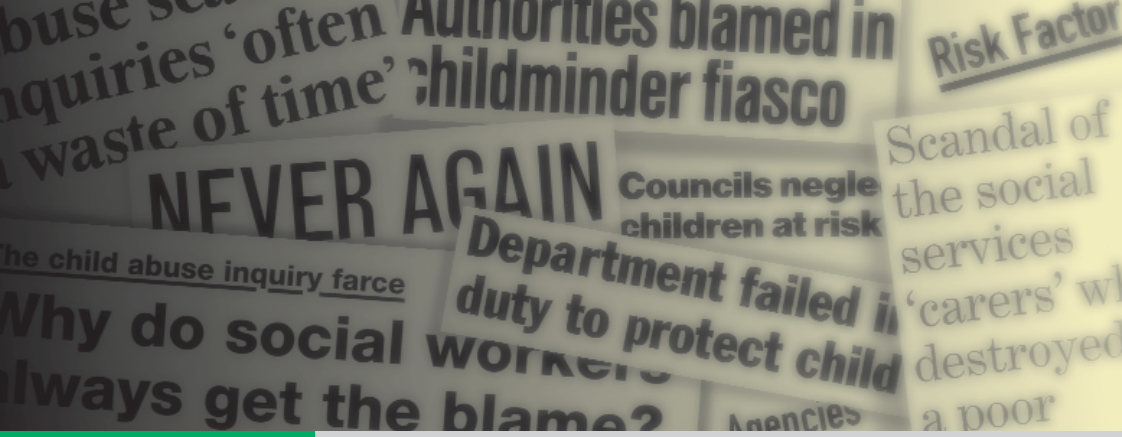

NSPCC

Policy Practice Research Series

Children Living at Home:
The Initial Child Protection Enquiry

Ten Pitfalls and How to Avoid Them

What Research Tells Us

by Hedy Cleaver,
Corinne Wattam,
Pat Cawson and
Rosemary Gordon

NSPCC
Cruelty to children must stop. FULL STOP.

The authors

Hedy Cleaver is a Senior Research Fellow at the University of Leicester School of Social Work.

Corinne Wattam is a Senior Research Fellow, University of Lancaster School of Social Work and University of Huddersfield Centre for Childhood and Child Protection Studies.

Pat Cawson is Head of Child Protection Research, NSPCC.

Rosemary Gordon is a Training Officer with the NSPCC Child Protection Training Group.

NSPCC

Cruelty to children must stop. FULL STOP.

The National Society for the Prevention of Cruelty to Children (NSPCC) is the UK's leading charity specialising in child protection and the prevention of cruelty to children.

The NSPCC exists to prevent children from suffering abuse and is working for a future for children free from cruelty.

© NSPCC 1998

All rights reserved. No part of the publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying or otherwise without the prior written permission of the copyright holder.

First published 1998 by the NSPCC
42 Curtain Road
London
EC2A 3NH
Tel: 0171 825 2500
Fax: 0171 825 2525
Email: nspcc-research@mailbox.ulcc.ac.uk

Registered charity number 216401

ISBN 0 902498 81 9

Design by Red Stone

Setting the Scene

The Department of Health's (1995b) recent research programme explored different aspects of child protection. Several studies focused on the initial stages of child protection enquiries. This research showed that most suspected child abuse was minor and in many cases the situation remained unclear. Gibbons, Conroy and Bell (1995) findings suggest that under a quarter of investigated cases needed protective intervention. As a result, large numbers of families, whose children appear not to be at risk of significant harm, are entering the child protection system.

Understanding parents' behaviour at the initial interview stage is important because research has found that it influences how social workers assess risk to the child. For example, unco-operative mothers trigger the instigation of a child protection conference even when concerns are relatively minor (Farmer and Owen, 1995).

The Children Act 1989 places equal emphasis on children in need and child protection. Because there has been a polarisation of family support and child protection services the Department of Health is *'promoting an integrated approach to the local authority duties under Part 111 and Part V of the Act'* (Department of Health, 1994a). This is crucial because research has found that when the initial enquiry is framed in terms of suspected child abuse, parents are less likely to be receptive to social workers than if the approach is directed at the welfare of the child. There are considerable advantages in looking at possible maltreatment in the context of children's wider needs (Department of Health, 1995b).

Working Together, 5.11.3. stresses that *'The balance needs to be struck between taking action designed to protect the child from abuse whilst at the same time protecting him or her and the family from the harm caused by unnecessary intervention'* (Department of Health, 1991b). Interviewing families about suspected child abuse has been found to have short and long term negative effects. Family relationships are frequently damaged as are those between social workers and parents. As a result the ability of professionals to work in partnership with parents is destroyed. This is of particular concern because, irrespective of possible abuse, the majority of families are in need of services (Cleaver and Freeman, 1995; Gibbons et al, 1995).

The first approach to parents is of particular importance because it sets the scene for subsequent interaction. Research found that, apart from a few

exceptional cases, parents' perspectives influenced case outcome. Positive outcome, in terms of family relationships, parenting skills and child development, improved when material support coincided with parents and professionals holding a common view of events (Cleaver and Freeman, 1995).

This booklet has been designed to disseminate current child abuse research findings relevant to the initial visit to a family in a child protection enquiry. It is heavily indebted to the Department of Health's programme of research. We acknowledge that the practice guidance is primarily aimed at newly qualified social workers or those who have less experience of child protection work. However, we believe that even very experienced staff will find the research findings of interest, particularly as a number of child protection enquiries have shown that when things go wrong it is frequently because basic questions have not been asked.

The purpose of a child protection enquiry is to check out concerns that a child may be at risk of significant harm, to ascertain whether this is so and to explore whether there is any other help the family may need in order to care adequately for their child. The research based information offered in this booklet should assist, not replace professional judgement during an initial enquiry. The 10 points are intended to follow the sequence of an enquiry from first referral to recording decisions, actions and plans. It is acknowledged that individual social workers will utilise the booklet in different ways. For example, reading the text prior to the first interview may act as an *aide memoire,* whereas a check after the interview could alert professionals to any assumptions made or questions unanswered. A foot-note number accompanies each research message and refers to a comprehensive reference list which is located at the end of this booklet. A full discussion of the research literature on risk assessment can be found in Cleaver, Wattam and Cawson (1998), the linked companion volume to this booklet.

References

Cleaver, H. and Freeman, P. (1995). **Parents' Perspectives in Cases of Suspected Child Abuse.** London: HMSO.

Cleaver, H., Wattam, C. and Cawson, P. (1998). **Assessing Risk in Child Protection.** London: NSPCC.

Department of Health. (1991b). **Working Together: A Guide to Arrangements for Inter-agency Co-operation for the Protection of Children from Abuse.** London: HMSO.

Department of Health. (1994a). **An Overview of the Development of Services - the Relationship between Protection and Family Support and the Intentions of the Children Act 1989.** Paper for the Sieff Conference: 5 September 1994.

Department of Health. (1995b). **Child Protection: Messages from Research.** London: HMSO.

Farmer, E. and Owen, M. (1995). **Child Protection: Private Risks and Public Remedies.** London: HMSO.

Gibbons, J., Conroy, S. and Bell, C. (1995). **Operating the Child Protection System.** London: HMSO.

Gibbons, J., Gallagher, B., Bell, C. and Gordon, D. (1995). **Development After Physical Abuse in Early Childhood: A Follow-up Study of Children on Child Protection Registers.** London: HMSO.

Children Living at Home: The Initial Child Protection Enquiry

Ten Pitfalls and How to Avoid Them

What research tells us

1. Pressures from high status referrers or the press, with fears that a child may die, lead to over-precipitate action.

2. Professionals think that when they have explained something as clearly as they can, the other person will have understood it.

3. Assumptions and pre-judgements about families lead to observations being ignored or misinterpreted.

4. Parents' behaviour, whether co-operative or unco-operative, is often misinterpreted.

5. Not enough weight is given to information from family, friends and neighbours.

6. Not enough attention is paid to what children say, how they look and how they behave.

7. Attention is focused on the most visible or pressing problems and other warning signs are not appreciated.

8. When the initial enquiry shows that the child is not at risk of significant harm, families are seldom referred to other services which they need to prevent longer term problems.

9. When faced with an aggressive or frightening family, professionals are reluctant to discuss fears for their own safety and ask for help.

10. Information taken at the first enquiry is not adequately recorded, facts are not checked and reasons for decisions are not noted.

1. Pressures from high status referrers or the press, with fears that a child may die, lead to over-precipitate action.

When families are unknown to welfare agencies and/or there is little evidence of severe abuse, professional judgement on what to do can be unduly influenced by the status of the referrer. For example, referrals involving the police are more likely to enter the child protection system than similar referrals coming from other sources. Fear of the severe consequences of a mishandled case can lead social workers to over hasty decisions. (11 & 24)

Informal agency culture can influence how particular types of suspected abuse are perceived. Allegations of physical and sexual abuse are frequently seen as more serious than neglect and emotional abuse. But long standing physical neglect is often a major preliminary factor to child deaths from abuse. (15)

Ask yourself:

- Would I see this referral as a child protection matter if it came from another source?

2. Professionals think that when they have explained something as clearly as they can, the other person will have understood it.

Factors which influence the families' ability to understand.

Experience of the system

Many parents have little idea of what social workers do and want to understand the duties and powers of the agency. It is difficult for parents to understand the balance between child protection and family support. (6, 13 & 16)

Families which come to notice for the first time in a child protection enquiry usually have little or no experience of welfare agencies and may be reluctant to ask for, or accept help. Parents fear private information about their family will become public knowledge and that neighbours and friends will come to know of their present predicament. (11 & 55) Explaining their rights to them, giving leaflets about their rights and the local authority complaints procedures, and assuring them that information will only be shared with relevant professionals can help.

When parents or children do ask for help their trust can be destroyed if they find themselves the object of suspicion. Similar problems arise if they lose control of events or if professionals fail to respect or involve them in decision making. When this happens it can result in later offers of help being rejected. (6, 11 & 54)

Families recognise that social workers must follow-up suspicions of child abuse but strongly object to social workers who do not appear to listen, do not show warmth or concern and simply 'do things by the book'. (11, 22 & 55)

Language and communication differences

When English is not the family's first language, parents who appear quite fluent may not grasp subtle points. (22) When a parent does not understand English a more fluent family member may offer to translate. Although in many instances this can be reassuring to parents, occasionally relatives filter or reinterpret what parents say; or inhibit or frighten them. If the interview must be discontinued because an interpreter is needed, families can be left

bewildered and frightened. Time must be devoted to ensuring that if this happens the family understands what the social worker plans to do. (31) This is equally important if non-verbal methods of communication are used.

Strong emotions

The anxiety and fear generated from an enquiry may result in parents not hearing, misinterpreting or forgetting what professionals tell them. (37) Parents and children want to know what is going to happen, who, if anyone, will contact them again, and when. They appreciate written information about what has happened and any future plans. In particular circumstances giving information on an audio or video tape may be appropriate. (16)

Research on professionals' communication with parents has shown that when parents are uncertain over what will happen or the implementation of plans are delayed it causes additional stress. This can adversely affect their willingness to accept help and their evaluation of any help given. (44)

Children and young people have greater trust in professionals who keep them fully informed. (9) Teenagers are more likely to relate well and co-operate with social workers who respect and listen to what they say. (57)

School aged children often fear that their teachers and friends will get to know about what has happened. Research shows that this can be more stressful to the child than whatever led to the enquiry. Children need to know that information will only be shared with other professionals when absolutely necessary. (9)

Ask yourself:

- Have I double checked with the family and the child(ren) that they understand what will happen next?
- Put it in writing to them as soon as possible, *including* decisions that an allegation is unsubstantiated or that no action will be taken. Consider language and literacy issues or the need for an alternative non-written format when necessary.

3. Assumptions and pre-judgements about families lead to observations being ignored or misinterpreted.

Factors which influence professional judgements.

Whether or not the family is 'known'

Long standing cases can be very frustrating and a sense of helplessness and concern for the parents may result in dangerously low standards of child care being accepted. The involvement of an independent colleague can bring a fresh perspective. (2, 15, 22, 28 & 54)

When the enquiry involves a family not previously known to social services, pre-conceived ideas about abusive families can affect professional judgement. Prejudgements about 'new' families can result in information or family features which do not fit the preconceptions being ignored or misinterpreted. (3 & 34) *'Those working in the field of child abuse must always be on their guard against the risk of seeing what they want to believe'.* (15)

Taking behaviour out of context

Looking at behaviour in isolation can be misleading because what would be considered abusive in one context is normal in another. There are many aspects of family behaviour on which there is no social consensus about what is normal or acceptable. Research shows that at some time in their lives 77% of children in non abusive families have bathed with their parents and 90% have been physically punished by their parents. Assessing whether there is a need for protection must consider the long term consequences of what is happening to the child and the broader context of love, care, or the absence of these. (18 & 25)

A different cultural, social or religious background

Class, culture and religious beliefs influence views on child rearing. Assessments of child care practice must take account of social differences but the thresholds for child safety cannot be affected. (1, 19 & 31) In cases of suspected physical abuse the severity and consequences are more important for the child's general welfare, than the type of punishment. (25)

Many families suspected of child abuse have high levels of adverse family and environmental features, such as poverty, ill health, unemployment and

marital problems. These are features which, although indicative of need, are not in themselves the cause of child abuse. (18 & 25)

Domestic violence

Until recently child protection workers have seen domestic violence as peripheral to their concerns. But research shows that men who beat their partners are also likely to physically abuse their children. (4, 46 & 58) In previously violent relationships separated fathers can use or endanger children in an attempt to control or take vengeance on the mother. (27) Domestic violence is not necessarily a cause of child abuse but it increases the vulnerability of children and indicates a need for support to the family.

Parents who abuse alcohol or drugs

Alcohol/drug misuse, although associated with domestic violence and child abuse/neglect, are not their cause. (5 & 60) The effects of misuse depends on dosage, previous use and individual personality. (23) A consultation with somebody with specialist knowledge will enable a more accurate assessment of the situation.

Parents' mental health

Doctors treating a mentally ill patient may not always see the needs of children in the family as within their remit. In initial child protection enquiries the social worker must be alert to the need to check parents' mental health history if they have any reason for concern about it. (21)

In most instances mental illness of the parent does not pose a risk to the children's safety, but the situation should be discussed carefully with the responsible medical practitioners. Parental mental illness combined with a history of previous injuries to children in the family and/or a parental history of attempted suicide or self harm may make children of all ages particularly vulnerable. (21 & 26)

Parents who suffered childhood abuse

Only a small minority of abused parents go on to abuse their own children but a history of abuse can result in low self esteem, depression and a feeling of rejection; effects which may hinder parents' ability to respond to their own child's needs. (7 & 29) An assessment needs to place the concern within the family's current situation. A stable relationship with a non abusive partner can reduce the risk to the child. (22) When this is not available or has broken down, friends may provide many of the practical and emotional supports traditionally supplied by the family. (48)

Adults who were sexually abused within their family as children find it difficult to sever links with their abusing families because: a) they remain frightened of their abuser and feel helpless in safe-guarding their own children b) the family offers practical help and emotional support. Research shows that men who have abused their daughters frequently go on to abuse their grandchildren. The opportunities for abuse are enormous if the abuser also takes an active role in the care of their grandchild. (36 & 38) Unless alternative support is found, separated mothers and children quickly reunite with the abusing family. (12, 39 & 45)

Abuse which does not directly involve the parents

Children are rarely sexually abused by strangers. Male carers or men who have a legitimate access to the child such as relatives, family friends, baby-sitters or lodgers are more likely to be abusers. In most cases, mothers are ignorant of what is happening to their children and their denial or disbelief is not necessarily a sign of collusion. (12 & 32)

Enquiries about suspected sexual abuse should include the family's wider social contacts. Research shows that although generally, membership of a group such as a club, community group or church is beneficial, very occasionally it may pose a risk. For example, paedophiles find such groups an acceptable way to contact vulnerable children or mothers with children. (12)

A parent's new partner

Although many children experience difficulty in adjusting to a parent's new partner, a new parent figure rarely poses a risk to the child's well being. (38) But if sexual abuse is suspected and little is known about the new partner's background, a check of social service records and liaison with other agencies is essential. Depressed and needy mothers with children are targeted by men with a history of offences against children. (32 & 51)

Ask yourself:

- What were my assumptions about this family?
- What, if any, is the hard evidence that supports them?
- What, if any, is the hard evidence that refutes them?
- *Look for both*.

4. Parents' behaviour, whether co-operative or unco-operative, is often misinterpreted.

Factors affecting parents' behaviour.

The trauma of the allegation

Because dealing with suspected child abuse is a routine aspect of social work the traumatic effect that an enquiry has on families can be misinterpreted. When suspicions of child abuse are raised parents feel threatened and violated, depressed and worthless. (6, 11 & 22)

Parents' main fear is that they will lose their children. This fear is common to all parents, even the socially skilled, who become involved in an enquiry. As a result, many assume very defensive positions. The distress and fear of the enquiry may cause some parents to behave in ways which appear to an observer to indicate their guilt. Corroborative evidence is needed before reaching conclusions. (11, 18 & 30) To reassure parents and enable better working relationships with social workers, parents need to know that in very few (less than 5%) families referred for suspected child abuse is it necessary to remove the child. But when separation is probable parents appreciate an open and honest approach. (18 & 24)

Past experience of social services

Parents' and children's response to the enquiry is affected by their past experience, if any, of social services. Research shows that two thirds of families referred because of suspected child abuse have had some prior contact with social services and practically half of these have been previously investigated for suspected child abuse. These experiences may need to be broached in order to defuse past animosity. (22 & 24)

Race and culture

Parents feel powerless when confronted with questions about their parenting. This can be magnified if professionals are from a different ethnic or cultural background. When families react in ways which seem inappropriate to the social worker, this may be because of experience of racism or because of their expectations of authority figures, borne out of their own life experiences. Consultation with a specialist can help to set unfamiliar behaviours in their context. (30, 31 & 53)

A wish to prevent private information becoming public knowledge

Parents who appear guilty or evasive may have reasons for avoiding scrutiny by the authorities which are not related to the care of their child. (11 & 30)

Inquiry reports into child deaths or injuries show that parents who appeared co-operative sometimes did so as part of a strategy to deceive and disarm social workers and prevent them from insisting on seeing the child. (15)

Personal adaptations to severe stress

The families' reaction to the enquiry can be misleading. A suspicion of child abuse, irrespective of its validity, creates much fear and undermines a parent's self image. In order to cope parents may use a number of strategies, including blocking communication, pleading ignorance or trivialising the significance of an action. A clear explanation of what is suspected can reassure and empower parents. (11 & 15)

The way parents react to the allegation is no indication of how they parent. Their behaviour towards the social worker may be misleading and does not necessarily mean they behave in similar ways towards their children. When the focus remains firmly on the child it prevents parent's reactions assuming undue weight. (22)

Families may shun further involvement with welfare agencies. Unless there is a risk of significant harm to the child, or an offence against the child has been committed, families have a right to refuse services. The refusal of services should not be assumed to imply an uncaring family. (45)

Ask yourself:

- What were the reasons for the parents' behaviour?
- Are there other possibilities besides the most obvious?
- Could their behaviour have been a reaction to something I did or said rather than to do with the child?

5. Not enough weight is given to information from family, friends and neighbours.

When reports from family, friends or neighbours are perceived by social workers as part of an on-going feud, the information may not be taken seriously. (15) Allegations made by family members frequently have substance. (56)

Even if a referral is maliciously motivated, this does not necessarily mean that the substance of the report is untrue. In several cases when things have gone badly wrong information from family, friends and neighbours was ignored. (15)

Family members and relatives may report an incident of minor abuse because they suspect something more serious is occurring. Low risk cases may not warrant involving child protection procedures, but ensuring that the family gains access to support services can be a way of ensuring the child's safety. (10)

The motive of a referrer is used to validate or invalidate reports. If a motive other than disinterested concern arises (such as in residence and access disputes) this becomes a central criterion by which other information in the case is judged. This may result in misinterpretation of information. (59)

When suspicions arise after parents themselves request social work or medical help, their original request can easily be forgotten or ignored. As a consequence the problem for which they sought help may be left unattended. (49)

Ask yourself:

- Would I react differently if these reports had come from a different source?
- How can I check whether or not they have substance?
- Even if they are not accurate, could they be a sign that the family are in need of some help or support?

6. Not enough attention is paid to what children say, how they look and how they behave.

In an initial child protection enquiry, children must be seen and enquiries must ensure that all children in the family are safe. (21 & 50) Those few parents who are severely or frequently abusing their children are likely to adopt plausible strategies to prevent the social worker from seeing the child at all, or from noticing injuries to the child. In many cases where children have been killed or seriously injured, social workers failed adequately to observe the child's demeanour. (15)

The groups most vulnerable to abuse of all kinds are very young children and those with physical or learning disabilities. They are especially at risk when they are unable to easily communicate what is happening to them and are dependent on others for intimate care. (35, 41 & 61) There are patterns of accidental and non accidental injury which may need a specialist to identify.

In cases of physical abuse the outlook for the child's safety in the family is good when the incident is isolated, there are no signs of associated neglect or sexual abuse and the family climate is not generally violent. Research shows that long term outcomes for physically abused children are poorer when the family atmosphere is harshly punitive, unreliable and cold. (25)

Child protection tends to concentrate on the needs of young children. When concerns involve teenagers the case is frequently constructed in terms of behaviour problems which can obscure issues of abuse. Although the majority of teenagers whose behaviour causes professionals concern have not been abused, those who have been abused frequently show disturbed and disturbing behaviour. (24)

Ask yourself:

- Have I been given appropriate access to all the children in the family?
- If I have not been able to see any child, is there a *very good reason,* and have I made arrangements to see him/her as soon as possible, or made sure that another relevant professional sees him/her?
- How should I follow-up any uneasiness about the child(ren)'s health or well-being?
- If the child is old enough and has the communication skills, what is the child's account of events?
- If the child uses a language other than English, or alternative non verbal communication, have I made every effort to enlist help in understanding him/her?
- What is the evidence to support or refute the child's or young person's account?

7. Attention is focused on the most visible or pressing problems and other warning signs are not appreciated.

When things go badly wrong social workers' have often concentrated on more obvious and immediate problems and failed to focus on the child. (15 & 54)

The safety of the child depends primarily on the adequacy of parental supervision, the physical care of the child and the safety of the home. In an initial child protection enquiry, these are the circumstances to check. (52)

When families struggle with a multitude of problems their priorities may not coincide with those of the professional. Poor housing or poverty may seem more urgent to the family than the social workers' worries over an unexplained bruise. The family need to know that the social worker is taking the family's needs and concerns seriously, as well as checking the child's safety. (11)

Ask yourself:

- What is the most striking thing about this situation?
- If this feature were to be removed or changed, would I still have concerns?

8. When the initial enquiry shows that the child is not at risk of significant harm, families are seldom referred to other services which they need to prevent longer term problems.

Factors which prevent families being referred for additional services.

Families are already receiving some services

The majority of parents involved in child abuse enquiries are poor and many struggle with severe problems such as domestic violence and mental illness. Some parents who have coped well with adversity in the past find themselves swamped by their current problems. They tend to be single or poorly supported, immature parents or others who are ill or disabled. These families are much in need of services but even when families are well known to social services and other welfare agencies, research shows that they frequently do not receive all the services to which they are entitled. A co-ordinated approach with other agencies would help to ensure that vulnerable children do not slip through the net. (11, 24 & 28)

Many parents of disabled children, where abuse is a concern, do not get all the services they are entitled to. This is particularly the case when the parents are from a different ethnic background. (61)

Parents' needs are not fully recognised

Physical and mental health is an important resource for parents coping with their children. Many mothers who come to the attention of social services in child protection enquiries suffer poor health. Services such as respite care, nursery placement, family centre support or counselling may allow vulnerable children to remain safely at home. (20 & 22) When children are killed by a mentally ill parent there has often been an earlier history of child care concerns indicating the need for family support. (21)

Isolation from wider family and friends is often seen as a risk factor in child protection. But research suggests that the amount of contact with family and wider kin is less important than parents' view of the quality of that relationship. Even when contact is on a regular basis, parents may feel alone and unable to ask for help. (51)

Many mothers of children suspected of having been sexually abused wish to meet others who have experienced a similar trauma but few are given access to such services. (30) The majority of mothers involved in group work believe this experience helped improve their family relationships. (39)

The alienation and anger generated by the enquiry may result in parents rejecting any assistance because they interpret it as further criticism and scrutiny. Parents are more likely to accept help if the offer is couched in non judgemental terms. (55)

The child's needs and/or wishes are not fully explored

Research indicates that abused and vulnerable children also benefit from services. The majority of sexually abused children value therapy and believe it helps them to come to terms with what has happened to them. (8, 30 & 39)

Many abused and vulnerable children feel lonely and rejected. Putting them in touch with 'groups' can be beneficial because peer relationships have been found to offer protection from the cycle of rejection, depression and low self esteem. This applies equally to disabled children including those with severe learning difficulties. (33 & 45)

It is not always easy for social workers to know when children need help because they often conceal problems, both from parents and other adults, and their misery and suffering frequently goes unnoticed. (38 & 47)

Ask yourself:

- Is this family's situation satisfactory for meeting the child(ren)'s needs?
- Whether or not there is a child protection concern do the family need support or practical help?
- How can I make sure they know about services they are entitled to, and can access them if they wish?

9. When faced with an aggressive or frightening family, professionals are reluctant to discuss fears for their own safety and ask for help.

Fear of violent men is a frequent theme of many inquiry reports into the circumstances of a child's serious injury or death. When a child's father or carer is physically intimidating or where family members are known to be hostile or have a known record of violence, professionals are often intimidated from pursuing enquiries. (15, 28 & 42)

Professionals are reluctant to admit their fears to seniors and ask for help but it is crucial to a child's safety that agencies offer adequate support to professionals in contact with violent families. It may be necessary to visit with a colleague or ask for police support. (15 & 42)

Ask yourself:

- Did I feel safe in this household?
- If not, why not?
- If I or another professional should go back there to ensure the child(ren)'s safety, what support should I ask for?
- If necessary, put your concerns and requests in writing to your manager.

10. Information taken at the first enquiry is not adequately recorded, facts are not checked and reasons for decisions are not noted.

In contrast to social workers' expectations, research suggests that most parents would welcome note taking during all social work interviews. They believe that the present system results in inaccuracies and omissions and consequently decisions about them are based on inadequate and at times false information. (43)

Note taking during an interview with parents, or when this is inappropriate, immediately afterwards, could help decision making. For example, case supervision would be enhanced by the more accurate and detailed account. A written record enables what is primarily a 'private' activity, to be more easily assessed and thus prevents supervision being drawn along by a set of pre-interpreted assumptions. (50)

Note taking could be used to improve the standard of case records. This is relevant in light of the Social Services Inspectorate's (1993) findings on record keeping. *'There was a lack of appreciation by many staff that these were documents that could be required by an enquiry, for evidence in court or indeed for a service user to have access to their records.'* (17)

'Comprehensive contemporaneous records are essential as they are the best evidence of any discussion or consultation' (Department of Health, 1994b). (14) Where disputes result in court action, an on the spot written note of events is increasingly sought from social workers. New 'disclosure of information rules' means that the defence in any criminal court is entitled to have access to original notes.

Ask yourself:

- Am I sure the information I have noted from the visit is 100% accurate?
- If I didn't check my notes with the family during the interview, what steps should I take to verify them?
- Do my notes show clearly the difference between the information the family gave me, my own direct observations, and my interpretation or assessment of the situation?
- Do my notes record (a) what action I have taken/will take? (b) what action all other relevant people have taken/will take?

References

1. Bentovim, A. (1987). The diagnosis of child sexual abuse. *Bulletin of the Royal College of Psychiatrists, 11,* pp295-99.

2. Blom-Cooper, L. (1985). **A Child in Trust: The Report of the Panel of Inquiry into the Circumstances Surrounding the Death of Jasmine Beckford.** London: London Borough of Brent.

3. Bond, C.F. and Fahey, W.E. (1987). False suspicion and the misperception of deceit. *British Journal of Social Psychology, 26*, pp41-46.

4. Bowker, L., Arbitell, M. and Lebecq, M. (1992). On the relationship between wife beating and child abuse. In K. Yllo and M. Bograd (Eds) **Feminist Perspective on Wife Abuse.** London: Sage.

5. Braithwaite, V. and Divine, C. (1993). Life satisfaction and adjustment of children of alcoholics: the effects of parental drinking, family disorganisation and survival roles. *British Journal of Clinical Psychology, 32,* pp417-429.

6. Brown, C. (1986). Child Abuse Parents Speaking: Parents' Impressions of Social Workers and the Social Work Process. Bristol: SAUS.

7. Browne, K. and Saqi, S. (1987). Parent-child interaction in abusing families: its possible causes and consequences. In P. Maher (Ed) **Child Abuse: The Educational Perspective.** Oxford: Blackwell.

8. Burgess, R.L. and Youngblade, L.M. (1988). Social incompetence and the intergenerational transmission of abusive parental practices. In G.T. Hotaling, D. Finkelhor, J.T. Kirkpatrick and M.A. Straus (Eds) **Family Abuse and its Consequences: New Directions in Research.** London: Sage.

9. Butler, I. and Williamson, H. (1994). **Children Speak: Children, Trauma and Social Work.** Essex: Longman.

10. Cicchinelli, L.F. (1991). **Proceedings of the Symposium on Risk Assessment in Child Protection Services.** Washington, DC: National Center on Child Abuse and Neglect, December 1991.

11. Cleaver, H. and Freeman, P. (1995). **Parental Perspectives in Cases of Suspected Child Abuse.** London: HMSO.

12. Cleaver, H. and Freeman, P. (1996). Child abuse which involves wider kin and family friends. In P. Bibby (Ed) **Organised Abuse: The Current Debate.** London: Arena.

13. Corby, B. (1987). **Working with Child Abuse: Social Work Practice and the Child Abuse System.** Milton Keynes: Open University Press.

14. Department of Health. (1994b). **Child Protection: Medical Responsibilities.** London: HMSO.

15. Department of Health. (1991a). **Child Abuse: A Study of Inquiry Reports, 1980-1989.** London: HMSO.

16. Department of Health. (1995a). **The Challenge of Partnership in Child Protection: Practice Guide.** London: HMSO.

17. Department of Health, Social Services Inspectorate. (1993). **Evaluating Child Protection Services: Findings and Issues.** London: HMSO.

18. Department of Health. (1995b). **Child Protection: Messages from Research.** London: HMSO.

19. Dwivedi, K.N. (1993). Coping with unhappy children who are from ethnic minorities. In V. Varma (Ed) **Coping with Unhappy Children.** London: Cassell.

20. Egeland, B. (1988). Breaking the cycle of abuse: Implications for prediction and intervention. In K. Browne, C. Davies and P. Stratton (Eds) **Early Prediction and Prevention of Child Abuse.** Chichester: Wiley.

21. Falkov, A. (1996). **Study of Working Together 'Part 8'. Reports: Fatal Child Abuse and Parental Psychiatric Disorder.** London: Department of Health ACPC Series 1996, Report No.1.

22. Farmer, E. and Owen, M. (1995). **Child Protection: Private Risks and Public Remedies.** London: HMSO.

23. Gelles, R.J. (1993). Alcohol and other drugs are associated with violence - they are not its cause. In R.J. Gelles and D.R. Loseke (Eds) **Current Controversies on Family Violence.** London: Sage.

24. Gibbons, J., Conroy, S. and Bell, C. (1995). **Operating the Child Protection System.** London: HMSO.

25. Gibbons, J., Gallagher, B., Bell, C. and Gordon, D. (1995). **Development After Physical Abuse in Early Childhood: A Follow-up Study of Children on Child Protection Registers.** London: HMSO.

26. Hawton, K., Roberts, J. and Goodwin, G. (1985). The risk of child abuse among mothers who attempt suicide. *British Journal of Psychiatry, 146,* pp486-489.

27. Hester, M. and Radford, L. (1991). Domestic violence and access arrangements for children in Denmark and Britain. *Journal of Social Welfare, 1,* pp57-70.

28. James, G. (1994). **A Study of 30 Recent Area Child Protection Committee Case Reviews October 1991-December 1993.** London: Report for the Department of Health.

29. Johnson, W. and L'esperance, J. (1984). Predicting the recurrence of child abuse. *Social Work Abstracts,* pp21-26.

30. Sharland, E., Seal, H., Croucher, M., Aldgate, J. and Jones, D. (1996). **Professional Intervention in Child Sexual Abuse.** London: HMSO.

31. Korbin, J.D. (1991). **Child Abuse and Neglect: Cross Cultural Perspectives.** San Francisco: University of California Press.

32. La Fontaine, J. (1995). **The Extent and Nature of Organised and Ritual Abuse of Children.** London: HMSO.

33. Lewis, A. (1991). Learning Together. In B. Carpenter and K. Bouvair (Eds) **Children with Severe Learning Difficulties: The Curriculum Challenge.** London: Falmer Press.

34. Ley, P. (1988). **Communicating with Patients.** London: Chapman and Hall.

35. Lynch, M.A. (1975). Ill health and child abuse. *Lancet, 2,* pp317-319.

36. Margolin, L. (1992). Sexual abuse by grandparents. *Child Abuse and Neglect, 16,* pp735-741.

37. Millham, S., Bullock, R. Hosie, K. and Haak, M. (1986). **Lost in Care.** Aldershot: Gower.

38. Mitchell, A. (1985). **Children in the Middle: Living Through Divorce.** London: Tavistock.

39. Monk, E., Sharland, E., Bentovim, A., Goodall, G., Hyde, C. and Lwin, R (1995). **Child Sexual Abuse: A Descriptive and Treatment Study.** London: HMSO.

40. Murray, K. and Gough, D.A. (Eds) (1991). **Intervening in Child Sexual Abuse.** Edinburgh: Scottish Academic Press.

41. National Research Council. (1993). **Understanding Child Abuse.** Washington, DC: National Academy Press.

42. O'Hara, M. (1995). Child deaths in contexts of domestic violence. *Childright, 115,* pp15-18.

43. Prosser, J. (1992). **Child Abuse Investigations: The Families' Perspective.** Essex: PAIN.

44. Quine, L. and Rutter, D.R. (1994). First diagnosis of severe mental and physical disability: a study of doctor-parent communication. *Journal of Child Psychology and Psychiatry, (35)*7, pp1273-1287.

45. Quinton, D. and Rutter, M. (1988). **Parenting Breakdown: Making and Breaking of Intergenerational Links.** Aldershot: Gower.

46. Rosen, I. (1991). Self-esteem as a factor in social and domestic violence. *British Journal of Psychiatry, 158,* pp18-23.

47. Russell, P. (1993). Unhappy children: a cause for concern? In V. Varma (Ed) **Coping with Unhappy Children.** London: Cassell.

48. Seagull, E.A.W. (1987). Social support and child maltreatment: a review of the evidence. *Child Abuse and Neglect, 11,* pp41-52.

49. Secretary of State for Social Services. (1988). **Report of the Inquiry into Child Abuse in Cleveland.** London: HMSO.

50. Sedgwick, A. (1994). Towards differentiating levels of assessment in child protection cases. In C. Gormley (Ed) **Section 47 Investigations.** London: SIS.

51. Starr, R.H. (1982). A research-based approach to the prediction of child abuse. In R.H. Starr (Ed) **Child Abuse Prediction.** Massachusetts: Ballinger.

52. Stein, T.J. and Rzepnicki, T.L. (1983). **Decision Making at Child Welfare Intake: A Handbook for Practitioners.** New York: Child Welfare League of America, Inc.

53. Storti, C. (1989). **The Act of Crossing Culture.** International Press.

54. The Bridge Child Care Consultancy Service (1995). **Paul: Death Through Neglect.** London: The Bridge Child Care Consultancy Service on behalf of Islington ACPC.

55. Thoburn, J., Lewis, A. and Shemmings, D. (1995). **Paternalism, or Partnership? Family Involvement in the Child Protection Process.** London: HMSO.

56. Thorpe, D. (1994). **Evaluating Child Protection**. Milton Keynes: Open University Press.

57. Triseliotis, J., Borland, M., Hill, M. and Lambert, L. (1995). **Teenagers and the Social Work Services.** London: HMSO.

58. Ward, L., Shepherd, J.P. and Emond, A.M. (1993). Relationship between adult victims of assault and children at risk of abuse. *British Medical Journal, 306,* pp101-2.

59. Wattam, C. (1991). **Truth and Belief in the Disclosure Process.** London: NSPCC.

60. West, M.O. and Prinz, R.J. (1987). Parental alcohol dependency and childhood psychopathology. *Psychological Bulletin, 102,* pp204-218.

61. Westcott, H. (1991). The abuse of disabled children: A review of the literature. *Child: Care, Health and Development, 17,* pp243-258.

NSPCC

Policy Practice Research Series

Published as part of a pack in the NSPCC Policy Practice Research Series: Assessing Risk in Child Protection, by Hedy Cleaver, Corinne Wattam, Pat Cawson (ISBN 0 902498 81 9).

NSPCC

Cruelty to children must stop. FULL STOP.

Weston House
42 Curtain Road
London EC2A 3NH
Tel: 0171 825 2775
email: infounit@nspcc.org.uk