further violence by the mother</td>
<td>C2 emotional stability</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C1, C2 consistency of care</td>
<td></td>
</tr>
</tbody>
</table>

Figure 14: matrix from case review (meeting four)

This matrix shows similarities to figure 12 where the losses in both eventualities of decision of where the children reside are replicated. In fact now that the mother had returned to the home, still with difficulties, the only difference with this matrix is in the gains should the children remain at home. Those are now presented as parents/children relationship and husband/wife relationship.

Minuted decisions case review

1) The children's names remain on the child protection register whilst the mother gradually moves forward toward taking more responsibility in caring for the children.
2) Review in 6 months.

N.B. The document contained no separate 'assessment of risk section’, this activity appeared to be subsumed in the background information.
Care plan

1-9) Concerned with support for the family.
10) Core group to include mother's probation officer.
11) Social worker to liaise with everyone.

Commentary

The decision that the children remain at home with their names on the child protection register remained. The mother had now returned home. Again further resources are committed to support the family. There was no evidence that the mother was happy or able to take more responsibility for the children.

Meeting five, six months later

Case review

Background information available to this group meeting: The situation was described as being unsettling. The mother continued to make suicide threats and it was noted that she could not care for her family. The mother was admitted to psychiatric hospital and then to a women's hostel where she was able to refrain from drinking. The father had taken the role of main carer of the children and was to supervise any future contact between mother and children. Support for the father was coming from the extended family, the marriage having broken down.

There was no formal assessment of risk at this meeting although it was recorded that when the mother moved out of the family home C2's behaviour immediately changed from being withdrawn and needing a great deal of support to being ‘bubbly, confident, happy and relaxed’. The conference also reported ‘threat to children from mother has now been removed and there is no suggestion at this time that they are not adequately cared for by father and his family’ Given this information the following losses and gains matrix was developed:
This matrix shows similarities to figure 13 the commonality being the absence of the alleged abuser in the family home. In the losses section of the matrix there are no losses included with regard to mother/child separation regardless of place of residence of the children since the father and the family are considered to have accepted the breakdown of the marriage and the absence of the mother from the family home. In terms of gains, none are entered should the children be entered into care as the source of abuse is no longer present. Should the children remain with the father there are now additional gains for all family members, these include father/children relationship, safety of children, education and day care for children, extended family support for father, extra resources for father and for mother, mother no longer drinking, consistency of care for the children.

Minuted decisions review

1) Children's names to be removed from the child protection register.
2) Community team to continue to encourage father to let children have contact with mother.
3) To return to case conference if mother returns to family in the future.
Commentary

The decision to remove the children from the child protection register has been taken as the main source of concern to the children’s welfare is no longer resident with the family. This has been accepted by both the family and the social services department. Resources are to be continued with the family. This acceptance of the fact that the marriage has broken down and the resultant absence of the mother from the family does not imply that there will be no losses for family members as a result of the mother/children separation. What it does indicate is that the losses relating to the initial referral will be avoided. This may seem to present an issue for cases of abuse that are not incident driven, for example emotional abuse or neglect. However as will be illustrated in chapters seven and eight an analysis such as this can allow the recognition of gains and losses for all participants in cases, and where neglect by the mother becomes the focus of concern rather than an initial allegation of physical or sexual abuse by a male, the gains and resources that may need to be provided in order to support leaving children with their families can be made explicit and can be monitored effectively.

Evaluation of the application of documentary analysis to live cases

The application of documentary analysis to the two ongoing cases considered revealed a number of issues. These related to the matrix and the documents.

Issue one: the matrix

Initially the matrix headings comprised of losses and gains, but as with the Tyra Henry case it became clear with the ongoing cases that those losses and gains needed to be more tightly defined. Not only were some items that could be inserted onto the matrix possible losses but some were actual losses. Following consideration of the first two cases a meeting was arranged with the management team in order to discuss the progress of the research. The team recognised the difference between possible and actual losses and suggested that we incorporate this into our analysis. This can be seen on the matrices in subsequent chapters. At this meeting the management team repeated the exercise they had undertaken at the initial collaboration meeting in the development of the matrix. Using their own case experience they were asked to identify the relative importance or weight of possible and actual losses. For example, given the following matrix, we asked the group to state which of the losses and gains were more or less likely and more or less significant in their assessment of risk to children. By asking them to try to weight the losses or gains in terms of importance they were essentially being asked to assign numerical properties to the values associated with outcomes, as in the original Kahneman and Tversky value function.
The group were uncomfortable in this task and in the end found it impossible to achieve. There was much discussion surrounding the likelihood that appropriate accommodation could be found if it were requested, and discussion surrounding the quality of that care for children. Additionally there was much discussion around the issue of emotional abuse. In almost every instance the group suggested that emotional abuse was a possible loss for children, but could not specify actually what that meant.

In every example they provided a loss of parent/child relationship was stated should the child be removed into care, and a gain of parent/child relationship was stated should the child remain with the family. The group discussed these losses and gains and after some time one member of the group, the team leader from team A, stated that it was not simply a parent/child relationship that they were concerned with when making decisions, but more specifically it was a mother/child relationship. Further discussion within the group revealed that all the group found this to be the case, and importantly they all considered that this mother/child relationship would be a certain loss should the child be removed into public care. Again after lengthy discussion all members of the group suggested that in all cases they were concerned to keep the mother child relationship wherever possible. What seemed to be happening here was that the removal of the child was seen to result in a certain loss of full time mother/child relationship, but the safety of the child was seen as slightly less certain in care. In other words the social workers framed the situation as one where they considered there was a certain loss but not a certain gain. What is proposed here is that if the child is removed into care then at the least the source of abuse that has been alleged would cease. The information provided by the management team seems to lend further support for the idea that decisions are framed in the domain of losses and for the likely operation of the certainty effect. It seems that social workers may be likely to make decisions that will prevent the certain loss of the mother/child relationship. This rationale for keeping families together was illustrated in the Tyra Henry case and appears to be part of a pervasive belief system held by child protection practitioners. The risk to the children as a result of the presence of the certainty effect in relation to live cases may
also be exacerbated currently due to the implementation of the Children Act 1989. As discussed in a previous chapter this legislation involves a principle of ‘non intervention’ into family life. This principle alongside the ‘subjective’ belief that children should remain with their mothers may present real difficulties in decision making processes that involve assessments of risk. This will be further developed in the final chapter.

**Issue two: the documents**

The documents relating to cases one and three included formally recorded minutes of case conferences and reviews, and minutes of ACAC meetings which were taken by a team leader. In some instances information was missing from both sets of documents which could not be found. In other instances information could be inferred from the minutes of subsequent group meetings. Whilst this made the process of documentary analysis ‘messy’ at times, it was not considered to be a major problem as the information that was available could be interpreted to produce a coherent picture of decision making. Further support for this claim was that the initial interpretation of cases one and three was confirmed as having meaning to the management team.

As outlined earlier the team stated that ACAC meetings were held prior to case conferences and reviews and would normally be attended only by individuals from the child protection unit. This group would be attended as a minimum by key case holding individuals and their team leader. It is interesting to consider the nature and purpose of these meetings. The ACAC was stated as having the purpose of making decisions about where the child or children would reside and of formulating plans for how objectives may be realised. Assessment of risk was not explicit in the minutes of ACAC meetings but team leader A suggested that it was a central, if implicit feature, of the judgements and decision making of the group. The title itself ‘Alternatives to care and accommodation’ suggests that this group immediately frames the decision problem as one of how to avoid care proceedings. As such one interpretation of the decision making processes of the ACAC meeting is that they, as a group, will be subject to framing in the domain of losses and to the certainty effect. Since these meetings were also said to occur prior to the case conferences or reviews it is also possible that this group could be seen as an ‘in group’. The ACAC group make decisions about the risks to children and where they will reside, and then take them to the formal conference for ratification. This was illustrated in the Tyra Henry case where the key social worker and her team leader ‘drove’ the conferences down a decision route according to local policy and their own beliefs. It seems possible that this may occur with live cases.

The initial analysis and discussions with the management team in relation to two live cases did indicate that there was sufficient information within the documentation for documentary
analysis to take place. It also suggested that Whyte’s model retained a level of applicability in that there was preliminary evidence of framing cases in the domain of losses, evidence of commitment and escalation of resources, and of the possibility that groupthink may influence decision making. In order to investigate the research questions more fully all the ongoing case documents were coded and the analysis is presented in the following two chapters.

The rigour of the research.

Given the interpretative nature of the research where Forster’s operationalisation of documentary analysis was used with live cases it was necessary to ensure that the research was carried out with rigour. Lincoln and Guba (1985) suggest that the concepts linked with quantitative research regarding the trustworthiness or reliability of data i.e. internal validity, external validity, reliability and objectivity are not appropriate with more qualitative case study data. Instead they put forward the notions of credibility, transferability, dependability and confirmability. Robson (1993) suggests several ways in which each of these issues can be addressed within qualitative research and the ways in which this research dealt with these issues is discussed below.

Credibility

Credibility is concerned with demonstrating how the research was conducted in a manner that ensures that the subject under investigation was accurately identified and described. Robson suggests four ways in which credibility may be enhanced.

First by prolonged involvement, that is by spending sufficient time with the research to learn the culture, test for misinformation and build trust. In this case the time span between initial discussions with members of staff from the local authority and the completion of the analysis of the documents was 12 months. During this time relationships with staff at all levels were built up and the researchers made it clear that they were always available for any member of staff to access should they require it. Whilst this length of time made it possible to become aware of the culture, it was also considered important that the researchers did not become enmeshed within the culture. This was possible to an extent as one of the researcher’s was not of a social work background. As the research progressed this factor became important in the transparency (Rubin, 1995) of the work. When coding the documents there were many instances where the ‘naive’ researcher was unclear about the terminology being used and unclear about the practical day to day operation of child protection work. This meant that there was a constant questioning of what was contained in the documents and a constant reflexivity with regard to the documents. Two individuals were involved in the collection of data from the local authority. One was an academic social worker with considerable practice experience
whose knowledge played a significant role in gaining access to the data. This individual did not plan the research, did not analyse or interpret the data and did not play any role in writing up this research. The other individual had no prior knowledge of social work practice and is the author of this thesis.

Second by persistent observation. In some senses this was not relevant to this stage of the research since the main sources of information were the documents themselves alongside interviews and discussions with staff members.

Third by triangulation. After an initial analysis of documents, feedback was given to the training manager and the team leader, their responses confirmed the interpretation of the documents. Discussion with members of staff occurred on every visit to the authority and issues that were emerging were considered on each occasion. At all times the members of staff were informed about the progress of the research and often feedback from practitioners led to development of the ideas and research techniques as is consistent with a participatory action research design. For example the data display and presentation evolved thorough discussion with staff so that not only was the theoretical underpinning to the research more accessible to them, but also so that a matrix which they felt had applicability to their everyday practice was used.

Fourth peer debriefing. In this instance peer debriefing incorporated the fifth stage of documentary analysis 'utilising the data' (Forster, 1994). At the end of the analysis of the 8 ongoing cases a day was organised where a set of documents relating to a further two cases could be analysed by a group of senior managers. These managers consisted of team leaders from other areas of the local authority, chairs of case conferences and the Divisional Manager for the authority. An agenda was proposed, agreed by the senior manager and circulated to the participants. The participants were presented with the conceptual background and were asked to form small groups in order to undertake analysis with respect to the two documents. These documents were confidentialised and can be made available given sufficient time to regain access to them as they were returned to the local authority. The groups had difficulties in identifying and specifying losses and gains for the children and families and stated that the reason for this was that it was a way of thinking about cases and issues that was not part of their everyday practice. They did find the task easier as they became more familiar with it and ultimately all the groups produced matrices relating to each case conference and review in the documents. Feedback was heard from each group where their analysis showed similarities in terms of losses and gains to the 8 previous cases. The day ended with a summary and discussion. The participants reported that they had found the exercise thought provoking and that it did have meaning for them. A summary of this exercise can be found in appendix two.
Transferability.

This issue relates to the question of whether or not the analysis is transferable to other settings. In some senses this second stage of the research was entirely concerned with transferability. It was concerned with ascertaining the extent to which the findings from the analysis of the child death inquiry reports could be transferred to live ongoing decision making situations in child protection. More specifically it also referred to whether or not the analysis applied to the decision making sequence where outcomes for the children were disastrous could be applied to decision making situations where the outcomes for the children were considered to be satisfactory or good. Marshall and Rossman (1989) suggest that transferability can be enhanced by providing a full specification of the theoretical framework upon which the research is based. If this is achieved then it assists other researchers in the decision as to whether or not findings may be transferable. Again at all stages of the research the theoretical and conceptual underpinnings were outlined to child protection workers. The premises and techniques of documentary analysis were also explained.

Dependability

Dependability is concerned with the notion that the research is in some ways 'reliable'. The notion of reliability rests on an assumption that research can be replicated, and in qualitative research this becomes a major issue. The nature of the research itself and the nature of the relationship between researcher and researched suggests that it is inappropriate to consider that research could be directly replicated. Yet Robson (1993) proposes that alongside triangulation, academic auditing can help ensure dependability. If research processes are clear, systematic and well documented it is possible for an independent person to audit the work. Academic auditing was undertaken with two documents during the research, and was undertaken by the management team, senior members of academic staff and research assistants. The documents can be made available subject to time constraints as they were returned to the local authority. A summary is available in appendix two.

Confirmability

Confirmability is concerned with the issue of providing sufficient detail of the study in terms of judging the appropriateness and adequacy of research and in terms of making some kind of assessment as to whether the findings actually flow from the data. This can be achieved by following an 'audit trail' (Robson 1993). An audit trail necessitates that several forms of information are available to an auditor and if this information is comprehensible, useful and linked to the purposes of the study then an auditor is in a position to determine the
trustworthiness of the study. Issues of confidentiality meant that the actual documentation relating to all cases could not be made available for audit by other than the researchers, however as stated previously two documents (used for the training day material) were suitably confidentialised and a summary of auditing is provided in appendix two.

This chapter has outlined the potential operationalisation of documentary analysis with live ongoing cases. It demonstrates how ongoing documents could be coded, thus providing transparency (Rubin, 1995), and that documentary analysis retains utility in the understanding and explanation of decision making with ongoing cases.
Chapter seven

Analysis of live cases

Chapter six illustrated the potential for documentary analysis in the description and understanding of decision making in live cases in child protection practice. In order to investigate further the research questions it was necessary to code the live cases using the categories adopted in the analysis of the Tyra Henry document. This constituted Forster's (1994) fourth stage of documentary analysis, ‘analysing the documents’. As such each of the documents in the cases was coded for framing by highlighting instances where potential or actual losses and gains could be identified and by highlighting comments or reports that reflected the belief systems of participants. In practice this latter aspect was more difficult with live cases as it was rare to find verbatim comments by social workers and social work reports were not always attached to documents. The documents were coded for ‘group polarisation’ and ‘groupthink’ by highlighting participants at successive case conferences, their roles, the decisions made by the group and by highlighting decisions and events when dissent had been registered within the group. The documents were coded for commitment of resources by highlighting instances where resources were inputted to the case.

This chapter presents the analysis of two cases, case three from team A, and case nine from team B. These cases were chosen for presentation in order to represent the decision making of both teams. Case three involved allegations of physical abuse and case nine involved allegations of physical abuse and neglect. Two further cases relating to other allegations are reported in the next chapter. The initial analysis of the remaining cases can be found in appendix three. In each example background information that was available to the group meeting is provided and the matrix developed to allow the interpretation of the information is illustrated. As a result of the consideration of the applicability of documentary analysis to live cases these matrices now include possible losses and gains and actual losses and gains. These are represented on the matrices by the letters P or A in parentheses after each statement where P indicates possible and A indicates actual losses or gains. After each meeting the recorded decisions and recommendations of the group are listed, where appropriate these are verbatim, yet as in the last chapter some of these are conflated and are summarised. Each matrix is followed by a commentary which indicates the decision making in the case in relation to Whyte’s (1989) model. In this real world analysis it became apparent that the aspects of Whyte’s model that related to group issues was again problematic. The recording of information meant that it was difficult to code for polarisation and groupthink. As such the
following section focuses on the framing of the decisions and the commitment of resources and the issues relating to groups will be discussed at the end of the chapter.

### Analysing the documents, case three and case eight

#### Framing - losses and gains, and commitment of resources

**CASE THREE**

Family composition: Mother, boy 11 yrs (C1), girl 7 yrs (C2), girl 4 yrs (C3), cohabitee A who is the father of the girls.

**Meeting one**

Case conference

Attendance: ACPO chair, teamleader, case holding social worker.

*Background information available to this group meeting:* Cohabitee A, stripped to the waist, stormed into C1's classroom and struck C1 across his face in front of his teacher. Cohabitee A admitted he had a drink problem and had a number of drink related convictions. After the incident the adult relationship split up with the mother taking out an injunction against cohabitee A. Previous child protection history indicated that C1 had been admitted to care in infancy and was subsequently discharged home to the mother under a supervision order. C1 alleged previous smacks from both the cohabitee A, and the mother. Given this background information the following losses and gains matrix was developed:

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th>HOME</th>
<th>CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical injury by mother C1, C2, C3 (P)</td>
<td>Mother children relationship (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother cohab A relationship (A)</td>
<td>Sibling relationship (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother children separation (A)</td>
<td>Safety for all children (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibling relationships (A)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother cohab A relationship (A)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Figure 17: matrix from case conference (meeting one)*

**Minuted decisions case conference**

1) Not to place C1's name on the child protection register at this time.
2) Should any further information be brought to light to be brought back to child protection conference.

**Commentary**

The alleged source of abuse to C1 was no longer in the household and his relationship with the mother was thought to be ended. As such the safety of the child from Cohabitee A was not seen to be an issue. What is entered onto the matrix as a possible loss of physical injury by the mother to all three children related to concerns in the document that had occurred in the past. These concerns had previously resulted in a three year supervision order on C1. Given this early child protection history with regard to the mother it could be argued that the decision frame is one of losses and the choice was to avoid the loss of the mother child separation, however the concerns that had occurred previously were not the concern of this conference. Given this information the decision frame was really neither one of losses or gains and a 'default' decision was taken to leave the situation as it was. No specific resources were allocated yet it was stated that the case should be monitored.

**Meeting two, ten months later**

**ACAC meeting**

**Attendance:** Chair-Teamleader, Health Visitor, case holding social worker.

*Background information available to this group meeting:* The purpose of this meeting was minuted as:

>'The purpose of this meeting was to ascertain ways of support to prevent the children going into care.'

It was implicit in this document that the mother had requested interim care for the children from social services, but this was not formally minuted and recorded until the next case conference. The minutes of that conference commented that she had felt that she needed a break from the children, especially C1.

C1 had contact with the natural father and maternal grandparents. He was reportedly uncomfortable about his mother having new partners. Mother had a new partner, cohabitee B, and she reported that she felt this was a positive relationship. C1 had been attempting to light the fire at 4 am because he was cold and the mother had been sleeping downstairs to prevent this. She claimed that she could not control C1 after he returned home from school. She said that she had no problems with C2 but despite C3 attending day care twice weekly the mother found her demanding of attention and said there was a problem over feeding. C1 had settled in at his new school but often arrived late. The school reported that C1 could not concentrate
because of tiredness and that he had broken school equipment. They were considering referring him to psychological services. There was an outstanding developmental assessment on C3. Given this background information the following losses and gains matrix was developed:

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional abuse C1 (P)</td>
<td>Mother children relationship (A)</td>
<td>HOME</td>
</tr>
<tr>
<td>School performance C1 (A)</td>
<td>Sibling relationships (A)</td>
<td></td>
</tr>
<tr>
<td>Emotional abuse C3 (A)</td>
<td>Safety all children (A)</td>
<td>CARE</td>
</tr>
<tr>
<td>Accidents all children (P)</td>
<td>Sleep C1 and mother (A)</td>
<td></td>
</tr>
<tr>
<td>Lack of sleep C1 and mother (A)</td>
<td>Emotional stability all children (A)</td>
<td></td>
</tr>
<tr>
<td>Behaviour problems C3 (A)</td>
<td>School performance C1 (A)</td>
<td></td>
</tr>
<tr>
<td>Feeding problems C3 (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missed developmental assessment C3 (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother children separation (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibling relationships (A)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 18: matrix from ACAC (meeting two)

The recommendations of this meeting were listed in the minutes as:
1) Children to remain within the home.
2) Mother to attend a parenting group.
3) Specialist child care services to consider direct work with C1.
4) Day care to increase for C3.
5) C1 to be referred to a psychologist.
6) SW to continue as key worker.
7) C3 to have outstanding health assessment.

The conclusion of the ACAC was that 'All agree that the children remain with the mother'

Commentary

It appears that the decision frame is now one of losses and the conference was subject to the certainty effect where the decision was taken to avoid the mother/child separation. The number of possible losses had increased for all children and some of them had become actual losses. Resources were committed to this decision including day care, psychological referral, parenting
groups and specialist child care services with consideration of direct work with C1. No highly specific gains were identified for the children should they remain with the mother.

Meeting three, ten months later

Case conference

Attendance: ACPO-chair, teamleader, health visitor, teacher, case holding social worker.

Background information available to this group meeting: C1 had sustained facial bruising whilst intervening in a fight between Cohabitee B and mother. Mother admitted domestic violence but said that it only happened whilst the children were out. Non accidental nature of the injury was confirmed by the hospital despite allegations by the adults that the injury was sustained by C1 during a fight with his friends. Cohabitee B was charged and bailed on condition that he had no contact with the family and did not enter the town without a previous appointment.

The minutes of this conference recorded that C1 was hit by a previous cohabitee (C) at the age of four months, when he sustained bruising to buttocks, and bites. The following year C1 sustained a greenstick fracture to the foot and there were inconsistencies about its explanation.

School reported that C1 was underachieving academically, particularly in reading, for which they proposed to seek remedial help. School reported that he did not display challenging behaviour in school and it was the opinion of the school that the problem lay in the home because his mother did not have time for him. The school commented that she had time and patience for C2, to whom she was loving, although she did not always collect her from school and arrived late sometimes smelling of alcohol.

Health visitor reported behavioural problems with both girls and a speech delay with regard to C3. The mother had not been co-operating with the resources offered for day care and cancelled this. C3 was reported as being hyperactive.

Formal assessment of risk by the conference in relation to the children stated that it was acknowledged that C1 had suffered significant harm. This assessment also reported that cohabitee B was not in the house. The minutes recorded the opinion of the group that C1 had a good relationship with the maternal grandparents whom it was presumed would provide protection for him. Given this background information the following losses and gains matrix was developed:
Losses

Injury C1 (A)
Injury C2, C3 (P)
School attainment C1, C2 (A)
Neglect all children (A)
Accidents all children (P)
Development C2, C3 (A)
Emotional abuse all children (P)
Hyperactivity C3 (A)
Consistency of care C1, C2, C3 (P)

Gains

Mother children relationship (A)
Sibling relationships (A)

Figure 19: matrix from conference (meeting three)

Decisions at that conference were

1) To put C1 on register.
2) Not register C2, C3 as mother shows them more love and affection than C1.
3) Discuss again if and when cohabitee returns to the household.
4) Review in three months.

Minuted child protection plan review

1) Family assessment to include C2 and C3 because of worries about consistency of care.
2) Assessment to be carried out on cohabitee B before he is allowed to return to the family home.
3) Core group meetings to be held regularly.
4) To encourage the mother to accept parenting help.
5) To review in three months.

Commentary

Physical injury had occurred to C1, and there were many concerns with regard to all the children. The formal assessment of risk at that conference was stated as

'It is acknowledged that C1 has suffered significant harm; There is concern about mothers attempts to protect (cohabitee B) rather than to support (C1). So far nothing has happened to the girls and at present cohabitee B is not in
the household. If he should return and there is violence it is possible that the girls are also in danger. C3 has said that she has been slapped by cohabitee B but C1 is adamant that the girls are safe because cohabitee B would not hit girls'

The decision once more appears to be subject to the certainty effect framed in the domain of losses where the choice was to leave the children with the mother. There was some recognition of the risk to the children from her and the cohabitee in terms of the registration of C1 on the child protection register. However the number of potential and actual losses was increasing for all children. Further resources were committed to try to engage the mother in parenting classes. It was noted in the minutes that C1 had a good relationship with the maternal grandfather and there was a presumption that he could protect C1. Again it seems that everything possible is being done to try to ensure the success of the original plan to keep the children with the mother. There was accumulating evidence that the plan was failing in terms of protection of the children. There was a presumption that another member of the family, the maternal grandfather, may take the responsibility of protecting C1.

Meeting four, three months later
Case review
Attendance: ACPO-chair, teamleader, health visitor, case holding social worker.

Background information available to this group meeting: Charges against cohabitee B had been withdrawn. It had been difficult to assess his relationship with the family because although the mother said they had split up he was known to be in the area regularly. Social work assessment of the mother was positive although she was having great difficulty coping with C1. The mother believed she was at the end of her tether. She had talked of her sister looking after C1 for a while and would accept any help available. The social worker commented that the mother 'is aware that the children are her responsibility'.

It was not possible to develop a matrix for this case review as parts of the document were missing.

Minuted decision of review
1) To keep C1's name on the child protection register.

Child protection plans review

These were not in the document.
Meeting five, two months later
ACAC meeting
Attendance: Chair-teamleader, case holding social worker.

The social worker’s report for this meeting was available but not the actual minutes of the meeting.

Background information available to this group meeting: The case holding social worker reported that cohabitee B had declined to take part in a risk assessment. The mother had been assessed and was considered as being able to protect the children. In June the mother applied for an injunction against cohabitee B following harassment and threats. Cohabitee B broke his bail conditions before charges were dropped. In August C3 received serious injuries to her right leg, which required in-hospital surgery. This followed an incident in which she fell/was pushed out of cohabitee B’s car during an episode of domestic violence. Cohabitee B was charged with GBH and bailed to his parent’s address. The key social worker was recommending legal proceedings (a supervision order) to give the department more control although there seemed to be an implicit understanding that if cohabitee B remained in custody this may not be necessary.

A matrix was not developed for this meeting since although the social worker’s report was available for analysis, minutes of the meeting were not. Information in the report suggested that cohabitee B was not co-operating with the required risk assessment, and C3 sustained a physical injury necessitating hospital treatment in a domestic event between the mother and cohabitee B. It is apparent from later minutes that this meeting resulted in a recommendation to apply for supervision orders on all the children and to assess further the mother’s ability to protect the children. Indeed interim supervision orders were granted.

Commentary

Given the intervention with regard to supervision orders it may seem that the child protection workers are now taking decisions that suggest caution with regard to the whole situation. However it is argued that the decision is still subject to the certainty effect in the domain of losses and therefore in the direction of risk. The decisions were still that the children remained with the mother, and the mother/children relationship is retained. This occurs despite accumulating evidence that she was unable to protect them. Indeed almost all the losses in figure nineteen still exist, and many had been actualised.
Meeting six, one month later

Case review

Attendance: ACPO-chair, teamleader, health visitor, case holding social worker.

Background information available to this group meeting: Information presented to this conference included how the physical injury to C3 occurred. C3 claimed she was pushed out of the car by cohabitee B. The adults maintained that she fell whilst attempting to follow her mother who had stormed off. Cohabitee B drove off and C3 was squashed between the car and the pavement. The charge of grievous bodily harm against cohabitee B was dropped to a public order offence. There was no explicit assessment of risk in this document although there were comments about the mother not putting the needs of her children before her own difficulties. The health visitor reported that C3 was reaching her developmental milestones. However there was concern about her emotional development. C3 should have been attending nursery but had not at this point started attendance. Given this background information the following losses and gains matrix was developed:

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th>HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury C3 (A)</td>
<td>Mother children relationship (A)</td>
<td></td>
</tr>
<tr>
<td>Injury C1, C2 (P)</td>
<td>Sibling relationships (A)</td>
<td></td>
</tr>
<tr>
<td>Emotional abuse all children (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School attainment all children (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect all children (P)</td>
<td>Safety all children (A)</td>
<td></td>
</tr>
<tr>
<td>Accident all children (P)</td>
<td>School attainment all children (A)</td>
<td></td>
</tr>
<tr>
<td>Development C3 (A)</td>
<td>Consistency of care all children (A)</td>
<td></td>
</tr>
<tr>
<td>Nursery attendance C3 (A)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 20: matrix from review (meeting six)
Minuted recommendations conference

1) Because of lack of progress in assessing and helping the mother with C1's problems and the fact that C2 and C3 are also potentially at risk it was felt that C1 should remain on the register and that C2 and C3 should be registered under the category 'lifestyle of parent'.

Minuted revised child protection plan review

1) Support the mother in coping with C1 by encouraging her to spend more time with him.
2) Consider C2 and C3 in the same context.
3) Seek full supervision orders on all children.
4) Continue trying to assess mother's ability to protect the children.
5) Core group meetings to be held.
6) Monthly health visitor input to continue.
7) Review in three months.

Commentary

There is some evidence that the conference was recognising the risk to all children, yet even with full supervision orders the children would remain with the mother. This decision remains subject to the certainty effect in the domain of losses in an attempt to continue to avoid the mother/children separation. Many of the losses in figure nineteen have now been realised. There is a further increase in the resources offered to support the care plan. Whilst this care plan has been reformulated in the light of events, it appears to remain the case that the aim is still to keep the children with the mother.

Meeting seven, three months later

Case review

Attendance: ACPO-chair, teamleader, health visitor, teacher, case holding social worker.

Background information available to this group meeting: Cohabitee B was no longer present in the family and a supervision order on all children had been granted. This was anticipated to run for one year. School reported an improvement in C1 but commented that there was much academic catching up to do. He was receiving assistance from the special needs service. School had concerns with C2 who was exhibiting mood problems and reported that she was disruptive in class. There were unspecified concerns about her eating habits. C3 was presenting problems at nursery including biting and swearing.
The social worker commented that there were no risks to the children at this time but that a full supervision order would give workers the mandate to intervene should the mother withdraw co-operation. The social worker commented on a good relationship with the mother and said that it was thought that a change in present family patterns would take time. The social worker recommended that the children be taken off the child protection register as the supervision order was thought to be sufficient to protect the children.

At this meeting the head teacher from the school contested deregistration and stated that the children were still at risk. Given this background information the following losses and gains matrix was developed:

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th>HOME</th>
<th>CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury all children (P)</td>
<td>Mother children relationship (A)</td>
<td></td>
<td>Safety all children (A)</td>
</tr>
<tr>
<td>Emotional abuse all children (P)</td>
<td>Sibling relationship (A)</td>
<td></td>
<td>School attainment C2, C3 (A)</td>
</tr>
<tr>
<td>School attainment C2, C3 (A)</td>
<td>School improvement C1 (A)</td>
<td></td>
<td>Consistency of care all children (A)</td>
</tr>
<tr>
<td>School attainment C1 (P)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect all children (P)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accident all children (P)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioural problems C2, C3 (A)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother children separation (A)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibling separation (A)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 21: matrix from review (meeting seven)

Minuted recommendations from review
1) Headteacher’s dissent noted but decision taken to remove all three children's names from the register.
2) Continue application for full supervision orders.
Commentary

There are now some gains for C1 in terms of school performance, however the potential losses remained as previously and many of them had become actual losses for C2 and C3. The cohabitee B was no longer in contact with the family. The children were no longer thought to be at risk from the cohabitee by the social workers although concerns about the mother’s ability to care for the children were still noted through the continuance of application for supervision orders. The decision seems to remain subject to the certainty effect in the domain of losses. There was no depreciation of possible losses for the children. Despite the fact that the likelihood of physical injury from cohabitee B has been reduced, the mother had been alleged to slap them in the past and there was nothing to suggest that she would not begin a new and violent relationship. C2 and C3 continued to display difficulties at school in terms of behaviour problems and school attainment.

Meeting eight, two months later
ACAC meeting
Attendance: Chair-teamleader, case holding social worker.

A matrix was not developed for this meeting as the information was extremely scant. No cohabitee was currently present in the family and all the children were reported to be doing quite well. Supervision order proceedings had stopped.

Commentary
The ACAC group took the decision to halt the proceedings for supervision orders on the children as the cohabitee, who was the perceived source of risk, was no longer present within the family. The children’s names had been removed from the child protection register at meeting seven. Many of the losses associated with the case however had concerned the mother’s parenting behaviour, not simply the reason (cohabitee) for the initial referral. All the possible losses associated with the decisions to leave the children at home were realised in this case.

Overall commentary on case three

Although some of the decision making frames could not be ascertained due to lack of information, it is suggested that in those instances decisions with regard to where the children should reside were not changed from previous conferences and they remained therefore in the decision direction that had previously been embarked upon. In every instance the frame was in the domain of losses and the group were subject to the certainty effect where the children remained with the mother. This occurred despite accumulating evidence that the potential losses
to them increased and many of them became actualised. Whilst the focus of the case did shift from physical abuse by both cohabitees to include consistency of care by the mother the final ACAC meeting analysed here suggests that the latter has been disregarded by now. There is no evidence provided to support the fact that the mother has, for example, attended parenting classes nor is in any different position to provide consistent care for the children.

CASE NINE

Family background: mother, girl 3 yrs (C1)

Meeting one
Case conference
Attendance: Chair-ACPO, teamleader, case holding social worker, police, emergency duty social worker, hostel warden

Background information available to this meeting: Mother had been living with parents. There were no concerns but the mother and child then moved into a hostel. Father of the girl was a schedule one offender his offences involving teenage girls. He was under youth custody on remand, was bailed and placed under a supervision order. He was said to be violent, a glue sniffer and a drinker. He was due to go to court for theft and attempted burglary. Police were informed of an incident at the hostel when C1 was allegedly thrown across the room. Police enquiries ascertained that C1 was on the bed, the mother was screaming and kicking the cot. The emergency duty team were contacted because of marks on C1's head. Hospital ascertained that the marks were due to overexposure to sun. Hostel wardens have observed the mother's previous rough handling of the daughter. Given that information the following matrix was developed.

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th>HOME</th>
<th>CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical injury (P)</td>
<td>Mother child relationship (A)</td>
<td>1 parent family</td>
<td></td>
</tr>
<tr>
<td>Accident (P)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional abuse (P)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Failure to thrive (P)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother child separation (A)</td>
<td>Safety (A)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 22: matrix from case conference (meeting one)
Decisions
1) Place C1 on register.
2) Review in two months.

Child protection plan
No plan was evident in the document

Commentary

These decisions seem to have been made in the domain of losses and avoids a certain loss of the mother/child relationship yet they leave possible losses for the child. There was no evidence of resources in the document as a plan was not minuted.

Meeting two, two months later
Case review
Attendance: Chair-ACPO, teamleader, case holding social worker, health visitor.

Background information available to this meeting: Core group and visiting by social worker and health visitor had been established. The document included the statement 'How mother responds to visits depends on the mood she is in'. Father was arrested in the intervening months and was remanded in another authority. Social services reported that there would be problems when the father was released as 'in terms of himself the father is a threat to the children, he has a long history of violence'. Mother resented the father's relationship with her daughter. Health visitor reported weight problems with C1. Health visitor also reported that the mother showed a lack of understanding regarding the care of a young baby. It was reported that her expectations were unrealistic. Agreed that SW would ask hostel staff to 'give a run down on incidents and complaints relating to mother'. Given that information the following matrix was developed:
Losses
Weight loss CI (A)
Physical injury (P)
Emotional abuse (P)
Failure to thrive (P)

Gains
Mother child relationship (A)
Situation could be monitored (A)

Mother child separation (A)
Safety

Figure 23: matrix from case review (meeting two)

Recommendations
1) CI to remain on register.
2) Review in four months.

Child protection plan
This was not listed in the document

Commentary
The decision to leave the child with the mother seems to remain framed in the domain of losses and the group remains subject to the certainty effect. Whilst some possible losses have disappeared, due to the absence of the father, weight loss is an actuality and there are clear concerns about the mother’s ability to parent. Resources have been committed, and monitoring by the hostel staff may be seen to be a further commitment to ensure the success of the plan. The timespan between reviews has been increased.

Meeting three, four months later
Case review

There were no details relating to this review. The documents suggested that this meeting did take place but there were no details recorded.
Meeting four, four months later
Case review

Attendance: Chair-ACPO, teamleader, health visitor, case holding social worker

Background information available to this meeting: C1 was subject to an interim care order with the intention to apply for full care order and to ‘rehabilitate on that basis’. C1 was doing well, responded to mother positively. Health visitor had never had a problem with mother. C1’s development was fine, weight had increased. Fireguards had been observed. Mother who was pregnant, due in the near future said ‘she has grown up and accepts her responsibilities and will not make as many mistakes next time’ Father was on remand. Health visitor expressed concerns should he go into the family home.

Orange book assessment was not complete. Father was willing to see psychiatrist who specialised in alcohol counselling. It was stated that there was a need to focus on them as a couple and on their expectations of each other. Mother had access to C1 at her own home (C1 was in foster home). With regard to the unborn baby there had been missed appointments at hospital and the midwife was concerned that mother had not put on much weight and looked pale and tired. She did not always take iron tablets and did not eat well.

This would be the mother’s first experience of a new baby on her own and she would need help and guidance. The level of support at home for the mother was discussed and/or the possibility of them going into mother and baby home. The report stated ‘A child protection plan must be enforced before the birth and consideration must also be given as to whether there should be any proceedings in relation to the new baby. The feeling at this moment is that that will not be necessary...but if mother should withdraw her co-operation then it will have to be considered’. Given that information the following two matrices were developed, figure twenty four concerning C1 who is currently in foster care; and figure twenty five concerning the unborn child.
### Figure 24: matrix from case review (meeting four) regarding C1 who was in foster care.

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to thrive (P)</td>
<td>Mother child relationship (A)</td>
<td>HOME</td>
</tr>
<tr>
<td>Weight (P)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accident (P)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical injury (P)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother child separation (A)</td>
<td>Weight gain (A)</td>
<td>CARE foster home</td>
</tr>
<tr>
<td></td>
<td>Development (A)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Safety (A)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does see mother (A)</td>
<td></td>
</tr>
</tbody>
</table>

### Figure 25: matrix from case review (meeting four) regarding unborn child

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse (P)</td>
<td>Mother child relationship (A)</td>
<td>HOME</td>
</tr>
<tr>
<td>Failure to thrive (P)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development (P)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother child separation (A)</td>
<td>Safety (A)</td>
<td>CARE</td>
</tr>
</tbody>
</table>

### Recommendations

1) C1 to remain on register.
2) Register new baby at birth.
3) Convene an ACAC meeting.
4) Review in July.

### Commentary

A decision had obviously been taken at some stage between these meetings to accommodate C1 with foster parents. The certain loss of the mother/child relationship had therefore been accepted and the choice was framed in terms of gains where the safety and development of the child were paramount considerations. A decision had been taken in order to ensure the certain gain (safety) for C1 over a choice of a greater uncertain gain (mother/child relationship).
The decision with regard to the unborn child however would appear to be framed in losses, again, despite acknowledging that action might need to be taken in the future there is a clear intention to avoid the loss of mother/child relationship. There were a number of possible losses already for the unborn child. Resources were anticipated to be needed if the mother was to return with the new-born child.

Meeting five, two months later
Case review
Attendance: Chair-ACPO, teamleader, health visitor, case holding social worker, mother, mother and baby children home representative

Background information available to this meeting: Minutes of the ACAC meeting were missing but details were taken from the review document.

Decision of ACAC was that C1's rehabilitation should take place in a structured setting. Mother went to mother and baby home with both children but the placement presented problems and there was a degree of confrontation. There was concern about mothers handling of C1 and she had difficulty accepting help with C1. Mother could be caring and loving but there were concerns about C1's emotional well being, at times she appeared anxious and frightened. She was removed from the mother and baby home in very traumatic circumstances. This followed a day of shouting at the child, a nasty fight, (no details of with whom) with police called. C1 was now subject to a full care order and had been placed with the same foster carers as before. She had settled in well, no problems regarding sleeping although there were initial feeding problems because she tended to gulp food. Mother and C1 have contact for 2 hours once a week. Health visitor reported that C1 lost weight in mother and baby home. In foster care she had gained weight. Baby boy (C2) had been born and an interim care order obtained. C2 was placed with mother and C1 and baby home. Mother and baby home reported that mother verbally abused C1 who was very confused. Mother did not accept that her treatment of C1 had been poor. Mother said that C1 was not disturbed, she might have been rough but C1 was always happy. C2 (10 days old) was a fairly easy placid baby, mother’s care of him so far had been good although she took him into her bed. Mother was currently settled in mother and baby home for the next twelve weeks. Given that information the following matrices were developed, figure twenty six concerns C1; figure twenty seven concerns C2.
### Losses Gains

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th>HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight loss (A)</td>
<td>Mother child relationship (A)</td>
<td></td>
</tr>
<tr>
<td>Emotional trauma (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeding problems (P)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consistency of care (P)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal abuse (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother child separation (A)</td>
<td>Weight gain (A)</td>
<td>CARE foster home</td>
</tr>
<tr>
<td></td>
<td>Safety (A)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 26: matrix from case review (meeting five) regarding C1 who was in foster care

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th>HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistency of care (P)</td>
<td>Mother child relationship (A)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother child separation (A)</td>
<td>Safety (A)</td>
<td>CARE</td>
</tr>
<tr>
<td></td>
<td>Consistency of care (A)</td>
<td></td>
</tr>
</tbody>
</table>

Figure 27: matrix from case review (meeting five) regarding 10 day old baby

### Assessment of risk

In view of full care order, deregistration was considered but supervision of mother and C1 at mother and baby home could not be guaranteed. C2’s legal status was less secure.

### Recommendations

1) C1, C2 to remain on register (mother objecting to this with regard to C2).
2) Mother and C2 to remain in mother and baby home for twelve weeks for assessment.
3) Core group meetings to be held.
4) Planning meeting to be held in six weeks in respect of C1.
5) Review in three months.
Commentary

The ultimate decision with regard to C1 seems to have been taken in the domain of gains where the loss of mother/child relationship is accepted and the safety and development of the child in foster care are actual gains. However at the ACAC meeting plans were obviously made for the return of the child to the mother, and this would appear to be in the domain of losses. There is evidence that when the mother has access to C1 actual losses increase and that there is a possible loss in terms of feeding. The decision with respect to C2 seems to remain framed in the domain of losses. C2 is to keep the mother child/relationship, yet all the possible losses still exist.

Details of the planning meeting were not available

Case review

This review was not held.

Meeting six, six months later
Case review
Attendance: Chair-ACPO, health visitor

Background information available at this meeting: No representatives from the community team were present at this meeting, there were no written reports presented therefore no decision could be made. Heath visitor reported that mother had been threatening other residents in the home and therefore the home had requested that mother and C2 should leave as soon as possible. A planning meeting was held seven days prior to this review at which arrangements were made for mother and C2 to return home. A further meeting was to be held shortly prior to a court hearing. Given that information the following matrix was developed with regard to C2.

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th>HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistency of care (P)</td>
<td>Mother child relationship (A)</td>
<td>HOME</td>
</tr>
<tr>
<td>Mother child separation (A)</td>
<td>Consistency of care (A)</td>
<td>CARE</td>
</tr>
<tr>
<td></td>
<td>Safety (A)</td>
<td></td>
</tr>
</tbody>
</table>

Figure 28: matrix from case review (meeting six) regarding C2
**Decision**

1) Review in two months

**Commentary**

This matrix represents what might be expected to represent the losses and gains to C2. It was not possible to create a matrix from the document since the information from the social workers was not discussed at the meeting. It seems that decisions were being made outside of the case conference, and there was no documentary evidence of them. It is noticeable that the social worker for the case was absent from the meeting and did not provide written reports. Given the mother’s behaviour in the home, it would appear that the situation for C2 is becoming more risky.

**Meeting seven, two months later**

**Case review**

*Attendance: Chair-ACPO, teamleader, case holding social worker, health visitor.*

*Background information available at this meeting:* Mother and C2 left the mother and baby home. Whilst there mother did well with C2 and showed that she was capable of parenting him. A lot of work was done to get mother’s home ready, i.e. decorating, carpeting, providing furniture, teaching mother cooking, helping budgeting and practical advice. The document stated ‘Mother is broadening her experience of parenting and at the moment is doing well. Because of this contact with C1 has increased’ Father was in custody and was due to be released in the near future. He was to be seen by a forensic psychiatrist re anger management and control and was to be assessed in terms of the risk he posed to mother and children. Mother, C1 and C2 visited him on a monthly basis. Health visitor had assessed C2 who was developmentally fine. Mother was co-operative and the health visitor reported no worries. C1 with foster carers again and had settled well. Given this information the following matrix was developed for C2.
Figure 29: matrix from case review (meeting seven)

Assessment of risk

There had been a lot of changes since the last review and more changes were due to take place. If things went well contact between C1 and parents will increase and at some stage become unsupervised.

Decision
1) Children’s names to remain on register.
2) Review in six months.

Child protection plan
1) Core group to continue to meet and closely monitor.
2) Mother has agreed to be referred to psychologist for temper control.
3) Father to continue to receive appropriate support in custody for his release.

Commentary

The decision remained one where the loss of the mother/child relationship is avoided. However there is some evidence here that there are gains for the child in this decision. There is a great deal of support being inputted to ensure this continues, and no evidence that were it to be removed the mother would continue to cope. The possible losses remain on the matrix due to the fact that the father would soon be released from custody, hence there are possible losses from him and possible losses from the mother in that she may revert to her previous behaviour. There are clear gains for the mother in this situation, both financially and in terms of psychological support.
Meeting eight, seven months later
Case review
Attendance: Chair-ACPO, teamleader, case holding social worker, health visitor

Background information available to this meeting: Mother had completed her anger management work. She had expressed difficulties in coping with C2’s behaviour, especially his headbanging. Health visitor was concerned that mother does not keep appointments including those to monitor C2’s asthma. Mother has had increased contact with C1 which she found difficult to manage, now has contact twice weekly contact at social services. Father was due to be released from custody the next week. Mother stated that she intended to continue the relationship. He had been involved in groupwork in prison concerning alcohol and solvent abuse and anger management. Forensic psychologist assessed him as a risk to both mother and children and it was felt that the mother could also be verbally aggressive when angry and could provoke the father to aggression. Father was to be accommodated by probation when released and the mother was to ensure that any contact with children was supervised. C1 was progressing well in foster home. Adoption was recommended which was contested by both father and mother. C2 to be placed with his day carer overnight on the day his father is released to give mother and father time to be together that night. Both children to remain on register. Review in December. Given this information the following matrix was developed in relation to C2:

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th>HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headbanging (A)</td>
<td>Mother child relationship (A)</td>
<td></td>
</tr>
<tr>
<td>Asthma (A)</td>
<td>Access to C1 (A)</td>
<td></td>
</tr>
<tr>
<td>Physical abuse (P)</td>
<td>Safety (A)</td>
<td></td>
</tr>
<tr>
<td>Mother child separation (A)</td>
<td>Consistency of care (A)</td>
<td></td>
</tr>
</tbody>
</table>

Figure 30: matrix from case review (meeting eight)

Child protection plan
1) Core group to meet 4 weekly.
2) Father to be offered accommodation by probation.
3) Work to continue with mother.
4) Social worker to carry out full assessment on ability of father and mother to live together. This will include assessing how father and C2 relate to each other.
5) Should the relationship continue to be violent this would have implications on plans for C2.
6) C1 registration to be reviewed in December.

Commentary

The decision remained framed in terms of trying to avoid the loss of the mother/child relationship and resources continue to be committed to ensure the success of that plan. The number of actual losses for C2 have increased, and the possible losses as a result of the return of the father appear to be becoming more probable. The responsibility of supervision of access to C2 with the father is placed with the mother.

Meeting nine, three months later
Case review
Attendance: Chair-ACPO, teamleader, case holding social worker, emergency duty social worker, health visitor

Background information available to this meeting: Day care was arranged for C2 when it became apparent that the father was staying at mother’s house and having unsupervised contact with the child. There had been evidence of contact between father and mother in mothers home. When the emergency duty social worker ‘saw someone slipping away across the back garden this provided sufficient concern for C2 to be removed the next day’. A planning meeting was held, details of which were not available, but a review note states that ‘it was decided that the parents should be given the benefit of the doubt and the children were returned to the mother’. A private detective was employed to monitor the situation and provided evidence that the father definitely had unsupervised contact.

C2 was removed for a second time within a few weeks and placed with foster parents. Social services were to seek an adoptive placement for him. C2 was well looked after by foster parents. He had contact with his mother twice a week and once a week with C1. Opportunities were made for father to see the children separately from mother but he had not co-operated, often not turning up. Mother and C2 had a good relationship, there was a very strong bond between them, but she had displayed an inability to protect him, placed her needs above the child’s, and had disregarded the concerns of the related professionals.
Mother and father said they did not see each other regularly which was not true. Father resented social services and did not attend all the meetings as agreed. Father saw adoption of C1 as a good thing. He presumed that he and mother would be able to see her whenever they wanted with the adoptive parents. C1’s development was fine while protected with foster parents and they were applying for adoption. The relationship between the prospective adoptive parents and the natural parents seemed to be that of semi-friends. Given that information the following matrix was developed:

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th>HOME</th>
<th>CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse (P)</td>
<td>Mother child relationship (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Failure of mother to protect (A)</td>
<td>Access to C1 (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother child separation (A)</td>
<td>Safety (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supervised access to parents (A)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 31: matrix from case review (meeting nine)

Decision

1) C1 name to be removed from the register.
2) C2 placed with foster parents, well looked after, has some contact with natural parents.
3) To be reviewed every month.
4) No open access.
5) C2 to be removed from the register.

Commentary

The decisions seem to have been taken in the domain of gains, where the gain of safety and development for C2 are paramount. The loss of the mother/child and father/child relationship has been accepted given evidence of unsupervised access by the father and the inability of the mother to protect C2 or put his needs before her own. The decision to remove C2 from the register may indicate that the professionals would consider adoption proceedings with him in the future.
Overall commentary case nine

This case fluctuated between losses and gains. The decisions seemed to be taken in the domain of gains when the acceptance of loss of mother/children relationships was realised yet even then, in the case of C1, there were indications that plans were to rehabilitate the child into the family. The possible and actual losses for both children in this case increased as time progressed when they were with the family, and gains were actualised when they were in some form of care. Significant resources were allocated to this case. Evidence of the importance of the mother/child relationship to the SW was explicit at the ninth meeting when, despite evidence that the father had been assessed as posing a risk to the mother and children, the family were "given the benefit of the doubt". Given the length of time this case spanned and the constant indications that the children should be with the mother if at all possible it may be that one factor influencing the decisions may have been the professionals' negative perceptions of the impact of permanently placing the children in care. This is not stated in the documents and indeed there is evidence that the children experience gains whilst not with their mother.

Group polarisation and groupthink

Group polarisation

As in chapter six it was difficult to find direct evidence in the documents in relation to the concept of group polarisation. However it is notable that where ACAC meetings occurred they were attended only by child protection workers and it could be that decisions were driven by the case holding social worker. The individual case holding social worker, who would have had first hand information in relation to the case, may have framed the decision direction of the ACAC as a group, who then, according to a similar belief systems polarised around that direction. In these two cases the initial decisions were in the direction of risk and had been framed in the domain of losses. The following conferences or reviews did not change the recommendations for action. That the ACAC's here were driven by the need to avoid the loss of the mother/children relationship wherever possible was clearly stated in case three at the second group meeting. It is interesting to consider the power of the ACAC in terms of its influence on the decision direction of case conferences and reviews. As suggested the conferences or reviews on no occasion reversed the decisions and in case four after the first case conference it was written into the plans that an ACAC should be held when the situation became clearer. This does seem to be an indication for the interpretation that in practice the ACAC make the decisions about where the children are to reside and then take those decisions for ratification at conference.
Groupthink

Attendance at group meetings over the cases was variable, in some cases it was mainly representatives from social services, and in others it included members of the families, health visitors, police and teachers. Membership of the groups however did not seem to alter within cases so there was little evidence that participants were effectively barred from attendance due to time pressures or due to the influence of groupthink. In only one case was dissent registered by a teacher, case three, and whilst this was noted in the minutes of the conference it was discounted. It is interesting in this case that the initial source of abuse was no longer present within the family at the time of the headteacher's dissent, and the teacher was in fact dissenting with the decision to deregister the children on the grounds of the ability of the mother to care for them. As stated in the commentary on that case this factor seems to have been entirely disregarded. This could be evidence of closed minds on the part of the group. There was evidence in case five that the individual social worker was presenting selective information to the group in that she refused to divulge information relating to the child.

Summary of analysis of ongoing cases

In terms of decision frames the interpretation of the documents presented in relation to two cases, and further support from the analysis of the remaining six cases, does seem to suggest that the dominant decision frame in cases is one of losses. Further that within the remit of the Children Act the individual social worker is subject to the certainty effect making decisions and choices that avoid the loss of the mother/children relationship. In several instances there was direct evidence that the social workers considered that children were best placed with their mother. This provides support for the fact that the social workers were operating within the remit of the Children Act, but also within their own belief systems concerning mother/children relationships. Again whilst there are problems in relation to the interpretation of the documents in terms of groups it does appear that there is evidence to suggest that the ACAC meetings are an 'in group' and do have considerable power in driving the decisions of the conferences and reviews. The selectivity of attendance at ACAC's and the fact that they are 'alternative to care and accommodation 'meetings also suggests that as a group they are likely to take decisions in the domain of losses. That did appear to be the case, in no instance did the ACAC or any other group meeting formally propose and record a decision that children be removed from their family. Interestingly in the last case C1 was removed into foster care yet it was unclear who had taken this decision and it was not recorded within any group decision making forum. C2 was also placed within foster care on several occasions and whilst this was subsequently recognised by group meetings it was not the group that had taken the decision to intervene in that way. There is evidence throughout to suggest that continuing and escalating resources
were committed to decisions despite potential and actual losses accruing for the children in every case. Given this interpretation it seems that Whyte's model retains utility in analysing ongoing cases.
Chapter eight
Emergent issues from analysis of the live cases

The previous chapter presented the analysis of the live cases and suggested that one interpretation of the data was that Whyte's model retained utility in terms of understanding and explaining the decisions that were made by individuals and groups. Chapters five and six outlined a number of issues that emerged from the analysis of the Tyra Henry inquiry report. These included issues concerning the nature of information the conferences received; who appeared to be in 'control' of the case; and relationships between participants. The interpretation of that report suggested that all of these issues interrelate to form a consistent and coherent story where all decisions and actions were undertaken in order to maintain the mother/child relationship. This chapter aims to further consider themes that emerged from the analysis of the live cases. First issues relating to the documents will be outlined. Second the pattern of decisions taken in the domains of losses and gains will be considered. Third the nature of the focus of the cases will be illustrated. Fourth the issue of outcomes as cases progress will be examined. The outcomes for all the members of the 'families' will be considered at each stage in the decision making process. This will be illustrated by further analysis of two cases using a different method of data display. A second analysis may seem unusual at this stage of the thesis, however, it reflects the developmental nature of this piece of decision making research and the complexity of qualitative research which is ongoing in the real world.

Documents - deficits and variability

Hallett (1995) suggests that the minutes of case conferences are potentially key sources of information in three areas. First in recording information agreed with regard to the child protection plan. Second in the provision of a base of information for workers. Third in the provision of information for individuals who had not been able to attend the conference. As outlined previously there is existing evidence that outlines difficulties in the recording of information and the implications within social work practice. This research indicates the problems of accurately recording discussions at meetings, the need for proficient minute takers, the practical problems encountered due to lack of information, and the emphasis on the inquisitorial nature of the conference as opposed to the creation of effective child protection plans. For examples of these debates see Thoburn, Lewis & Shemmings (1995); Gibbons, Conroy & Bell (1995); Hallett (1995); Horwath & Calder, (1998); Bell, (1999). This analysis of the live cases revealed similar findings.
As illustrated in chapter seven, and as was evident in the other cases, there was some indication that the conferences did not always receive full information from some members. This occurred either as they were absent and did not appear to submit reports, or, on occasion members stated openly that they could not share information with the conference. Munro (1996) suggests that difficulties also arise when information that conflicts with social worker’s views is directly ignored. These problems seem to be compounded as there is also an issue in relation to the recording of information at group meetings. There were occasions where a group had been convened but there was no record of the meeting. This may indicate that the documents themselves could not be made available for analysis. However given the co-operation by the local authority it may indicate alternatively that minutes had not been taken.

Where minutes were available there seemed to be some variation in their structure and level of detail. In some instances minuted documents did not conform to prescribed guidelines (Home Office et al, 1991) in terms of the headings of assessment of risk, formulation of care plan, reassessment of risk and evaluation of care plan. Information surrounding those areas was often in the documents but the varied structure made such information difficult to find.

The level of detail contained within the minutes also seemed to vary. The initial conferences of both teams seemed to contain a high level of detail concerning the nature of the referral, family background, assessment of risk and the proposed child protection plan but this level of detail reduced in some instances as the cases progressed. One difference that was apparent in the documents was that those from team A recorded more specific detail in relation to the assessment of risk to children, and those from team B recorded more specific detail in relation to the child protection plan. There may be a number of reasons for this difference, each of which provides a problem in terms of levels of information that are available from the documents. The difference may be attributable to different styles in terms of the individual who actually recorded discussions and decisions. Alternatively it may be attributable to the emphasis placed on the different aspects of the conference’s decision making remit. Several authors have proposed that the inquisitorial nature of the case conference means that more time is spent on investigating the referral and assessing the risk and that little time is then left for the creation of a care plan. This issue may relate to the wider problem of trying to meet the needs of the child within the current child protection system (Parton, 1995; 1997; Bell, 1996). Farmer and Owen (1993) suggested that as little as nine minutes of a conference was actually devoted to the creation of a care plan. It is difficult here to consider which of these reasons may be representative of the conference’s discussions and decisions as it was not clear from the documents who took the minutes, nor how long each item of the agendas lasted. Indeed it may be the case that the reasons cannot be seen in isolation and the difficulties may be attributable to a combination of many factors. What does seem to be evident however is that there remains a problem in the area of recording of information.

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This may have implications for the continuity and progression of a case should the professionals within the case change. The problems of information flow and communication in the live cases often replicated those in the Tyra Henry analysis as outlined in chapter five. Even if guidelines were further developed in order to provide a more rigorous format for the recording of information the actual presentation of the conference minutes and reviews as they currently exist may not be the most appropriate way in which a group of professionals or an individual working as a key practitioner can effectively monitor their performance. This issue will be developed further in the next chapter.

**Identifiable patterns of losses and gains.**

In three of the eight cases analysed all the decisions were taken in the domain of losses, cases five, six and seven. In four of the cases the decision frame fluctuated between losses and gains, cases one, four, eight and nine. In the remaining case, case three, the first conference decision frame could not be ascertained, the minutes recorded that the alleged source of abuse was no longer in the home, but the team remained concerned about information relating to past events. The pattern of conferences taken according to frames of losses or gains is represented in the table below. Case nine is outlined in detail in chapter seven and is represented twice here as the conference minutes dealt with each child separately and the decision frame was often different for the two children.

Table 5: The pattern of conferences taken in the domain of losses or gains

<table>
<thead>
<tr>
<th>Case number</th>
<th>Number of conferences</th>
<th>Number in domain of losses</th>
<th>Number in domain of gains</th>
<th>Frame of the first conference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>Losses</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>4</td>
<td>0</td>
<td>Neither</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>Gains</td>
</tr>
<tr>
<td>5</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>Losses</td>
</tr>
<tr>
<td>6</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>Losses</td>
</tr>
<tr>
<td>7</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>Losses</td>
</tr>
<tr>
<td>8</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>Gains</td>
</tr>
<tr>
<td>9 C1</td>
<td>8</td>
<td>2</td>
<td>3</td>
<td>Losses</td>
</tr>
<tr>
<td>9 C2</td>
<td>8</td>
<td>4</td>
<td>1</td>
<td>Losses</td>
</tr>
</tbody>
</table>

The numbers identified as either losses or gains in the matrix do not constitute the total number over all the conferences in every instance. In case four the decision frame at the second
conference was ambiguous. This interpretation was given as the child was at that time resident in another local authority, yet team A remained concerned with the case. In case nine, two conferences, the fourth and sixth, displayed an ambiguous decision frame. At the fourth conference C1 remained in accommodation which might suggest a domain of gains, however the conference were considering plans to return the child home to the mother, which might suggest the domain of losses. At the sixth conference C1 remained in accommodation and the mother had shown the ability to care for C2 (domain of gains). However the father (a schedule one offender) was soon to be released from custody and presented a potential risk to C2 should the child remain with the mother (domain of losses). The fifth conference did not provide recorded evidence that allowed an interpretation in terms of domains of losses or gains.

The total number of case conferences in respect of the eight cases was 38. The total number taken in the decision frame of losses was 27 (six of which came from case nine), and the total number taken in the decision frame of gains was 11 (four of which came from case nine). Despite the slight inflation in figures due to the consideration of two children in case nine they seem to suggest that in the majority of instances (71%) the case conference took decisions in the domain of losses. As in the Tyra Henry analysis, it seems that the conferences may have been subject to the certainty effect, opted to avoid the certain loss of the mother/child relationship should the child/ren be removed into care, and therefore undertook courses of action that involved risks for the child/ren.

A further indication of the aim to keep children with their mothers wherever possible may be indicated by the decision frame at the first case conference. In terms of this first conference one decision frame was ambiguous. In case three the alleged abuser was no longer in the home yet there remained concerns about the child relating to past information. In five cases, one, five, six, seven and nine, the decision frame was losses. In all of these cases the alleged source of abuse still presented a risk to the children should they remain at home. In two cases, four and eight, the decision frame was gains. In both of these instances the children were already in accommodation while their mothers were in hospital.

Cases one, four, eight and nine fluctuated between losses and gains as the cases progressed. Looking at the circumstances under which the conferences reversed a previous decision that had been taken in the domain of losses to one taken in the domain of gains revealed an interesting pattern. In case one this occurred on two occasions. Both concerned the alleged abuser leaving the household voluntarily. In this case it was the mother and by the final conference the members appeared to have accepted the certain loss of the mother/child relationship. In case four the change in decision frame from losses to gains occurred on at least one occasion, this involved the voluntary decision by the alleged abuser to leave the home. The first conference here was taken in the domain of gains, yet again the abuser was resident in the
home at that time. Case eight involved allegations of abuse from both the cohabitee and concerns about the lifestyle and parenting skills of the mother. A switch from decisions made in losses to gains occurred on one occasion, the circumstances here again were that the cohabitee had left the home of his own volition and there was evidence of improved parenting skills by the mother. The other two conferences in this case where the decision frame was one of gains and the children were placed in temporary accommodation were both situations where the mother was in hospital and the loss of the mother/children relationship had been accepted. There does appear to be some evidence to suggest that when decision frames change to gains and the decision direction involves caution it is often due to the alleged abuser no longer having access to the children. In each of these three cases the abuser had left the home voluntarily and it seems unlikely that these circumstances were a direct result of social work decisions and child protection intervention.

As illustrated previously case nine was a complex case yet this does seem to provide an exception to the above pattern. This case involved concerns about the father of the children who was a schedule one offender, and was on remand or in custody after the first case conference. He was due to be released towards the end of the case. There were also concerns about the mother’s behaviour and parenting skills. The initial conference concerned C1 only, but as the case continued the mother became pregnant and a second child, C2, also became the concern of child protection services. C1 was placed in foster care by the third case conference and after some attempts at returning him to the mother he was finally placed in foster care throughout the rest of the case. The mother displayed difficulties in parenting C2 and C2 displayed behaviour problems. The child was removed into foster care on two occasions within a few weeks but remained in contact with the mother. By the last conference the information they had suggested that the father had unsupervised access to C2, the father and mother were non compliant with social services and the mother displayed an inability to protect the child. The minutes stated ‘she (mother) has displayed an inability to protect him (C2), to place his needs before her own, and has disregarded the concerns of the related professionals’. In this case it seems that the case conference recognised the risks to C1 and accepted the loss of the mother/child relationship relatively early on. They operated therefore in the domain of gains and opted for the certain safety of the child from the alleged abuser. Whilst this indicates a level of caution with regard to risks to C1 (due to the mother’s parenting behaviour) it is notable that several attempts involving considerable resources were allocated to try to return C1 to the mother during which time the child accrued losses in weight, seemed confused and was verbally abused by the mother. Similarly they recognised the risks to C2 and ultimately accepted the loss of the mother/child relationship. At the final conference the decision was in the domain of gains whereby the safety of the child was considered paramount.
‘Control’ of the case

The level of additional detail present in the inquiry into the death of Tyra Henry meant that it was possible to analyse the ‘control’ of the case by looking at decisions made by the conferences in relation to the needs of the family. It was apparent here that the control of the case passed from the key social worker and case conference to the mother and potentially by implication to Andrew Neil (the potential abuser). There were a number of factors in that case that indicated issues of control. These included the focus of decisions concerning different family members needs and the level of compliance with social services. In the former as the case progressed the needs of the mother became paramount and by the last conference the needs of the child were almost completely overlooked. In the latter the mother consistently showed non compliance and there was evidence throughout that the mother deceived social services intentionally.

It is more difficult with the ongoing cases to analyse the documents in this way as there is less information available, for instance case holding social worker reports were not always attached to the documents. However cases of non compliance can be identified, examples of which are provided in the table overleaf:
Table 6: Examples of non compliance by families with social services

<table>
<thead>
<tr>
<th>Case number and number of meeting</th>
<th>Evidence of non compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>Cohabitee kept self referred psychologist appointments but was unwilling to enter therapeutic relationship.</td>
</tr>
<tr>
<td>5.2</td>
<td>Mother and cohabitee unwilling to co-operate with social services. Mother thought to be lying about continued relationship with cohab.</td>
</tr>
<tr>
<td>5.3</td>
<td>Therapeutic work unsuccessful. Mother minimises cohab's behaviour. Mother angry with social services and withdraws all co-operation.</td>
</tr>
<tr>
<td>6.1</td>
<td>Inconsistencies in parents reasons for physical injuries and facts.</td>
</tr>
<tr>
<td>7.1</td>
<td>Mother's co-operation questionable. She denies relationship with cohab but there is evidence that she is seeing him and that he has access to the children.</td>
</tr>
<tr>
<td>7.2</td>
<td>Mother not given cohab's new address to social services.</td>
</tr>
<tr>
<td>7.3</td>
<td>Mother and cohab refuse to sign a contract drawn up after conference 7.2. Cohab not undergone risk assessment. Mother and cohab disagree with the decision to register C2.</td>
</tr>
<tr>
<td>8.2</td>
<td>Mother's inability to co-operate with programmes of work.</td>
</tr>
<tr>
<td>9.2</td>
<td>Mother's behaviour with SW depends on her mood.</td>
</tr>
<tr>
<td>9.8</td>
<td>Father resents social services and does not attend meetings. Mother and father lie about relationship. Father does have unsupervised access to children.</td>
</tr>
</tbody>
</table>

Given the nature of child protection practice and the circumstances which lead to social work involvement in family life it is perhaps unrealistic to expect that all families and participants will willingly co-operate with social services and engage with decisions and proposed courses of action. There is evidence for example concerning the difficulties encountered with parental involvement in case conferences. (Birchall with Hallett, 1995; Bell, 1996) There are many instances in the minutes of the live cases that indicate where families do co-operate but there were instances where they did not. The degree of non compliance is often stated in the documents as, revealed in table six, for example parental disagreement with the decision to place a child's name on the protection register; failure to undergo risk assessment; co-operation
is dependent upon mood. However the importance of the non co-operation or compliance does not appear to be addressed. It may be appropriate to consider explicitly the nature and degree of non compliance when reassessing the risks to children at case reviews.

In case six, for example, the non compliance was a matter of inconsistencies in the parents’ reports concerning physical injury to a child at the first conference. The initial alleged sexual abuse was committed by a son from a previous marriage who subsequently left the area. The child protection concern became one of parenting abilities. As the case progressed whilst the parents did not always agree with social services they did attend anger management and discipline classes. In this case the non compliance was minimal in relation to their overall behaviour and there was evidence that they were attempting to deal with their difficulties in disciplining the children in an appropriate manner.

However in case five the non compliance was of a very different nature and degree. At the first conference the alleged sexual abuser was a cohabitee who self referred to adult psychological services. Despite this he showed no willingness to engage in therapeutic work. By the second conference the mother and cohabitee were displaying unwillingness to co-operate with social services and they were thought to be lying about their relationship. They claimed that the cohabitee had left the family and did not have unsupervised access to the child. That was thought to be untrue. By the third conference the mother had withdrawn all co-operation and minimised the cohabitee’s behaviour. In fact she saw him as a victim. He still had not engaged in any therapeutic work and was thought not to live in the family home. It was thought that he still had contact with the mother and the child. The situation of unsupervised access was ambiguous, social services were unsure about whether or not he had access to the child alone. The child’s behaviour had resulted in a threat of expulsion from school. In this case the non compliant behaviour by the cohabitee was directly related to the risk to the child, i.e. that the cohabitee would not engage in therapeutic work. The non co-operation of the cohabitee and the mother placed the child in a situation where it was likely that he had increased amounts of unsupervised access to the child.

**Refocussing of the case**

In the case of Tyra Henry it became clear through analysis that the focus of the case shifted from the needs of the child to the needs of the family and ultimately to the needs of the mother. The initial paramount need of the child was protection from abuse by Andrew Neil yet, as has been demonstrated despite the fact that this need remained, as time elapsed it became subsumed under the needs of the family and mother in terms of housing etc. In this instance the refocussing had disastrous consequences for the welfare of the child. Again because of a lack
of multiple sources of detailed information with ongoing material it is difficult to analyse the cases in the same way. However there is explicit evidence in case four that the case was immediately refocussed.

Within case four the initial referral concerned allegations of abuse by a cohabitee. Whilst it was possible that he may have had access to the family it was considered unlikely and on return to the local authority the children were in sole charge of their mother and were displaying educational and behavioural problems. These actual losses for the children were attributed directly and explicitly in the documents to poor parenting by the mother. This was not the original source of concern. By the next conference the children were showing some gains and the mother said she would not have another relationship whilst the children were at school.

What is different from the refocussing in the Tyra Henry analysis in this case is that the needs of the children remain paramount. The actual nature of those needs may have changed from protection from the cohabitee to adequate parenting from the mother but they have not been subsumed by needs of other members of the family. Any refocussing of a case then may not necessarily be to the detriment of the child’s welfare. As with case four it could be that the initial source of abuse disappears but the referral itself allows identification of other circumstances which can be addressed. The important point is to keep the needs of the child as the central focus. Again this will be further developed in the final chapter.

Outcomes in the ongoing cases - Who gains and who loses?

Gibbons et al (1995) investigated outcomes for children in child protection cases in eight different authorities. They considered a number of factors including input of services and resources to support families, whether or not children were removed from the child protection register, the extent of repeated suspected maltreatment and the separation of children from their own parents. In the case of the latter two factors the outcomes were listed six months after the initial case conference. Analysis of the live case using the matrix, as presented in chapter seven, suggests that such outcomes can be identified clearly throughout cases. Outcomes were entered onto the matrix in terms of losses or gains on previous states.

During the process of coding the documents in terms of potential and actual losses and gains it became apparent that all members of the family or significant others to the child could be placed on the matrix. In every case losses and gains could be identified for all parties. When actually doing the analysis patterns of the nature of the losses and gains and for whom these accrued seemed to emerge. For example it seemed that in the main losses for the children were concerned with their physical and emotional well being and mother/child relationship; losses
for the mother were concerned with mother/child relationship, partner relationship or physical circumstances of living i.e. housing situations; and losses for the alleged abuser were concerned with no longer having access to the children, loss of relationships with the partner etc. Gains for the children seemed to revolve around the issue of remaining within the family and occasionally educational gains; gains for the mother included keeping the children, the input of resources to manage i.e. rehousing, nursery provision, parenting classes etc.; and gains for the alleged abuser included continued access to the children and partner, increased resources. Whilst it is the outcomes for the children that are of paramount importance in a child protection case it may be useful to consider the outcomes for all family members.

In order to investigate these patterns in more depth a further analysis was undertaken using two of the ongoing cases, cases five and eight. These cases were chosen for two reasons, first as in chapter seven to reflect one case from team A and one from team B. Second they were both available in their entirety at one visit to the authority when it had been decided to undertake a second analysis. In case five all the decisions were made in the domain of losses, in case eight the decision frame fluctuated between losses and gains. In each case a second type of matrix was developed and was coded for each participant in the case. The columns represent the losses and gains for individuals, and information that is relevant to each column is listed as it occurred in the document. The fifth column, other, was included as it became apparent that some information could not be interpreted as losses or gains. The information is presented in the matrix in such a way that the order of information in the documents is represented, so that information appears from top down. Each case is presented and discussed below.

Case 5

Background to the case.

Family composition: Mother, girl 11yrs (C3), cohabitee

Case five involved one female child aged ten at the time of the first conference. There were two older daughters who no longer resided in the home. Mother had a cohabitee who worked away frequently. This case had already been discussed twice by the child protection conference system. All three girls had been registered previously for three months following allegations by the eldest girls that the cohabitee had asked to see and touch their breasts. He left the household. Later that same year the cohabitee again frequently visited and stayed overnight at the house. The conference at that time did not register the child. The mother was considered able to protect her. C3 remained at home. Cohabitee made a self referral to adult psychology service. That assessment concluded that because the cohabitee was unwilling to enter into a therapeutic relationship there remained a risk of him reoffending.
Table seven, pgs 203a, b, c represents the losses and gains for the female child over the span of three group meetings.

What is visually apparent from this table is the large number of potential and actual losses for the child, and the few gains. Most of the information on this matrix occurs in the left hand side, that of potential and actual losses. One actual gain throughout is that the mother/child relationship is not broken. Of the three other possible gains only one is not based on information presented by the mother concerning access to the child by the cohabitee (which she seems to fluctuate on anyway) or the child’s relationship with the cohabitee. As time elapses potential losses for the child continue to exist and accumulate and by the last conference actual losses in terms of behaviour problems are so acute that the child is being considered for exclusion from school.

Table eight, pgs 203d, e, represents the losses and gains for the cohabitee and alleged abuser in this case. Almost all the information here is coded to the right hand side, that of potential and actual gains. Many of the gains for the cohabitee are actual in that he has refused consistently to take part in therapeutic work, he maintains a relationship with the mother who sees him as a victim and he has continued access, supervised and unsupervised, to the child.

Table nine, pgs 203f, g, represents the losses and gains for the mother in this case. Again for the mother most of the information is coded within the right hand of the table, that of gains, although by the last conference there are some possible and actual losses for the mother. The gains are concerned with the mother’s continued non co-operation with social services and relationship with the cohabitee and her daughter. There are resources being inputted to the case with which the mother and cohabitee refuse to participate. The losses for the mother concern her anger at the child’s name remaining on the register, the continued involvement of social workers and requests from school for her to visit members of staff.

In this case the tables for the child and the alleged abuser can be seen to be almost diametrically opposed. As the child accrues potential and actual losses the abuser accrues potential but mostly actual gains. The mother’s matrix appears to fall some way in the middle of those. The issue of non compliance is highlighted within these tables as it becomes clear that this non compliance is connected to gains for the abuser and losses for the child.
Case 8

Family composition: mother, cohabitee, girl 6 yrs (C1), girl 4 yrs (C2) 3 older children in care.

Case eight involved a number of children as the case progressed. At the initial conference the decisions were concerned with accommodating the elder two children as the mother was about to enter hospital to have a third child. Social services were already involved with the family on a voluntary basis because of concerns regarding physical and emotional abuse. The mother's sister and boyfriend were not considered suitable to care for the children. Both children were attending a pre 5 unit, transported by the community team.

Table ten, pgs 204a, b, c, d represents the losses and gains for the children in this case. What is visually apparent from this table is that the children experience a mixture of potential and actual losses and gains as the case progresses. Considerable resources are allocated to the case. Many of the potential and actual gains for the children relate to the improvement in the mother's lifestyle and notably the earlier actual gains all occurred for the children when they were being cared for by someone other than the mother. It is interesting at the last review that although the social worker has no major concerns about the day to day well being of the children, no actual gains are listed in the document but there remain potential and actual losses. This does not necessarily mean that gains do not exist, it may be that they are not recorded. Again this may be a problem with the recording of information.

Table eleven, pgs 204e, f, g, represents the losses and gains for the mother in this case. In terms of outcomes for the mother, much of the information is on the right gains side. These gains for the mother are often concerned with resources she is offered and uses. At the final review the mother retains potential and actual losses notably the loss of her home yet the document suggests that the mother is more settled and composed. Comparing the last review for the children and the mother seems to reveal an anomaly. Namely, the mother is subject to harassment and has lost her home, C1 displays poor behaviour, the children are not attending school but there are no major concerns about the day to day well being of the children.

Table twelve, pgs 204h represents the gains and losses for the cohabitee (B) in this case. The information with regard to cohabitee B is scant as he was not really of concern to social workers, however there are some losses in terms of violent incidents with the mother, and some gains in terms of a relationship with the mother and the children.

It seems then that the outcomes for different members of the family in these cases can be represented by using this second data display. It does seem that the initial feeling that gains and
losses involve different issues for different family members is supported to some extent. The children appear to accrue more potential and actual losses relating to their physical and emotional well being, their behaviour, their domestic circumstances and the level of access that the alleged abuser has to them. The alleged abuser appears to accrue gains in terms of resources, continued access with the children and ongoing relationships. The mothers appear to accrue a mixture of losses and gains. The losses largely concern relationships with the children or social services and the gains are largely concerned with resources that are allocated to the case.

The analysis of the ongoing cases in outcomes in losses or gains seems to reveal a somewhat depressing picture for the children. In every instance the children accrued losses as the cases progressed. The complexities of trying to meet the welfare and needs of the child within the current child protection system are issues that will be addressed in the final chapter.
Chapter nine

Bringing together a conceptual understanding of decision making in child protection practice.

This final chapter has a number of aims. First it will outline the central focus of the research, previous work into child protection decision making will be summarised highlighting the ways in which this piece of work differs. The strengths and weaknesses of previous research will be considered demonstrating how a psychological understanding of the decision making processes of individuals and groups contributes toward and develops the existing knowledge in child protection practice. Second the ways that this analysis of child protection documents illuminates outcomes for all participants in child protection cases will be discussed. Issues concerning the manner in which information is documented, monitored and evaluated will be considered alongside a discussion surrounding the complexity of reflectivity in child protection practice. Third the chapter will draw upon the concepts of decision framing, reference levels and the certainty effect outlining how this research reveals unintended consequences of the Children Act 1989. It will be argued here that the Children Act 1989, and Working Together (1991), the guidelines that were created to put the Act into operation, by necessity place child protection practitioners in a decision making situation that locates them fundamentally in a domain of losses. Fourth the ways in which stages of Whyte’s integrated model can describe and allow an understanding of the underlying processes in decision making and judgements involving risk will be considered. This section will include an evaluation of the importance of different stages of the model. The emphasis here is upon how the certainty effect has been shown to operate in child protection decision making and upon the way in which this drives the decision processes of both individuals and groups. The possibility of the negative consequences of group polarisation and groupthink in case conference decision making proved to be evident in this current research and the extent to which these phenomena are problematic in child protection decision making will be evaluated. Finally the chapter will outline the implications of the research for child protection decision making. This will include the need to recognise explicitly the multifaceted nature of judgements and decisions and a consideration of the impact of the work for the new Working Together to Safeguard Children (DoH, 1999) document and the Framework for the Assessment of Children in Need and their Families (DoH, 2000).
Locating this research within current child protection literature.

This research places decision processes as the centre of investigation. It draws upon conceptual and theoretical knowledge from the realms of individual and group decision making research and uses Whyte’s integrated model of decision making (1989, 1991) as a template to assist in the understanding and explanation of child protection decision making. In adopting such an approach well documented psychological aspects of individual and group decision making in situations that involve risk have been applied to decision processes by individual child protection practitioners and to decision processes by the interagency case conference as a group.

Chapter one outlined a number of previous studies that have attempted to describe and evaluate child protection decision making and procedures since the implementation of the Children Act 1989, for example see Cleaver & Freeman (1995), Gibbons et al (1995), Wald & Wolverton (1990), Corby (1996), Scott (1990, 1998). Such studies have provided valuable information in relation to outcomes for children within child protection cases and in relation to the difficulties of risk assessment and management. They have identified many factors associated with decisions in relation to referrals, for example the ways in which the nature of the referrer and type of alleged abuse influences decision making. They have also identified factors in relation to risk indicators, for example previous child protection histories and factors associated with parental life style. There are two main issues in relation to the ways in which these studies consider the assessment and management of risk and child protection decision making processes. First within this child protection literature methodological and definitional problems in relation to the concept of risk lead to an inconsistency in findings and recommendations (Parton et al 1997). Second although decision making has been of interest, in much of the work the emphasis has been on considering the outcomes of decision making for children or on identifying factors that influence specific decisions. Very little work has been carried out that attempts explicitly to apply psychological concepts and models of decision making to child protection decision processes. There are some notable exceptions to this, for example Scott (1990, 1998), Munro (1996, 1999), and O’Sullivan (1999).

From this present research it has become clear that there are four advantages to adopting this approach in the analysis of child protection decision making.

1) The concept of risk is defined in terms of decision processes that are framed in terms of actual or perceived losses or gains in situations. As such the totality of decision making situations determines judgements in directions of risk or caution. Decision makers take judgements in the direction of risk in order to avoid perceived certain loss or in the direction of
caution in order to keep certain gain. In each case there is always the possibility of higher loss or higher gain. This does not imply any moral judgement upon decision makers but does allow a prediction of decision direction that is dependent upon the initial framing of the problem in terms of the domains of losses or gains.

2) This means that the approach allows an understanding and explanation of decision processes at a more theoretical and general level than previous work. It is not restricted to the identification of risk indicators in specific cases.

3) It highlights the interrelationship between decision making by individuals and groups.

4) It provides child protection practitioners with a conceptual framework that allows them the opportunity to reflect on a fundamental rationale for their decision making and to assess the utility of their work in relation to the outcomes for all participants in child protection cases as they are ongoing.

The consequences of child protection decision making- outcomes for participants.

Whilst the central focus for this research is on decision making processes it is clear that any judgements or decisions impact upon the lives of participants in cases. One way in which that impact may be elucidated is an appreciation of the outcomes for children, their mothers and any other ‘family’ members. Chapters four, five, seven and eight revealed a number of issues in relation to outcomes for participants in these cases.

Outcomes in the Tyra Henry analysis.

In the case of Tyra Henry the eventual outcome for the child was that of death and whilst the case was ongoing it was evident that Tyra’s living conditions deteriorated consistently. Whilst Tyra’s development and health were not in direct question decisions that allowed her to remain with her mother, and thereby maintain her mother/child relationship, placed her in a situation where her accommodation was poor or inadequate and in one which tensions and difficulties between Tyra’s mother and maternal grandmother may have led to a level of emotional distress for the child. In this case the outcomes for Tyra’s mother and grandmother were most often concerned with resources so that significant amounts of time and effort were put into securing accommodation for the family, arranging and rearranging appointments with social services and health visitors at the mother’s convenience and, on at least one occasion, direct financial assistance for the maternal grandmother. The outcome that became most significant for Tyra in
terms of her mother and father was the level of increased involvement they had as the case progressed. The documents revealed evidence that they had resumed contact with each other and that the potential abuser had increasing access to his child. The deteriorating conditions and negative outcomes for children throughout cases where children have died are well documented in other inquiry reports, see for example Paul- Death through Neglect (The Bridge Child Care Consultancy, 1995)

A second stage of analysis in relation to the ongoing cases was undertaken in chapter eight. The use of the second data display in relation to analysing the documents revealed issues relating both to the potential and actual outcomes for participants and to the patterns of outcomes for participants. It is worth remembering at this point that these ongoing cases were selected by one team leader from the local authority on the grounds that it was considered that the decision making and outcomes for the children were positive.

Ongoing cases.

Identified outcomes for the adults.

It is difficult to produce general statements in relation to outcomes for the alleged abusers as these varied according to the nature of the alleged abuse and the alleged perpetrator. Similarly in a number of the cases the person alleged responsible for the initial source of concern left the family home but cases continued due to other concerns that were raised as a result of the referral. However some patterns have been demonstrated in the analysis.

In the cases where the alleged abuser was male and the referral was concerned with physical abuse or sexual abuse it has been demonstrated that there were positive outcomes for the potential abuser as a result of continuing access to the children and their mother and resources allocated. They experienced few negative outcomes and when these did occur they were concerned with losing access to relationships and resources or with a requirement to engage with social services in some way. For example in case five all the decisions allowed the child to stay at home with her mother. In this case the source of concern was a male adult who had been involved in the sexual abuse of two elder sisters of the girl. Positive outcomes for this male were concerned with relationships with the mother and the girl, and the only single negative outcome was his self referral to a psychologist. Even then evidence provided suggested that he maintained his visits to the psychologist but did not actually engage in any therapeutic work.
In cases where the main source of concern to the child’s welfare was the mother due to neglect or inconsistency of behaviour it has been shown that the women experienced outcomes that were both positive and negative. This analysis of the documents suggests that the perceived overwhelmingly positive outcome throughout the cases for the mothers was the continuing relationship with the child/ren. In addition they achieved levels of support in terms of resources such as homestart, accommodation, family support services. The nature of these positive outcomes for families is in line with Gibbons et al findings (1995) in that they suggest that resources inputted to families include educational provision, social work contact and support and family support services. The negative outcomes for the mothers were most often concerned with loss of relationships with their children and partners, and, on occasion loss of resources. This is in line with the work of Cleaver and Freeman (1995) where family relationships were described as difficult and uncomfortable. In their work investigating the situations of families two years after allegations of abuse had occurred and child protection procedures been initiated in nine of the 23 cases where the families involved a mother and male partner (married or cohabiting) that relationship had broken down at a two year follow up on the family. An exception in the research reported here occurred in case eight where the focus moved from the initial concern about emotional and physical abuse by an adult male to the capacity of the mother to care for her children given her known involvement with drugs and unwillingness to accept the responsibility of caring for her children at an appropriate level. Throughout the case the mother achieved positive outcomes in terms of resources for herself and her children, a continuing opportunity to engage in her desired lifestyle and continued involvement with partners. Negative outcomes included several occasions where case conferences considered that there were serious breakdowns in communication and achievement, financial difficulties, harassment by the local population, violence by her partner, and the eventual loss of her and the children’s home. What is important here, as illustrated in chapter eight, is that the negative outcomes that the mother was experiencing were not considered in relation to the outcomes for the children. Whilst it was acknowledged that the mother was being harassed, had lost her home etc. the children were considered to have no difficulties in their day to day well being and the mother was stated as being much more settled and composed. It would appear that the outcomes and experiences of the children and their mother were being not being considered in relation to each other and that the complexities of competing needs and difficulties in the situation were not recognised explicitly in this case.

The analysis to this point then demonstrates that in these ongoing cases the outcomes for the adults involve both positive and negative aspects, but that these are overwhelmingly concerned with gains and losses in terms of relationships with children, partners, access to resources and their own preferred desires in terms of lifestyle. In a number of instances the mothers experienced losses with regard to their physical well being yet on the whole the adults in the ongoing cases did not suffer loss in terms of their own safety.
Identified outcomes for the children

Whilst the focus of this research was not concerned explicitly with the outcomes for children it is worth considering the outcomes in these cases in relation to previous studies. This analysis of the outcomes for children revealed a depressing and disturbing picture. In every case the children experienced and accrued both potential and actual losses. These negative outcomes for children ranged in number and severity. For example in case three the potential and actual losses for the three children increased over the duration of the case. All the possible losses associated with the decisions to leave the children at home in this case were realised. The possibility of negative outcomes moved from a potential risk of safety for the children to actual physical injury and/or neglect. The injury sustained by the youngest child required hospitalisation, and all three children were considered to be suffering from emotional abuse and were experiencing difficulties at school. In case five the potential losses to the child were concerned with the risk of sexual abuse by the male adult present in the home. Whilst these remained about the same in number over the three group meetings the actual losses to the child accrued. These negative outcomes included her inappropriate behaviour at school, to the extent that she was being considered for exclusion, and an increased likelihood that the potential abuser had access to the child alone.

Cleaver and Freeman (1995) reported that of their sample of 61 cases, two thirds were protected from abuse and remained at home or in the care of relatives and “of the 16 children who were reabused, maltreatment was of a minor character.” (1995 p 155). Gibbons et al (1995) reported that suspected maltreatment of children occurred in 31% of cases originally placed on the register and 19% of those not originally placed on the register. Hence approximately half that sample of children were thought to suffer further abuse six months after the initial conference. This piece of research suggests that that instances of further maltreatment of children may be higher; indeed in all the cases analysed the children accrued losses as the case progressed although these were not always related to the initial alleged source of abuse.

In terms of the removal of children from their families Gibbons et al reported that of those not originally placed on the child protection register 71% remained at home throughout, 15% had left for a time but had then returned and 14% had left and were still away from their families by the end of the study. The figures for those children who were originally placed on the child protection register in Gibbons et al study seemed similar. 63% remained at home throughout, 18% had left for a time but returned and 19% had left and were still away at the end of the study. It is difficult to make comparisons with the live cases here as the numbers of children involved are significantly less than those in Gibbons study, however, in some cases children
were removed temporarily and then returned, for example cases one and nine and in only one case, case nine, both children were removed permanently. The fact that many children remain with their families throughout cases or are returned after temporary accommodation is also in line with the work of Farmer and Owen (1993) and Bullock et al (1993). Gibbons reported several factors that were specific to the children who were removed and did not return to their families. These included children who were under five years of age or teenagers; those notified as a result of alleged neglect or ability of the parents to care for the children; those whose families experienced poverty; those where there were incidents of domestic violence, parental misuse of drugs and/or alcohol and those where there had been previous investigations by social services in relation to allegations of abuse. As outlined the family in case nine experienced all of these, yet many of these factors were also present in other cases. Thus it is not clear that those children who remain at home actually experience significantly different lives than those who are removed from their families. This seems to provide support for the work of Campbell (1991). Despite some problems with his methodology, notably the typicality of his sample and the accuracy of his checklists, he concluded that there were few simply identifiable differences between children who were on child abuse registers in his sample and those who were not. All families in his sample were attending local authority family centres. Once again this research suggests that the present focus on outcomes of decision making may obscure the fundamental processes that contribute to the consequences for children and their families.

There were instances where children experienced positive outcomes. In every case the decision to leave the child with their mother indicated the perception that this was seen as an overriding positive outcome for the children. Other examples included educational and emotional developments, for example see cases one and nine, yet in each instance this occurred when the alleged abuser was no longer present within the family home or when the children were accommodated. Even in these cases the number of negative outcomes for the children was larger than the positive outcomes.

**Good outcomes?**

This analysis of the live cases in terms of outcomes for children then raises the question of exactly what constitutes a 'good outcome' for children. Gibbons et al suggests that

> "Most people would probably agree that a maltreated child living safely at home six months after a child protection conference had a better outcome than a child who was removed after repetition of maltreatment, or who had never returned home" (1995, p 100)
However what does ‘safely at home’ mean? Just how much repetition of maltreatment can be tolerated within the child protection system?

Throughout this research child protection practitioners at all levels within the system were asked to rate the importance of different types of abuse and to identify the point at which maltreatment became serious enough to warrant a change in courses of action that had previously allowed children to remain at home. Chapters two and five described how practitioners found this difficult to the extent that none of them could ultimately quantify the relative importance of losses and gains to children in specific cases. As the previous discussion has illustrated this does have alarming impact on the outcomes for children in these cases. It is proposed that a potential determinant of this situation is concerned with the ways in which practitioners record and use information relating to cases. It has been demonstrated that the documentation in relation to cases can be criticised as being missing, ill documented and not written in accordance with prescribed guidelines in relation to risk assessment and formulation or evaluation of a care plan. As with previous research then individual and group practitioners may be making judgements on partial or inaccurate information. But perhaps more importantly even if the documentation did conform to prescribed guidelines in an appropriate manner, this may not be the most effective way of monitoring outcomes in cases and may not allow practitioners to engage effectively in reflexive practice. Munro (1996) applied the concept of information processing to decision making in child protection practice and outlined the problems of individuals engaging in ‘selecting information’ and ‘discounting information’ so that initial beliefs and judgements are substantiated rather than questioned or reversed. This problem may be compounded by the current system of recording information where decisions and meetings are minuted in a discursive manner. It may be that the use of a decision matrix alongside such minutes can assist judgement and decisions. In a relatively short visual space the consequences of decisions can be charted for all participants in cases and the successive progress or lack of progress can be displayed. Given both sets of information practitioners may be able to make more effective decisions with regard to the levels and types of continued maltreatment in relation to the overall safety and well being of the child/ren.

Decision framing - the unintentional consequences of the Children Act.

Chapter two described a number of psychological concepts that have been used to explore, explain and predict individual decision processes in situations that involve uncertainty, that is risk. These were ‘decision framing’, the ‘certainty effect’, and ‘reference levels’. These concepts elucidate the ways in which a decision maker’s perception of a problem in relation to an explicit or implicit norm or aim influence their decision processes so that decisions are taken
in a direction that involves either risk or caution. Once again there is no moral judgement attached to the decision direction rather an emphasis on the processes that underlie such decisions. A decision frame was described as a situation in which the decisions to be taken were perceived in a domain of losses or in a domain of gains relative to a reference level. Thus decisions are seen as involving largely negative or largely positive consequences in relation to a previously existing or desirable state of the world. Once a decision situation is framed in terms of losses or gains it has been illustrated that there is evidence to suggest that the ‘certainty effect’ influences a choice in the direction of risk or caution. Specifically, if a decision is framed in the domain of losses decision makers will opt to avoid a certain loss but by doing so will expose themselves to a potentially higher loss, that is they will become risk seeking. Whereas if a decision is framed in the domain of gains decision makers will opt to keep a certain gain but by doing so will forego the opportunity to achieve a higher gain, that is they will become risk averse. A further aspect important with the certainty effect is the way in the domain of losses seems to have more impact upon decision processes than the domain of gains (Kahneman & Tversky, 1984). It appears that individuals place more value upon avoiding certain loss than upon keeping certain gain. This phenomenon has been shown to be evident in many decision making situations, although to date these have been concerned with hypothetical decision scenarios or decisions whereby the consequences of judgements have numerically quantifiable outcomes. What is proposed in this research is that it is the principle of the concepts that is useful and that an understanding of the ways in which child protection decisions are framed can allow an explanation of decision direction.

As outlined in chapter one the Children Act 1989 aimed to achieve a balance between protecting the rights of families from unwarranted intervention by the state and protecting children from maltreatment. One of the fundamental principles of the Act is that children are best cared for if at all possible within the family home so the Act encourages both partnership with families and strategies and support to keep families together. It is recognised that there may be circumstances under which the welfare of the child is in such apparent jeopardy that intervention is necessary. As such there are proposals for the circumstances under which the state should and can intervene into family life such that compulsory measures of care are put into operation. This involved the creation of the ‘significant harm test’ so that intervention can take place only if children are suffering or are likely to suffer significant harm. That harm is further defined as substantial deficits or detriments to health and development in relation to what could reasonably be expected for particular children. This research proposes that one interpretation of these aspects of the Children Act means that child protection decision making is almost inevitably framed in the domain of losses and that this can be illustrated in three ways.
1) The principle of keeping families together wherever possible carries with it the implication that removal of children into care involves losses for children and their families.

2) When intervention is deemed necessary the decision is taken by assessing the level of loss which children are experiencing or are likely to experience in the future.

3) The reference level which decision makers are aiming to keep or return to is therefore set in the Children Act and is that of keeping children with their families.

The set of guidelines by which the Act was operationalised at the time of this research was Working Together (1991) and essentially these guidelines laid down procedures that child protection practitioners were to follow in instances of alleged abuse. These included the need for individuals to assess the levels of risk to children and, where that risk was deemed sufficient, the case was to be referred to the interagency case conference. The mandate of this group was to assess and record the level of risk to the child and to create a care plan to manage the case. Within the guidelines the decision that the conference is asked to make is whether or not to place a child’s name on an ‘child protection’ register however it is argued here that in practice the underlying decision is concerned with whether or not the risk to the child is sufficient to warrant compulsory intervention. As such the ‘real’ decision that is being taken by the case conference is whether or not to leave the child at home with the family or to admit the child into public care.

Given this interpretation there are consequences that may result from the operation of the certainty effect. As proposed above the Children Act 1989 can be seen to frame decisions in the domain of losses. Further to this if the decision is one of removing the child to public care or leaving it at home then this involves a certain loss on one side of the choice and a less certain loss on the other side of the choice. That is, removal of the child will result in a certain loss of permanent family relationships whereas leaving the child at home may or may not involve further losses. What this means is that the Children Act 1989 and the guidelines for its operation set in place a scenario where individual and groups as decision makers are subject to decision processes that seek to avoid certain loss, i.e. judgements which leave the child at home. By doing this however the decisions have been taken in the direction of risk and the potential for further, perhaps greater, loss occurs.

What seems to be important about this interpretation of the Children Act 1989 and the procedures which child protection practitioners follow is the level to which it makes decision processes transparent. It is not the intention of the research to suggest that decision makers intentionally place children in situations that involve risk but rather to emphasise how the framing of the problem and the objective of keeping children with families wherever possible
drives decisions down a route that does involve risk. Similarly the research, in line with O'Sullivan (1999), recognises that it is not possible to correlate directly positive and negative outcomes with decisions that are taken in the directions of caution or risk. There may be instances in practice where a decision in the direction of risk can have positive outcomes for children and where a decision taken in the direction of caution may have negative outcomes for children. Indeed this latter instance may be the case when children are admitted into public care and where they then suffer further abuse or maltreatment.

Whyte’s model - explanatory value in child protection decision making.

The Tyra Henry case

Using Whyte’s model as a template, documentary analysis was applied to the inquiry report concerning the death of Tyra Henry. Whyte’s model includes a number of psychological concepts with regard to individual and group decision making and has been demonstrated as comprising of three stages. In the first stage Whyte describes individual decision making processes and, as summarised above, suggests that when decisions are framed in the domain of losses the certainty effect is likely to drive decision makers into making decisions in the direction of risk. In the second stage of the model the decision is taken by an individual to a group and when decision outcomes were fiascos Whyte suggests that the group had become subject to group polarisation and groupthink. In this situation the group becomes more extreme in the decision direction of risk than any of its individual members had they been working in isolation, and the consequence of groupthink is that it cannot and does not wish to re-evaluate its decisions. The third stage of Whyte’s model concerns the commitment of resources to courses of action. Again Whyte proposes that once the group is subject to polarisation and groupthink resources will continue to be committed to an initial course of action and the resources will escalate over time. In effect because the group does not re-evaluate its decisions escalating resources are committed to the initial plan in order to give it more time to work and in order to ensure its success even in the face of direct evidence that the course of action may be failing.

Chapters four and five present the analysis of the Tyra Henry case. Evidence from the document has been presented which suggests that all aspects of Whyte’s model can be a useful way in which to consider the decision making in relation to this case. The Children Act was not in operation at the time of this case, however the policy of Lambeth local authority was stated as keeping children with their families wherever possible so it is argued that the decision
making was initially framed in terms of losses. As illustrated in chapters four and five the key social worker did appear to be subject to the certainty effect proposing a course of action to the case conference that allowed the child to remain at home and which therefore avoided the certain loss of family relationships. At the first meeting of the interagency group that decision was ratified and the decision remained the same over the next three conferences until the time of the child's death. There was evidence of group polarisation in that initially the group did not consider what in retrospect appeared to be logical solution to the situation, that was to make the child's maternal grandmother the foster carer, hence one interpretation is that the group was more extreme than any individual. Similarly there was evidence of the possible occurrence of groupthink, the membership of the case conference declined over time so that key health professionals did not input to later decisions; information was often withheld from the conference, distorted or ignored; and the group displayed difficulty in coming to decisions by the end of the case without ever considering that the initial course of action may have become inappropriate. All of these factors form part of the concept of groupthink. This analysis of the case suggests that the phenomena of group polarisation and groupthink compounded as the case progressed to that the increasing risk to the child by the initial alleged source of abuse became completely obscured. The last case conference before Tyra's death contained little information with regard to the issue of her safety from the abuser. Once more this can be interpreted as closed minds on the part of the group, a further symptom that the group was experiencing groupthink. The third aspect of Whyte's model also seemed to be evident in this case. Resources were committed at the first case conference so that the child could remain with her family, and these continued and escalated throughout the case. Whyte's model does predict that this will occur once the decision making processes have been driven in the direction of risk.

The emergent themes from this analysis included the focus of the case, the control of the case and the nature of relationships in the case. As demonstrated in chapter four the focus of the case shifted from the needs of the child to the needs of the maternal grandmother and mother. As illustrated above the implication of this shift of focus was that the real source of risk to the child became subsidiary, and perhaps negligible, with successive conference decisions. Tyra's mother showed consistent non compliance with social services and outright hostility was demonstrated on several occasions, yet this was rarely thought to be of great concern and it has been argued that this may suggest that in fact the control of the case lay in hands outside of the child protection practitioners involved. Again, it is proposed that this was not purposive but the result of the operation of the decision processes associated with Whyte's model. In terms of relationships the crucial factor seemed to be the decision making associated with the reference level. That is, all decisions were made to keep the child at home and to therefore maintain family relationships. This objective reference level set in Lambeth's policy appeared to be compounded in this case by the firm and strongly held belief by the key social worker that
children should remain with their families. This social worker explicitly described this belief (Report comment, p16) and it seemed that she was prepared to go to great lengths in order to ensure this occurred. Given this it is somewhat surprising that, as outlined in chapter four, there was very little evidence that the mother was actually caring for the child; it has been shown that there is evidence to suggest that it was often the maternal grandmother or the mother's sister. One interpretation of this is again that the decision processes set into place were such that information was not sought in relation to the mother-child relationship or that information was selected or discounted in order to keep the family together. This once more supports the work of Munro (1996, 1999) and Bell (1996). In Bell's study of why some case conferences are difficult she cited information from a social worker with regard to one case who suggested that in some instances the conference did not really consider the mother's beliefs and that information was often ignored.

Given the focus on the mother and her needs in the Tyra Henry case a question arose concerning the possible existence of a second 'subjective' reference level. That was the possibility that it is not necessarily a belief in keeping children with their families that is paramount in the decision making of individuals and groups but more specifically a belief in keeping children with their mothers. Daniel (1999) investigated social workers attitudes to the removal of children from their families and suggested that in her sample there was a level of ambivalence towards the notion. One interpretation of that study may be that some social workers find the notion extremely difficult and uncomfortable whilst others find the removal of children from families less problematic in the name of their welfare. This analysis of the Tyra Henry case suggests that in this one example the key social worker held a fundamental belief that led to a series of decisions that would keep the child with her mother at almost any cost.

The first stage of this research then suggests that Whyte's model can be seen as a useful conceptual framework by which to understand and explain the decision making in relation to the Tyra Henry case. It has been shown that all aspects of the model were evident in the case and, further to this, the analysis also suggests that using the model as a background concept (Layder, 1993) does have validity. It can relate to objective aspects of the social world in that it can describe decisions according to the child protection procedures and policy at that time. In addition it can also relate to possible subjective aspects of the social world, that is the existence of a fundamental belief system that children remain with families or more specifically with their mothers.
The utility of Whyte's model in the exploration of ongoing cases where decision making was considered to be positive.

As demonstrated the first stage of this research did conform to the four qualitative research concepts of dependability, credibility, transferability and confirmability. That is, information relating to the development of the coding frame is available; information in the documents was triangulated with other information (for example minutes of meeting were triangulated with social work reports); the research process is clear, systematic and well documented, and documents relating to other inquiries into the deaths of children were analysed. In order to widen the scope of the work and to investigate further the transferability of the research an analysis of decision making in cases where the decision making and outcomes for children were considered to be positive was deemed appropriate. The initial aim of this stage of the research was to investigate whether or not the decision making processes in cases that had not had outcomes that were fiascos were different from those predicted by Whyte's model and as illustrated in the case of Tyra Henry.

Chapters seven and eight presented the analysis of the ongoing cases that were made available according to the criteria of positive decision making processes and positive outcomes for children. As stated earlier, these cases were selected by a teamleader and approved by senior management in child protection work from that authority. In terms of the reflexivity of the research it is perhaps worth noting here that it was anticipated that the decision processes in these cases might in fact be different and that the certainty effect might be demonstrated in a domain of gains so that decisions would be taken in a direction of caution, and that the group would then polarise around caution and therefore keep the safety and needs of the children as paramount in their deliberations. As illustrated in chapters seven and eight this did not appear to be the case.

In relation to the analysis of ongoing cases overall Whyte's model did seem to retain applicability. However the first stage of his model, that is the operation of the certainty effect in the domain of losses, appeared to be far more evident in influencing decision processes than the stage concerning group polarisation and groupthink. This may be a function of the nature of information reported in the documents but the issue is reflected in the summary of evidence for each stage of his model outlined below.
Risky or cautious decision making?

In terms of Whyte's first stage of the model, the operation of the certainty effect, it was difficult with documents from ongoing cases to isolate the recommendations from individual case holding practitioners. Individual reports were often not attached to the formal documentation and there was often no indication in the recorded minutes of the recommendations of individuals. This can be attributed to the nature of the documents themselves. As Parton et al (1997) suggest such documents do not represent a complete version of the decisions and events that they describe. The documents are "constructed for and by organisationally relevant concerns" (1997, p78). Hence they contain information relating to what is important in making child protection decisions and information that provides accountability to different groups, i.e., social work supervisors, clients, colleagues etc. As Parton et al continue "What they (these documents) tell is a story that child protection workers know is relevant for organisational purposes, relevant in the work of protecting children" (1997, p78). Whilst this research acknowledges that position it is also argued that the use of documentary analysis can reveal underlying decision processes that result in the formally recorded information. For instance there was evidence that the group as a decision making body was subject to decision processes which can be explained by the certainty effect. In this interpretation, of the 38 case conferences or ACAC meetings analysed, 27 (71%) took place in the domain of losses, and 11 (29%) took place in the domain of gains. That is, in almost three quarters of group decision making situations the certainty effect seemed to operate in the direction of risk. Overwhelmingly the groups took and continued to take decisions that served the objective of keeping children with their families but which by necessity held the potential for the further maltreatment of those children.

One possible way in which a link between an individual's decision processes may drive the group can be seen in the framing of the decisions at the first case conference together with the circumstances under which decision frames changed within cases. In five cases the initial decision frame was one of losses, and the decision was taken to allow the children to remain at home whilst the alleged source of abuse still presented a risk to them. In one case the initial decision frame was ambiguous as the alleged source of abuse was no longer present but there were concerns about the children as a result of past information. In only two cases was the initial decision framed in the domain of gains and in both of these instances the children were already accommodated. One interpretation here is that the group is being provided with information that is largely determined by the individual case holding practitioner and that that is one in which the aim is to adhere to the principles of the Children Act 1989 and to keep children within their families if at all possible. This research is not suggesting that this is not a desirable and laudable aim; it is not the intention to propose that more children should be
removed from their families. Rather the aim is to propose that a psychological understanding of the way that decision processes drive judgements and choice can make explicit the needs of the child and the progress of the support given to families over time.

In four of the eight cases the decision frame fluctuated between the domains of losses and gains. As illustrated in chapter eight the decision direction changed from the domain of losses to the domain of gains, that is risk or caution, either when the alleged abuser had left the household voluntarily or when the relationship between the mother and child/ren had been accepted as irretrievable. There were several instances where evidence for the 'subjective' reference level was apparent. The Tyra Henry analysis revealed the possibility that alongside the 'objective' requirements of the Children Act 1989 to keep families together, there may be a more 'subjective' reference level which related to individual and societal belief systems concerning the desire more specifically to keep children with their mothers. In case one there were five group meetings over a period of one year and one month, (at the initial meeting the children were in foster care). The father of the children worked away from home and the mother had a history of alcohol and overdose behaviour. In this case the mother left the family home on several occasions and resources were committed to allow her to return. These included the provision of taxis so that the children could attend school, day care, and alcohol and anger management for the mother. At the fourth case conference the recorded minutes included the statement “Names of the children to remain on the child protection register whilst the mother gradually moves forward toward taking more responsibility in caring for the children.” This was stated despite the fact that the mother had expressed feelings of emotional detachment and depression, expected a long convalescence and that she had demonstrated little desire to actually care for her children.

Case three comprised eight group meetings over a period of two years and seven months. The initial source of concern was physical abuse of an elder boy by a male cohabitee, although as the case progressed the parenting of the mother and levels of care and protection that she provided to all her three children became an issue. In this case the mother requested interim care for the boy and consistently expressed and displayed an inability and unwillingness to parent him. Despite accumulating actual losses to all the children, evidence provided in chapter seven suggests that the main aim of the social workers was to keep the children with the mother and to make her aware that the children were her responsibility. Resources inputted to the case to ensure the mother child relationship continued included parenting classes, day care and specialist child care services. At the final conference in this case applications for supervision orders were halted as the cohabitee who was the perceived source of risk had left the home yet there was no reference made to any evidence that the mother had in fact attended parenting classes or was in reality in any different position to provide consistency of care for the children. In both of these cases then considerable resources were committed to try to ensure
continuance of mother children relationships despite evidence that the children were experiencing further losses. In the first case there was considerable evidence that the mother did not want to care for her children and in the latter case there was a lack of evidence that the mother could care for the children at an appropriate level.

This emergent theme is in line with previous research that has suggested that mothers are continually held to be disproportionately responsible by social workers for the well being of children (Milner, 1996: Featherstone 1999) and with work which suggests that mothers are often not in circumstances that allow them to care for children at an appropriate level (Milner, in press; Stevenson 1998). This research proposes that the belief in keeping mothers with their children wherever possible is premised upon a particular construction of motherhood. Featherstone suggests that the prevailing construction of motherhood involves the concepts of an ‘available mother’ and a ‘protective mother’ (1999, p 61) and that this carries with it the implication that support should be given to mothers so that they can perform this function. As demonstrated parenting classes and support such as day care etc. are constantly provided to this end. What is not implicit in this construction of motherhood is that mothers may need some time away from their children, so that as in case three, interim care or respite care even if requested by the mother, is not considered to be an appropriate or viable option.

Once more it is not the intention of this research to either blame child protection practitioners, or mothers and families. However using this analysis does make transparent both the decision processes and underlying belief systems that influence them and the consequences for participants in cases.

Were two heads better than one in relation to ongoing cases?

Chapter seven outlined the analysis of the documents in relation to the concepts of group polarisation and groupthink and despite difficulty in finding direct evidence in the documents this interpretation suggests that there is a possibility that these phenomena did occur. In Bell’s (1996) study one social worker expressed a clear view that the conference in relation to one case was polarised in terms of views of abuse and this research proposes that the conferences polarised around decisions previously made by individual social workers or by ACAC, (Alternative to Care and Accommodation ) meetings. When ACAC meetings were held, for example see cases three and nine, these were attended only by social services representatives and their decisions were framed in the domain of losses. Subsequent case conferences did not change the decisions to leave the children at home nor did they change the recommendations for action. That decisions and recommendations were not changed by the interagency group may not support the existence of polarisation in the sense that the group is more extreme in its
decision making than any individual but it could be argued that the lack of challenge to or evaluation of previous decisions could be considered as an example of extremity by the group. Evidence for group polarisation in relation to the decision frames adopted by the first case conference and the conferences where decision frames changed has been outlined earlier in this chapter.

Again finding direct information in relation to groupthink was difficult although chapter seven has provided some evidence to suggest that it may have occurred. The membership of the case conferences was variable across the cases but consistent with the findings of Sanders et al (1997) in that the most frequent attenders were social services staff and the police. Headteachers and general practitioners were least likely to attend. Within cases however the conference membership did not appear to alter significantly so there is little evidence to suggest that members were excluded or self excluded from cases as a result of the operation of groupthink. There was evidence however that the groups often displayed closed minds in that they did not challenge information or seek additional information, for example see case five, and once again there was evidence that some information was discounted. On one occasion explicit dissent from a headteacher appeared to be disregarded, (case three), all of which may have occurred as a result of the group being subject to the concept of groupthink.

As outlined in chapter two there has been considerable debate surrounding the concept of groupthink, and notably on the appropriateness of its stated antecedents, for example see Park (1990) and Aldag & Fuller (1993). In the original model (Janis 1982), in which Whyte’s work (1989, 1991) draws upon, the antecedents were concerned with group cohesion, structural and/or organisational faults and provocative situational contexts. In Janis’s work the social cohesion of the group was presented as being the primary antecedent for groupthink. It was not the intent of this research to enter into this debate about the appropriateness or relative importance of these antecedents, yet it has been demonstrated that social services staff can be seen as a cohesive in group, particularly in relation to ACAC meetings, and that the decisions they have to make are indeed concerned with highly sensitive and emotive issues. In a later version of his model Whyte (1998) replaces the concept of social cohesion as an antecedent to groupthink with the concept of perceived collective efficacy in groups. There is some evidence to suggest that in general the more positive people’s judgement with regard to their collective efficacy is the more the group accomplishes. (Earley, 1993; Little & Madigan, 1995; Prussia & Kinicki, 1996). Yet Whyte proposes that this collective efficacy can lead to groupthink and can account for escalating resources to courses of action that are in reality failing. If a group has a coherent belief system that frames decision making and a positive belief in its own decision making that produces positive impact upon situations then it is unlikely effectively to question, challenge or monitor decisions. The implications of this change in Whyte’s model in relation to child protection decision making presents a cause for concern. This interpretation of child
A contribution to the knowledge base in child protection decision making.

This research has demonstrated a number of factors in relation to theoretical and practical issues in child protection decisions making. These include:

- There is value in using Whyte’s psychological model of decision making in the understanding and explanation of child protection decision making although some aspects may be more important than others.
- The use of documentary analysis with child protection cases can reveal both objective and subjective influences on decision making.
- The Children Act 1989, embodying both individual and societal belief systems, frames child protection decision making in a domain of losses.
- Whilst all aspects of Whyte’s model have been evidenced the most pertinent is the operation of the certainty effect in the domain of losses. By taking decisions that avoid the loss of the mother child relationship wherever possible decision making is driven in a direction that necessarily involves risk for children.
- The case conference as an interagency group has been demonstrated to show symptoms of group polarisation and groupthink and as such it often does not engage in effective monitoring of decisions taken either by individuals or by itself. Whilst there is little direct evidence in the documents relating to ongoing cases it nevertheless remains important to monitor group effects on decision processes.
- Resources are committed continually to courses of action which keep children with their mothers wherever possible. This occurs when there is mounting evidence that the children are displaying little gain but where there is evidence that they are experiencing further loss.
The implications of this research for future child protection practice.

This research proposes that there are a number of implications for future child protection decision making and child protection practice.

1. There is a need to recognise explicitly the links between decision making at all levels. It is inappropriate to place all responsibility on individual practitioners or the case conference as a group when outcomes for children are poor. Individual and group decision making occurs within Governmental policy and guidelines and the ways in which they frame decision making need to be considered.

2. There is a need for more transparency in the decision making processes of both individuals and groups. Making explicit the underlying psychological mechanisms of child protection decision making can provide the potential for more reflexive practice and the opportunity to counter balance the occurrence of group polarisation and groupthink within the case conference. The case conference as a group may only be an effective monitor to individual judgements when it is aware of all of the influences upon its own decision making.

3. There may be an additional method of recording information and judgements that promotes reflexivity at all levels in child protection practice. It is proposed that simply ensuring that accurate information is kept in the way that documents are currently recorded, as suggested by many inquiry reports, is not enough. Indeed the current format of these documents may contribute to the obscuration of decision processes. Alongside the formally recorded minutes of successive meetings, it may be useful to chart the progress of a case in terms of outcomes for all participants. By using a relatively simple matrix the needs and welfare of all participants can be illustrated succinctly and individuals and groups can determine the level to which intervention and support is proving successful.

4. It may be more useful to consider the progression of cases in relation to gains for children rather than in relation to the threshold of significant harm. If the psychological decision processes that seem to operate are useful then consideration of cases in relation to gains may indicate that a more cautious approach is taken whereby practitioners can evaluate the extent of the success of their interventions and support. In some ways the new Government guidelines address this issue. Working Together to Safeguard Children (1999) remains premised on the basis that individuals and case conferences will assess risk to children and will develop plans to manage child protection cases. However in building upon knowledge
and research since Working Together 1991, it does move forwards toward a different emphasis on risk assessment and case management. For instance the guidelines state that aims for practice include:

- consider what interventions are intended to achieve, and what will be the benefits to the child’s long term well being;
- invest sufficient time and resources across all relevant agencies in planning and implementing interventions to safeguard and promote the welfare of children at continuing risk of significant harm. Aim for good long term outcomes in terms of health, development and education achievement for children about whom there are child protection concerns;
- consider the wider needs of children and families involved in child protection processes, whether or not concerns about abuse and/or neglect are substantiated;
- look at the whole picture - not only what has happened to the child, but also the child’s health and development, and the wider family and environmental context;
- whilst recognising that the child’s safety and welfare are paramount, give due consideration to the needs of all family members.

(DoH, 1999 p10-11)

These aims recognise the needs of all family members but at the same time emphasise that the welfare of the child is paramount and that any social work support or intervention should state its aims in terms of the child’s well being. This implies that the gains a child should experience with any course of action ought to be outlined explicitly and that cases should be monitored in relation to these gains. The guidelines also rely upon a new document which proposes how risks to children and families are to be assessed. The Framework for the Assessment of Children in Need and their Families (DoH, 2000) makes it clear that it is an assessment of need that is to be carried out. In other words it proposes that the kinds of support and intervention required to ensure the well being of the child and their family are made explicit from the outset. It also makes the point that assessment of need should not be a one off single event but a process that is ongoing throughout a case. Again it seems that this would be facilitated by the use of a matrix which records progress for all participants in a case as it is ongoing.

As such these new documents may provide a background to decision making where the needs of the child are paramount; where the level of gain to a child of any course of action needs to be specified; and which allow child protection practitioners the opportunity to consider the progress of working with families. Parton et al (1997) suggest that, in the vast majority of cases, social workers neither detect injury or harm to children nor assess the risk of harm or injury. What they suggest is that in practice social workers “do the next best thing - assess
whether a child is adequately cared for” (1997, p95), and they describe this as ‘risk insurance’. This research proposes that even if this is a more appropriate way to conceptualise social work activity this has not to date been effective in practice. In this analysis children experienced continuing losses and experienced little gains in relation to their overall physical well being. The new Working Together to Safeguard Children (1999) may move closer to the notion of risk insurance than previously and may allow the explicit identification of the needs of children and the requirements that must be achieved if decisions to allow children to stay with their families remain appropriate. Yet it still remains the case that these Guidelines are another mechanism for the implementation of the Children Act 1989 which, despite recognising that the welfare of the child is a paramount consideration, has been demonstrated as influencing the framing of decisions in the domain of losses. Similarly there is little evidence to suggest that the underlying belief system that children should remain with their mothers where at all possible has changed. As such it seems crucial to continue to monitor child protection decision making in relation to the psychological decision processes outlined in this research and to try to ensure that these processes do not inadvertently drive child protection decisions down routes that involve an unacceptable compromise to the welfare of children.
References


City of Birmingham Social Services Department (1980) *Report into the Death of Claire Haddon*.


Appendix One.

Preliminary consideration of case three.

CASE THREE

Family composition: Mother, boy age 11yrs (C1), girl age 7 yrs (C2), girl age 4 yrs (C3), cohabitee A who is the father of the girls.

Meeting one
Case conference

Background information available to this group meeting: Cohabitee A, stripped to the waist, stormed into C1's classroom and struck C1 across his face in front of his teacher. Cohabitee A admitted he had a drink problem and had a number of drink related convictions. After the incident the adult relationship split up with the mother taking out an injunction against cohabitee A. Previous child protection history indicated that C1 had been admitted to care in infancy and was subsequently discharged home to the mother under a supervision order. C1 alleged previous smacks from both the cohabitee A, and the mother. Given this background information the following losses and gains matrix was developed:
Matrix from case conference, meeting one

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>C1, C2, C3 Physical injury by mother</td>
<td>Mother children relationship</td>
<td>HOME</td>
</tr>
<tr>
<td>Mother cohabitee A relationship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother children separation</td>
<td>C1, C2, C3 safety</td>
<td>CARE</td>
</tr>
<tr>
<td>Sibling separation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother cohabitee relationship</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The items listed in the losses section of the matrix include all of the children as there is no evidence that the mother's behaviour is limited to C1 only. However the conference itself was only concerned with decisions relating to C1. The losses inserted on the matrix should the child remain at home are possible physical injury by the mother and the loss of the mother cohabitee A relationship; and should the child be removed into care the losses include mother/child relationship, sibling relationship and again mother cohabitee A relationship. The items listed in the gains section of the matrix should the child remain at home include the mother child relationship and the sibling relationships; and should the child be removed into care, safety of the child. In actuality the relationship between the mother and Cohabitee A has ended and the perceived source of risk to C1 is not present in the family home.

Minuted decisions case conference, meeting one
1) Not to place C1's name on the child protection register at this time.
2) Should any further information be brought to light to be brought back to child protection conference.
Commentary

The decision made by the case conference was not to include the name of CI on the child protection register as the alleged source of risk to the child, Cohabitee A, was no longer present in the family home. No resources were allocated to the case yet it was stated that the situation be monitored and any change in circumstances should result in the reconvening of the conference.

Meeting two, ten months later
ACAC meeting

*Background information available to this group meeting:* The purpose of this meeting was minuted as:

*The purpose of this meeting was to ascertain ways of support to prevent the children going into care.*

It was implicit in this document that the mother had requested care from the social services, but this was not formally minuted and recorded until the next case conference. The minutes of that conference commented that she had actually felt that she needed a break from the children, especially CI.

CI had contact with the natural father and maternal grandparents. He was reportedly uncomfortable about his mother having new partners. Mother had a new partner, cohabitee B, and she reported that she felt this was a positive relationship. CI had been attempting to light the fire at 4 am because he was cold and the mother had been sleeping downstairs to prevent this. She claimed that she could not control CI after he returned home from school. She said that she had no problems with C2 but despite C3 attending day care twice weekly the mother found her demanding of attention and said there was a problem over feeding. CI had settled in at his new school but often arrived late. The school reported that CI could not concentrate because of tiredness and that he had broken school equipment. They were considering referring him to psychological services. There was an outstanding developmental assessment on C3. Given this background information the following losses and gains matrix was developed:
Matrix from ACAC, meeting two

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>C1, C3 emotional abuse</td>
<td>mother children relationships</td>
<td>HOME</td>
</tr>
<tr>
<td>C1 school performance</td>
<td>sibling relationships</td>
<td></td>
</tr>
<tr>
<td>C1, C2, C3 accidents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C1, mother, lack of sleep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C3 behaviour problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C3 feeding problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C3 developmental assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mother children separation</td>
<td>C1, C2, C3 safety</td>
<td>CARE</td>
</tr>
<tr>
<td>sibling separation</td>
<td>C1, mother, sleep</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C1, C2, C3 emotional stability</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C1 school performance</td>
<td></td>
</tr>
</tbody>
</table>

The matrix has become more complicated from the previous one with a series of losses and gains that can be identified for all members of the family. In the losses section of the matrix, should the children remain at home with their mother and Cohabitee B, the losses include emotional abuse for C1 as the mother reports difficulty in dealing with him; school performance of C1; emotional abuse of C3 as the mother finds her demanding; accidents in the house for all children; and lack for sleep C1 and the mother. Should the children be removed into care losses are identified as mother/child separation and sibling relationships. In the gains section of the matrix, should the children remain at home, gains include mother/child relationship and sibling relationships. Should the children be removed into care gains include safety for the children; sleep for C1 and mother; emotional stability and school performance for C1.

The conclusion of this ACAC meeting was that 'All agree that the children remain with the mother'.
The recommendations of this meeting were listed in the minutes as:
1) Children to remain within the home.
2) Mother to attend a parenting group.
3) Specialist child care services to consider direct work with C1.
4) Day care to increase for C3.
5) C1 to be referred to a psychologist.
6) SW to continue as key worker.
7) C3 to have outstanding health assessment.

Commentary

This ACAC meeting made the decision to keep all the children in the family home and specified increased resources for the family to support that decision.

Meeting three, ten months later
Case conference

Background information available to this group meeting: C1 had sustained facial bruising whilst intervening in a fight between Cohabitee B and mother. Mother admitted domestic violence but said that it only happened whilst the children were out. Non accidental nature of the injury was confirmed by the hospital despite allegations by the adults that the injury was sustained by C1 during a fight with his friends. Cohabitee B was charged and bailed on condition that he had no contact with the family and did not enter the town without a previous appointment.

The minutes of this conference recorded that C1 was hit by a previous cohabiteei (C) at the age of four months, when he sustained bruising to buttocks and bites. The following year C1 sustained a greenstick fracture to the foot and there were inconsistencies about its explanation.

School reported that C1 was underachieving academically, particularly in reading for which they proposed to seek remedial help. School reported that he did not display challenging behaviour in school and it was the opinion of the school that the problem lay in the home because his mother did not have time for him. The school commented that she had time and patience for C2, to whom she was loving, although she did not always collect her from school and sometimes arrived late smelling of alcohol.

Health visitor reported behavioural problems with both girls and a speech delay with regard to C3. The mother had not been co-operating with the resources offered for day care and cancelled this. C3 was reported as being hyperactive.
Formal assessment of risk by the conference in relation to the children stated that it was acknowledged that C1 has suffered significant harm and further states

'There is concern about mother's attempts to protect (cohabitee B) rather than to support (C1). So far nothing has happened to the girls and at present cohabitee B is not in the household. If he should return and there is violence it is possible that the girls are also in danger. C3 has said that she has been slapped by cohabitee B but C1 is adamant that the girls are safe because cohabitee B would not hit girls'.

The assessment of risk in this document reported that cohabitee B was not in the house. The minutes also recorded the opinion of the group that C1 had a good relationship with the maternal grandparents whom it was presumed would provide protection for him. Given this background information the following losses and gains matrix was developed:

Matrix from conference, meeting three.

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>C1, C2, C3 physical injury</td>
<td>mother children relationship</td>
<td>HOME</td>
</tr>
<tr>
<td>C1, C2 school performance</td>
<td>sibling relationships</td>
<td></td>
</tr>
<tr>
<td>C1, C2, C3 neglect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C1, C2, C3 accidents</td>
<td>C1, C2, C3 safety</td>
<td>CARE</td>
</tr>
<tr>
<td>C2, C3 development</td>
<td>C1, C2 school performance</td>
<td></td>
</tr>
<tr>
<td>C1, C2, C3 emotional abuse</td>
<td>C1, C2, C3 consistency of care</td>
<td></td>
</tr>
<tr>
<td>C3 hyperactivity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mother children separation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sibling separation</td>
<td></td>
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</tr>
</tbody>
</table>
The main difference between this matrix and the previous one is that the possible losses should
the children remain at home have increased and include all the children.

Minuted decisions case conference, meeting three
1) To place C1's name on the child protection register.
2) Not to register C2 and C3 as the mother shows them more affection than C1.
3) To discuss again if and when cohabitee B returns to the household.
4) To review in 3 months.

Minuted child protection plan, meeting three
1) Family assessment to include C2 and C3 because of worries about consistency of care.
2) Assessment to be carried out on cohabitee B before he is allowed to return to the family home.
3) Core group meetings to be held regularly.
4) To encourage the mother to accept parenting help.
5) To review in three months.

Commentary

The decision to leave the children at home remains and further increased resources are allocated
to support the decision. The losses involved in the situation now involve the other children and
the importance of monitoring the situation is reflected in the fact that the case is to be reviewed
in three months as opposed to the legal statutory requirement to review cases every six months.

Meeting four, three months later
Case review

Background information available to this group meeting: Charges against cohabitee B had been
withdrawn. It had been difficult to assess his relationship with the family because although the
mother said they have split up he was known to be in the area regularly. Social work
assessment of the mother was positive although she was having great difficulty coping with
C1. The mother believed she is at the end of her tether. She had talked of her sister looking
after C1 for a while and would accept any help available. The social worker commented that the
mother 'is aware that the children are her responsibility'.

It was not possible to develop a matrix for this case review as parts of the document were
missing.
Minuted decision of review, meeting four
1) To keep C1's name on the child protection register.

Child protection plans review, meeting four

These were not in the document.

Meeting five, two months later
ACAC meeting

The social worker's report for this meeting was available but not the actual minutes of the meeting.

*Background information available to this group meeting*: The case holding social worker reported that cohabitee B had declined to take part in a risk assessment. The mother had been assessed and was considered as being able to protect the children. In June the mother applied for an injunction against cohabitee B following harassment and threats. Cohabitee B broke his bail conditions before charges were dropped. In August C3 received serious injuries to her right leg, which required in-hospital surgery. This followed an incident in which she fell/was pushed out of cohabitee B's car during an episode of domestic violence. Cohabitee B was charged with GBH and bailed to his parents address. The key social worker was recommending legal proceedings (a supervision order) to give the department more control although there seemed to be an implicit understanding that if cohabitee B remained in custody this may not be necessary.

Although the minutes of this meeting are missing it is apparent from minutes of later group meetings that this forum resulted in a recommendation to apply for supervision orders on all children and to undertake a further assessment of the mother's ability to protect the children. It was recognised and commented upon by the group that the recommendations of the child protection plans previously had not been fully carried out. Interim supervision orders on all the children were subsequently granted.

Commentary

Although much detail from this document is missing it is apparent that many of the losses for the children on previous matrices have been realised.
Meeting six, one month later
Case review

Background information available to this group meeting: Information presented to this conference included how the physical injury to C3 occurred. C3 claimed she was pushed out of the car by cohabitee B. The adults maintained that she fell whilst attempting to follow her mother who had stormed off. Cohabitee B drove off and C3 was squashed between the car and the pavement. The charge of GBH against cohabitee B was dropped to a public order offence. There was no explicit assessment of risk in this document although there were comments about the mother not putting the needs of her children before her own difficulties. The health visitor reported that C3 was reaching her developmental milestones. However there was concern about her emotional development. C3 should have been attending nursery but had not at this point started attendance. Given this background information the following losses and gains matrix was developed:

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>C1, C2, C3 physical injury</td>
<td>mother children relationship</td>
<td>HOME</td>
</tr>
<tr>
<td>C1, C2, C3 emotional abuse</td>
<td>sibling relationships</td>
<td></td>
</tr>
<tr>
<td>C1, C2, school performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C1, C2, C3 neglect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C1, C2, C3 accident</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C3 development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C3 nursery attendance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mother children separation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sibling separation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C1, C2, C3 safety</td>
<td></td>
<td>CARE</td>
</tr>
<tr>
<td>C1, C2 school performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C3 nursery attendance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C1, C2, C3 consistency of care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

252
In addition to the previous losses there is nursery attendance for C3.

**Minuted recommendations meeting six**

1) *Because of lack of progress is assessing and helping the mother with C1's problems and the fact that C2 and C3 are also potentially at risk it was felt that C1 should remain on the register and that C2 and C3 should be registered under the category 'lifestyle of parent'*

**Minuted revised child protection plan, meeting six**

1) Support the mother in coping with C1 by encouraging her to spend more time with him.
2) Consider C2 and C3 in the same context.
3) Seek full supervision orders on all children.
4) Continue trying to assess mothers ability to protect the children.
5) Core group meetings to be held.
6) Monthly health visitor input to continue.
7) Review in three months.

**Commentary**

The decision remained that the children reside in the family home. Additional information has resulted in a reformulation of the care plan. Further increases in the resources offered to support the new plan were proposed.

**Meeting seven, three months later**

**Case review**

*Background information available to this group meeting:* Cohabitee B was no longer present in the family and a supervision order on all children had been granted. This was anticipated to run for one year. School reported an improvement in C1 but commented that there was much academic catching up to do. He was receiving assistance from the special needs service. School had concerns with C2 who was exhibiting mood problems and reported that she was disruptive in class. There were unspecified concerns about her eating habits. C3 was presenting problems at nursery including biting and swearing.

The social worker commented that there were no risks to the children at this time but that a full supervision order would give workers the mandate to intervene should the mother withdraw co-operation. The social worker commented on a good relationship with the mother and said that it was thought that a change in present family patterns would take time. The key social
worker recommended that the children be taken off the child protection register as the supervision order was thought to be sufficient to protect the children.

At this meeting the head teacher from the school contested deregistration and stated that the children were still at risk. Given this background information the following losses and gains matrix was developed:

Matrix from review, meeting seven.

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>C1, C2, C3 physical injury</td>
<td>mother children relationship</td>
<td>HOME</td>
</tr>
<tr>
<td>C1, C2, C3 emotional abuse</td>
<td>sibling relationships</td>
<td></td>
</tr>
<tr>
<td>C1, C2, school performance</td>
<td>C1, school performance</td>
<td></td>
</tr>
<tr>
<td>C1, C2, C3 neglect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C1, C2, C3 accident</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C2, C3 behavioural problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mother children separation</td>
<td>C1, C2, C3 safety</td>
<td>CARE</td>
</tr>
<tr>
<td>sibling separation</td>
<td>C1, C2 school performance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C3 nursery attendance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C1, C2, C3 consistency of care</td>
<td></td>
</tr>
</tbody>
</table>

Minuted recommendations, meeting seven
1) Headteacher's dissent noted but decision taken to remove all three children's names from the register.
2) Continue application for full supervision orders.

Commentary

The cohabitee who was thought to present part of the risk to the children was no longer present and the decision was taken to remove the children's name from the child protection register. There was no evidence in the documents about resources, but it might be appropriate to assume that the mother would continue to be given some level of support given the supervision orders on the children.
Meeting eight, two months later
ACAC meeting

No cohabitee was currently present in the family and all the children were reported to be doing quite well. Supervision order proceedings had stopped.

Commentary
The ACAC group took the decision to halt the proceedings for supervision orders on the children as the cohabitee who was the perceived source of risk was no longer present within the family. Many of the losses associated with the case however had concerned the mother's parenting behaviour, not simply the reason (cohabitee) for the initial referral. All the possible losses associated with the decisions to leave the children at home were realised in this case.
Appendix Two.

Summary of training day at local authority and academic auditing.

Throughout the course of the research feedback was provided to the local authority and staff were constantly involved in discussions with regard to the interpretation of the documents. At the end of the initial analysis of the ongoing cases the local authority requested that a 'training day' be provided so that the research could be disseminated to senior management. This day included a presentation outlining the theoretical perspectives underpinning the research followed by an exercise designed to illustrate how the documents had been coded and analysed. In order to achieve this two further ongoing cases were provided by the authority, were suitably confidentialised and were presented to the management group. In pairs the management were asked to go through the documents and to place perceived losses and gains on the matrix where the decision being taken was to leave the child at home or to remove the child into care. The management completed this task and the flipcharts outlining their interpretation of the cases can be made available. Each pair presented their matrices for meetings in the two cases and the entries in the losses and gains sections were consistent across the group. There were slight variations in the level of detail each pair provided but in general the nature of the potential and actual losses and gains for children were the same. At the end of the day the management considered that the exercise and analysis had been useful and 'thought provoking'.

During the research other individuals with social work experience were also asked to give examples from their own practice in relation to entering losses and gains on the matrix. The flipcharts relating to these can be made available. Their entries suggested that the technique could be used in the analysis of decisions.

Similarly several individuals independent of the research (academic colleagues and PhD students) were given one of the confidentialised documents and asked to complete the task. Once again the flipcharts relating to this can be made available and suggested that individuals could complete the task and produced consistent interpretations of the documents in terms of losses and gains for the children.
Appendix Three.

Presentation of cases analysed but not presented in the main body of the thesis.

CASE FOUR

Family composition: Boy 11 yrs (C1), girl 13 yrs (C2)

Meeting one
Case conference
Attendance: ACPO chair, teamleader, case holding social worker, head teachers from two different schools.

Background information available at this meeting: C1 was staying with friends of cohabitee's family. C2 was staying with a maternal grandmother, the whole family had recently moved into this authority from another town. Mother had known cohabitee's friends for four weeks. C1 disclosed physical and sexual abuse a by mother's former cohabitee. C1 gave a video interview in June where no disclosure was made. C1 was further interviewed later in June when he stated that the cohabitee hit him. There was no reference to sexual abuse. A physical examination revealed anal changes consistent with, but not diagnostic of chronic penetrative abuse.

The mother had been admitted to hospital with depression. C2 moved from the maternal grandmother's home to the same home as C1, where she said there were things she wanted to talk about. In a subsequent video interview she reported C1's disclosure of sexual abuse. She also made allegations about physical abuse by the mother but was told this was a separate issue that would be dealt with later. C1 was tearful and said he did not want to return to live with mother. In a later interview with C1 he described physical and sexual abuse by cohabitee who told him he would be killed if he disclosed. C1 and C2 expressed wishes of staying with the ex cohabitee's friends (couple A)

The headmistress expressed long term concerns about C2 namely poor concentration and bizarre behaviour. The mother ascribed this to C2 witnessing violence between her father and mother. C2 made some progress.
Another head teacher (C1 and C2 attended seven schools in one year) said both children exhibited emotional disturbance and C1 in particular was severely disturbed. They had enlisted the help of a special teacher. C1 hides in classrooms in a crouched position and was unable to talk to friends of his own age. He tended to mix with younger children. Both children were in the majorettes. At the time of the conference neither children were attending school.

Ex cohabitee lived with his father in a previous authority. Mother expressed the desire to live with couple A when discharged from hospital. Couple A were willing to have the children as long as they wanted to stay. Given this background information the following losses and gains matrix was developed:

Matrix from conference, meeting one

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th>HOME</th>
<th>CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability of couple A to protect children (P)</td>
<td>Mother children relationship (P)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suitability of carers (P)</td>
<td>Children’s wishes (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical abuse C2 (P)</td>
<td>Sibling relationships (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education C2 (A)</td>
<td>Safety all children (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother children separation (A)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disruption to children (A)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibling separation (A)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education (P)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children’s wishes (A)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Recommendations from conference

1) Boy registered under sexual abuse.
2) Girl registered under physical abuse.

Case conference plans

1) Overall assessment of children and couple A as appropriate carers (to become private fostering).
2) SW to spend time with mother to establish her future plans.
3) Hold an ACAC meeting when plans are clearer.
4) Look into schooling.
5) Liaise with other authority.
6) Core group to meet.
7) Review in 8 weeks.

Commentary

At the time of this conference the cohabitee was not in the household with the children. The children expressed wishes to stay with couple A and there was no evidence that they were not suitable carers. Under these circumstances the decision was taken in the domain of gains where the children retained gains of mother children relationship, relationship with couple A, their own wishes and sibling relationships. It would seem that this decision was therefore taken in the direction of caution in that a certain gain had been opted for where safety in couple A's home has been conflated with children's wishes. The conference plans included a contingency plan of urgent assessment of the private foster parents.

Meeting two, two months later
Case review
Attendance: ACPO chair, teamleader, case holding social worker.

Background information available at this meeting: In July C1 accidentally spilled hot coffee over couple A's son. Three days later couple A decided that they had no control over C1. Mother was informed and requested that C1 was accommodated overnight as an emergency. Mother found herself a hostel place in another local authority and took C1 with her. In August the fostering couple said that C2 was now out of control. C2 requested to return to mother and was moved to the hostel. Mother still had a house in other authority. The family were now being dealt with by three different social services teams.

Assessment of risk by the group as stated in the document
1) Children still at risk of physical and emotional abuse.
2) Children have never been permanently resident in local authority.
3) Team manager expresses concern about practise of child protection investigation in other local authority.
4) Conference in other authority to be held in September.

Given this background information the following losses and gains matrix was developed:
Matrix from case review, meeting two

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th>HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual abuse C1 (P)</td>
<td>Mother children relationship (A)</td>
<td></td>
</tr>
<tr>
<td>Physical abuse C2 (P)</td>
<td>Children’s wishes (A)</td>
<td></td>
</tr>
<tr>
<td>Education all children (P)</td>
<td>Sibling relationships (A)</td>
<td></td>
</tr>
<tr>
<td>Mother children separation (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disruption to all children (A)</td>
<td>Safety all children (A)</td>
<td>CARE</td>
</tr>
<tr>
<td>Sibling separation (P)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education all children (P)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Minuted recommendations**

1) Children to remain on this local authority register until other local authority conference.

**Revised plan**

1) Liaise with other local authority.
2) Assess health needs in other local authority.
3) No core groups but local authority to attend any meetings held in other authority.
4) Review after other authority conference.

**Commentary**

The children were no longer resident within the boundaries of this local authority yet the decision was taken to keep their names on the register until their situation became clearer. This decision meant that the loss of mother children relationship was being avoided, but in reality it would be difficult for this team of social workers to act in any other manner. It is difficult to talk about domains of losses and gains here as the power to act rested in the new authority.

**Meeting three, one month later**

**Case review**

Attendance: ACPO chair, teamleader, case holding social worker, teacher.

*Background information available to this meeting:* Family was now the responsibility of another local authority. A case conference was held in the other authority and the children’s names were placed on their child protection register. No matrix was developed for this conference as the information was brief and related to the conference held in the other authority. The documents that were presented for the research did include the minutes from the
other local authority, yet as permission had not been requested from them the document was not read and analysed.

**Decision of this conference**

1) To deregister the children.

**Meeting four, two months later**

**Case conference**

Attendance: ACPO chair, teamleader, case holding social worker, teacher.

*Background information available to this meeting:* The mother had returned to this authority permanently. C2's allegations that the mother had smacked her and that she did not get enough to eat appeared in these minutes for the first time. Cohabitee was not prosecuted due to lack of evidence. C1 was said to be distressed at school and could not cope in the playground. The mother asked to take him home at lunch time. School were asking for help as C1 could not take comfort from a male member of staff when distressed. C2 was displaying difficult behaviour at school, school was coping but felt C2 would need psychological help.

First sheet of formulation plans for this meeting were missing. Given this background information the following losses and gains matrix was developed:

**Matrix from case review, meeting four**

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th>HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse C2 (A)</td>
<td>Mother children relationship (A)</td>
<td></td>
</tr>
<tr>
<td>Education all children (A)</td>
<td>Educational stability all children (P)</td>
<td></td>
</tr>
<tr>
<td>Nutrition C2 (A)</td>
<td>Children's wishes (A)</td>
<td></td>
</tr>
<tr>
<td>Emotional abuse all children (A)</td>
<td>Sibling relationship (A)</td>
<td></td>
</tr>
<tr>
<td>Mother children separation (A)</td>
<td>Safety all children (A)</td>
<td></td>
</tr>
<tr>
<td>Sibling separation (P)</td>
<td></td>
<td>CARE</td>
</tr>
<tr>
<td>Children's wishes (A)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Minuted recommendations of review**

1) Educational assessment both children.
2) Obtain children's educational records.
3) Review when assessments complete.
4) Core group to meet.
5) Review in three months when should be enough information to make decisions on work needed.

Commentary

Since the previous conference the mother was now in sole charge of the children and the number of losses for the children have increased. Physical abuse and nutrition of C2 have become actual losses and there is increased evidence of actual losses in educational terms for both children. Whilst the cohabitee who was the initial source of abuse remained absent it is clear that the children were at risk of abuse. It is argued that this decision becomes framed in the domain of losses where the dominant aim was to keep the children with the mother. This incidentally achieved a gain of the children's wishes. Resources were committed to try to ensure the development of the children.

Meeting five, three months later
Case review
Attendance: ACPO chair, teamleader, case holding social worker, teacher.

Background information available at this meeting: Both children found it difficult to relate to adults and both were still exhibiting difficulties at school. Reassessment of risk was carried out according to the following information. Educational assessments had been carried out. The family was settled and comfortable in a permanent home. They felt settled and the children had made friends. Mother children relationship was good and past difficulties here had been overcome. C1 requested professional help with the abuse he had suffered. Head teacher said C1 was making progress at school, although he was still violent in the classroom and had developed a stutter. Head teacher envisaged problems when he transferred to secondary school later that year. C2 did not feel she needed any counselling and was clear that she could protect herself. No problems in school with C2. Mother said she would not have anyone else in her life whilst the children were at school and living at home. Given this information the following matrix was developed:
Summary of review as stated in the document

'There is now a completely different picture. Progress should continue if children deregister. Social work assistant may be able to help'.

Recommendations

1) Remove children's names from register.
2) Support from community team to continue.
3) Boy to be assessed for stuttering.

Commentary

Since the last review despite the fact that C1 still displayed some difficult behaviour at school, there had been significant progress in educational terms. The potential gain of education has been realised. Given this and the fact that all gains should the children remain with their mother are now actual it is argued that this decision is taken in the domain of gains. Further resources were committed to try to ensure the success of the plans.

Overall commentary on case four

The decisions in this case fluctuated between those taken in the domain of losses and those taken in the domain of gains. The decisions were atypical of other cases in that there existed initially a private fostering arrangement where the mother was also with the children for some time. The decision making frame seemed not to be dependent entirely on the presence or absence of the alleged abuser, as he was never present during the span of the case, but was more dependent upon the ability of the mother to look after the children. The wishes of the children seemed to be important in this case as they expressed consistently the desire to be with their mother. Resources were inputted to the case and did seem to increase as time elapsed. There was evidence that these resources were having some positive effect, particularly for
example in terms of education. Potential and actual losses did occur for the children, yet by this last conference there did appear to be some indication and evidence that the children were at considerably less risk than they had been.

### CASE SIX

**Family composition:** Father; Mother; Girl 4 yrs (C1) boy 2 yrs (C2) Fathers son 19 yrs (S1) Fathers son age unknown (S2)

**Meeting one**  
**Case conference October 1993**  
**Attendance:** ACPO chair, teamleader, case holding social worker, health visitor.

*Background information available to this meeting:* Mother informed health visitor that C1 had told her that fathers son, S1 from his first marriage who lives next door, had touched her floo and she had indicated this by touching her vagina. The medical examination was inconclusive. There had been a scratch on the vulva but that could have been self inflicted. C1 also had some linear marks on the outside of her thighs which were consistent with being smacked. Parents initially said this was caused by her falling off her bike but this was not consistent with the siting of the injuries. Parents subsequently admitted that they smack her.

S1 was charged and bailed. Father arranged for him to move to a caravan site. Father had received a police caution in 1990 for assaulting S2. At that incident S2 had bruises on arms, legs and face. Father admitted to slapping his face but said that the other injuries were caused by a bike accident.

Health visitor reported that C1’s speech was delayed, and she needed more stimulation. There had also been concerns about C2 with regard to vomiting. The general practitioner had been consulted. Given this information the following losses and gains matrix was developed:
Assessment of risk as minuted in the document included the following: Risk from S1 has decreased but future levels of contact are still uncertain. It was felt that C2 had been smacked with sufficient force to cause bruising. Recommended decisions to register C1 and C2. C2 was considered to be at risk because of C1 being smacked and concerns regarding feeding.

Minuted decisions conference
A decision regarding registration as a schedule one offender was deferred until the next review in order to obtain further information.

Recommendations
1) The children to be registered under abuse categories one and four.
2) To review in three months time.

In this document no care plan is outlined but within the text is the information that a nursery place will be made available for C1 and homestart will be involved if the parents are interested.

Commentary

The decisions here appear to have been made in the domain of losses where the actual loss of parent child relationship is avoided. Possible losses should the children remain at home can be listed. At this point there is an actual loss for C1, that of speech delay. Resources are targeted at the plan in terms of nursery and homestart provision, but these do not really address any of the risk elements identified.
Meeting two, three months later
Case review
Attendance: ACPO chair, teamleader, case holding social worker, health visitor.

Background information available to this meeting: Since the last case conference parents have had three sessions on how to discipline the children and on how to find new ways of dealing with CI's behaviour. S1 has moved out of the area and his father now accepted that he did in fact touch CI. He will not allow him to visit the family home. Charges against S1 had been dropped on the grounds of insufficient evidence. CI was attending nursery two days a week with the option of another day being offered. Father had a good relationship with the nursery who had also offered parenting skills to the mother. The health visitor reported that CI had become wet and was soiling herself. C2's development was reported as normal. Given this information the following matrix was developed.

Matrix from case review, meeting two

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th>HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical injury CI, C2 (P)</td>
<td>Parent children relationship (A)</td>
<td></td>
</tr>
<tr>
<td>Soiling and wetting CI (A)</td>
<td>Resources (A)</td>
<td></td>
</tr>
<tr>
<td>Parent children separation (A)</td>
<td>Safety CI, C2 (A)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consistency of care CI, C2 (A)</td>
<td></td>
</tr>
</tbody>
</table>

Assessment of risk as minuted in the document included the following: Parents have found discipline lessons useful. S1 is off the scene and does not pose a risk.

Recorded decisions
It was the decision of the meeting that the father should not be registered as a schedule one offender as smacking S2 when cheeky cannot be compared with smacking a three year old. It was felt that the children should remain on the register until a full assessment had been undertaken and 'consideration to deregistration will be given at the next review'.

Child protection plan
1) CI to attend nursery three days a week.
2) Further assessment of parents skills at nursery.
3) Core group meetings to take place.
4) Liaison between social services and health visitors.
5) Review in four months.

Commentary

The decisions remain in the domain of losses where the children stay with the family and therefore parent child relationship loss is avoided. Two possible losses identified at the last case conference i.e. nutrition with respect to C2 and speech delay with respect to C1 are not commented upon at this review. A new loss for C1, soiling and wetting has been actualised. More resources are committed to try to ensure the success of the plan in that C1 is offered an extra day at nursery and parenting skills are now offered to the mother. The time span between reviews has increased to four months.

Meeting three, four months later
Case review
Attendance: ACPO chair, teamleader, case holding social worker, health visitor.

Background information available to this meeting: Mother was participating in a programme of work with nursery which was not yet completed. Father was not happy about C1 attending nursery as he felt there was stigma attached to this. A place at another nursery was available when C1 was dry during the day. Mother enjoyed her time at the nursery but would not go against her husband’s wishes. With C1 at nursery mother had more time to spend with C2 and his feeding had improved. C1’s wetting and soiling had deteriorated, mainly at home, where she also made herself sick and held her breath. C1 talked to nursery staff about S1’s abuse of her. C1 was referred to medical and psychological services re soiling and wetting. Given this information the following matrix was developed:

Matrix from case review, meeting three

<table>
<thead>
<tr>
<th><strong>Losses</strong></th>
<th><strong>Gains</strong></th>
<th>HOME</th>
<th>CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional abuse C1 (A)</td>
<td>Parent children relationships (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wetting and soiling C1 (A)</td>
<td>Resources (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sick, holding breath C1 (A)</td>
<td>Improved feeding C2 (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent children separation (A)</td>
<td>Safety C1, C2 (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consistency of care C1, C2 (A)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Recorded decisions

1) Children to remain on the register until C1 has been seen by a psychologist.

Child protection plan

1) C1 to continue at nursery.
2) Core group meetings to continue.
3) Review in three months.

Commentary

The decision is still taken in the domain of losses to keep the children with the family. The previous possible loss of physical injury is removed but new losses are present. C1 continues to wet and soil, but is also now breath holding and being sick. There is one new gain for C2, his feeding has improved. Resources are escalated again as C1 is offered a new nursery place and medical and psychological services. Whilst the initial source of risk is no longer thought to be relevant, the children are exposed to some possible losses in the course of action being pursued. Some of these become actualised and the number of losses increases. Given the extra resources inputted to the course of action it might be that these losses are becoming subsumed underneath the wider aim of keeping the children with the family and with the recognition that some of the gains, however small, are being achieved.

Meeting four, six months later

Case review

Attendance: ACPO chair, teamleader, case holding social worker, health visitor.

Background information available to this meeting: Social worker reported that there had been an improvement in safety in the home. There was more stimulation for the children, and more awareness regarding the protection of C2 from any sexual abuse. C1 had seen a clinical psychologist three times. The psychologist wanted to do some work with the family but felt that the parents needed to agree and be consistent in what they said. There were still concerns about C1 wetting herself which she only does at home and not at the nursery. 'it was felt that the reason for this was conflict between the parents'. The safety aspect had been addressed successfully, father was aware of dangers in the house. S1 was no longer in the area. C1 had settled well in new nursery place 'staff find her a very bright little girl'. She continued to repeat the allegations of sexual abuse by S1 to nursery staff and to mother but not to father. Parents disagreed that the abuse ever took place. Day care is being provided for C2 giving him stimulation through play. Health visitor reported that C2 was very attention seeking, and was
more demanding of mother. The minutes included the statement 'The family have co-operated with what needed to be addressed' Given that information the following matrix was developed:

Matrix from case review, meeting four

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th>HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wetting and soiling C1 (A)</td>
<td>Parent children relationship (A)</td>
<td></td>
</tr>
<tr>
<td>Attention seeking C2 (A)</td>
<td>Stimulation C1, C2 (A)</td>
<td></td>
</tr>
<tr>
<td>Parental conflict (A)</td>
<td>Awareness C2 re sexual abuse (A)</td>
<td></td>
</tr>
<tr>
<td>C1 disbelieved (A)</td>
<td>Resources (A)</td>
<td></td>
</tr>
<tr>
<td>Sexual abuse C2 (P)</td>
<td>Safety C1, C2 (A)</td>
<td>CARE</td>
</tr>
<tr>
<td>Parent children separation (A)</td>
<td>Consistency of care C1, C2 (A)</td>
<td></td>
</tr>
</tbody>
</table>

Summary of conference
The situation is now more positive than six months ago. The panel therefore recommend that the children should be deregistered but the family continue working with the health visitor and the social worker.

Commentary

The decision remains in the domain of losses so that the children do not lose their relationship with their parents. A further possible loss can be identified as sexual abuse for C2 as the family are being made aware of how to protect her. All other losses are now actual and there are different losses from the previous matrix. There have been a number of gains since the last review in relation to safety in the home, stimulation, day care, psychological resources. It is noticeable that safety in the home has never been mentioned in previous conferences. The more explicit focus on gains that have been achieved and the comment that: 'The family have co-operated with what needs to be addressed' may suggest further that the possible and actual losses to children are subsumed once more under the belief in keeping the children within the family home. This review was held three months late.

Overall commentary case six

All the decisions taken in this case appear to be in the domain of losses. Whilst the initial referral was with regard to an elder son touching C1, which was later admitted by the father, the concerns in this case became those of parenting skills and safety in the home. The initial
source of abuse left the home early in the case and resources were committed to support the family within the home. There did seem to be some improvement, for example in the manner in which the children were disciplined, however losses for the children did accumulate and by the final conference there seemed to be some implication that C2 was receiving information in relation to her awareness of sexual abuse.

CASE SEVEN

Family composition: mother, girl 13 yrs (C1), boy 10 yrs (C2)

Meeting one
Case conference
Attendance: ACPO chair, teamleader, case holding social worker, social worker from other authority, head teacher.

Background information available to this meeting: Family had recently moved from nearby authority where C1 was on register for sexual abuse. C1 was therefore automatically placed on this local authority register before this case conference. The conference aim was stated as 'The purpose of the meeting today is to consider whether she should remain on this register and if so what the child protection plan should be'.

A comprehensive report was presented by a social worker from the other authority which emphasised the difficulty she had experienced in engaging mother and C1 in work.

Involvement at this stage in this authority had involved monthly visits, with the school monitoring the situation. There had been a medical oversight and individual work with C1. Should the alleged abuser (cohabitee A) return to the house the background information included the comment 'steps would be taken to remove C1 until a full assessment of alleged abuser was completed. The issues around C1 were around self protection from further abuse'.

There were no allegations about C2, he had not had a medical and there had been no social work involvement. There was no contact with the natural father and the present whereabouts of cohabitee A were not known. The social worker had found it difficult contacting the mother although did comment in the document 'a man who answered the door and described himself as the decorator fitted the description of cohabitee A. There did not appear to be any decorating taking place at the time'. On another occasion a neighbour told the social worker that the children were in and a man was looking after them. Head teacher reported that the children had settled in well at their new school. The mother was unable to attend this meeting because of work commitments. She denied having seen cohabitee A for some months and said she had no
other partners or men in the household. She was very resentful about Cl’s medical examination in the other authority. She expressed her willingness to cooperate with this authority on a visit to the team office the previous evening. The other authority social worker contradicted this statement. Given that information the following matrix was developed:

Matrix from case conference, meeting one

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual abuse CI (P)</td>
<td>Mother child relationship (A)</td>
<td>HOME</td>
</tr>
<tr>
<td>Mother child separation (A)</td>
<td>Safety CI (A)</td>
<td>CARE</td>
</tr>
<tr>
<td>Resources (A)</td>
<td></td>
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</tr>
</tbody>
</table>

Assessment of risk
Because of uncertainties it was decided to register CI but as there were no concerns about C2, C2 was not to be registered.

Child protection plan
1) Social worker to continue involvement with mother.
2) Social worker to clarify child care arrangements.
3) Social worker to establish current address of cohabitee A.
4) Police to check owners of cars parked on mother’s driveway.
5) Assessment of C2’s situation to be carried out. Also on cohabitee A.
6) Social worker to obtain medical reports as a matter of urgency. Paediatrician had felt it appropriate to see C1 on a regular basis. The mother does not see the need for this.
7) Core group to be established, to include mother.
8) If mother does not cooperate and progress is not made then an ACAC meeting to be convened to consider legal proceedings.

Recommendations
1) CI to remain on register.
2) C2 not to be registered.
3) Review in three months.
Commentary

The decision frame here appears to be one of losses where the choice is made to avoid the certain loss of mother child relationship should the child be removed into care. This leaves the possible loss to C1 of sexual abuse as there is a likelihood that cohabitee A is visiting the household. Resources have been committed in terms of monitoring by education, social services and the police.

It is interesting here that point 8 of the care plan suggests that it would be an ACAC meeting that convenes to consider the possibility of legal proceedings. Such proceedings would be likely to result in some form of court order with the possibility of removing the child into public care. This is also the first mention of possible consequences of non compliance with social services.

Meeting two
ACAC meeting, no date
Attendance: not listed

As with previous practice in this research a matrix was not developed for this meeting as notes were available but not minutes of the meeting.

Information from next review states that an ACAC was held because of suspicions that cohabitee A was in the household. Mother attended that meeting with her solicitor and admitted that the cohabitee was living with the family and had been living with them before in the other town. The meeting was adjourned for 2 weeks for more information.

Mother and cohabitee attended the next meeting where cohabitee admitted he had abused C1. The mother had witnessed the abuse finding C1 and cohabitee in the bathroom when she returned from a job interview. Cohabitee assaulted the mother and the police were called. She told them what she had seen and that she had been hit. She then withdrew the complaint of physical assault and would not allow C1 to give evidence. A recommendation of this second ACAC meeting was that the cohabitee should leave the household and he gave an undertaking that he would live with his mother in another town.

Meeting three, three months from the first meeting
Case review
Attendance: ACPO chair, teamleader, case holding social worker, mother, cohabitee, headteacher.
Background information available to this meeting: Since the ACAC meetings the mother had been co-operative. Cohabitee was believed to have left the home and was thought to be living with a friend. Mother agreed to let the social worker know his whereabouts but had not done so. Cohabitee had agreed to participate in a psychological risk assessment. It was agreed that contact between cohabitee and C1 and C2 should be reduced and that the mother would always be present when contact occurred. Mother had agreed to C1 being seen by doctor. She also agreed that C1 should receive therapeutic help. C1 had said she wished to remain as part of the family. Depending on the outcome of the risk assessment consideration would be given for family therapy. The social worker had not yet checked on childminding arrangements. Head teacher reported that prior to Christmas C1 had been very distressed, crying and locking herself in the toilets, but had been more settled since. Mother said that C2 was having some behavioural problems in school. Given that information the following matrix was developed.

Matrix from case review, meeting three

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual abuse C1 (P)</td>
<td>Mother children relationship (A)</td>
<td>HOME</td>
</tr>
<tr>
<td>Emotional abuse C1 (A)</td>
<td>Cohabitee children relationship (A)</td>
<td></td>
</tr>
<tr>
<td>Behavioural problems C1, C2 (A)</td>
<td>C1’s wishes (A)</td>
<td></td>
</tr>
<tr>
<td>Mother children separation (A)</td>
<td>Resources (A)</td>
<td></td>
</tr>
<tr>
<td>Cohabitee children separation (A)</td>
<td>Safety C1, C2 (A)</td>
<td>CARE</td>
</tr>
</tbody>
</table>

Assessment of risk
C1 had been sexually abused on three separate occasions and would need a lot of help. She had shown sexualised behaviour towards a family member. Therapeutic work was to be done with C1, mother and cohabitee. There would be serious concerns if the psychological assessment did not go well. The document included the comment 'On the face of it mother is more co-operative than she was with other social service when she was described as antagonistic and needing help'.

Recommendations
1) C1 to remain on register.
2) To review in six months.
Commentary

The decision remains framed in losses where the certain loss of family separation is avoided. Whilst this has gains of family relationships and the child’s own stated wishes, the number of possible losses has increased and some losses are now actual. C2 has also been entered onto the matrix as showing behavioural problems. Further resources are committed to the decision and course of action. It is noticeable that the time span between reviews is now increased for no apparent reason.

Meeting four, four months later

ACAC

No minutes of this meeting were available but information was contained in the next conference minutes

Meeting five, three months later

Case review

Attendance: ACPO chair, teamleader, case holding social worker, mother, cohabitee, head teacher sent his apologies to this meeting.

Background information available to this meeting: C1 had been sexually abused by three individuals. At an earlier meeting cohabitee A admitted sexually abusing C1. There were a number of concerns related to this relationship and the lack of co-operation and trust mother had shown in the past related to her ongoing relationship with cohabitee. There were concerns (unspecified in the document) that C2 was also at risk. Following the earlier meeting a contract was drawn up however mother and cohabitee felt they could not sign the contract as having to work to a contract implied a lack of trust in them. At this meeting the reasons for the contract were pointed out and the mother said she would work with the community team.

Discussions took place relating to the likely effects of abuse of C1. Mother stated that she ‘felt she was a mature girl who coped with her situation well, was well adjusted and suffering no effects’. Risk assessment of cohabitee A had still not been undertaken, this was due to begin later this month. C1 had been referred to a psychologist in for assessment. To date no appointment had been made. C1’s general health was reported as good and there were no concerns regarding C2’s development. Given that information the following matrix was developed:
Matrix from case review, meeting five

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual abuse C1, C2 (P)</td>
<td>Mother children relationship (A)</td>
<td>HOME</td>
</tr>
<tr>
<td>Ability C1 to self protect (P)</td>
<td>Cohabitee children relationship (A)</td>
<td></td>
</tr>
<tr>
<td>Emotional abuse C1, C2 (P)</td>
<td>Lack of therapy for adults (A)</td>
<td></td>
</tr>
<tr>
<td>Family separation (A)</td>
<td>Good health C1 (A)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Development C2 (A)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Safety C1, C2 (A)</td>
<td>CARE</td>
</tr>
</tbody>
</table>

Recommendations
1) C1 to remain on the register.
2) C2 to be placed on register. Mother and cohabitee did not agree with this.
3) Review in three months.

Child protection plan
1) Cohabitee to undertake risk assessment.
2) Cohabitee not to reside in family home.
3) Cohabitee not to have unsupervised contact with C1, C2.
4) Social work support for C1, C2 agreed with mother.
5) Follow up psychology appointment.
6) Core group.

Commentary

The decision seems to remain framed in the domain of losses so that family separation is avoided. Many of the potential gains as a result of resources have not been realised, for example the risk assessment still has not taken place and C1 has not yet seen the psychologist. The number of losses since the last meeting have lessened but some remain possible. There is very little detail about the children's behaviour in this document. The headteacher was absent.

Meeting six, three months later
ACAC
Attendance: not listed

A matrix from this meeting was not developed as the minutes were missing, however it became clear from the minutes of the following conference that this meeting made the following
decisions. It was agreed that the cohabitee would return to live in the household. Mother was aware that she was to report if anything untoward were to happen.

Meeting seven, one month later
Case review
Attendance: ACPO chair, teamleader, case holding social worker, mother, cohabitee, head teacher

Background information available at this meeting: Cohabitee and mother had co-operated fully. Cohabitee had completed a psychological risk assessment. The social worker did not have permission to share the content of the report with the conference. However the assessor did say that the cohabitee did not constitute a risk to C1 or C2. Cohabitee had kept all appointments and was very committed to returning to the hospital. The assessor suggested it would be relevant for the family to have some kind of therapy if the cohabitee were to return. Included in the document was the statement 'C2 may need therapy as he might be distressed if cohabitee did not return'. (HE ALREADY HAD) The psychologist had seen C1 and recommended that she attended group therapy. It was also recommended that family therapy should occur to which cohabitee and mother agreed. C2 was described as an outgoing little boy and his mother was very protective of him. C1 used to be reserved but in the last two months she had become more forthcoming. Teacher reported that C1 was doing well at school. She used to be very quiet but in the last two months has come out of her shell. There were no serious concerns about C2 although he could be more aggressive than school would like and he did not relate ideally with staff and children. The teacher was asked if there were any kinds of behaviour patterns that C1 may show to imply that she was not happy with the situation at home. Such behaviours were listed as being disruptive, being very quiet, going somewhere on her own and crying. Given that information the following matrix was developed:

Matrix from case review, meeting seven

<table>
<thead>
<tr>
<th>Losses</th>
<th>Gains</th>
<th>HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual abuse C1, C2 (P)</td>
<td>Mother children relationship (A)</td>
<td></td>
</tr>
<tr>
<td>C1, C2 to self protect and inform of abuse (P)</td>
<td>Cohabitee children relationship (A)</td>
<td></td>
</tr>
<tr>
<td>Emotional abuse (P)</td>
<td>Resources (A)</td>
<td></td>
</tr>
<tr>
<td>Withdrawn behaviour C1 (A)</td>
<td>Education C1 (A)</td>
<td></td>
</tr>
<tr>
<td>Behaviour problems C2 (A)</td>
<td>Safety C1, C2 (A)</td>
<td>CARE</td>
</tr>
</tbody>
</table>
Summary

There had been some progress since the last review. Psychological assessor had decided that cohabitee was unlikely to cause abuse of a sexual nature again. Mother had no greater understanding of the issues relating to child protection and this caused concern. Social worker had good relationship with C1 and C2. C2 would be able to disclose any abuse.

Recommendations

1) C1, C2 to remain on register, review in three months.
2) Chair to write to clinical psychologist asking permission to share his report.
3) Family therapy.
4) Attendance at group work for C1 'to help her understand her own attitude towards previous abuses. This should show a very precise and accurate picture of the whole family set up'.

Child protection plan

1) Core group to continue meeting.
2) Community team to retain involvement, 'the length of time to be determined by the community team'.
3) Family therapy.
4) Core group to remain as before.

Commentary

The decision frame remains one of losses where the loss of family relationships is avoided. There have been some gains for the children in terms of education, but the number of possible losses has increased since the previous matrix and some have become actual losses. Sexual abuse remains on the matrix as a possible loss as the full report from the clinical psychologist has not been seen. More resources are offered to the family. The responsibility for determining the involvement of social services is now placed firmly upon the community team and no recommendation is given with regard to reviewing or monitoring this case further at the level of the case conference.

Overall commentary case seven

All the decisions in this case were taken in the domain of losses so that the family relationship was not broken. Whilst there is some evidence of gains for the children these are minimal
relative to the losses that are accrued as the case elapses. Resources are continually offered to
the family. The emphasis at conferences on risk assessment of the abuser may seem to exhibit
cautions yet this did not actually take place until the last conference, by which time the children
had accrued losses and the full nature of the assessment was not available. The second point in
the last care plan seems to indicate that the conference was placing responsibility for decision
making on the community team, and by default therefore the key social worker in the case.
Throughout the mother and cohabitee have gains of their relationship, and their relationship
with the children.