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Parents' Views on Social Work Interventions in Child Welfare Cases

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Summary

This article reports findings from the third part of a three-part research project examining the potential for social workers to shift from a child protection to a child welfare orientation in their practice. Whilst social workers in the UK have been encouraged to make such changes, they have been hampered by concerns to manage risk. Findings reported from the earlier parts of the project, indicated that there was potential for a substantial proportion of child protection work to be redesignated as child welfare work, but that where this was achieved in practice, there was evidence of the continued influence of child protection processes as social workers sought to manage the risks inherent in child welfare cases. The study reported here sets out to ascertain the views of parents who were subject to child welfare interventions. The findings indicate that while parents feel apprehension with regard to contact with social workers, in the majority of cases successful relationships are formed. It is argued that social workers display considerable skill in monitoring potential risks whilst engaging with families and that the subtleties involved in such activity are not captured by official measures of governance which concentrate on more abstract indicators of performance.

Background

Achieving balance in response to child-care issues

Since the high-water mark of child protection work's influence on the shape and breadth of delivery of services to children and their families in the early 1990s, there has been a reining back in the United Kingdom on child protectionism as the defining feature of the states' relationship to the family as mediated by social workers. Legislation, research and policy have largely driven this retrenchment. The 1989 Children Act established the legislative touchstone delineating the new balance between family rights and thresholds of state intervention. While research indicated that the child protection system may have identified and protected a majority of those children requiring this type of intervention (Gibbons *et al.*, 1995), such gains were outweighed by the costs involved. These included the alienation of families who were estranged from social workers as a consequence of their experiences (Cleaver and Freeman, 1995) and the inefficiencies apparent in the failure to develop and deliver services to children in need (Audit Commission, 1994). Since the mid-1990s there has been an energetic and sustained effort on the part of government to develop and promote policies which challenge the influence of a child protection culture on management and social work practice, which has been perceived as distorting the balance of service provision to children and families. The alternative to *child protection*, as the overarching concept in childcare, is known internationally as *child welfare* (Jack, 1997). The term 'child welfare' subsumes within it national terminology, such as 'family service' in the United States (Gilbert, 1997) and 'children in need' or 'family support' in the United Kingdom. For the benefit of international readers, the term 'child welfare' is used here.

The attempted shift from a child protection to a child welfare orientation in the United Kingdom has become known as the 're-focusing debate'. The antecedents to the promotion of a shift in social work practice from an over concentration on child protection issues towards a recognition that much of that work might be better understood as, and reconstituted to be, child welfare work, have been thoroughly rehearsed elsewhere (Jack, 1997; Parton, 1997). It is now regarded as axiomatic that there *should* be a re-focusing of social work practice, the debate having moved on from why this is necessary to how this may be achieved. Some commentators (Parton, 1995; Pelton, 1998) have drawn attention to the constraints on achieving such changes in practice, pointing out that those child-care systems that attempt to both manage child protection risks and meet the needs of children and families usually fail to achieve these dual goals. However, the thrust of government policy in the United Kingdom has been to integrate child protection and child welfare within a general promotion of the parts of the 1989 Children Act which deal with the identification of children in need (Section 17) and the provision of supportive services to them and their families (Part III). In doing so, the government have

sought to restate the primary duties of local authorities within the terms of the 1989 Children Act as safeguarding children by promoting their welfare. Policy implementation has been assisted by procedural adjustments to legislative guidance, for example, the revision of *Working Together to Safeguard Children* (Department of Health, 1999c). The real impetus for the process, however, has been fuelled by the selective use of research to highlight areas of weakness in social work practice and direct attention to the types of changes required to effectively address these. In particular, the series of research studies commissioned by the Department of Health and published in summary form in *Child Protection: Messages from Research* (Department of Health, 1995) was extensively disseminated (Weyts *et al.*, 2000) and became both a platform for debate (see for example, Owen, 1996; Parton, 1996; Duxbury, 1997) as well as a catalyst for the development of new paradigms for practice, such as the ecological model promoted in the *Framework for the Assessment of Children in Need and Their Families* (Department of Health *et al.*, 2000).

The research reported here forms part of a larger project, the results of which have been previously reported in this journal (Spratt, 2000, 2001). This project has been concerned with examining the potential for rebalancing the child-care system through an investigation of decisions made by social workers, their patterns of practice, and the impact of these decisions and practices upon families. The first part of the project examined the potential for increasing the number of cases conceptualized as 'child welfare' at point of referral, with a consequent reduction in child protection cases. Having established that such potential existed (Spratt, 2000), the second part of the project sought to examine the social work processes evident in child welfare cases, to ascertain what these might reveal about the nature of practice in this area. The results indicated (Spratt, 2001) that practice in child welfare cases is influenced by a concern on the part of social workers to address the risks inherent in such cases. Consequently, there is a development of patterns of practice that are heavily influenced by child protection concerns and procedures. The overall results of the research project at the end of its second stage thus called into question the premise upon which the refocusing debate was largely based, that is that state intervention with families based upon the partnership ideals and service delivery principles of the child welfare model, would impact upon families in a fundamentally different way than intervention's carried out within a child protection framework. The third stage of the project, reported here, deals with the experiences and views of parents' who have been the subject of child welfare interventions by social workers. The main conclusions of the first two parts of the project will be summarized in more detail prior to the presentation of the results emanating from the present study. Before doing so, however, it is important to consider some structural issues as well as the wider policy context.

Structural issues

It would be wrong to view the refocusing debate and the associated research and policy initiatives as representing a set of circumstances peculiar to the United Kingdom. Parton's work in the 1990s (Parton, 1985) drew attention to the structural inequalities which resulted in poor families being policed by the state through its social work agents' operationalization of the child protection system. Similarly, Pelton, in the United States, has demonstrated through empirical research (Pelton, 1978) that those families attracting the attentions of child protection social workers are disproportionately drawn from the very poorest sections of society (see also Waldfogal, 1998). More recently, the work of Swift (1995) in Canada and Thorpe (1994) in Australia has drawn attention to the large numbers of lone parents, as well as members of indigenous communities, who are drawn into the child protection system. A follow-up study in respect of Thorpe's research, carried out by Cant and Downie (1994) in Australia, preceded Gibbons *et al.*'s (1995) research in the United Kingdom in demonstrating the inherent waste of resources by systems that over identify large numbers of cases at point of referral as requiring child protection interventions, only for a majority of these cases to be quickly redesignated as *not* child protection following investigation, without delivery of further services. These studies indicate that the parallel development and maintenance of elaborate and colonizing child protection systems over time, in a number of western industrialized democracies, are more likely to be explained by structural accounts emphasizing the evolving nature of the relationship between the state and the family in social and economic contexts, than by a search for defining indicators of pathology in those citizens brought to the attention of the various state child protection agencies.

The New Labour Government of the United Kingdom has, however, sought to recast structural issues as technical problems within the child-care system. For example, the 1989 Children Act defines children in need (in part) as those who are, 'unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision [to them] of services' (Section 17(10)(a)). The Department of Health estimate that there are 4 million children amongst the 11 million children in England who are vulnerable because their families receive less than half the average household income, yet only 300–400,000 of these children are known to social services at any given time (Department of Health, 2001, pp. 23–24). In their study of families whose children were at risk of suffering emotional abuse and neglect, Thoburn *et al.* (2000) found that in 98 per cent of such cases the families were characterized by living in situations of extreme poverty. Given the strong correlation between poverty and the need for provision of public services (Department of Health, 2000) it is obvious that social services in the United Kingdom only help a small proportion of vulnerable children who become members of that subsection *children in need* as a consequence of their contact with social workers. This would suggest that a more effective way of

helping vulnerable children would be through an increased resourcing and reshaping of the social security system rather than highly selective and piecemeal provision of services through local authority social work departments (Parton, 1997). Such issues are, of course, recognized by government and it remains a central policy goal of New Labour to reduce numbers of children in poverty and therefore the numbers of children in need. However, given the separation of social security and social welfare systems in the United Kingdom, when it comes to operational issues within local authorities, structural analysis takes second place to procedural adjustment in addressing the needs of children and their families.

The policy context

The systemic and systematic nature of the New Labour project to control the direction of public services in the United Kingdom involves a number of linked legislative, policy and practice initiatives. In child-care matters, the 1989 Children Act has become the symbolic, as well as the legal, reference point against which all aspects of policy and practice are benchmarked. The leitmotif of the current interpretative phase is that there should be a balanced response on the part of the state to those families facing difficulties and that all aspects of service provision should be *integrated* to safeguard and promote children's welfare. This is expressed through the statement of policy direction in the White Paper *Modernising Social Services* (Department of Health, 1998b), the identification of service delivery goals in *The Government's Objectives for Children's Social Services* (Department of Health, 1999b), and in specific targets for achievement, alongside prescribed measures, in *The Quality Protects Programme: Transforming Children's Services* (Department of Health, 1998c). These developments in policy have been paralleled by initiatives to provide a steer on the direction of social work practice. Various, through the convening of conferences (for example, Department of Health, *Refocusing Children's Services: Conference Proceedings, 26 September, 1996b*), reports by the Social Services Inspectorate (for example, *Getting Family Support Right: Inspection of the Delivery of Family Support Services, 1999*), the commissioning and publication of research by the Department of Health (for example, *The Children Act Now: Messages from Research, 2001*) and the establishment and promotion of new practice tools for social workers such as the *Framework for the Assessment of Children in Need and Their Families* (Department of Health *et al.*, 2000).

It is not within the scope of this article to develop parallels in the relationship between the state and the family and the state and the professional, but one point is worth noting in passing. While the state may utilize the rhetoric of partnership, voluntarism and empowerment, the velvet tones belie a firm intent. Just as the experiences of the families in our research study will indicate the operation of the power of the state, no matter how

benign a form that might take, so too is that power evident in the directing of social workers as they carry out their roles and tasks. As Howarth (2001) points out, the New Assessment Framework is not offered as an optional aid to practice but rather, is issued as Section 7 guidance of the 1970 Local Authority Social Services Act, a status which requires local authorities to respond to the guidance of the Secretary of State in such matters.

Measures of governance

While strategies for the promotion and dissemination of policy involve the apparatus of the state manoeuvring its agencies in a ritualized set dance, other techniques are employed to ensure that new steps have been well learnt. These may be thought of as measures of governance. In modern governance, traditional economic accounting of input and output measures (see for example, *Modern Policy-Making: Ensuring Policies Deliver Value for Money*, National Audit Office, 2001b) have been supplemented by an increased range of quality measures designed to detect more subtle variations in agency response to government policy (see for example, *Measuring the Performance of Government Departments*, National Audit Office, 2001a). These are used to map performance across a wide range of activities carried out by Public Bodies. Those who work in universities (the Research Assessment Exercise), secondary education (school league tables), the Police (regional crime figures) and the National Health Service (clinical audit) will be acutely aware of the naming ('failing school'; 'incompetent police force') and shaming ('publication of league tables') techniques that are used to promote conformity to targets and create norms of performance. Such techniques of course expose the duality of purpose in the use of performance measurement, for not only is performance measured against policy targets, but also the measures become in themselves instruments for the creation of new targets where none before existed. For example, the Department of Health's *Children Act Report 1995–1999* (2000) contains a figure (Figure 9.9, p. 91) detailing the performance of local authorities in England, as measured by the rates at which children's names are placed on child protection registers against *what rates might be expected* (our emphasis) when the figures are adjusted by the York Index (Sinclair and Carr-Hill, 1997). The York Index was developed to measure levels of deprivation in any given local authority via a number of indicators; for example, proportions of dependent children aged 0–18 living in lone-parent families (Carr-Hill *et al.*, 1997). As there is general acceptance by government that those living in areas of economic and social deprivation will be the most likely recipients of social services, the York Index can be used to indicate what level of service activity is likely to occur within any particular local authority. The figure illustrates that, even when the York Index is factored in, a significant number of local authorities deviate from expectations, that is some deprived areas have low rates of children's names on child protection registers

whilst, conversely, some affluent areas have high rates. We must leave aside the dubious practice of aggregating local authority statistics to produce performance means that become normative (what is the 'right' rate of children's names on registers?), for the purposes of such tables are primarily to pull the errant into line. In this way a measure of governance becomes an instrument of governance.

It is, therefore, not surprising that agency responses to government policy initiatives have been motivated by a desire to conform to the messages, as well as to the measures, of governance. In relation to the specific requirement to shift resources away from inappropriate child protection investigations and towards provision of family support (Audit Commission, 1994), this has resulted in attempts to reduce levels of activity as measured by certain key indicators. In particular, there has been a concentration on the routing of cases away from the child protection system at point of referral to reduce numbers of families formally investigated, a narrowing of the differential between rate of investigation and rate of case conferencing and a reduction in the numbers of children's names added to child protection registers. A number of research studies have reported on the results of such endeavours. Freeman (1996) reported a reduction in excess of 50 per cent in the annual number of child protection investigations, with a similar reduction in the numbers of children's names on the child protection register, over a four-year period in the Strathclyde region of Scotland. This was achieved on the basis of only investigating and registering where the level of harm suffered by children was significant, and where there existed clear parental culpability in the causation of such harm. Bilson and Thorpe (1997) developed a set of investigatory criteria which, when applied retrospectively to child protection cases emanating from Thorpe's (1994) original Australian study, demonstrated potential for the numbers of such cases to be reduced by 58 per cent. The same authors (Thorpe and Bilson, 1998) applied an amended version of their criteria to a file sample of 205 children who had been the subjects of child protection investigations within a local authority in England; the results suggested that only 29 per cent of the children met the criteria for investigation. More recently, Parton and Mathews (2001) report on the New Directions policy in Western Australia, a procedural response to the issues raised by Thorpe's (1994) work and subsequent research by Cant and Downie (1994), which sought to rebalance child-care services towards child welfare principles and methods of intervention. This resulted in a reduction in child protection investigations by 59.4 per cent over a five-year period, with an associated increase in substantiation rates from 24.3 per cent to 49.4 per cent over the same period. This study also reported a consequent rise in numbers of 'child concern reports', as numbers of investigations diminished. The Northern Irish Health and Social Services Trust, within which all three parts of the research project reported here have been undertaken, has also endeavoured to rebalance its service provision profile. In keeping with the results from the studies outlined above, it has, in the period 1998–2001, reduced the rate of

child protection investigations by 37 per cent and numbers of children on the child protection register by 20 per cent (statistics produced by internal performance monitoring by the Trust's planning department). These results are being achieved through a combination of dissemination of messages from research together with a clear signal from senior management that they would support social workers in their efforts to develop child welfare practices (Spratt, 2001).

Agency action of the type indicated above, illustrates the way responses to policy initiatives are made demonstrable through the introduction of new guidelines, recategorization of activity and encouragement to social workers to change patterns of practice. Those who monitor such endeavours may also seek to reinforce the desirability of changed patterns of activity. For example, the Social Services Inspectorate and the Audit Commission joint review team choose to publish (2002*b*), as an exemplar of good practice, the efforts of one local authority in England who, by reconstituting a greater number of initial referrals as children in need, requiring child welfare as opposed to child protection services, managed to reduce numbers of child protection investigations and numbers of children's names on the child protection register. An associated press release (Social Services Inspectorate and the Audit Commission, 2002*a*) awards the local authority two stars for its efforts (two stars equals 'good'). There is, of course, no denying that a system that manages to reduce numbers of investigations is more ethical (given research findings on the effects of such investigations on families); where it manages to increase the percentage of investigations which become substantiated it is more efficient, and where it manages to divert greater numbers of referred children towards child welfare assessments it is, at least potentially, more likely to meet their needs. It is not the intention here to subvert such laudable aspirations and achievements, but rather to question whether a preoccupation with prescribed measures has obscured underlying tensions in the relationship between the state and the family. For while all the principal parties may subscribe to the new language and rules of governance, it is as yet unclear whether the world they seek to capture in category and percentage is more abstract than real.

Research into parents' experiences of child welfare interventions

An understanding of how policy development and modes of governance have been interpreted by social workers and experienced by families has been a central objective of this research project. Whilst there exists a number of studies on the effects of child protection investigations on families (Amphlett, 1991; Howitt, 1992; Cleaver and Freeman, 1995; Bell, 1995, 2002), and on the efforts of child-care organizations to reconfigure their performance towards child welfare ideals (as identified above), research into child welfare enquiries

has been rather more limited. This may be because the term 'child welfare' is essentially generic, taken to represent a range of different activities in childcare, from modes of intervention through aspects of assessment to delivery of services.

Research undertaken by Colton *et al.* (1995) into the implementation of those parts of the 1989 Children Act dealing with children in need, examined the experiences of parents whose children were deemed to be children in need. As the research included those families with children in need for whom concerns existed in relation to significant harm, there was consequently no differentiation made between the experiences of parents who had been investigated under child protection procedures and those who had not. A similar problem is evident in a comparative research study of social work interventions in England and in France (Baistow and Heatherington, 1998). In this study the researchers interviewed thirteen English families who had been in contact with social workers in relation to child-care issues. However, some of these families (we are not told how many) had been investigated under child protection procedures. It was found in most cases that relationships between families and local authority social workers were characterized by conflict. The authors suggest the reason for this was because '[I]n England fewer resources combined with adversarial postures, an emphasis on individual rights and a systemic focus on child protection rather than on child welfare, meant that these parents felt that they could be placed in opposition not only to social workers but also to their own children' (Baistow and Heatherington, 1998, p. 121). In the smaller number of cases where successful relationships were established between social workers and families, these tended to reflect appreciation by families of the social workers' sensitivities and skills. The Social Services Inspectorate (1999) collected information on 2,323 children in England in the course of their inspections of family support services. Two-thirds of this number had received services from community social work teams, with 49 per cent of the sample having been subject to child protection investigations. The Inspectorate went on to interview 80 families and send questionnaires to a further 320, to ascertain levels of satisfaction with services received. The results were very positive with 80 per cent of the families expressing high levels of satisfaction with services. In their major study of service provision to children in need, Tunstill and Aldgate (2000) interviewed the parents of ninety-three children across seven local authorities in England. Whilst this study excluded those families who were currently referred because of child protection issues, two-thirds of the families had been previously referred to social services and included in this group were those referred because of child protection issues. They found that despite a perception by parents that contact with social services was stigmatizing, more than half of the families in the sample had taken the initiative to refer themselves, with '[o]verall, 86 per cent of the parents [finding] Social Services sympathetic and helpful' (Tunstill and Aldgate (2000, p. 137). More recently research has begun to focus on the experiences of families who are the subject of more

broad-based assessment processes similar to those developed by the Department of Health *et al.* (2000) in their *Framework for the Assessment of Children in Need and their Families*. This assessment framework is designed to provide multi-dimensional, ecological, perspectives on the child's world, the needs they and their family might have and the most appropriate ways of meeting those needs. It is, as yet, too early for research into the implementation of the new framework to become available. Research by Platt (2001), however, has provided some indication as to how families are likely to respond to such assessments. Platt's research examined the use of an assessment framework similar too, but less complex than, the Department of Health *et al.*'s framework. The aim of the research was to examine the extent to which the assessment framework might facilitate identification of family needs in order to provide services, whilst maintaining a link to the child protection system. What the Department of Health rather coyly describe as, 'keeping a watchful eye on children who *might be* [their emphasis] at risk of significant harm' (2001, p. 46). As part of the research, eight families, with regard to whom social workers had concerns, were interviewed. Platt found that, 'for many parents, a wariness (at best) about social workers visiting them was evident in the initial stages of most of the interventions ... for some families, a social worker knocking at your door was bad enough, irrespective of whether they were investigating alleged abuse or offering an assessment' (2001, pp. 144-5). Families, however, became generally more appreciative of the intervention as it proceeded, with Platt concluding that there was a real difference for families in being the subject of an assessment as opposed to an investigation as it was less invasive and more conducive to the development of partnership working arrangements.

The research project

This article reports the results of research on the experiences of parents referred for reasons of child welfare to the Family and Childcare Programme of a Health and Social Services Trust in Northern Ireland. This research represents the third part of a three-stage project; the findings of the first two parts were previously reported in this journal (Spratt, 2000, 2001). The overall aim of the project is to compare child protection social work with child welfare social work. The specific objectives are, first, to compare how decisions are reached that determine which cases become child protection cases and which ones become child welfare cases. Second, to compare social work processes in child protection and child welfare cases. Third, to examine the experiences of families in child welfare cases, in the light of the findings from the first two parts of the research project.

Summary of findings from parts one and two of the research project

In the first part of the project, a total of seventeen senior social workers were asked to code thirty-four case vignettes as requiring either a child protection investigation or, alternatively a child-care problem enquiry, and to give reasons for their choices. It was found that respondents disagreed in their categorization of 94 per cent of the vignettes. When all option choices made by the senior social workers were totalled it was found that more than half favoured child-care problem enquiries. As thirty of the thirty-four vignettes used in the questionnaire represented actual referrals receiving child protection investigations, there appeared to exist potential for a significant proportion of such referrals to receive responses more in keeping with child welfare practices. However, from the comments made supporting option choices, it was evident that respondents justified their choice of child-care problem enquiries on the basis that there were no risks present, or if there were, these could be managed outside the framework of child protection procedures. There was scant mention of this route being a better one to meet the needs of families. The author speculated that such responses betray an underlying concern on the part of social workers to manage the risks involved in child-care work, and that technical redefinition of cases at point of referral may not fundamentally change the nature of social work processes in such cases.

The second part of the project involved an examination of social work processes evident in child-care problem cases and a comparison with those in child protection cases. A total of 154 case files were examined and semi-structured interviews were carried out with twenty-six social workers. It was found that because most (four-fifths) child welfare cases are not risk free, social workers had developed practice responses that resembled those in child protection cases. Whilst a majority of the social workers aspired to work in ways that promoted the support of families in the context of partnership relationships, they were also clear that a concern to manage risk was their first priority in such cases. The author contended that social workers cannot be expected to implement policies which promote child welfare perspectives without recognition, at governmental and organizational levels, of the inherent contradictions in the state's relationship with the family which, while subjugated at policy level, are unavoidably expressed at practice level.

The study

The study was sponsored by and carried out within the same Northern Irish Health and Social Services Trust, as were the first two parts of the research project. The fieldwork was carried out in 2001 by one of the authors. While this arrangement facilitated access to families, the lack of dedicated research support finance restricted the scope of the study to a sample of twelve families.

While considerable care was taken to ensure that the families identified for interview were representative of all those families referred for reasons of child welfare, and the qualitative research design produced rich and varied data, the study remains small in scale and its results must therefore be treated with circumspection. The study is concerned with understanding the experiences of families whose difficulties are classified as requiring child welfare responses at point of referral. The results from the first two parts of the project indicated that there were profound difficulties in deciding what constituted either a child protection or a child welfare case at initial referral stage and that this ambiguity permeated practice in child welfare interventions. The aim of the present study is to evaluate the experiences of families subject to child welfare interventions. The results offer an insight into how the relationship between the state and the family is operationalized, as social workers endeavour to configure their work within a child welfare discourse and families in turn seek to make sense of this.

Methodology

As the aim of this last stage of the research project was to ascertain the views of families subject to child welfare interventions, the methodology judged most appropriate for these purposes was the semi-structured interview. It was important, however, to ensure that the families selected for interview were representative of the population of those families referred for reasons of child welfare. In the second stage of the research project it was found that four-fifths of child welfare cases featured, at the point of referral, either explicit or inferred risks to the children concerned. It was therefore important to ensure that the characteristics of families in the sample included such concerns. As there is a gap in the research in relation to families referred for reasons of child welfare that have not also been previously referred to social services for reasons of child protection, it was also necessary to ensure that families in the sample had no previous experience of referral. Therefore to obtain a representative sample of families referred for reasons of child welfare, the following selection criteria were devised.

- 1 Families should have no previous history of referral to social services.
- 2 The referral should contain an element of concern with regard to the welfare of the child(ren) which might possibly be linked to action or inaction on the part of the parent(s).
- 3 The referral had been responded to by social workers, with enough time having elapsed for an assessment to take place.
- 4 The referrals should be drawn from the same five fieldwork office sites that had provided data for the first two stages of the research project.

The prescriptive nature of the selection criteria limited the field of potential respondents in the study. Through initial computer record search and subsequent file analyses, families matching the selection criteria were identified. Interviews with team leaders across the five fieldwork office sites were held to complete the background information on identified families and establish if there were any contra indications to interviews taking place. These processes yielded a sample of twelve families who matched the selection criteria. These families were informed by letter that the researcher had the Trust's permission to contact them, with the reasons for the study explained and confidentiality assured. The researcher followed up with telephone contact to establish the families' willingness to take part in the study. A pilot study, involving semi-structured interviews with three parents who had had previous contact with child-care social workers, and acted as a reference group for Trust practice and research initiatives, helped refine the content of the interview schedule. The development of the interview schedule was further informed by the schedule used by Cleaver and Freeman (1995) in their study of families subject to child protection investigations. The interview schedule was then pre-tested with a family who met the selection criteria but who were not included in the study sample. Semi-structured interviews were subsequently conducted in the respondents' homes (ten cases) and in a local fieldwork office (two cases). The interviews were recorded by contemporaneous notes taken in shorthand. It is acknowledged that this form of recording is inferior to audiotaping. Unfortunately the lack of research support budget precluded the use of audio transcription. Whilst every effort was made to ensure that notes were written up in full text format after interviews, there is an inevitable loss in the ability to fully capture the richness of data using such a method. The resulting data were analysed by an examination of respondent's views on the social work process, including the reasons for referral, initial contacts with social workers, multidisciplinary contacts, assessment, service delivery and cessation of contact. These data, together with data on respondent's perceptions of social workers, form the basis for the elucidation of emerging themes and provide a platform for some further reflection as to how this study might inform the wider debate on the nature of social work in the United Kingdom, as developed in the earlier part of this article.

Results

The sample

Lone parents, all of whom were female, represented six of the families. In five of the families the parents were married and in one the (female) parent lived with a long-term partner. While the researcher invited both parents/partner (where this was applicable) to participate in the research, in only one case did a male parent make himself available for interview (he was in fact the sole

interviewee in this case). The sample therefore reflects some of the features of similar studies, where, as Baistow and Heatherington (1998) observe, when we use the word 'family' we usually mean 'parents' and, as Swift (1995) points out, when we use the word 'parents' we usually mean 'mothers'. In all but one case the parents were over 25 years of age. Families contained on average, 2.5 children. Five of the families (all lone parents) were dependent on state benefits. In the remaining seven families income was generated from regular employment.

Parents' perceptions of child welfare processes

Findings from the second stage of the research project (Spratt, 2001) indicated that social work processes in child welfare cases were influenced by those used in child protection cases. It was therefore important to determine how concern on the part of social workers to address possible child protection issues might be made apparent in their contacts with families. Of particular interest were how these might be made manifest in the social work process, including reasons for referral, social work visiting, multidisciplinary contacts, assessment, service provision and cessation of social work activity.

Reasons for referral

Three of the families were self-referrals, other professionals had referred eight families, and one had been referred anonymously. The range of concerns expressed in referrals are categorized in Table 1.

Results from the second stage of the project indicated that the majority of child welfare referrals contain concerns with regard to the child's welfare that may be associated with actual or potential culpability on the part of the parent(s). In the second stage of the project and in this study the majority of referrers were other professionals. As has been observed in other studies (Spratt and Houston, 1999) part of the motivation of referring professionals is to transfer responsibility for possible future child protection risks, even though such concerns may be covertly subsumed within overtly expressed child

Table 1 Range of concerns expressed at referral

	No.
Issues relating to behavioural, emotional and relationship difficulties	5
Inappropriate 'sexual behaviour' between children	3
Parenting issues	2
Parent concerned with regard to father's behaviour during 'contact visits'	1
Anonymous referral relating to alleged parental neglect	1
Total	12

welfare concerns. As has been observed in the results from the second stage of the project, such referrals leave social workers with the difficult task of assessing such possible risks within a child welfare framework as opposed to a child protection one. While such referrals rarely contain direct allegations of child abuse they do, none the less, carry echoes of child protection concerns. This was the case with our study population; for example, the family health visitor who, on a home visit was concerned to find the 6-year-old child playing in the garden with the house unoccupied, referred Family A. The child told the health visitor that his mother was away on holiday. The health visitor subsequently contacted the duty social worker who visited the family later that day. It transpired that the mother had been in a local corner shop and that a neighbour had been instructed to 'keep an eye' on the child. Family B was referred anonymously because of concerns that the 14-year-old son of the family had suffered physical chastisement in the context of ongoing domestic violence and alcohol abuse. These cases represented the more serious end of the child welfare continuum. More typical were expressions of more nebulous concerns, such as with Family C where a social worker had called after receiving an anonymous phone call alleging that a 2-year-old child was receiving inadequate care. At the other end of the continuum possible child protection concerns were of a more oblique nature. For example, a general practitioner requested help for Family D who were experiencing stress due to the behavioural problems of their 14-year-old son, who had been diagnosed as having attention deficit syndrome.

While the nature and source of referral were to influence the family's reactions to subsequent contacts with social workers, it is also important to note that their preconceptions as to the role and functions of social workers influenced such reactions. Culled from media portrayals, the experiences of people they knew who had had contact with social workers, as well as in one case, experience of working alongside social workers in a professional capacity, families' views on social workers fell into three identifiable categories; positive, neutral and negative. Six of the families felt that social workers usually did good work in difficult circumstances. This is reflected in the comments of two parents. 'In the majority of cases they're needed, they can make situations worse but I have generally a positive attitude towards them.' '[It is] an awful job—out in all situations. I wouldn't have done the job. Easy target if things go wrong and difficult to be in a winning situation.' The three families who held neutral views indicated that they had not thought about social workers prior to their involvement with them. Those families who articulated more negative views were apprehensive with regard to the nature of intervention in family life. '[T]hey would have taken your kids off you if you didn't take care for them, and when you get involved with them it's for life'. Given that these views were offered after actual involvement with social workers, it is likely that they were also influenced by experience of social work intervention, which may have served to either challenge or reinforce preheld views.

The nature and source of the referral, as well as preconceptions held with regard to the roles and functions of social workers, may help explain something of the diversity in families' anticipation of social work contact. Thus for the three families who self-referred and the one who asked the general practitioner to refer on their behalf, there was little apprehension with regard to contact with social workers, as one parent put it, 'I had no problem with a social worker being involved. I was coming to the end of my capacity to deal with my son. . . . I needed help from someone.' But *little* did not mean *any* apprehension. Two of the self-referred families still felt a degree of trepidation at the prospect of contact with social workers. 'I was glad she was coming out . . . [but I] still have feelings about the stigma . . . there's our name on a file . . . [this] assumes our child needs protection from us.' For the three families who had known that they were to be referred without their consent the apprehensions were rather more acute. 'I had been worried the social worker would think "what are they doing to this poor child"'. In the five cases where referrals had been made without either parental consent or awareness of them happening, the reactions were very pronounced. 'My nerves, I didn't know whether to laugh or cry . . . I was worried that the social worker would be calling every day—checking up on me. I really didn't want a social worker.' The apprehensions felt by most families with regard to the prospect of social work visiting were usually, but not always, diminished during the course of actual dealings with social workers.

Initial contacts with social workers

Families' understandings of the purposes of social work visits were made more complex by the range of different experiences that characterized their first contact with social workers. For five of the families the initial contact was with the 'duty social worker' who saw the family only once before passing the referral on to the area team. The other seven families were allocated a named social worker upon referral. The length of time it took from referral to visit by the allocated social worker ranged from within 1 week for half the families, to between 1 and 2 weeks for three of the families, and over 3 weeks for the remaining three families (two of whom had received visits by the duty social worker). As none of the families had been referred to social services previously they lacked any experience to inform them as to what might constitute the *usual* response by social workers to problems experienced by families. The routes from referral to contact were further complicated by the variety of modes of contact employed. Most of the families were contacted by either, or both, letter and telephone before receiving (in all cases) a home visit. For most parents such visits were positively received. 'I thought she was very good . . . she was [a] very open and honest person and you knew what she was thinking'. However, for some parents, their evaluations of these contacts reveal something further of their apprehensions. Talking about contact with the duty

social worker one parent commented, '[S]he was quite abrupt, also in the kind of questions that were being asked ... the way they were asked, I did feel quite defensive, I felt as if, does she think I don't take care for them properly?' Another mother who had received an unannounced visit from a social worker said, 'I got really upset. ... I was a bit hysterical ... I just broke down at this stage. We actually checked the telephone number to see if it was real—to confirm who he said he was.' All the families considered that the social worker had provided them with a clear understanding as to the reasons for their visit. 'The social worker introduced herself and explained why she was there ... yes I was clear.' Five of the families felt that the encounter itself had been of a positive nature. This group included the three self-referring families and the one referred by the general practitioner. 'I felt relief, another lifeline for me.' Three families were ambivalent with regard to their feelings. 'The first contact was ok ... but I was still bothered about the stigma thing, about family and childcare being involved with the family.' The remaining four families were left concerned and very anxious. 'I was shocked ... because [of] what has occurred in the home—the welfare had to be brought in.' The nature of the referral of course contributed to these feelings, it being one thing to have someone call to follow up a parents' own request for help for their child's behaviour, but quite another to be asked for explanations as to why a child had been left unattended.

Multidisciplinary contacts

Findings from the second stage of the project indicated that social workers made multidisciplinary contact with professionals known to referred families before contacting families themselves in 37 per cent of child welfare cases. In seven of the twelve cases in our present study there was evidence from social work files of such multidisciplinary contact before contact with the families themselves, but in only three cases did this go beyond a recontact with the original referrer. This smaller group of cases featured a number of contacts, including those with health visitors, general practitioners, the police and a mental health social worker. It was evident from interviews that the majority of parents did not consider the issue of multidisciplinary contact to be problematic. 'It did not bother me, I had nothing to hide.' However, it appeared that most families remained unaware of either pre- or post-multidisciplinary contacts in their own case. Where this awareness was apparent another issue was raised. 'The social worker did not explain why she talked to the health visitor.' With the exception of one case, there was no evidence to suggest that social workers had talked to parents about the nature of multidisciplinary contacts after they had taken place. As such, parents generally appeared unaware as to the outcomes of social work contacts with professionals and what influences, if any, these had on the social worker's assessment of the case.

Assessment, service delivery and cessation

The file analyses and interviews at the second stage of the project provided little indication that any formal assessment processes were evident in child welfare interventions; this was also the case in respect of parents' perceptions as to what occurred during social work visits. While parents were clear that the initial visit was used by social workers to clarify issues and obtain information there was little indication that this process was ongoing. None of the parents referred to the social work visits in terms of an assessment process but rather described such visits either in general terms, or in respect of activities undertaken by the social worker. 'For the social worker, it was necessary to call out and see how things were generally going.' With regard to their understandings of the purposes of continuing social work visits, most parents felt that the social workers were primarily interested in the welfare of the children, in some cases this constituted direct work with the child(ren), in others, checking to see how the children were. 'The social worker comes to see Betty—she comes and does her stuff with Betty and she goes.' For some families, however, the purposes of visiting remained unclear. 'I don't really understand why the social worker is still visiting.' A few families were left angry by continuing visits. '[The social worker] is not interested in us—not interested in Hugh. I felt she was out, just to be out for the sake of being out—just to mark it down in her diary—just to keep her job—to get the visit done.' As the preceding comment illustrates, the degree of clarity as to the purposes of social work visiting did not always correspond with a shared agreement between parents and social workers as to the purposes of such continued contact. This may be explained, in part, by the fact that in two-thirds of the cases offer of services equated with social work visiting, with practical help offered in only two cases and therapeutic help in one. This finding resonates with the results of part two of the research project where it was found that families in child welfare cases were no more likely to receive services than were families in child protection cases. It is important to note, however, that services offered directly by the social worker could be well received. Four families felt very positive in this regard. 'What we have experienced has been great for what we've needed. We've got any help that we have asked for.' Three families, however, felt that they were not offered appropriate services, and a further two families considered that continuing social work intervention was neither necessary nor appropriate but felt it was difficult to challenge the social workers view. '[I]t's ongoing, but I really don't know what the 'ongoing' is about ... the social worker said she needed to speak to the senior social worker—there is obviously something in the pipeline. You're left in a state of doubt because you need to be told it's finished or let us know that it is.' The preceding comment illustrates the problem of closure in such cases and explains why we use the term cessation. For those four families who had experienced a cessation of social work activity, two had sought continued help but could not obtain it. 'The social worker said that she'd be back in a couple of

weeks. ... I needed help for me, so I could help my son. I phoned twice looking for her ... there's no point in going back now, she wasn't interested in the first place, so why go back?' While there was no evidence of ongoing long-term work in these cases, there was also no sense of official closure, rather a cessation in activities leaving a minority of families feeling confused and unsupported or apprehensive.

Parents' perceptions of social workers

Irrespective of the nature and source of the referral and the families' previous attitude to social workers, it was their relationship with their particular social worker that parents were to return to again and again during the course of interviews. It was apparent that the key determinants influencing the evaluation by parents of their experience of social work were the personality and performance of their social worker. This was evident in two main ways. First, the attitudes of social workers: in a minority of cases social workers were judged to be more interested in checking on the family situation than in engaging with their problems. '[T]he social worker called ... no prior notice, no appointment ... I just feel she might be calling to check up on me.' 'I don't feel she was interested. I don't feel she respected anything I had to say. She did not show she was worried about me.' By contrast, most families found the attitudes of social workers to be conducive to forming relationships. 'He was very open and honest and he respected our views ... I'd no problem—I told him too much, he was really easy to talk to'. Second, the social workers' abilities to make and sustain relationships with parents as well as children: 'Jane and her welfare were the main focus but my feelings were also considered by the social worker'. Families viewed those who were skilled in these matters as going beyond procedural requirements in their work, sharing information openly and honestly and being trustworthy in carrying out promised tasks. 'He did everything he said he was going to do. It's better than I thought it would be; maybe I was lucky to have got a social worker like I did'. The building of such relationships gave parents the feeling that they could rely on their social worker should they need further help. 'It does help having the social worker to call on; [I] had a call from the school, I was upset and phoned the social worker and it made things easier.' In two cases, however, the families viewed relationships much more negatively, as one parent put it, '[t]here is no support for me and I don't feel able to ask.'

Two further attributes of social workers drew particular mention, their ability to empathize and their communication skills. Parents frequently pointed out that social workers should understand the problems faced by families. 'To know what it is like to be a parent caring for a child.' To achieve this, parenting experience was usually preferred over knowledge. 'They should have a family of their own.' Procedural competence was judged less useful.

'They might go by the "book" but the book is not based on reality.' Where social workers listened and understood, parents felt reassured, '[he is] a good listener . . . he would say "sorry can I interrupt you"; he takes his time.' Those social workers who displayed these qualities were highly regarded. 'She was genuinely interested, not questioning but genuinely interested in our everyday life, not intimidating, asking how things are.' Parents were equally perceptive in identifying communication deficits; 'I feel she listens but she doesn't hear me.'

Emerging themes

Covert surveillance/high engagement vs. overt surveillance/low engagement

The results of this study indicate that child welfare interventions are in some ways similar and in some ways different, to child protection investigations. In the previous parts of this research project, findings pointed to a continued confusion over what constitutes child welfare and child protection cases, as well as a continued need to manage risk within child welfare cases. With an increasing proportion of referrals receiving child welfare interventions in preference to child protection investigations, the question arises as to how the issue of risk is managed in such cases? While social workers have indicated that the issue of risk is uppermost in their minds in child welfare cases and that they borrow heavily from child protection social work processes in responding to referrals of this type (Spratt, 2001), it would appear that in the majority of cases in this study these concerns only indirectly percolate through to families. What appears to be happening is that most social workers are quickly addressing issues of risk with the family before subsuming continued concerns with regard to such issues within the context of a full engagement with the family. While they are clear about initial concerns they may have in relation to issues of inadequate parenting, however, they quickly move on to how such deficits may be addressed. We might term this mode of working as *covert surveillance/high engagement*. This conforms closely to the model of social work promoted by the government, wherein there is engagement with families in conformity to the partnership ideal whilst any potential for child protection issues to arise is monitored. In contrast to this mode of working is that, characteristic of a minority of social workers in the study, which we might term *overt surveillance/low engagement*. In this model social workers are interested in policing possible child protection risks with only perfunctory attempts made to engage the family. This way of working replicates many of the features of child protection investigations with concern for the categorization of event, the reduction in focus once investigative processes have played out, and the consequent estrangement of families.

Conforming to governance

The results of the research reported here, taken together with the findings from the larger project, suggest that not only are there fundamental difficulties in reconfiguring the relationship between the state and the family, but that the subjugation of such difficulties via techniques of governance have distorted our understanding as to what much of current social work practice is actually about. The problem is that although the word 'risk' has all but disappeared from the official discourse of child welfare, it has not gone away as a feature of everyday social work with children and families. While measures of governance would appear to confirm that child protection issues are quietly leaving the stage, the management of the uncertainties they pose continue to be quietly played out in the wings. 'Keeping an eye' on possible risks to children in child welfare cases leads social workers to develop their own strategies for engagement with families that balance concern to manage risk with concern to meet the families' welfare needs. The experiences of families subject to child welfare interventions demonstrate the profound unease of those whose private lives have become the subject of such scrutiny. Yet they also indicate that this unease may be mollified by the practice of social workers who skilfully deal with issues of risk in the context of obvious and abiding concern for family welfare. It is apparent that the most skilled of these practitioners can bear the contradictions inherent in the relationship between state and family and create consensus from conflict. This alchemy is achieved via the implementation of processes to reduce risk and concentration on the role of relationship at the epicentre of continuing work. For those social workers less skilled and/or less committed, there is little attention to relationship once concerns associated with child protection risks have been assuaged.

It would appear that conformity to the official measures of governance is therefore being complemented by adherence to the messages of governance. Some social workers have utilized the space created by the promotion of child welfare responses to develop the partnership relationship upon which so much of the success of the work may be predicated. The critical word in the preceding sentence is, of course, 'some', for a minority of social workers fail to occupy the space and the feelings of the families involved with them bare comparison with those caught up in child protection investigations.

The possibilities of agency

One of the central concerns of this research project has been to explore the possibility of agency in the work of child-care organizations and of social workers. Whilst we have sought to contextualize local action within a matrix of structural constraints, we have also identified the possible spaces within which purposeful action may take place. In the first part of the project (Spratt, 2000)

it was found that it would be possible to reconceptualize a majority of child protection cases as child welfare (agency). However, whilst profound ambiguities with regard to the definition of child abuse created space for action, an acute awareness of the need to manage risk in the context of a culture of blame (structure) inhibited a wholehearted embrace of child welfare practices. The second part of the project (Spratt, 2001) found that social workers embraced many of the ideals of child welfare and sought to make these demonstrable in their relationships with families (agency) but, being aware of issues of professional accountability (structure), managed possible child protection risks by adopting quasi child protection case management processes. One of the main conclusions of the present study is that a majority of social workers have utilized the space provided by maximizing the potential for partnership with parents within child welfare interventions (agency), whilst demonstrating a reflexive sensitivity to the systems, increasingly unstated but no less pervasive, concern to manage possible child protection risks (structure).

Discussion

The forced connection between a reified account of the state's relationship with the family, wherein conflicts are subjugated and managed via the development of techniques of governance that monitor performance by measure, has produced a hiatus in the account of modern social work practice. Where once social workers were governed by *ideals* of practice they are now governed by *ideas* of practice. *The Children Act Now: Messages From Research* (Department of Health, 2001) exemplifies this in its choreographed account of what child-care social work should now constitute. It is a mix of heady exhortations to agencies to develop services, to practitioners to consistently and skilfully utilize the new tools on offer and to managers to monitor the relationship of input to outcome. The messages are also explicitly political, whilst the all-party support for the 1989 Children Act is maintained, the implementation of the 1990 National Health Service and Community Care Act, seen as representing a contradictory philosophy of care, is criticized as confusing the issues for local authorities. By contrast, the summaries of eighteen of the twenty-four studies commissioned by the Department of Health contain expressions of support for, and connection with, current government initiatives and policies. More than in any of the previous overviews of government-sponsored research into family and child-care social work in the United Kingdom (Department of Health and Social Security, 1985; Department of Health, 1991, 1995, 1996a, 1998a, 1999a) selected research findings are used to bolster messages of governance. This of course may be viewed as part of a wider project to rehabilitate the state from a position of estrangement from families. However, the recasting of relationship from paternalism to partnership may lack the substance to underpin the rhetoric. As

Lorenz has observed, 'New Labour seeks to "bring the state back" into the mix of organisational and conceptual arrangements for social services provisions' (2001, p. 605). And, as Butler and Drakeford point out, 'when social work does emerge in the New Labour vocabulary, it is almost always associated with government in authoritarian mode' (2001, p. 14). In current child-care policy the rhetoric of child welfare masks a rolling forward of the state wherein the representational is taken to be the real and it is left to social workers to deal with contradiction in the relationship between the state and the family. It is a credit to such social workers that the results of this study add further evidence to similar work indicating that they carry out the project with demonstrable success. What may be called for now is a reconfiguration in the relationship between the state and the family wherein the contradictions inherent in seeking to manage risks, as if there weren't any, are exposed. In his novel *The Child in Time*, Ian McEwan observes that, '[t]he art of bad government was to sever the link between public policy and intimate feeling, the instinct for what was right' (1997, pp. 8-9). We have not sought to make fulsome criticism of either public policy or social work practice, although flaws have been noted where they have been found. Rather we have endeavoured to draw attention to a degrading of the links between policy and practice wherein *the performance* has become *a performance*.

Conclusion

Our purposes have been to examine, through systematic research, the progress of managers and social workers in one Health and Social Services Trust in Northern Ireland as they seek to make sense of legislation and policy in practice, as well as the impact of these efforts upon families. The research results point to successes as well as limitations in the project to rebalance the relationship between the state and the family through techniques of governance. The successes have been on two levels. First, the Health and Social Services Trust, in common with local authorities in England and Wales, has managed to reduce levels of child protection activity. Second, there is evidence that social workers have utilized the space made available by the promotion of child welfare driven policies to develop partnership work with families. The limitations are a product of the duality of state responsibility to address risks and meet needs. Whilst the re-focusing debate has promoted a reconstitution of child protection work as child welfare work, the concept of risk has continued to preoccupy social workers in their practice in child welfare cases. Whilst a majority of social workers in this study manage such risks through engagement with families, others are less inclined to such positive practices.

We have argued that the project of managing populations through the co-ordination of policy, promotion of strategy and audit of practice through

measure of performance, as exemplified in the attempt to reconfigure and reconcile child protection within all-encompassing child welfare, is limited by the extent inherent contradictions may be made invisible and by the abilities of social workers to carry out such a highly complex mission. The research reported here would bear replication on a larger scale to see if the themes we have identified are played out across a broader canvas.

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