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INTERAGENCY COORDINATION AND COLLABORATION IN THE MANAGEMENT OF CHILD SEXUAL ABUSE: IN AUSTRALIAN AND ENGLAND

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INTERAGENCY COORDINATION AND COLLABORATION
IN THE MANAGEMENT OF CHILD SEXUAL ABUSE:
in Australia and England

by

ANNE MARGARET LAWRENCE

A thesis submitted to the University of Plymouth
in partial fulfillment for the degree of

DOCTOR OF PHILOSOPHY

Department of Social Policy and Social Work
Faculty of Human Sciences

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INTERAGENCY COORDINATION AND COLLABORATION
IN THE MANAGEMENT OF CHILD SEXUAL ABUSE:
in Australia and England

ANNE MARGARET LAWRENCE

ABSTRACT
This thesis focuses on interagency coordination and collaboration in the management of child sexual abuse in Australia and in England. The impetus for the research arose from the experience of the author as manager and practitioner in the area of child sexual abuse, while working in these two countries. Problems regarding the management of interagency cooperation had become apparent in child protection practice and were also recognized in the literature. Personal experience, as well as a review of the literature, revealed that there was a need for the identification and validation of the key mechanisms and processes underlying effective interagency coordination and collaboration. This review of the literature also indicated that although existing models of operation had been identified, their value to practitioners had not been evaluated.

The research underpinning the thesis set out to identify and validate key components contributing to effective interagency cooperation in the management of child sexual abuse that could be of international significance. This research is placed in the context of the evolving social construction of child abuse and child sexual abuse that is reflected in the rise in the incidence of the phenomena as well as in its expanding definitions. The nature of adult/child relationships are explored in terms of the sociological constructions of childhood and their periodisation. Specific attention is given to the rights of children and the professional regulation of child abuse and child sexual abuse in relation to the periodisation of modernity and postmodernity.

Child abuse management operated mainly within the medical paradigm between the 1960s and the late 1980s. In England, child abuse tragedies occurred during the 1980s that resulted in official inquiries and culminated in various governmental reports that made recommendations for the improvement in services. The child sexual abuse scandal that occurred in Cleveland in 1986 was accompanied by a moral panic and a backlash in society against social workers and existing methods of professional regulation. As a consequence of Governmental efforts to remedy this situation, the medical paradigm that had dominated 'child abuse management' was shifted towards a socio-legal paradigm accompanied by the emergence of the discourse of 'child protectionism'. However, challenges to the child protection discourse continued and these appear to be centred mainly upon the need for the adoption of a more subjectivist paradigm in the management of these phenomena. The debates and issues arising from these shifts in paradigm, particularly in relation to the operation of the interagency, multidisciplinary approach to the management of the problem, are discussed in the context of the self-referential, closed social systems involved in child protection network.

Amidst these changes to service delivery paradigms concerning child welfare, the underlying multiagency interagency method of operation continued to be advocated. Existing research had pointed to the central role of this method of working in the management of child sexual abuse. An eclectically designed study was undertaken to validate the key mechanisms and processes underlying interagency coordination and collaboration. After their identification, it was found that they could be categorised into coordinating mechanisms, collaborative
procedures and personal perspectives. These key components were then operationalised to form a questionnaire that was administered to a random sample of four-hundred and seven social worker practitioners and managers in both Australia and England. This was followed up with twenty in-depth interviews with a randomly selected sample of social work managers and practitioners from Australia and England chosen from those who had participated in the original survey.

The major finding from a statistical analysis of the results of the survey, and discourse analysis of the in-depth interviews, indicated that the operationalised components were key mechanisms and procedures in the management of child sexual abuse in both Australia and England. A significant outcome from these findings has been the development and integration of the key mechanisms into a model of interagency coordination and collaboration. The model has been termed, the Interagency Model for the Management of Child Sexual Abuse (IAAC). The Model's functions are outlined, together with recommendations for its practical application for the planning of child protection services as well as the training of child protection teams.

The final chapter contains specific recommendations for child protection practice, in the light of the research findings, together with their possible implications for the contemporary child protection discourse. Suggestions are made regarding future directions for child protection practice, also based on the research results, together with proposals for future research.
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### ALPHABETICAL LIST OF ABBREVIATIONS

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<td>ACCCA</td>
<td>Advisory and Consultative Committee on Child Abuse</td>
</tr>
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<td>ACPC</td>
<td>Area Child Protection Committee</td>
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<tr>
<td>CSA</td>
<td>Child sexual abuse</td>
</tr>
<tr>
<td>DOH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DHSS</td>
<td>Department of Health and Social Security</td>
</tr>
<tr>
<td>FACS</td>
<td>Family and Children's Services</td>
</tr>
<tr>
<td>FLNDS</td>
<td>Flinders Hospital, Adelaide, South Australia</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>IAAC</td>
<td>Interagency Coordination and Collaboration</td>
</tr>
<tr>
<td>ISPCAN</td>
<td>International Society For Prevention of Child Abuse and Neglect</td>
</tr>
<tr>
<td>NSPCC</td>
<td>National Society for Prevention of Cruelty to Children</td>
</tr>
<tr>
<td>PMH</td>
<td>Princess Margaret Hospital for Children, Perth, Western Australia</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Package For Social Sciences</td>
</tr>
<tr>
<td>W &amp; CH</td>
<td>Women and Children's Hospital, Adelaide, South Australia</td>
</tr>
<tr>
<td>WA</td>
<td>Western Australia</td>
</tr>
<tr>
<td>WACOSS</td>
<td>Western Australian Council of Social Services</td>
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Some of the field work undertaken in Australia was during approved leave time generously granted by the author's employer. A programme of advanced study involved reading suggested by the supervisors together with attendance at relevant conferences and visits to external institutions.

Presentations and Conferences Attended:

AUSTRALIA:


IRELAND:


ENGLAND:

Programme for those with Children Diagnosed Attention Deficit / Hyperactivity Disorder (ADHD), Royal Treliske Hospital, Truro, Cornwall.

- **Independent Assessment of the Parent-Link Programme (1997)**
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- **Parent Skills Programme and Services for ADHD Children and their Parents Offered by the Child and Family Services, Truro, Cornwall (1998)**
  Invited guest lecturer, Cornwall Social Services Foster Carers' Group, Truro, Cornwall.
  Guest Lecturer. Narrowcliffe Medical Centre, Newquay, Cornwall,
- **A Model of Interagency Coordination and Collaboration for the Management of Child Sexual Abuse (1999)**

External consultations:

AUSTRALIA:

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INTRODUCTION

Background and impetus for the study

This thesis is concerned with an analysis of professional and organisational issues involved in interagency coordination and collaboration in the management of child sexual abuse. The problem of child sexual abuse and its management have been of major concern in all Western countries since the early 1960s and is now of truly international concern (Cooper and Ball, 1987 and Parton, Thorpe and Wattam, 1997). Although the topic of interagency coordination and collaboration is now recognised in the literature as of the utmost importance in the management of the problem, this area of professional practice continues to remain under-researched (Hallett and Birchall, 1992; Birchall and Hallett, 1995 and Scott, 1997). The need to ensure the effective coordination and collaboration between different agencies involved in the management of child sexual abuse has continually been highlighted in various official reports and government legislation such as The Cleveland Report (1988), Children Act 1989, Working Together (1991b) and Child Protection: Messages from Research (DOH, 1995). The importance of interagency multidisciplinary work was also acknowledged in these documents, as well as the serious consequences in the breakdown of interagency communications (Reder, Duncan and Gray, 1993).

Following The Cleveland Report (1988), there began to be a change in emphasis away from a medical-scientific paradigm in the identification of child abuse towards a more legalistic and evidential framework (Parton, 1991). This new approach continued with a pseudo scientific paradigm, but the emphasis was placed now on the importance of joint work between the police and the social services in the investigations of child abuse. This legal framework within which social work practitioners were to operate brought with it a new construction and interpretation of investigation and the gathering of evidence (Wattam, 1992). The 'child
protection' discourse had now come into being, superceding 'child abuse' management. As
the evidential processes of investigation became predominant, complexities and dilemmas
about 'risk of abuse' and its management were introduced that confounded practitioners
seeking to act in the best interests of the child (Dingwall, Eekelaar, and Murray, 1983;

Although official recommendations and local reports upheld that coordination and
collaboration between different agencies was necessary they appeared not to recognise the
complexities involved when such disparate groups of professionals are asked to work together
(Hallett and Birchall, 1992 and Birchall and Hallett, 1995). The planning, development and
review of child protection services as a whole appeared not to be given its fullest
consideration (Sanders, Jackson and Thomas, 1996). The underlying difficulties remained
and further issues became apparent in the regulation and management of child abuse. Wattam
in which she was able to distill a number of shortcomings that have come to be seen as major
underlying issues needing clarification in this area of work (Parton, et al., 1997). Problems
relating to the definitions of child abuse, working in partnership with parents, and the
continued preference of referring to 'children in-need' as those at risk of abuse, rather than
those identified with special needs, were among some of the issues identified by Wattam
(1996). Research, as well as practice, was affected by the problems of definition, making it
difficult to evaluate the results of various studies. This difficulty is most evident in reference
to the incidence and prevalence surveys. To this day the size of the problem remains
relatively unknown because of the lack of reliable statistics. All of these issues will be
explored further in later chapters in this thesis.
Despite these problems and the lack of attention given to the complexities underlying the tasks faced on a daily basis by practitioners, interagency organisational mechanisms were being put into place and policies were being developed. Of note is the fact that the attitudes and experiences of the professionals being asked to implement the policies were given scant recognition in the literature (Parton, 1985 and 1991; O’Hagan, 1989; Hallett and Birchall, 1992; Hitchcock and Hughes, 1992 and Scott, 1997). The research reported in this thesis was an attempt to remedy this through an investigation into the attitudes and experiences of professional child protection social workers in regard to key organisational mechanisms that structure and support the child protection system within which they work.

Professional experiences in Australia as an impetus for the study

A need for research into interagency cooperation, based on practice, became apparent to me while in the position of Social Work Manager working in Princess Margaret Hospital for Children (PMH) in Perth, Western Australia for a period that spanned 1980 to 1993. I was employed as the Acting Chief Social Worker at PMH during the period of 1985-1987 and, later, as Deputy Chief Social Worker from 1987 to 1993. A major aspect of the work in each of these positions was to manage a social work team that was concerned in the development of the Child Sexual Abuse Clinic. The post also involved supervision of staff, responsibility for the day-to-day working of the department and included the role of Quality Assurance Coordinator.

While working in this role of manager, it became clear that there was no existing framework or reliable knowledge base upon which to establish guidelines for operation of the proposed child sexual abuse clinic. Moreover, in view of the number of disciplines involved, the need to create an interagency multidisciplinary system of coordination and collaboration was
apparent. For this purpose, in 1981, managers from three major child care agencies, hospital staff, police and community services personnel, were invited to review interagency issues on a case by case basis upon which interagency reciprocal protocols were agreed.

While this exercise set an initially pragmatic and mutually satisfactory set of guidelines, the newly established reciprocal protocols had been based on a relatively small sample of cases. As the work expanded in complexity and the number of other child-care agencies increased the guidelines needed to be adjusted and publicised accordingly. The lack of a reliable knowledge base in those early days of planning meant that the future extent and complexity of the problems, plus the growing number of agencies involved, had not been fully anticipated nor appreciated. Despite these difficulties, the Child Sexual Abuse (CSA) Clinic was established during the following year in a spirit of mutual cooperation and continued to develop in many dimensions as the complexities and the demands for service increased.

Before discussing some of the more problematic issues in this establishment of the first CSA Clinic in Western Australia’s Children’s Hospital, it is worth noting that the City of Perth is the most geographically isolated city in the World. Perth’s nearest neighbouring capital city is eighteen hundred miles away in Adelaide, South Australia. Despite the geographical isolation, Perth enjoys a cosmopolitan and ethnically diverse population. Immigration from Europe since the 1950s has been steadily joined by more recent settlements from many corners of the globe including people from the continents of Africa, the Americas, Asia and the Pacific Islands. The Children’s Hospital is located in Perth and provides tertiary medical care for the entire State of Western Australia; an area of 2,525,500 square kilometres. In total, this means that the Hospital enjoys a broad spectrum of culturally diverse clients who range from remote tribal Aboriginal children and families to newly relocated immigrants from all
over the world. The geographical isolation, coupled with the importance attached to being the only teaching hospital for children in the State, has helped to create a tradition and culture of being a centre of excellence for the whole community.

International recognition of the innovative achievements given to the pioneering work into the multidisciplinary management of child maltreatment at the Children's Hospital and in the State in the 1970s was being acknowledged and was setting a standard for many to follow (Boss, 1980 and Thorpe, 1994). The dynamic reflexivity that characterised these early services has continued in Western Australia as exemplified in the restructuring of the Family and Children's Services in the 1990s. This restructuring was based on the results of a research investigation into child protection services in the State conducted by Thorpe (1994). This programme (INTERACT) devised by Thorpe, for monitoring and evaluating child protection, is also used internationally in other research programmes (Wattam, 1992 and Buckley, Skehill and O'Sullivan, 1997). The West Australian child welfare and child protection services are now well established and respected in the local and international community.

In Western Australia, the coordinating and collaborative procedures for cases of child physical abuse management had been set up under the auspices of the State's Advisory, Consultative and Coordinating Committee on Child Abuse (ACCCA) (Boss, 1980 and Thorpe, 1994). At Princess Margaret Hospital, referrals of child sexual abuse in the 1960s and 1970s were often a matter of ad hoc management (Carter, 1976). During the 1980s, the newly established services needed to expand to include a variety of specialist professional staff. The need for additional interagency guidelines and a multiplicity of intra-organisational procedures to respond to referrals of child sexual abuse also grew accordingly.
Despite shared objectives, and much good will amongst the agencies and various disciplines involved in establishing the CSA Clinic, some organisational and interpersonal tensions became apparent between professionals at all levels. There were problems of communication, particularly where clarity of roles and operational guidelines had not yet been formulated. Unresolved issues sometimes persisted. These were commonly in relation to liaison with the police, coordination with hospital staff, administration of appointments and reports, joint medical and social work interviews, interviewing children, interviewing parents and the use of anatomically correct dolls, called by some practitioners ‘the anatomically incorrect dolls’. All of these issues contributed to debates and tensions.

Referrals concerning child sexual abuse from one agency to another would frequently present areas of conflict because of unclear and mismatched expectations. It was clear from all of these experiences that more effective organisational structures and procedures for specialised communication, both within the hospital and between various community groups, needed to be forged in respect of establishing a child sexual abuse clinic.

As the Child Sexual Abuse Clinic at Princess Margaret Hospital began to be known in the community, invitations were received to visit and discuss services from other agencies both within the metropolitan area, as well as from country towns in Western Australia. These agencies requested a description of the Hospital’s CSA Clinic, and how this service functioned for the professionals involved, as well as for the children and their families. Child welfare and child health representatives from country towns asked for ‘Study-Days’ with representatives from the Hospital’s CSA Clinic to discuss practice and organisational issues relating to the Clinic. They were interested in discussing the social, medical and legal dilemmas of the work. These study days helped to review a number of issues such as working in collaboration with the police, child health and education. Questions were asked pertaining
to the exchange of information with other agencies about a child’s medical examination, dealing with custody disputes, arranging medical examinations and procedures if a child refused to be physically examined and how they might consult with the CSA Clinic, or even refer cases, to our Perth-based service. These are only a few of the many examples of practice concerns that were raised and discussed at regional area meetings.

Many of the agencies from the country towns that made requests for information were in the process of establishing similar services for their areas. These agencies were also asking for suggestions, or models of interagency coordination and collaboration, as well as essential organisational service requirements. The assumption seemed to be that the basic structures that worked for the metropolitan, culturally varied population of Perth, would be equally suitable for remote areas of the State with their sparse populations, and even in north of the State, with the close kinship groups of Aboriginal people. Although similar fundamental structural and operational mechanisms would need to be included, these would need to be adapted and modified in the contexts of these particularly unique geographical settings and cultural differences.

The task in the discussion of services with country and remote areas of Western Australia was to prepare overviews that represented the rudimentary therapeutic ingredients of the structures and processes of child sexual abuse management. There could not be an easy replication of existing services because regional variations such as culture of the population, the geography and local resources would need to be taken into account. As the requests to the Hospital for assistance from country areas became routine, the responses were shared amongst the PMH ‘Child Protection Team’. This team consisted of a multidisciplinary group of senior physicians, specialist nursing staff and senior social workers.
In my role of Acting Chief Social Worker, the specification of ‘Chairperson of the Child Protection Team’ was one of my duties specified in the job description. As can be gleaned from the scope of the role of adviser and consultant to community needs, as mentioned above, being asked to be a representative for the Child Protection Team of PMH was challenging work. The task was made even more formidable as the hospital’s service was relatively new. On the whole, the service tended to operate with formal written guidelines, although there were many unwritten ones. New guidelines and recommendations would sometimes be established as the work unfolded. The main reason for this was that new developments and issues appeared to occur routinely in those early days. The demands of establishing and rationalising a system of response to those seeking help with matters of child sexual abuse burgeoned over the next ten years.

There were major growth areas in the management of the Child Sexual Abuse Clinic that required prompt and unreserved consideration. The annually increasing number of referrals in this area was of particular note. As reflected in the overseas statistics, the numbers of referrals for the first ten years of service grew exponentially. A computer system for the collection of agency statistics was done, both for a review of the Hospital’s services and also to prepare non-identifiable statistics for ACCCA to include in their compilation of State figures for the Minister for Community Welfare. Staffing levels had remained relatively fixed, while the time devoted to CSA matters began to increase. Booked clinic appointments increased, as did the requests for the ‘on-call’ duty social worker to attend the CSA Clinic for weekend and after working-hours emergency service. Extra time was also devoted to the follow-up appointments and to the concomitant liaison with other agencies about these matters. Supervision of staff grew in proportion to the needs of the CSA Clinic. The number of
supervisory posts required to complete these tasks needed to be increased. This increase in staffing had arisen as the area was now recognised as a distinct field of endeavour that required specialist attention at a senior level. Thereafter, a new specialist post was created to cope with the additional work. The specialist job description included CSA Clinic responsibilities to ease the pressures associated with dealing with the rising number of referrals, and to help develop a knowledge and practice-based area of expertise. The specialist role was also designed to provide in-depth supervision, information and feedback for professional development and training purposes to staff and groups from other agencies.

The need for innovative and immediate supervisory plans grew, as the nature and variety of the referrals grew. There was concern for staff as the effects of the work began to be expressed in terms of it affecting their own life styles. The diversity of dilemmas and the degree of severity of problems that were being referred to the newly formed CSA Clinic had an impact on both clients and staff during its first ten years of operation. Some of these are worth noting as they give further support to the need to address ‘personal perspectives’ in the management of a child sexual abuse clinic. The following are two examples of the impact that the CSA work had on practitioners. The first, a social worker with a young family had seen a number of similar cases wherein child minders had abused children. Thereafter, the social worker announced that their family agreed they would never have a babysitter again! The second concerned a social worker who became quite upset after an interview as the police revealed that the alleged offender had attempted to take their own life. Extra supervision sessions with these staff members were needed to help them come to terms with the emotional residues resulting from these crises.

From the beginning, the management of issues related to the CSA Clinic had to deal with new
and unexpected presentations. The exposure of professionals to cases wherein they had to deal with intense moral dilemmas they had not previously encountered, as well as having to witness serious breakdowns in social bonds, began to fatigue staff to a high degree. The following are examples of the type of moral and ethical dilemmas that needed to be managed upon referral. Some parents refused to bring children to the service if the police were to be involved. On other occasions, some severely and brutally abused children were brought to the hospital for treatment and, thereafter, the parents refused to accept referral for police assistance, as the attacker was a friend of the family. Some agencies requested medical examinations of children before the parent’s permission and notification were obtained. Access and divorce cases brought acrimonious allegations and counter allegations about sexual molestation. Repeated attendance of cases with possible fictitious charges of sexual abuse were also in evidence. These usually received specialist management to determine whether they might be instances of ‘Munchausen Syndrome By Proxy’ (MSBP) (Schreier, 1996). These cases are also sometimes known as ‘Fictitious Illness by Proxy’ and are an internationally agreed form of child abuse where a parent is said to fabricate or induce an illness in their child in order to gain medical attention (Horwath, 1999). Furthermore, children abused by strangers needed supportive counselling and specialist pathologist’s services, as their parents anticipated future sexual problems and feared the contraction of sexually transmitted diseases. Children with specific learning difficulties were also referred to the service by their representative agencies and caregivers. Multiple cases of alleged abuse from child day-care centres and schools also arose. Again, these situations put additional demands on the senior staff as the social workers concerned often required extra immediate supervision and consultation. A senior member of staff was made available at all times for this purpose.

An equally important issue that arose in relation to attendance at the CSA Clinic related to the
age for eligibility for the service. The simple answer was ‘thirteen’, but some flexibility was
allowed. The child’s wishes, their maturity, and the history of the child, were usually taken
into account in order to establish the suitability of the service for a particular child. The
intellectual, social, physical and emotional characteristics of the ‘child’ in question would be
given precedence over a standard age nomination.

The CSA Clinic had developed clear working guidelines and reciprocal policies with the
police and the State’s Family and Children’s Service. Individual attention to the progression
of all referrals through these three major child protection services had been forged on the basis
of ongoing reviews. It was the case that in many referrals there was no physical substantiation
of child sexual abuse. However, to use the medical terminology, these cases were reviewed
individually with the view that child abuse could be seen as part of a ‘differential diagnosis’.
If other possibilities could be ruled out then a clearer picture might be revealed. Even without
physical and forensic evidence, if there were histories of abuse provided by children and their
families that warranted continued investigation and assistance from one of the legal or
statutory bodies, a referral would be made on behalf of the clients to the required service.

The State’s Family and Children’s Services managed the continuing treatment needs of the
interfamilial cases of abuse, while the physical and medical needs were covered by the
Hospital. In many instances, social assessments of children and families were required for the
review of child protection issues that could not be resolved under the Hospital’s general health
and welfare remit. A referral to the Family and Children’s Services would need to be
arranged by the Hospital’s social work practitioners.

The Hospital social workers did not have statutory powers to complete such assessments, nor
to make an intervention, if matters were adjudged that the abuse was as the result of intentional or condoned actions of the primary care-givers. It could be that these matters might require continued community support for the child and the family. As assessed, other referrals to community groups such as 'Incest Survivors' might also be made for continued assessment, assistance and support. Before referrals to other services were completed, a full discussion of these plans took place with the primary care-givers and the child, and their agreement obtained.

Prior liaison with other community-based agencies helped to establish the patterns of coordination and collaboration necessary for the successful exchange of referrals between the Hospital and those agencies. The communication between agencies could become out of date rapidly, as services seemed to be evolving at a fast pace. The systems of coordination and collaboration appeared to be enhanced by professional respect, agreements concerning roles, and the continuing dialogue between agencies. The positive effects of obtaining the ongoing good-will of other agencies were demonstrated by the ease of their acceptance of inter-agency referrals. If the system of interagency trust and communication broke down, a system referred to as rigid 'gate-keeping' could occur. That is, one agency could refuse to accept the referrals from another agency. As mentioned previously, the lack of trust and disagreement on priorities of action has been seen to lead to conflicts capable of serious consequences for clients and workers alike (Scott, 1997).

The Social Work Department at Princess Margaret Hospital operated a twenty-four hour a day duty-call line for the community. However, not all of these enquiries necessitated further investigation. Many inquiries were received describing general behavioural issues, which were, in fact, seeking definitional confirmation in regard to child abuse and child sexual
abuse. The range of questions covered issues, such as sexualised play between three to four year olds, queries about parental nudity and sleeping arrangements for children visiting non-custodial parents. As the definition of child sexual abuse was broad, there were ambiguities regarding some specific behaviours that might be construed as sexual abuse. The duty social workers who took these calls expressed concern that callers were seeking normative standards, albeit of a subjective nature. It was felt by many that they were not simply being asked to review and help clarify situations, but were being asked to provide a community standard where none had previously existed. Many of these requests for information were managed through a negotiated dialogue that put the onus on the caregiver to make their own decision. However, as described, many people rang to ask practitioners for an 'expert' opinion. However, not only were the questions being asked totally new to the repertoires of the social workers, but this 'advice-giving' role was not a preferred method of responding.

Practitioners expressed their discomfort with this new responsibility. Following this expression of concern, specific daily supervisory group meetings were organised to discuss work relating to all duty-calls, and interviews held in respect of child abuse issues to review the action that had been taken. The adage of social relativism, often pronounced in the literature about social workers being accorded power (Dingwall, et al., 1983 and Wattam, 1996), in so far as they were asked to provide the answers posed by clients, was something felt as palpable at that point. The plan to have a daily meeting for a brief period over some weeks, was not only to allow practitioners to review and to reflect upon their own professional practice skills with clients, but also to discuss and debate issues in a peer setting. It was not the intention to have these meetings for policy generating debates, but rather to set them up as discussion forums of ethical considerations of clients' individual needs and to help practitioners clarify these issues. While this reference group might have been open to the
criticism of parochialism, it meant that at least a working consensus had been achieved. It meant that practitioners could assist families review their own concerns, and thus empower them to make their own decisions about acceptable standards of behaviour. These methods of review could now be communicated with confidence to other professionals, other agencies and to the general public, when discussing child abuse issues.

It was recognised by the group that the constructions made in these instances were often case-specific situations and so were open to challenge in an evolutionary process. In general, procedures and guidelines assisted with role clarification, setting priorities, and exchanging information. However, professional guidance given in situ took advice from individuals and attempted to provide a critical analysis of unique scenarios, as described by the families who presented to the clinic and the twenty-four hour help line. The expression of 'reflexivity' (Payne, 1998), used to describe this process of acknowledging the socially constructed issues involved, will be discussed later in the thesis.

Administratively, there was a clear need to come to terms with all of these varied and new situations. A total service description with clear guidelines, procedures, role statements, aims and objectives was necessary, not only for the day-to-day operations, but also for the dissemination to the public and to other agencies. There was a clear need for this service description.

The above issues had become the common themes in international conferences held in Australia, including the 'Second Australasian Conference on Child Abuse', Brisbane, Queensland, 1981 and the 'Sixth Biennial International Society For Prevention of Child Abuse and Neglect' (ISPCAN), Sydney, 1986. State based Child Protection Teams in Australia were often hosts to visiting specialists from America and from Britain. This series of visits was in
direct response to invitations to participate in and enhance the existing Australian Child Protection discourse. For example, after the international conference held in Sydney in 1986, Western Australia hosted a state-based conference entitled 'Child Abuse: Strategies for Prevention and Protection' (ACCCA, 1986) and invited a number of the overseas speakers who had presented work at the Sydney conference. As a representative from the Social Work Department at the Children’s Hospital, I was supported to help in the planning and attendance at these conferences. The sharing of experiences at these international meetings was a great incentive to explore the issues involved for the development in this ‘new’ field of endeavor.

Some of the complexities of accurately identifying and planning effective treatment in respect of child sexual abuse have been described above. These complexities are further increased when consideration is given to the completion of the work in conjunction with the needs and wishes of parents and children. This again highlights the importance of successful interagency coordination and collaboration for the management of child sexual abuse and also the need for agreed operational guidelines.

*Professional experiences in England as impetus for the study*

Further impetus for the study was drawn from additional professional experience working for Social Services in Cleveland in the industrial Northeast of England in 1991 and in the rural Southwest of the country in Cornwall in 1993. While on Sabbatical Leave from PMH in 1991, I was employed by the Cleveland Social Services Department to work as a Paediatric Social Worker at the North Tees District Hospital for a one-year period. Child Protection Services were well organised and well promulgated amongst the various child-care agencies in Cleveland at that time. The Local Authority offered a ready variety of highly professional interagency joint training programmes. A streamlined, easy-to-use, ‘Multiagency Response Handbook’ was distributed to nominated workers involved in the child care system, and its
contents were thoroughly discussed at multidisciplinary workshops. Many training-day workshops were presented by the National Society for the Prevention of Cruelty to Children (NSPCC) social work facilitators. These programmes introduced the Social Service practitioners to the topics involved in the implementation of procedures and guidelines through discussion and experiential role-plays. In this way they were able to elicit and take into account the trainees’ understanding of their practice and also their emotional reactions to the work.

Supervision and review of caseload management in Cleveland were regular and comprehensive. These agency structures were in place in Cleveland, as special care and resources had been given to this area that once had had intense world-wide scrutiny. The systems in place, the division of tasks, training, professional development, and concern for positive outcome for clients, was a showcase of thoroughness and implementation.

In 1993, I was employed by the Cornwall County Social Services as a member of a community based Child Protection In-Take Team and also as a child protection worker based in the Royal Cornwall Treliske Hospital, Truro. Unlike the urban county of Cleveland, Cornwall presented the challenges of working in a more rural setting. The linking of agencies and their devotion to supporting the children and young people of the County was evident in the ease of the exchange of information and their acceptance of referrals for further assessment and treatment. Close ties were in evidence with Educational Psychology as they sought to enhance the overall performance of children in the County. This work highlighted the extent and breadth of organisational issues requiring extensive liaison and co-operation between professionals, both within the hospital and with community-based agencies outside the hospital.
While I was employed in the child protection systems in both Cleveland and Cornwall, my role was as a social work practitioner. The counties who employed me had settled systems of operation with similar attendant strengths and weaknesses. Other experienced workers with whom I spoke referred to the improved quality of interagency coordination and collaboration of contemporary practice.

Although the structures and procedures for interagency coordination and collaboration had been long established in these two different counties, it soon became clear that they were experiencing similar challenges and tensions in their management of child sexual abuse as I had previously encountered in Perth. The workers' tensions about their roles, the problems of intervening in the family life of others, the sharing information with other agencies and difficulties surrounding acceptable amounts of risk because of no clear definitions of abuse, were all present. Practitioners were attempting to deal with risk assessments and frequently expressed concern amongst themselves and to their managers that their intervention would be considered appropriate. This appeared to reflect their insecurity of committing themselves to an action where there were no official guidelines.

A review of the literature gave further impetus to the study, as it appeared to support my own professional experiences, as outlined above. It seemed that similar problems to those I had experienced in Australia and England were also being experienced worldwide (Finklehor, 1982; Cooper and Ball, 1987 and Lawrence, 1990). In particular, it appeared to me that there were many parallels regarding structures, systems and problems between England and Australia, as reported in the literature in regard to the development of sexual abuse services for children (Bell, 1988; Cambell, 1988; Carmody, 1990 and Lawrence, 1990). Amongst
these were the reliance on the medical model, interagency conflict, professional rivalries, and the increasing number of families who were seeking help. It was clear that services in the management of child sexual abuse in both countries had many shared methods of operation and many of the same problems experienced throughout the Western world (Furness, 1983; Dale and Davies, 1985; Lyon and Kouloumpos-Lenares, 1987; Alaszewski and Harrison, 1988; Anthony, Jenkins, Thompson and Watkey, 1988; Challis, Fuller, Henwood, Klien, Plowden, Webb, Whittingham and Wiston, 1988; Baglow, 1990; Hallett and Birchall, 1992; Cooper 1993 and Buckley, et al, 1997). A lack of positive statement of operations in the management of child sexual abuse continues to be noted in more recent literature (Birchall and Hallet, 1995; Buckley, et al., 1997 and Scott, 1997).

The need for research was further highlighted when considering the lack of research into the effectiveness of programmes. Although services were growing world-wide, it became apparent that there was little evaluative research into their effectiveness with regard to either clients or workers (Faller, 1985; O'Hagan, 1989; Stevenson, 1989a and Scott, 1997). The negative feedback from families and the media, high attrition rates amongst social workers, and professional 'burn-out', reinforced the need for research generally in this most difficult area of work (Armstrong, 1979; Parton, 1985; MacDonald, 1990 and Myers, 1994). There were concerns about the rising number of cases being referred, as well as who should manage them and also, how they should be managed. Additionally, there was concern about how all of the participants should behave for the greater good of all involved. These issues continue today to be at the centre of much debate (Myers, 1994; King, 1997 and 1999; Parton, et al., 1997 and Houston and Griffiths, 2000). It was the combination of all these evolving difficulties and dilemmas, experienced personally and noted in the literature, regarding the management of child sexual abuse that provided the main impetus for the research reported in
this thesis. What had begun as a social work practice-based need became an issue to be pursued as a research topic.

Focus of the research

As described above, many factors contributed to the impetus for the study into interagency collaboration and coordination including the practice-based issues, the literature of the day, and the personal desire to understand the issues in a clearer and easily explainable manner. There was also a desire to see theory and practice blend to have a clear set of statements that could be used to describe a system of related therapeutic functions. As it was the organisational issues themselves that were to be evaluated in this study, it was the personal perspective of the professionals involved in those operations whose opinions were to be sought. While the clients’ perspective could be a valid avenue of indirectly examining organisational operations, the clients’ opinions were not sampled in this instance, as they are not usually involved directly in the planning and execution of the mechanisms of interagency coordination and collaboration.

It was decided to identify and evaluate only those key mechanisms that had direct interagency impact. Although it was recognised that there were intra-agency organisational variables that enhanced interagency coordination and collaboration, they occurred within the boundaries of the organisation and so were not in the focus of this research. This meant that intra-organisational mechanisms such as supervision, peer review, staff meetings, induction programmes, staff appraisals, etc. were not included in this research. The key role that these variables play in the infrastructure for any model of organisation is acknowledged, so they do form a core part of the infrastructure of the proposed model of organisational operation, as described later in the thesis.
Suggestions for a model of interagency operations

It was hypothesised that if the practitioners were able to confirm the value of the identified key organisational mechanisms, from their own experience, and these could also be validated in the research as well as supported in the literature, these might be fashioned into a working model of operations. The simplicity of a model would make mechanisms more easily identifiable and accessible to review and amendment, should there be a need. Such a model of practice could then be used for reviewing and improving interagency coordination and collaboration in existing services and also, perhaps, used as a blueprint for the establishment of new services. The key organisational mechanisms identified and incorporated into the model might also be used for a variety of other purposes such as staff induction, ease of everyday operations for agency and interagency staff, interdisciplinary meetings, as well as for further research.

The security of working with clear guidelines in an uncomplicated system would enhance the practitioners' communication and interactions with clients to assist them in being more spontaneous and personal. As well as contributing to more efficient practice for the practitioners, a model of operations could also be used to briefly and clearly describe and provide information for clients. Criticism has been made that clients are distanced from full participation as they are not aware of the bureaucratic divisions of services and resources within organisations (Morris and Shepherd, 2000). Ultimately, such a model should therefore be of benefit to the clients as well as to the practitioners.
Summary of the study

The primary focus of the study thus became the identification and evaluation of key interagency organisational mechanisms of coordination and collaboration. These mechanisms would be operationalised in questionnaire form in order to obtain an evaluation of them by front line practitioners. The sample populations would come from Australia and England. These two countries were selected because the main impetus for the research came from personal experiences gained while working in these two systems. In addition, both countries engaged in an exchange of academics, researchers, practitioners and specialists in the field of child protection. Also these two countries had a common language and shared concurrent developments in the child protection discourse with similar aspirations and difficulties.

The field-work in this research consisted of a survey of child protection practitioners' attitudes towards the mechanisms involved in their work relating to the management of child sexual abuse. However, to appreciate the complexities of the issues underlying this management and the nature of problems that underscored the process, it was considered necessary to explore the wider contemporary issues of the evolving construction of child abuse itself. Therefore, the thesis has necessarily contained chapters that have reviewed some of the major dynamic issues that have formed the backdrop and the stage on which the work has been performed. A summary of the details of the research and the background to it are presented in the following framework to the thesis.

Framework to the thesis

Chapter One presents a brief historical overview of the significant literature related to the evolving social construction of child abuse and child sexual abuse. The development of contemporary concerns about child sexual abuse and the issues associated with the ‘re-
discovery of this phenomenon are discussed.

The heightened awareness in society of the problem of child sexual abuse in the late 1970s engendered a dramatic rise in the number and types of referrals bringing with it other, different problems, for the management of the phenomenon. Amongst these problems were those surrounding the ever-broadening definition of child abuse and child sexual abuse, the influence of special interest groups on these definitions and the reification of the phenomenon. These new challenges facing child protection managers are presented, together with the issues presented in the interpretation of incidence and prevalence studies. The lack of consensus over definitions of child sexual abuse in the research literature and the effect that this has on the ability to obtain reliable research findings are also discussed. The epidemiological value of incidence and prevalence studies, along with statistical estimations in regard to the extent of child sexual abuse, concludes the chapter.

Chapter Two provides an account of the evolving social construction of childhood. The traditional neglect of childhood as a sociological concept is discussed. This is followed by an account of the periodisation of childhood. This description begins with a discussion of the child in agricultural society. Thereafter, it traces the development of the construction of childhood in the periods often referred to as Modern and Late/Advanced Modern, together with a discussion of the contemporary welfare child. Notions of childhood innocence and the social anxiety these have created are now part of the child protection discourse. These are discussed in relation to legislation and children’s rights. A brief historical account of the growth and development of the child protection discourse, with particular reference to the shift from a socio/medical paradigm to a legal one, is presented. The backlash against child protection intervention that was a major factor in this change of emphasis is discussed,
together with the challenges it has presented to the contemporary system of child protection. Amongst these challenges are the dilemmas that have arisen in the identification and management of child sexual abuse. These are discussed in the light of the need to avoid secondary victimisation of children and families. This is explored together with the impediments to establishing a professional relationship with children and families that also recognise their rights in relation to the responsibilities of the state. The domination of the positivistic 'risk' assessment procedure within the legal paradigm of management has created pressure for an evidential focus in the investigation of child abuse and child sexual abuse. The problems that this has created for clients and practitioners are discussed in this chapter. The chapter concludes with reference to the need for a critical appraisal of children's services so that they are more inclusive of all children in-need and do not simply serve those who are considered to be abused or are at-risk of abuse.

Chapter Three presents the interagency multidisciplinary approach to the management of the problems associated with child abuse and child sexual abuse, together with the problems and conflicts of this approach. As well as the practical problems with the interagency multidisciplinary approach, there are associated, deeper, underlying sociological problems that also will be discussed in this chapter. The paradox created by the making of moralistic situated judgements, while being expected to work within an objectivistic decision-making paradigm, is presented. Attention is drawn to the need for practitioners to understand the role of self-referential systems such as law, education and health and the inherent limits of the frames of reference of these systems. The limitations of the traditional scientific approach to research into the phenomenon of child abuse are discussed; the advantages of a more ethnographic approach are outlined and recommended. Some of the major organisational perspectives of contemporary social and cultural influences contributing to the current debates
concerning the periodisation of social thought are discussed. Particular reference is made in this context to the sociological constructions of Modernity and Postmodernity. Postmodern influences on organisations involved in the child protection discourse are delineated. The chapter concludes by outlining the development of an integrated, eclectic approach contributing to a 'critical theory' of organisations, incorporating the various perspectives presented.

The major focus of Chapter Four is on the identification of coordinating mechanisms and collaborative procedures that are considered to be the key structures and processes in interagency cooperation. To begin this process, it is first necessary to define the terms involved. The definitions of coordination, collaboration and cooperation are presented. Interorganisational theories underpinning various models of cooperation are discussed along with their shortcomings. The problems relating to achieving efficient and effective interagency coordination, collaboration and cooperation are also included. Reference is made to the legislative directives and recommended guidelines for interagency cooperation that are in existence in both Australia and England. A discussion of the rationale for the introduction of mandatory reporting of child abuse to enhance interagency cooperation, together with its unintended and unforeseen consequences, is also presented. The need to identify key mechanisms and procedures involved in interagency cooperation is discussed and their categorisation into three key areas of coordination mechanisms, collaborative procedures and personal perspectives. The need for the inclusion of the personal perspective as an essential category is emphasised. This discussion forms a prelude to a detailed account of these key structures and processes. The chapter then includes a listing of the key variables and the rationale for their inclusion in the research project outlined in Chapter Five. The chapter concludes with a suggestion for an integrated organisational model of interagency coordination and collaboration.
Chapter Five discusses the origins of the research and the development of the methodology used. It also includes the rationale for the survey method and the operationalisation of the survey instrument. A description of the method of selecting the sample, along with the logistics of organising the survey, follows. The hypotheses relating to the survey are outlined and the methods of analysis of results are presented. The underlying philosophy of the research, together with its ethical considerations, are outlined. In the light of the results of the postal survey it was decided to conduct a series of in-depth interviews with a selected sample of respondents. The details of this are presented in this chapter. The chapter concludes by outlining the particular methods used for the analysis of both the quantitative and the qualitative data.

Survey results are presented in Chapter Six that begins with a demographic description of the sample surveyed. This is followed by a discussion of the quantitative and qualitative results of the survey and their analysis. Results from the Australian and the English respondents are considered separately and then together under other major variables of gender, years of experience, employment position, work location and organisational mandate. The results of the in-depth interviews are also discussed. Particular topics arising from the analysis that require further exploration are presented and discussed.

Chapter Seven suggests the adoption of the version of critical theory, as outlined in Chapter Four, as a theoretical basis for a proposed model of interagency coordinating mechanisms, collaborative procedures and personal perspectives. Survey responses to each of the key variables, identified in the research as valid structures, are discussed in relation to practice. Their integration within the proposed model of coordination and collaboration in the interagency management of child sexual abuse is suggested.
Chapter Eight presents the model, suggested by the research findings, entitled, Interagency Coordination and Collaboration (IACC). The Model is presented together with its amplification and explanation. The IACC Model is also presented graphically and broken down into a taxonomy of key components. These are presented as integrated with other intra-organisational activities to form a dynamic and holistic model of operation. After an explanation of the functioning of the IACC Model in the interagency management of child sex abuse, suggested applications of the IACC Model conclude the chapter.

Chapter Nine further emphasises the implications of the research findings for child protection practice. The chapter makes recommendations for the greater acceptance of the personal perspectives of both practitioners and clients in child protection work. It continues with recommendations for policy on the exchange of information, routine interprofessional training, increased funding, the keeping of statistics, positive media publicity and the need for clear objectives. The final recommendation made is for the development of a more reflexive practice in child protection work. The overall results of the research would suggest that although the current structures of organisation are highly valued by the practitioners in Australia and England, a change of emphasis is needed in the management of this work in order to adopt the recommended principle of reflexivity. It is argued that the postulated IACC Model, as demonstrated in this research, would go some way towards supporting such a shift in emphasis.

The wider implications of the research findings are also discussed and suggestions are made for the reconceptualisation of child protection. These include the need for a broader welfare perspective, with emphasis on prevention programmes and the need for a Minister for
Children. Recommendations are made for future research using the survey instrument and the IACC Model, as well as to explore specific areas of concern that emerged from the research results. The chapter concludes with a tribute to the respondents to the survey.

Conclusion

The value of adopting the multidisciplinary approach for the management of child abuse, with coordination and collaboration between agencies involved in children's health and welfare is recognised in both the literature and in practice. This approach has developed in accordance with recommended policy ideals and comprehensive, well-resourced, systems of operation. Despite these positive developments, there have been expressions of concern that some challenges have remained and that a number of underlying dilemmas still need to be addressed. These problems and dilemmas are concerned with both practical and theoretical issues. Questions have arisen about the governmentally sanctioned machinery of combined agencies which now trawl through referred allegations of child abuse; dealing with some and rejecting others (Parton, Thorpe and Wattam, 1997 and Morris and Shepherd, 2000).

The research reported in this thesis reviews these contemporary issues as they constitute the practical and theoretical environment in which the real work of enhancing the welfare of children and families takes place. As greater clarification of these dilemmas are sought, changes will be required to adapt to the shift in emphasis that is recommended for both theory and practice. This research has addressed these issues by identifying and evaluating a set of key organisational mechanisms and categorising them into three areas of coordinating mechanisms, collaborating procedures and personal perspectives. These three areas when integrated suggest a reflexive, dynamic and integrative model for use in an international context. The model has allowed for a subjectivist perspective and has supported the
humanistic principles. Also, this research accords with the standpoint of those who advocate research that is practice based and that can demonstrate the operationalisation of theory into everyday work (O'Hagan, 1989; Parton, 1985 and 1991 and Hitchcock and Hughes, 1992).
CHAPTER ONE: THE EVOLVING SOCIAL CONSTRUCTION OF CHILD ABUSE AND CHILD SEXUAL ABUSE

1.1 Introduction

The maltreatment of children by adults has existed from time immemorial as recorded in the history of ancient societies all over the world (De Mause, 1974). While the cruel treatment of children has been well documented in history, the literature also refers to the 'newness' of the problem of child abuse (Archard, 1999). This apparent contradiction reflects the medical-scientific identification of child physical trauma that began in America in the 1950s.

A decade after the original research into physical injuries, the 'Battered Child Syndrome' was used in Western Societies to describe the phenomenon of child abuse. This 'rediscovery' of child abuse was credited to the eminent paediatrician, Dr Henry Kempe, and his associates at the University of Colorado in Denver (Jenks, 1996). It was after the publication and dissemination of their results that 'child abuse' began to be acknowledged as a social problem (Kempe, Silverman, Steele, Droegemueller and Silver, 1962; Gordon, 1985; Parton, 1985 and Parton, et al., 1997). An ever-broadening recognition of the types of abuse and a concern for the problems to be managed have emerged since this discovery of abuse.

Myths, legends and incest taboos have been recorded over time as a testimony of deep-seated societal recognition of child-adult sexual relationships and a need for their regulation. Nevertheless, even though child sexual abuse has had this long history and had also been acknowledged as unlawful for many decades, it was not until the 1960s that the issue began to gain widespread social concern (Howitt, 1992). The significant events in the development of the concept of child sexual abuse and societal issues associated with its 're-discovery' since
the 1960s will be discussed in this chapter. During the 1970s and into the 1980s there were many attendant problems arising from the phenomenon, such as the need to cope with the increasing number of referrals and the media glare on what were deemed to be professional failures to protect children. These will also be presented in this chapter. Although child sexual abuse is the focus of the research reported in this thesis, reference will be made also to child abuse in general, in order to place the construction of child sexual abuse in meaningful context.

Over time, there have been many different definitions of the phenomenon and child abuse is now perceived as an evolving social construction (Wattam, 1992 and 1996). The reification and the ever-broadening dimensions of child abuse are discussed in this chapter. The need to define child abuse is discussed in reference to the contemporary employment of orthodox positivist definitions and their reliance on risk assessment procedures. Definitions of child sexual abuse together with the influence of special interest groups upon the construction of definitions are discussed. These special interest groups often had contradictory theories relating to the causes of child sexual abuse with each providing their own definition of the problem. Many of these identified competing definitions have produced problems that have created different emphases in intervention, treatment and prevention of abuse and are considered to be at the core of child sexual abuse management (Howitt, 1992 and Parton, et al. 1997). The lack of consensus on definitions has also been problematic when comparing research findings based on incidence, prevalence and epidemiological studies and this will also be discussed in this chapter.

1.2 The evolving social construction of child sexual abuse

There have been changes over time in societal regulation of child-adult sexual relationships,
the acknowledgement of child sexual abuse and the condemnation of the problem. These changes can be seen as part of wider changes in the spheres of economics and politics, such as the development of information technology and the changes in legislation allowing the State powers to intervene in child protection issues. The socio-cultural responses these have created have continued with simultaneous ever-changing formulations. Leonard (1997) invites us to see that all of these forces are mutually determining and that one force cannot be analysed in isolation from the others. This can be appreciated from a brief historical overview of the development of child-adult sexual regulation.

This overview of significant historical recordings of child sexual regulation is intended to clarify the relativism of the social construction of child sexual abuse in the following ways. Firstly, an historical overview makes clear how the facts and assumptions concerning the problem have been constructed and consequently the way that they have structured policy and practice (Parton, 1985). Secondly, if we can account for the causes of an issue identified as demanding action, in principle it is possible to do something about the problem (Parton, 1985). Finally, the value of reviewing the history of the topic may help to create a better understanding of the range of perspectives on the problem and increase sensitivity to the variety of societal and professional reactions a child protection practitioner might encounter.

Throughout history, there has been recorded in every society some degree of regular human maltreatment of other people, whether we are speaking of children or adults. However, societal acceptance of this maltreatment has varied over time, especially with regard to child sexual abuse (Jenks, 1996). The sexual role ascribed to children also has varied over time. Therefore, it is not surprising to discover that the phenomenon of child sexual abuse has had a long and diverse history (De Mause, 1974; Wattam, 1992; Gough, 1996 and Achard, 1999).
The sexual regulation of children has been part of social life since antiquity (De Mause, 1974). The universality of an incest taboo is one example of such societal regulation. Some anthropologists have considered that incest taboos were established for the preservation of totems or clans; that is, to guarantee the survival of a specifically designated lineage and the distribution of property. Often taboos did not prohibit sexual relations between close blood ties on an equal biological basis. That is, one might be prohibited from forming a liaison with a paternal cousin and encouraged to form such a bond with the equivalent maternal blood tie relation. Many such specifications were made for the survival of a particular lineage and the strict distribution of inherited property. Some would argue that totems were ascribed to specific groupings of people for the preservation of the species itself, in so far as ascribing totems was originally conceived to deter cannibalism and was eventually extended to include sexual sanctions and prohibitions (Graburn, 1971; Knight, 1991 and Featherstone, Hepworth and Turner, 1993).

History provides us with many accounts of what, today, we would call child sexual abuse (Aries, 1962; Gelles, 1987 and Jenks, 1996). In ancient Greece, young boys experienced sexual activity with older men that was considered as an educational instruction (Grimal, 1965). Grimal also has reference to the history of the Victorian children flower-sellers many of whom were said to be working as prostitutes. Child sexual abuse in these instances was culturally accepted and even sanctioned. As late as 1900, there were people who believed venereal disease could be cured by means of sexual intercourse with children (De Mause, 1974, p.49). In some parts of the world child prostitution continues as a business although no longer overtly condoned by society (Vittachi, 1989; Lansdown, 1995; Newell, 1995 and Jenks, 1996).

The first report of sexual abuse as a major hazard to child health is said to have occurred in the
nineteenth century in France (DHSS, 1988). It would seem this was the first modern
acknowledgement of child sexual abuse as being of professional concern. The work was
credited to Ambrose Tardieu, Professor of Legal Medicine in Paris, whose published findings
in 1857, described thousands of cases of child sexual abuse (Myers, 1994, p.21). Myers
(1994), quotes Summit (1988), to the effect that Tardieu's belief in sexual abuse was rejected
by his successors. Thereafter, the second major professional acknowledgement of child
sexual abuse occurred in 1896, when Freud presented his seduction theory to the Vienna
psychiatric establishment (Howitt, 1992). It is said that Freud's peers similarly rejected his
ideas. Freud abandoned his seduction theory and thereafter claimed that children were
traumatized not by actual sexual abuse, but by projections of their own fantasies (Finklehor,
1982). Both of these two professional entries are often viewed as case studies of theories of
child sexual abuse that came into prominence only to be quickly submerged and ultimately
rejected by ideological skepticism. Also clear from these two examples, we see that there was
a reluctance to accept the word of the patients who happened to be women and children.

Further to this, in the history of professional involvement in child sexual abuse there appears
to have been a series of acceptances and denials of the problem.

Prior to the contemporary time the most striking feature of the history of child abuse and child
sexual abuse has been the intermittent nature of public concern (Parton, 1985). In regard to
child sexual abuse, perhaps this pattern is due to what Myers (1994, p.23) refers to as society's
'blind spot for child sexual abuse' wherein the current 'discovery' of the problem is nothing
more than the latest in a series of rediscoveries. Jenks (1996) commented on this same
phenomenon, contending that the erotic in child-adult relationships that today has been newly
articulated is nothing new. He added that, '...as Freud discovered, it has never been a
dimension of human experience that dares to speak its name too loudly...(Jenks, 1996, p. 88).
In the past, the taboos against incest and child sexual abuse led welfare workers and social researchers to be wary of asking questions about this activity to parents or children (Giddens, 1993). Giddens also commented that many instances of the problem came to light once the topic was introduced into the public arena by the women’s movement and child protection discourse. Thus, not only is the evolving phenomenon of child abuse itself open to definitional debate, but also, the nature of the child-adult relationship is generally accepted to rest on the prevalent societal construction of childhood at any one time. The topic of the social construction of childhood will be presented in Chapter Two. The twin considerations of definitions of abuse and the social construction of childhood have extensive implications for the identification and management of the problem in both practice and theory. The varying constructions often dictate the standard of acceptable relations with children. Further discussion about the construction of the definitions of abuse is presented later in this chapter.

As child sexual abuse is an evolving social construction it can be seen that behaviour sanctioned and tolerated in one time and place evolved to issues of condemnation and revilement in another. While there have been many recorded examples in history of the sexual maltreatment of children that today would be called ‘child sexual abuse’, it is noteworthy that it is only during the last thirty years that there has been an overwhelming societal condemnation of the problem (Finkelehor, 1982; Cooper and Ball, 1985; Parton, 1985 and 1991; Howitt, 1992; Cooper, 1993 and Jenks, 1996). There can exist, even within one culture, a range of situations where the term child sexual abuse is highly contentious and the protection of children difficult. The relativism of the term ‘child sexual abuse’ has not diminished today, even though the act is condemned. While acknowledging that harmful events happen to children, we need to be clear about why and how we define these events as abuse and look to the effect that our professional intervention may induce. There is little
doubt from recorded history that what today would be called ‘child sexual abuse’ has always existed.

1.2.1 The development of contemporary concerns about child abuse and child sexual abuse

In describing the development of contemporary concerns about child abuse, Adler (1996) divided the historical overview of the past century into three broad epochs. He commented that around the turn of the twentieth century, formal laws for the protection of children appeared for the first time in the Western world. The nineteenth century moral campaigns for children were made acceptable to politicians when new concepts about children and the state’s right to intervene in family life emerged (Piper, 1999). A second epoch, comprising fifty to sixty years, was said to have followed wherein the laws were used to protect children from ‘neglectful’ families, while the problems of child physical and sexual abuse were largely undisclosed (Adler, 1996). This period saw the proliferation of institutionalised residential care for children who were orphaned, abandoned or neglected organised by both state and voluntary concerns, in both Australia and England. Physical abuse and sexual abuse were not prominent issues at this time. Adler (1996) poimnts to the publication of the landmark works of John Bowlby, in the United Kingdom, and Henry Kempe, in the United States of America, as pivotal to the thinking at the time. Bowlby emphasised the importance of children having a consistent and loving relationship with a primary caregiver in the interests of their future mental health. Bowlby’s work was said to have led to a widespread move away from institutional care. The economic constraints of the day reinforced the move away from the institutionalisation of children for their welfare and protection.

The third epoch after the influence of Bowlby and Kempe, brings the history to its present child protection phase. The events that followed were characterised by the identification of
abuse and the assessment of possible risks to harm on behalf of children. Children were again being removed from their homes, but this time to substitute care arrangements mostly in foster homes for varying periods of time. The dilemma that our current system is now said to face is how to protect some children from actual harm against the other, sometimes negative consequences of removing them. This dilemma, amongst several other issues, has caused the questioning of current practices in the child protection discourse. There has been a gradual awareness of uncertainties and ambiguities inherent in the positivist paradigm of contemporary practice. These issues and the development of the child protection discourse will be discussed further in Chapter Two.

1.2.2 The re-discovery of child sexual abuse

The brief historical overview has demonstrated that while it may be that the subject of child-adult sexual relations is not new, the terms 'child abuse' and 'child sexual abuse' are the 'invention' of the socio-medical events promulgated by Kempe and his associates in Denver, Colorado in the 1960s (Parton, 1985; Adler, 1996; Gough, 1996; Jenks, 1996 and Parton, et al., 1997). While accepting that the phenomenon of child maltreatment has always existed, Kempe's work had 'uncovered' the phenomenon that is now part of the orthodox child protection discourse. As predicted by Henry Kempe (1979) the more severe forms of physical abuse have been seen to precede the recognition of child sexual abuse and emotional abuse (Gough, 1996; Reder, et al., 1993 and Parton, et al., 1997). So it was that interest in the phenomenon of child sexual abuse did not become a matter of widespread social concern in the Western World until the later half of the twentieth century (Cooper, 1993).

Kempe and Kempe (1978) noted that the history of the emergence of any form of child abuse as a social issue involves three factors: firstly, a growing recognition of maltreatment as an
unnecessary evil; secondly, the technical capability to trace clues that tell a story of inflicted injury; and thirdly, the community's readiness to address the problem constructively. Parton's (1985) approach develops this theme further when he says that we need to consider how far the concepts of moral enterprise, bureaucratic imperatives and symbolic action help to explain why child abuse was recognised as a problem at a particular time. He goes on to say that it is even doubtful that these factors are sufficient as explanatory variables. That is, Parton expresses the feeling that one must locate the reaction to child abuse within a theory of power, that is, within the shifts in the economy and in the ideological forces in society.

With these two perspectives in mind, it is interesting to note that Howitt (1992) complements both approaches as he presents an historical account of child abuse and child sexual abuse by tracing the development of professionalism. More specifically, he traces how and when professionals began their role as authorities in child rearing practices in the nineteenth century. Howitt makes specific reference to the rising technical capabilities that were, at that time, in the hands of the professionals, particularly in the fields of religion, medicine and law. The same has applied to the evolving role of social work, accentuated by the media's reporting and the expansion of contemporary child protection systems as they serve to interface with changes in legislation.

Commercial and professional interests are seen today to combine to keep the topic of childhood and child sexual abuse in the forefront of public interest. The National Society for the Prevention of Cruelty to Children (NSPCC), Incest Survivors groups, Child Line, Children's rights campaign, and parental rights groups, are but a few to keep the broad issues of child abuse to the fore in society. Additionally, international conferences on child abuse and neglect today are attended by representatives from many countries all over the world. These conferences regularly take place in both the Northern and the Southern hemispheres.
For example, to date twelve biennial international congresses have been sponsored by the *International Society for Prevention of Child Abuse and Neglect* (ISPCAN). The eleventh biennial *Australasian Child Abuse and Neglect Conference* was held in *Perth*, Western Australia. New professional journals on various aspects of the phenomenon are also increasing and adding to the professional debates concerning child abuse.

There have been a variety of changes in cultural attitudes and values over the decades that have brought about the increased public interest in the phenomenon of child sexual abuse. The recognition of child sexual abuse as a social problem that began in the late 1960s is said to have come about mainly as a result of the coalition of the women's movement and the child protection movement (Finkelhor, 1982; Campbell, 1988 and Carmody, 1990). There were many other societal changes occurring concomitantly with the rise in the recognition of child sexual abuse as a contemporary social problem that were also thought to be partly responsible. Some of these factors included those societal changes following World War II occurring in the community, the family, the status of marriage and the re-evaluation of established sex roles (Finkelhor, 1982). However, why concerns about childhood and child sexual abuse became a major political/social phenomenon goes beyond what were first perceived as simple explanations of evolving social institutions (Jenks, 1996). The rise of the advocates of Children's Rights, the growth of the child protection industry, child abuse inquiries, the backlash of parent groups against the child protection system, especially those spotlighted in the glare of the media attention, were also contributing factors to highlighting the problem.

All of the above changes in society and the rise in specialist interest groups ‘...reflect and feed into an emerging configuration of governmentality associated with “advanced liberal” societies...’ (Parton, 1998, p. 6). All of these political, legal, economic and social factors combined to provide the backdrop for the rise of concerns of child sexual abuse as a social
problem and continue to influence the evolving discourse of child abuse.

1.2.3 Problems stemming from societal recognition of child sexual abuse

Following the recognition of child sexual abuse as an issue of social concern in the late 1960s, it assumed political notoriety in both Australia (Boss, 1980) and the United Kingdom. This resulted in changes to legislation in both countries and a problem to be managed by children's services (Parton, 1985 and 1998; Howitt, 1992; Myers, 1994 and Thorpe, 1994). In these ensuing years, Skaff (1988) noted that the goals of child abuse and neglect services broadened from a relatively simple process of report investigation, protection of children, and punishment of perpetrators, to include broader dimensions of prevention and rehabilitation for victims and perpetrators.

Among the problems that were generated by the increased societal interest in child sexual abuse were the growing numbers of cases reported and that needed to be managed. It is well documented that referrals of child sexual abuse grew exponentially from the 1960s (Sgroi, 1982; Cooper & Ball 1987; Howitt, 1992 and Hallett & Burchall, 1992). Contributing to the rise in the number of proven cases reported were those cases of 'possible' abuse where there was only a suspicion of abuse. Also contributing to this rise in incidence were cases of false reporting, some of which were subsequently revealed either to have been cases of Munchausen By Proxy Syndrome (Fictitious Illness by Proxy) (Horwath, 1999), or of intended malicious origin. There were also several other sources contributing to the increase in referrals. Increased numbers were reported in respect of a rise in the number of parental disputes over access rights after divorce. It was not uncommon for parents to make allegations of sexual abuse against each other and their respective new partners in these matters. In my own work in Western Australia there were several instances of child sexual
abuse occurring in day care centres following which many children and their parents needed to be interviewed. Allegations of 'ritual' or 'satanic' abuse also increased in number and presented further problems for management (Wattam, 1992). This form of abuse and many other forms of alleged sexual abuse have remained a contentious area for the management by professionals as the accuracy of such claims has often been difficult to substantiate. Rarely have the presenting criteria concerning these allegations been sufficient for legal presentation, but at the same time such allegations have required investigation (Wattam, 1992).

Psychotherapy saw an increase in cases of alleged sexual abuse with the emergence of the 'Recovered Memory Syndrome', that is, the delayed recall of child sexual abuse while in adulthood. Critics considered this recall often to be false and there followed profound debate and controversy amongst the public and mental health professionals (Conway, 1997 and Courtois, 1997). The counter stance suggested the intrusion of the 'False Memory Syndrome', as they believed that clinicians might have been implanting misinformation or illusory memories in certain vulnerable clients (Yapko, 1997). There have been calls for a middle ground to be reached based on the premise that there has been a need for critical research in the areas of childhood memory, trauma and suggestibility. The lack of clarity about child sexual abuse and being able to manage the related issues it has generated have been a telling indicator that most research in this area has been at a rudimentary level (Parton, et al., 1997). Practitioners have been informed by epidemiological studies that no section of society could be exempted from the risk of possible sexual maltreatment of children. The risk of sexual abuse became a reality to be managed. The problems that have been related to the management of risk have been contentious matters and will be further discussed in Section 1.3 of this Chapter.
As the problem of child sexual abuse came into focus, attendant and less clear issues also arose. As an example, in the United Kingdom, the media, pressure groups, political representatives and Parliament all recognised that child protection issues were not neutral activities, but were riven by different values about the role of the family, the nature of state intervention, and the rights of children and their parents (Parton, 1985). The *Children Act* (1989) was wrought as a legislative attempt to reach a balance amongst such diverse values and perspectives. This *Act* was recognised in the United Kingdom as the major child-care legislative event of the 1980s (Fox Harding, 1991a, p. 179). Amongst the achievements credited to this *Act* was the fact that it was seen to draw together clear links between public concerns, social policy and legislation. These links had been achieved in a non-partisan manner, which represented a high degree of consensus between political and professional bodies (Fox Harding, 1991a). On the international stage, the *United Nations Convention on the Rights of the Child* (1989) was a further example of the new vision of children. This *Convention* was regarded by some as a unique document on the treatment of children, their protection and participation in society (Franklyn, 1995). International ratification of this document has been largely supported by United Nation members (McGuinness, 1996). This same author has pointed out that the work of bringing the application of its principles into domestic legal and constitutional frameworks will continue to be the challenge of the future (McGuinness, 1996).

Since the 1960s, the broadening of the scope of behaviours considered to be possibly abusive has dramatically increased. This has resulted in both Australia and in the United Kingdom in increased reporting of allegations of abuse and an increase in procedures to follow and information to collect. This expansion of ideas and work is referred to in the literature as 'diagnostic inflation' (Dingwall, 1989, p. 28). The management of the debates generated by
this inflationary process now occupies a central role in the child protection discourse and the
true extent of the problem remains unknown (Reder, et al., 1993; King, 1997 and Parton, et al,
1997). Societal regulation of child sexual abuse continues to be an evolving process that
inevitably affects the management of the problem. Today's concept of child sexual abuse
represents multifaceted discourses about professionalism, legal and political interventions, the
rights of children and their families, and gender issues (Parton, 1991). In order to understand
the full implication of these societal responses it is first necessary to be clear about the
definition of the terms 'child abuse' and 'child sexual abuse'. This review of definitions of
child abuse and child sexual abuse will be addressed in the next two Sections 1.3 and 1.4.

1.3 Definitions of child abuse

At the present time there is no substantive definition for child abuse. There are many
definitions for this phenomenon and they are fraught with both cultural and value-based
difficulties. Parton, et al. (1997) report that during the past two decades there has been little
progress made in constructing a clear, concise, reliable, valid and agreed upon definition of
child abuse. Instead, the increased concern about child abuse has been matched by an ever-
changing conceptual basis of abuse.

Child abuse is so familiar a term that it is difficult to understand and accept that there is no
substantive definition for the term. Children are known to suffer deliberate harm at the hands
of caregivers and others. It is known that child abuse exists. This familiarity of the concept is
part of its contentiousness as everyone feels that they know what constitutes child abuse,
although there is no consensus on definition. However, how it is defined and how
professional child protection workers react to it, are directly related to the definitions applied.
The ongoing debate in contemporary society about the role of corporal punishment in child
rearing practices is one example of the difficulty faced when trying to define child abuse. There are those who would consider that children who are smacked are suffering child abuse and others who would consider it to be a normal aspect of child rearing. The term child physical abuse conceals a culturally embedded and assumed belief system about child rearing practices (Thorpe and Jackson, 1997). It may be that legislation is necessary to clarify the situation. It would certainly be in the interests of children to make smacking an illegal act, as in corporal punishment. Apart from presenting to the child with an 'undesirable model', there is always the potential for serious injury as well as the possibility of lowered self-esteem. Legislation making smacking an illegal act would also help to clarify the definition of child physical abuse. However, as pointed out by Thorpe and Jackson (1997), smacking a child is bound up with cultural and value laden issues that contribute to the ongoing debate of this emotionally riven topic. The debate over whether to legislate on this topic is a sensitive one in that it is central to the quality of the parent-child relationship and the right of the State to intervene in family life. Within this context, the achievement of a consensus over the definition of child abuse is fraught with problems.

Once it is accepted that child abuse is an interactional process and has to be viewed in the context of a social interaction it follows that there will be various dimensions of possible child abuse within the parent-child relationship (Zeedyk, 1998). The cases of obvious parental assault on vulnerable children within the family are easily understood. Not so easily understood is the phenomenon of children actually inciting child abuse from their parents. Boss (1980) points out that some children who may be born with various special needs place undue strain on the parent-child relationship and parents may become frustrated as they become disappointed with their child. He describes, as an example, an underweight baby who does not thrive, is irritable and cries excessively. Another example is where the baby may be
separated from the mother in the early postpartum period. This latter example is said to have the effect of lowering the mother's self-confidence when eventually reunited with her child (Boss, 1980). In such situations the child’s needs would tend to be neglected. This phenomenon was commonly experienced amongst many parents who attended the Children’s Hospital in Western Australia when I was employed there as a member of the Child Protection Team. Parents would attend the hospital for help after having expressed concern over their child’s difficult behaviour and their fears that they may harm their child. Many parents expressed the same fears to me about their children’s behaviour and their own negative reactions to it while I was conducting parent education workshops in Cornwall, England. This notion of a child indirectly inciting abuse, is referred to by Boss (1981, p. 57) as ‘the child as a defenseless victim’.

Archard (1999, p. 82) has commented on the fact that the ‘newness’ of the term of ‘child abuse’, has meant that it is a ‘human kind’ term. That is, it is one that has been constructed rather than being steeped in a ‘natural kind’ of history with the advantage of long-standing usage (ibid). The term is thus malleable and easily reconstructed. Archard also comments that this newness allows its definitions to be commandeered by a variety of interest groups each with its own definition that will imply a causal explanation. If a group can claim to understand the etiology of the phenomenon then perhaps this group alone can claim to have the resources to understand and act.

Gough (1996, p. 993) has said that, ‘An examination of the meaning of the concept may be seen, at best, as an important but rather tedious and technical issue and, at worst, as an over-intellectual questioning of the meaning of abuse that implies that abuse does not really exist.’ In the same article, Gough goes further to say that despite all of the work that has been done in
the area of definitions, there has been no framework to integrate all of the work together into a coherent body of knowledge. Wattam (1996) also recognises this deficit by referring to the lack of expansion and discussion of definitional issues in her review of Child Protection: Messages from Research (DOH, 1995). While agreeing with this document that child abuse is not an absolute concept, Wattam (1996) criticises the report on the grounds that it proceeded to reconstruct a consensual definition of abuse based upon moral concerns along a continuum of behaviours, seemingly ignoring other perspectives such as the legal or the scientific. The lack of specificity in the term of abuse has resulted in generalisations often based on moralistic grounds alone. The dangers of this approach are only now coming to be acknowledged as possibly harmful in themselves.

The relative nature of the conceptualisation of child abuse means that it is a culturally specific, legal and moral judgement. To view the phenomenon of child abuse as socially constructed does not mean that the definitions are relative per se. It does imply that a definition must be achieved on each and every occasion of practical application to judge if abuse has occurred (Parton, et al., 1997). This contentious area may be demonstrated by the following example from my own experience.

In the mid 1960s, while working as a new graduate in the city of Chicago I was employed as a caseworker for the Cook County Public Aid Department. The caseworker's role was to make quarterly visits to clients in receipt of welfare benefits called at that time, 'Aid to Dependent Children'. The task then was to review if the general health and welfare of recipients and to inquire if the monthly benefit was adequate for the monthly expenditure. Each worker had an assigned 'district' and mine was an older city neighbourhood of impoverished, derelict, subdivided apartments. On one freezing day's visit to the 'district' I came across a five-year-old boy in a shop doorway. He was inadequately dressed, begging for handouts and appeared to be suffering from cold or flu. In an effort to assist I had made inquiries in the store to see if they knew him or his background. I was told that his parents were at work. The parents were said to have locked him out of the house when they went to work as they thought that was safer than his being in home on his own. In discussion with my supervisor I was told that there was nothing I could do as I had no jurisdiction over those not in receipt of welfare payments. The subject was closed. Later that week I received a telephone call from an irate policeman who had said that he had
witnessed an extremely neglected child in my district and asked what was I doing about it. I explained that as the parents were in private employment that I could not intervene, but that I was glad to know that the police were taking the matter seriously. The policeman changed his demeanor immediately and said that he was relieved to know that the parents of the child in question were not squandering taxpayers' money. The child and his family were not 'welfare cases'. As long as it was a private family matter he would accept that he had no right to intervene.

In the mid 1960s there was not the sensitivity to cases of five to six year olds in need of care and attention. If the child had 'been on welfare' things might have been different. The neglected child might have wondered why the professionals involved looked so helplessly at him. In later days in the district I would often see the lad again in the houses of nearby neighbours where he ate and played with others of his age. One of the women in whose house he appeared explained to me that they all knew the lad, he was a 'stray' and that, in the end, somebody would look after him. There was the objective reality of a suffering child, but the situation did not come under any official category of abuse and so no official action could be taken. This example illustrates how definitions of abuse and neglect have changed since the 1960s.

1.3.1 Reification of the term 'child abuse'

The term of 'child abuse' is widely used and the lack of specificity in the definition is generally ignored. The lack of definitional clarity has allowed it to be used by emotive images and so it has gained enormous emotional force (Archard, 1999). The consequent commodification and the resultant reification of the term child abuse has brought with it brings with it concomitant and ubiquitous sensationalised dramatisations of the victim's condition, evoking horror, guilt and shame. These notions have also been accompanied by the publication in the mass media of past child abuse errors. In the recent past it was not uncommon to see the publication of photographs, stories centred upon the gruesome details
and even billboard sized portraits of children with bruises and sad expressions on their faces. These representations of abused children have often been used as advertisements primarily for financial support rather than to further people’s knowledge of the problem and its extent. So powerful are these emotional appeals against child abuse that, as Gough (1996, p. 994) commented, ‘...Even some adults who involve children in sexual relations are against child abuse...’.

Today, the reification of the term ‘child abuse’, as a universal identifiable phenomenon, is widespread (Adler, 1996 and Gough, 1996). However, the acceptance of the term of child abuse is gradually changing in the literature and is now being perceived as a term of cultural relativism (Parton, et al., 1997). As such, the phrases that refer to child abuse and child sexual abuse are now being discussed in the literature as social constructions (Wattam, 1992 and 1996; Reder, Duncan and Gray, 1993; Parton, et al., 1997; Archard, 1999 and King, 1999). Although legislation has made explicit the unlawfulness of certain behaviours and omissions of behaviour as crimes against children, the identification and prevention of abuse is not always straightforward, but rather most often fraught with subjectivist judgements and moralistic risk assessments (Parton, et al., 1997).

It is not surprising to discover, therefore, that there are eminent authorities on this topic who would recommend alternative terminology for the word ‘abuse’, for example, the use of alternative words such as ‘harm’, ‘injury’, and ‘maltreatment’ (Wattam, 1992 and 1996; Gough, 1996; Parton, et al., 1997; King, 1997 and 1999 and Archard, 1999). Although there remains no general consensual definition, this is not to say that the term ‘abuse’ is not sometimes useful as an appropriate description of maltreatment. After all, the term is in the common vocabulary and in the literature concerning the discourse on children and their
welfare. Archard (1999) has also pointed out that it would be a conceit to think that a simple clarification of a definition would remedy what has come to symbolise a vast array of problems and misconceptions. It may be that a more open and sympathetic approach to the description of a range of difficulties is required in order to understand the dimensions of child abuse facing practitioners. In the meantime, the difficulties of definition remain and the use of the term continues to be debated. However, the terms about child abuse and child sexual abuse that are in common usage will continue to be used in this thesis bearing in mind that they are social constructions.

1.3.2 The broadening of the dimensions of child abuse

The dimensions of child abuse have broadened since the 1960s and contemporary literature on child abuse now refers to the phenomenon as an evolving social construction, as mentioned above (Reder, et al., 1993; Wattam, 1996 and King, 1999). Gough (1996) outlined six areas where this growth has evolved. First, there has been an expansion in the types of abuse in line with the stages of societal awareness in the pattern described by Henry Kempe (1979) from the ‘Battered Baby Syndrome’, to physically abuse of children, failure to thrive, neglect, emotional abuse and sexual abuse of children. Secondly, there has been a recognition of the broadening range of people who might be held responsible for abuse. The scope has increased from primary care givers through to strangers, institutional and educational abuse and the secondary victimisation of children by ‘system’s induced trauma’ (Conte, 1984) wherein the Child Protection investigation and subsequent intervention may have created more problems than it has solved. Thirdly, the expansion of consideration as to what may be appropriate care for satisfactory development of children’s mental health has expanded to consider the effects of such things as parental discord, domestic violence and divorce. Fourthly, there has been the growth in concerns for children’s rights and their inability to give informed consent in
matters such as sexual activity with adults and access arrangements in cases of parental separation. Fifthly, there has been the construction of the duration of childhood from conception to the often, arbitrary, cut-off age for adulthood. Lastly, the combination of increased prosperity, together with the above factors, have all contributed to a general lowering of criteria as to what is considered to be abusive. As people in the developed world attain higher standards of living, expectations of care increase and so a ‘higher order’ of abuse can come into being (Cooper, 1993, p. 2). For example, it was not uncommon, in days gone by, for children to be seen working in factories whereas today in the Western world it would be considered to be abusive.

However, in reference to the higher order of care standards, it could be argued that some institutions in society have indirectly retarded progress towards children’s general welfare by not readily accepting responsibility for children’s health and well-being, or for the apparent lack of it. One example of this is the apparently self-seeking pursuit of particular institutions such as some international business conglomerates who continue to market products aimed at children knowing that they can be harmful to health. A further example is where some governmental policies appear to be economically motivated and give low priority to welfare programmes. The debates about the welfare and rights of children bring in moral issues which some say cannot be attributed to such collectives (Archard, 1999). There are also those who debate if we can expect any of society’s institutions to operate other than within their own closely defined parameters (King, 1997). These arguments challenge the assumption that we can say what is universally in the best interests of children.

As can be seen in the above section, the broadening of the types of abuse, the age range of potential victims, the increase of alleged perpetrators, have all contributed to the problematic
nature of defining the subject of child abuse. Hallett and Birchall (1992, p.113) summarize the difficulties involved in defining child abuse by saying that there are problems over characterisation of different types of insult as abuse, over different thresholds of seriousness and over different actors as abusers, as well as difficulties in diagnosing specific incidents. The task of achieving decisions about these situations is the central problem facing child protection practitioners. This issue will be developed further in Chapter Three together with the problems and paradoxes associated with child protection assessment.

1.3.3 The need to define child abuse

The main reason to define ‘child abuse’ is to enhance the welfare of children in the detection and elimination of abuse (Archard, 1999). The terms in which we talk about the problem are said to be crucially important for the ways in which we might think of solving it. The definitional issues and the problems that they can create are at the heart of child protection work. As discussed above, one of the probable reasons why there is no real consensus on definitions is the variety of forms that it can take. Unfortunately, this may also occur because of the tautological situation in which practitioners are placed. Any behaviour may be considered to be abusive if practitioners describe it as such.

While many texts show that there are a variety of definitions of child abuse it is significant that they all characteristically arrive at a definition for their particular purpose (Parton, et al., 1997). Whether the purpose is for practice, research or advocacy, each has a different definition. However, these definitions usually do share some common pattern (Archard, 1999). The proposal made by Archard thereafter is to say that there is acceptance of a definition that is most often-quoted in government reports and official documents. This definition is what Archard refers to as an ‘umbrella definition’ and which he also refers to as
the 'orthodox narrow definition'. As such, the phenomenon is said to have four sub-categories, each with its own definition, under the overall umbrella of child abuse. These four categories are physical abuse, physical neglect, sexual abuse and emotional abuse. The orthodoxy of these definitions refers to the fact that in theory, objectively, they represent episodes of serious forms of maltreatment. However, the definition for the practitioner can remain problematic. The real life episodes that are the day-to-day work of practitioners are not always so clearly defined, particularly as there are degrees of harm within these categories. Moreover, child abuse does not necessarily have overt signs.

In the mid-1980s, the need for precision in definition became less of a priority as the emphasis shifted from 'child abuse work' to 'child protection work'. The notion of 'risk assessment' was introduced. There was now the need for the development of new sets of procedures, policies and legislation that introduced a broader remit for practitioners. In Britain, this was the result of a series of inquiries concerning the publicly highlighted child abuse deaths and *The Cleveland Report 1987*. There had been a moral outpouring of anger at social workers for failing to do their work in preventing child abuse tragedies and this was seen to be in need of rectification through new legislation. A fuller history of these events in reference to the development of the child protection work will be discussed in *Chapter Two*.

What had been considered to be the objectifiable, medical-scientific phenomenon of 'child abuse' as presented in the 1960s, had altered over the years to one of a more legalistic and socially preconceived objectivist phenomenon with definitions formulated often in terms of a risk assessment basis. This has come to represent a fundamental shift in the pattern of the societal regulation for the child protection discourse to accommodate a more legalistic and morally judgmental set of social constructions (*Wattam, 1992; Buckley, et al., 1997 and King,
In this climate it is difficult to obtain a consensus on definitions, creating difficulties not only for practice, but also when researching the phenomenon of child abuse.

The appearance of the categorisations of risk assessments followed in the mode of the positivist paradigm that was first established in respect of defining abuse. That is, medical research established the nature of child abuse. The medico-scientific reality of child abuse was accepted. Following in the mode of the disease, or public health mode, medical science was seen as crucial for establishing the reliable formulation of generalisable knowledge about child abuse (Parton, 1985). However, child abuse is difficult to define and the physical substantiation of some forms of abuse is acknowledged to be often impossible to obtain.

As mentioned above, the construction of 'risk' of abuse and its 'measurement' have entered the child protection discourse in an attempt to balance 'unsubstantiated' yet suspected instances of possible harm to children. That is, where an allegation is not matched by forensic evidence or evidential criteria there is an alternative practice to assemble a list of certain contestable signs which may or may not predict that abuse might have happened or may be likely to happen. Achieving a balance with these factors is rarely a reliable, or a valid scientific activity despite the desire for it to be so. A further problem is that there seems to be a desire to defend the constructions of the positivistic paradigm in order to rest assurance that the 'right' action has been taken. This is sometimes referred to in the physical sciences as 'paradigm blindness' as the investigator does not see outside a prescribed framework. The decisions that follow are often open to much criticism on the grounds of being false and, often, in the child protection system, as failing to protect children. The difficulty of making what appear to be defensible, positivist decisions has become identified at the heart of the current paradox of the social work role in child protection matters. The deconstruction of this
situation is discussed further in Chapter Three in relation to the ontological and epistemological difficulties involved in assessments of child abuse and child sexual abuse. Before this discussion of matters relating to the theories in the sociology of knowledge, there is a case for greater awareness of the social construction of the definitions of child abuse and child sexual abuse that will now be addressed.

1.4 Definitions of child sexual abuse

As with the term 'child abuse', there is no substantive definition for 'child sexual abuse', at the present time (Wattam, 1996; Parton, et al., 1997; and Buckley, et al., 1997). In regard to child sexual abuse, there is a wide spectrum of behaviours to be considered. These behaviours have been categorised to include incest, pedophilia, molestation, exhibitionism, statutory rape, rape, voyeurism, child prostitution, child pornography and sexual sadism (Kempe and Kempe, 1984). There is no general consensus of definition, nor general criteria or guidelines for establishing child sexual abuse (Finklehor, 1986; Parton and Parton, 1989; Robin, 1991 and Cooper, 1993). As with child abuse, defining the phenomenon is fraught with value based and cultural difficulties (Wolfe and Wolfe, 1988).

One of the probable reasons why there is no real consensus on the definition is that sexual abuse takes a variety of forms as referred to above. As discussed in the previous section with regard to child abuse in general, there is a commonly used 'umbrella' definition covering the various forms of abuse and referred to as the 'narrow orthodox definition' of child sexual abuse (Archard, 1999, p. 80). This definition, most commonly found in official literature, frequently quoted and used in the Working Together (DHSS, 1986) document, is the one attributed to Schechter and Roberge (1976). Child sexual abuse is '... the involvement of dependent, developmentally immature children and adolescents in sexual activities that they
do not fully comprehend and to which they are unable to give informed consent or that violate the social taboos of family roles' (Schechter and Roberge, 1976, p. 129). This definition adequately covers the broad spectrum of types of child sexual abuse.

An example of the continued search for definitional consensus is demonstrated in the Kempe and Kempe's (1984) amalgamation of three definitions of child sexual abuse. Firstly, they refer to Mrazek and Kempe (1981) who have said that child sexual abuse is the sexual use of a child by an adult for his/ her own gratification without consideration of the child's psychosocial development. Secondly, they refer to Mrazek, Lynch and Bentovim's (1981) work that referred to:

1) the battered child whose injuries are primarily in the genital area;
2) the child who has attempted or experienced actual intercourse or other inappropriate genital contact with an adult; and
3) the child who has been inappropriately involved with an adult in sexual activities not covered by one or two.

Finally, they refer to the National Centre on Child Abuse and Neglect whose definition states: contacts or interactions between a child and an adult when the child is being used for sexual stimulation of that adult or another person (Kempe and Kempe, 1984, p. 10). While these factors cover a wide range of behaviours, thought to be abusive, they do not include many other factors considered to be of significance such as the age of the child, the context of the harm, nor the cultural milieu.

This search for objective definitions in contemporary discourse appears to be becoming redundant as emphasis changes toward a perspective on child sexual abuse that focuses on the individual child's needs within the context in which the harm occurs. In many forms of child
child abuse and neglect there is seldom any definitive physical or forensic evidence of abuse except in severe cases. The absence of definitive signs of abuse is nowhere more prevalent than in the case of child sexual abuse. As discussed in respect of definitions of child abuse, the reliance of basing child protection work and decisions on assessments of risk factors is a contentious activity. There had existed theories of the causality of child sexual abuse that offered definitions that were causally linked to identified risk factors said to have been identified by research or socially determined. Examples of these are outlined below in order to illustrate some pitfalls associated with such attempts.

1.4.1 The influence of special interest groups on definitions of child sexual abuse

A review of the history of the phenomenon of child sexual abuse has revealed myriad interested groups involved in the identification and treatment of child sexual abuse. Some of these have been official organisations such as the NSPCC in England and others less formally organised, but equally influential, such as the feminist groups. Other influential groups comprise those who have offered explanations with regard to the causes of child sexual abuse such as the School of Psychoanalysis. These groups have defined child sexual abuse in terms of their own causal theories that have created a maze of different and sometimes contradictory definitions and an 'understandable malleability' (Archard, 1999, p.82).

As referred to above, there have been a variety of interested groups each offering different definitions of child sexual abuse that reflect the theoretical basis of their particular group. Four particular perspectives of those groups, who are regularly quoted as having influenced the relationship between definitions and perceived causes of child sexual abuse, are identified and discussed as follows.
The first perspective to be considered could be listed under the heading of a sociological perspective. Some writers have suggested that many cases of child sexual abuse are indirectly caused through sociological factors such as the society's philosophy and value premises, especially in reference to the prevailing cultural attitudes toward violence. An underlying cumulative stress model suggests that living under difficult economic circumstances and in underprivileged social conditions are said to contribute to the stress and frustration experienced by individuals with dependent offspring. The degree of stress experienced is said to be a determinant of abuse. There is also the theory of a cycle of deprivation that implies that there is a risk of abuse being repeated in successive generations unless the cycle can be broken. Many children were believed to be at risk of sexual abuse if one of their parents had been abused despite there being no sound research to confirm this point. Sociological explanations maintain that societal changes in the breakdown of traditional community neighbourhoods, increase in divorce and the resultant withering of family bonds have all led to a social isolation that has left children vulnerable to sexual abuse.

The second perspective to have had influence on definitions is that of the feminist movement. Reid (1989) refers to the feminist perspective of child sexual abuse with its focus on incest that is defined as the abuse of male power in the family. Hallett and Birchall (1992) quote the Incest Survivors' Campaign definition of child sexual molestation as that done by any person whom that child sees as a figure of authority and respect. In both of these definitions sexual abuse is seen as the abuse of power. This view of the child sexual abuse represents the abuse of male power as seen at one end of a continuum of the male power (Reid, 1989). Child sexual abuse is seen to be the product of a patriarchal social structure and male socialisation. While the inclusion of the misuse of power ultimately may form part of a substantive definition, the introduction of the term 'incest' does not appear to enhance the move towards a
consensus definition of child sexual abuse. This is because the term 'incest' has no consensual definition, and is used to cover a whole gamut of sexual transgressions perpetrated on a child by a member of that child's family or surrogate family (Birchall, 1989 and Howitt, 1992).

A third perspective on influencing definitions is provided by the group that advocates the Family Systems Theory. This group views child sexual abuse as a symptom of a dysfunctional family system. Examples of this may be where a mother has had to take work in the evenings to support the family, or where there might be a child with learning difficulties or physical disability. In either case, the frustrations resulting from having to cope with what seem to be insurmountable problems have placed undue stress on the whole family system. This stance holds that both parents are responsible for their role in the sexual abuse.

Feminism has challenged this position as they see it as a deflection of responsibility of abuse from the perpetrator.

The fourth perspective to be considered is the 'disease model' of child sexual abuse, also called the 'public health model' by Parton (1985). This model is represented by the medico/scientific positivist paradigm. This perspective holds the assumption that as research has identified what the nature of child abuse is, it can equally identify the perpetrators and victims of such abuse. Parton, et al., (1997) identifies that this model, as originally conceived in the 1960s, claims that the scientific and objective knowledge would allow professionals to identify abuse and intervene benignly on behalf of children.

Another orientation written within the disease model is represented in Psychiatry where the perpetrator is known to have an individual psychopathology with a diagnosed mental disorder. The assumption is that the perpetrator is not wholly responsible for the harm caused and is in
need of psychiatric treatment. Under this psychiatric perspective the victim would also be considered to be in need of psychiatric or psychological treatment. The psychoanalytic model promulgated by Freud that continues to be adopted by the present day school of psychoanalysis and often regards a patient’s current psychological distress as a symptom of repressed sexual abuse in childhood would also come under this psychiatric perspective. The ‘Recovered Memory Syndrome’ and the ‘False Memory Syndrome’, discussed earlier, are examples of current dilemmas that reflect the problems related to the employment of the Freudian interpretation of child sexual abuse.

Attempts have been made to identify a profile of a typical adult offender from the research studies. Such traits as poor impulse control, low self-esteem, external locus of control, and other antisocial behaviours have been suggested. Lists of risk assessment categories have been assembled involving the perpetrators as well as the likely victims. However, none of these has been reliably identified in the research as having predictive value (Parton, et al., 1997). Further discussion of this area will be included in Chapter Two in the discussion of the management of child sexual abuse.

It can be appreciated that the above perspectives have come to represent a maze of definitions in respect of the phenomenon of child sexual abuse. Some of the approaches were applied with ‘messianic zeal’ (Stevenson, 1989b) and were exercised at the cost of clients who were sometimes forced into positions to fit the theory. Nevertheless, some of the definitions have been accurate and worthy of consideration. However, as child sexual abuse is multifaceted and therefore a multi-causal phenomenon it is highly unlikely that there will ever be a definitive definition that is all-embracing.
moves away from an emphasis on individual pathology is to be preferred (Parton, et al., 1997). Practitioners should be able to reflexively integrate a multitude of factors such as sociological, psychological, economic and environmental, as they all have a part to play in the phenomenon of child sexual abuse. The establishment of a therapeutic relationship between client and practitioner is the first priority of ensuring that accurate information is obtained. Thereafter, the cooperation of participants in the multidisciplinary network to share information in the assessment and management of child sexual abuse will be required. Individual relationships and respect are needed at each of these stages and are enhanced in a well-organised and supportive milieu for practitioners and clients alike. In addition, there is a need for clarification of the lines of communication between agencies for the enhancement of these relations that is seen to be of importance, as demonstrated by this thesis. The challenge is for the cooperation of professionals from different agencies to be committed to the multidisciplinary method of working.

1.5 Incidence and prevalence of child sexual abuse

There is widespread agreement that incidence and prevalence statistics are unreliable (Finklehor, 1986, Anthony, et al., 1988, O'Hagan 1989, Reid, 1989; Howitt, 1992 and Parton, et al., 1997). As with the problems of defining child sexual abuse, as discussed in Section 1.4, it is rare to find precise definitions of the terms 'incidence' and 'prevalence'. In fact, it appears that both terms are often used interchangeably in the literature as if meaning the same thing. Even when a definition is made in a study, the extent of child sexual abuse can still only be discussed in terms of rough estimations. The reason for this is that research literature that attempts to give us the size of the problem is fraught with difficulties that have to do with significant variations of survey techniques and different definitions of child sexual abuse. For instance, it is not uncommon for different methodologies and sampling procedures to be

All of these factors combined make it difficult to compare the findings of various studies and to generalize from them. As a result, it is believed that there is sometimes a vast array of child sexual abuse cases that are not included in certain study samples. Researchers often ignore some cases that other research workers with different definitions would include in their sample. In fact, it has been said the literature reflects a snowballing effect, as one can see where dozens of unrelated research attempts to establish prevalence figures have resulted in creating even greater variety of outcomes (O'Hagan, 1992).

Before discussing the 'rough estimations' in regard to the occurrence of child sexual abuse, it is worth examining some of the issues surrounding incidence and prevalence studies in order to more fully appreciate the scope and the extent of the complexities of research in this area. Firstly, it is necessary to define what we mean by incidence and prevalence studies. Secondly, it is important to know the major variations found in both of these two types of studies. Thereafter, the implications of these studies and their epidemiological value will be discussed. Finally, some current research figures will be quoted to establish the approximate size of the problem.

1.5.1 Defining incidence and prevalence

It seems that the literature referring to the extent of child sexual abuse uses the terms of incidence and prevalence without specifically defining them. More often, the studies refer to their identified sample in descriptive terms. A clearer distinction of both incidence and prevalence needs to be defined to appreciate their difference. The Concise Oxford Dictionary (1984) defines 'incidence' as '...falling on or contact with a thing; manner or range of occurrence or action...; range, scope or extent of influence...'. The same dictionary defines the
noun 'prevalence' as '...generally existing or occurring...'. It would seem from these brief definitions that 'incidence' has more specificity than 'prevalence'. Incidence studies could be defined as exploring the characteristics and numbers of officially reported cases of child sexual abuse.

One of the only studies to specify this definition of 'incidence' was that by Finklehor and Hotaling (1984). In this study they assert that a true incidence study would tell us how many new cases of child sexual abuse occurred to children each year. Reference to 'prevalence' studies seem to be those generally accepted as surveys which are based upon retrospective, self-reports from selected samples (O'Hagan, 1989). It is suggested that this specification and distinction between these two report styles are useful in order to maintain a clear understanding of what their numbers are representing. Incidence studies refer to those cases that have come to the knowledge of the authorities. Prevalence studies may include a combination of cases that were never reported to officials as well as ones that had been reported. It is important to recognise this distinction as the two sets of figures are often widely different (Finklehor and Hotaling, 1984 and Howitt, 1992). Despite this difference, both sets of figures should be viewed as important in attempting to come to an understanding of the phenomenon of child sexual abuse.

1.5.2 Difficulties in the interpretation of incidence and prevalence studies

The variations among incidence studies are abundant. There are inconsistencies in definitions as to the nature of the abuse, which are the perpetrators of that abuse, the age of the victim and sampling procedures. In addition, each of these areas presents its own set of variables. For example, is the age of the child recorded at the onset of the problem or at the time of disclosure to authorities and does the recorded data that list both male and female as perpetrators offer specificity as to the primary perpetrator? (Finklehor and Hotaling, 1984 and
Finklehor, 1993) It might be assumed that discovering the frequency of child sexual abuse would be one of the simpler tasks facing the social scientist (Howitt, 1992). However, not only is it extremely difficult to get a clear picture of the extent and nature of child sexual abuse from publications, it is also difficult to get a precise idea of the identity of the abusers.

One of the major criticisms of incidence reports has been that those who base their conclusions only on reported cases seriously underestimate the problem (Kempe and Kempe, 1978; Finklehor and Hotaling, 1984 and Reid, 1989). The failure to report cases of sexual abuse to child protection agencies by many professionals is well established in the literature (Finklehor and Hotaling, 1984; Powell, 1991 and Robin, 1991). In addition, there are those cases known only to those who are involved and wherein no sort of disclosure is ever made. In both of these instances there is no clear nor commonly shared explanation expressed in the literature to say why some cases are reported and some are not.

Another criticism, or source of variation, found in incidence reports is the large number of unsubstantiated reports that become part of the statistics. Examples of these instances were discussed in Section 1.2.3. Such unfounded reports are most often the result of insufficient legal evidence (Powell, 1991 and Wattam, 1992). Finally, 'false allegations' as discussed by Reid (1989), Robin (1991), Wattam, (1992) and Parton, et al., (1997) point to an area that is acknowledged as time consuming and exacting for professionals, children and those adults involved in the allegations. At this time there are no criteria that would allow expressions of concern or allegations of suspected child sexual abuse to be dismissed out of hand. It has been said that there are ‘...two beliefs - that all sexual contact between an adult and a child can be serious and that sexual abuse is difficult to detect - underpin child protection practice' (Parton, et al., 1997, p. 190). This reference will be further discussed in Chapter Two with regard to the problems in the management of child sexual abuse.
In practice, it may be only possible to determine whether an allegation is false after a professional review. This area of professional concern has been addressed by many studies (Faller, 1985; Risin and McNamara, 1989; Kalichman, Craig and Follingstead, 1990; Amphlett, 1992; Evans and Miller, 1992; Hutchison, 1993; Reder, et al., 1993; Lindsey, 1994 and Parton, et al., 1997). Both Reid and Robin remind us that children are victimised when they have been sexually abused or when they have been victims of a false allegation. Both unsubstantiated reports and false allegations require professional skill and expertise of staff qualified in the matters of child sexual abuse. The management of such cases also requires the cooperation of multi-agency planning, provision, and sensitivity in order to resolve successfully. For these reasons, it is felt that such statistics need to be kept of false allegations and unsubstantiated cases.

1.5.3 Epidemiological value of incidence and prevalence studies

The available evidence would appear to support O'Hagan (1992) who has said that research studies concerning the prevalence of child sexual abuse are misleading in their statistics and have assumed an authority and status wholly incompatible with their real worth. The major contribution of prevalence figures he claims has been political. Their use has served to intensify the public's abhorrence of child sexual abuse thereby making it more difficult for the public to accept the need for developing alternative non-punitive strategies for dealing with the problem. Kaul (1983) would agree that epidemiological figures have often aroused community indignation in that they appear so often to lay blame on parents for what are described as callous, willful and irresponsible acts.

However, Kaul (1983) and Finklehor (1993) would argue further that the collating of such statistics is necessary for their preventative value. It is hoped that sufficient knowledge of the
problem will be gained to be able to develop policy matters and educational principles to change those characteristics conducive to abuse. Although clearly of some value for the planning of services and for the overall demographic picture of victims and perpetrators, the question remains of how far this kind of information is of specific value for the practitioner managing an individual case. While it is useful for a practitioner to have a general overall picture of the problem, each case does require individual consideration.

The major contribution of the statistical findings for practitioners has been that there is no epidemiological markers that could readily lead a clinician to exclude the possibility of sexual abuse. The significant finding is that the prevalence of sexual abuse is widespread and that in no subgroup is it clearly absent or rare (Finklehor, 1993). Several investigations have identified common marital and family patterns and behaviours of abused children. These investigations have also emphasised that the risk factors do not imply that the non-abusive family members have partly been responsible for this abuse, nor have they helped the clinician to determine that abuse has occurred in a particular instance (Powell, 1991). The presence of risk factors in themselves do not mean that abuse has occurred or is likely to occur. These issues will also be further discussed in Chapter Two in reference to the child protection decision-making process.

Incidence/prevalence studies give us correlations and not causation. Risk factors revealed by correlation studies may form part of a differential diagnosis of possible child abuse and may need to be excluded. The unit of study in epidemiology is the group rather than the individual. Risk factors, therefore, are more useful as a guide to prevention than features that can be used in the actual detection of abuse (Finklehor, 1993). Without the use of wide sampling, quantitative measures and controlled comparisons with other clinic and non-clinic groups, the
extent to which classic risk factors are associated with child sexual abuse cannot be
determined. Classic studies of incidence and prevalence all suggest and point the way to
further refinements and new, better methodologies for the future (Kaul, 1983; Mrazek, et al.,

Knowledge of the aforementioned criticisms mentioned in respect of incidence studies needs
to be acknowledged and taken into account by those who are engaged in collecting statistics.
In such instances, it needs to be stressed that the numbers that have been collected are
representative of trends and are not meant to be definitive statements of occurrence of sexual
abuse in any particular community (Finklehor, 1982; Mrazek et al., 1983; Finklehor and
the present lack of consensus over definitions and methods of recording, perhaps it will not be
possible to obtain reliable statistics in this difficult area.

However, even limited statistics have value in their ability to demonstrate the workload of
agencies, the ages and sex of children being referred, the profile of offenders, etc. The
specific information that such studies generate can be used to plan and improve services for
children, their families and communities in general. The compilation, display and discussion
of these statistics are also valuable as feedback to practitioners as a motivational aid to morale
and an enhancement of their confidence.

1.5.4 Statistical estimations of incidence and prevalence

Despite the aforementioned criticisms of incidence/prevalence studies, the pervasiveness of
the problem is demonstrated in a number of studies. American statistics quote 1 in 4 girls and
1 in 10 boys who will experience some form of unwanted sexual activity before the age of 18
years (Howitt, 1992 and Finklehor, 1993). Many of the early classic incidence and prevalence studies came from America and for that reason are quoted here as they have provided the backdrop from which others have evolved.

One of these classic studies had been the National Incidence Study of Child Abuse and Neglect which Finklehor and Hotaling (1984) appraised. This study gave estimations of how many cases of child abuse and neglect were known to professionals in the United States during a one-year period. A stratified random sample representative of the whole country provided the information. Thereafter, using an elaborate system of weightings to extrapolate from case studies the investigators arrived at the figure of 44,700 cases of sexual abuse known to professionals for the year May-1979 through April-1980. One of the major draw-backs to this study was the fact that their definition of child abuse was limited to parents and caretakers, and if sexual abuse is limited to this kind of restriction then a large proportion of the population is automatically excluded.

Mrazek, Lynch and Bentovim (1983) conducted a study to determine the frequency and nature of child sexual abuse in the United Kingdom. The figures that were projected from this study were again done on the basis of cases reported to professionals. The incidence rate that they reported was of about 1 in 6,000 children per year and in the order of 3 in 1,000 during childhood.

The Mrazek, Lynch and Bentovim (1983) study pointed to another commonly shared outcome in that they found 74% of the perpetrators were known to the child. Russell (1983) in her American study found that 11% of perpetrators were strangers, 61% were known but unrelated and 30% were relatives. Finklehor (1993) has quoted prevalence rates in
community studies that range from 6 to 62% for females and 3 to 16% for males. In this same work, Finklehor has gone on to say that the mean ratio across eight epidemiological studies is 2.5 girls for every boy or an expectation that 29% of victims are male; a discrepancy that is less than once thought.

The above estimations roughly represent the order of magnitude that professionals are likely to encounter and for which Local Authorities should seek to make provision. Even though it seems that it is not possible to obtain precise statistics, still it can be appreciated that a vast number of different professionals will need to co-operate in this area. Whatever the size of the problem, the efficient operation of these services depends to a large degree on the quality of interagency co-ordination and collaboration amongst the professionals involved.

The overall impact of incidence and prevalence figures has indicated that the concerns about child sexual abuse amount to a major social problem. Why this has come into public awareness and caused a 'moral panic', with attendant demands for something to be done about the problem, best lie in an understanding of contemporary social, legal, economic and political discourses in relation to the evolution of a child protection discourse and in the contemporary social constructions of childhood. These issues will be examined in the next chapter.

1.6 Concluding comments

Although child abuse and child sexual abuse have been known throughout history, it is only in recent times that the phenomena have become a matter of public concern. It was not until the early 1960s (Kempe et al., 1962) that child abuse was established as being of professional socio-medical concern. Following the lead of Kempe and his associates, the identification and management of child abuse became a matter of social concern that was based upon a public
health model of detection, diagnosis and treatment (Parton, 1985). Thereafter, the definition of child abuse broadened in types to include a greater range of harmful events experienced by children. The lack of a consensual definition of child abuse allowed for a malleability of the term and its use for many different and often exaggerated purposes. The cultural and societal relativity of child abuse led the way to its definition as an evolving social construction.

The accompanying societal, political and economic changes that occurred in society contributed to a redefinition of child sexual abuse as a social problem that demanded action. Reification of the terms of abuse occurred and the use of an orthodox, 'umbrella' definition of abuse was advocated by many authorities (Archard, 1999). The existence of conflicting and competing definitions based upon various causal theories of child sexual abuse, pursued by different interest groups, complicated the management of the problem for clients and practitioners. While in theory, the positivistic paradigm originally was considered to be the best way to identify and treat cases of abuse, this was often of little practical value due to the complex and often ambiguous nature of the phenomenon. This is particularly so in the identification of child sexual abuse. Research attempted to identify personal and environmental circumstances associated with known cases of child sexual abuse in an attempt to predict and prevent the phenomenon. Unfortunately, the available evidence revealed a low correlation between these factors, so making prediction unreliable. Using this approach would reveal a great number of false positives (Wattam, 1992 and Parton, et al., 1997). The question under scrutiny then becomes one of asking if the nature of intervention, investigation and continued involvement in family life is in the best interest of the child and family and whether the process sometimes creates secondary victimisation (Blagg and Stubbs, 1988; Wattam, 1992 and King, 1997). Respectful and professional communication with families will depend to a great extent upon the quality of the relationship established by the practitioner. If
members of the multidisciplinary network are clear in their role and purpose they are less likely to create secondary victimisation. Once again, the focus is on the need to enhance interagency coordination and collaboration for the mutual benefit of all involved.

Incidence and prevalence studies all reflect the fragmented nature of the lack of a consensual definition. As a result, confusion exists in respect of the size of the problem of child sexual abuse. Adding to the confusion is that unsubstantiated referrals are often omitted from the official statistics. The results of the study completed in Western Australia by Thorpe (1994) indicated that from the total sample of referrals investigated 49% were considered to be abused or at risk of abuse or neglect. This would leave 51% unsubstantiated allegations not included in the official statistics, despite the fact that they formed approximately one-half of the practitioners workload.

The omission of the unsubstantiated cases raises a second issue regarding the numbers of children who may still be in need of help but who do not officially qualify for assistance. Many of these children may well be in need of some positive and helping intervention in other directions. However, as the threshold for assistance is set at substantiated 'abuse' such cases become 'filtered out' of the state welfare system. The research, reported in this thesis, has identified the collection of statistics as a key component in interagency coordination and collaboration. The keeping of reliable statistics has direct implications for the planning and monitoring of services as well as indirectly affecting the morale of the practitioners through feedback of the work accomplished. Unfortunately, it seems that the lack of comprehensive statistics remains a fact in most countries (Cooper, 1993 and Parton, et al., 1997).

Defining the social construction of child abuse and achieving the balance between prevention,
investigation and treatment to achieve a comprehensive welfare paradigm continue to be challenging for child welfare work in the contemporary world (Houston and Griffiths, 2000). This subject will be discussed further in the next chapter in reference to the historical development of the child protection discourse and the evolving social construction of childhood.
CHAPTER TWO: EVOLVING CONSTRUCTIONS OF CHILDHOOD AND THE
CHILD PROTECTION DISCOURSE

2.1 Introduction

The evolution of the social construction of child abuse led to a significant number of
definitional problems as were discussed in Chapter One. Therefore, it is not surprising that at
the conceptual and theoretical levels even more fundamental problems and criticisms are
evident. Initial attempts to protect children from 'abuse' revealed the contradictory nature of
underlying discourses about the nature of childhood. The positivistic approach of scientific
psychology has dominated sociological discourses and initially provided the major framework
for assessment in child protection work. Recently, doubts have been cast on this approach.
The sociological identification of children as a social group worthy of study in its own right
has gradually gained recognition. This has been accompanied by, as this chapter will
illustrate, a shift away from the objectivistic paradigm in the child protection discourse. This
move to a more subjectivist paradigm will be illustrated through a discussion of significant
stages in the periodisation of childhood as it is now recognised that the concept of childhood
is an evolving social construction. The changing categorisation of children and the evolving
child-adult relationship has consequences for practice. This will be explored in terms of the
scientifically measured child, the child in the consumer culture and the welfare child. This
will be followed with a discussion of the theoretical and practical concerns regarding the
concepts of childhood innocence, social anxiety, protectionism and 'children's rights'.

An overview of the periodisation of professional regulation of child abuse and the
development of the child protection discourse follows, beginning with the original child health
and welfare issues of the past century. The relaxing of the orthodox scientific-medical
discourse of 'child abuse', the increasingly legalistic regulation of the problem in the
aftermath of the Cleveland Report (1988) and the backlash against child protection practice are discussed. The main issues and tensions that surround the child protection discourse in contemporary work appear to be concerned with its effectiveness for children and families. These will be discussed along with the failure to recognise and address the implications of poverty and inadequate community support for some families in society. Balancing the rights of children and parents and the domination of the at-risk discourse and other impediments to achieving partnership with parents are all aspects of this challenge that will be covered in this section of the chapter. The chapter concludes with a discussion of the need to regain a balance of services for children ‘in-need’, suggesting that this is the main challenge for contemporary child protection and adds a further dimension to the challenge of interagency cooperation.

2.2 Constructions of Childhood

Childhood is now generally perceived to be a social and historical construction that is generated and maintained by the cultural milieu in which it is situated (James and Prout, 1990). Therefore, childhood is a collective abstraction that has been ascribed a specific social status delineated by boundaries that vary over time and relate to a particular cultural setting (Jenks, 1996; Parton, et al., 1997 and King, 1997 and 1999). Childhood is not a fixed construct and can never be entirely separated from other variables such as age, class, gender or ethnicity (Franklyn, 1995). While biological immaturity of childhood is a fact of life, the way that this immaturity is understood and made meaningful is a fact of culture (James and Prout, 1990).

Childhood is a construct that has varied over historical periods in different cultures, as well as in different social groups. Its meaning is in a constant state of flux and is the subject of
debate, not only within the intimacy of the family, but also in the broader social institutions of society such as economics, politics, education, law, health and the media. All of these social systems have defined responsibilities and rules for children. One problem for contemporary society is that children will continually contest the boundaries as set by adults. Thus, childhood in this sense can be defined at any one time not only by its separation from adulthood but also through the degree of its exclusion from the stage of adulthood (Buckingham, 2000).

2.2.1 Sociological construction of childhood

It would seem that sociology originally neglected the study of childhood (Mayall, 1996). It was considered to be the province of psychology, particularly developmental psychology. Childhood was considered by the developmental psychologists to be a biological developmental process in which the child passed through various stages of emotional, social, cognitive and physical development. Underpinning this view was the positivistic view of the child as an object for study and as such the child was perceived to be a passive agent in the process.

In so far as traditional sociology had acknowledged childhood, it had subsumed the child under the context of the family. Similarly, until recently, sociology also included children under the institution of education (Mayall, 1996). Moreover, childhood was not perceived to be a construction in its own right, but one constructed by adults. It is only in more recent times that it has been advocated that childhood be recognised as an identifiable category separate from the construction of the family and education. With the recognition of childhood as a social construction, the influences of the wider social context of age, gender, ethnicity and class began to be acknowledged (James and Prout, 1990). In addition, the impact on
childhood of economic and political forces of the day also need to be considered in the
collection of this chapter. At a macro level, children's lives are structured and regulated by
the adult division of labour at home and in schools. At the micro level, the early learning of
appropriate social, emotional and physical behaviour, as well as encouragement to cognitive
development in the family environment, contribute to the construction of childhood.

The growing awareness of the construction of childhood is paralleled in the sociological
literature with an increase in academic interest in the regulation of bodies. At one time, it had
even been suggested that the body should serve as the organizing principle for sociology
(Shilling, 1993 and Turner, 1994). Shilling (1993) has said that the body's 'absent presence'
in classical sociology can be traced to the foundation and development of the discipline. As
referred to earlier in this section, the sociology of childhood had also been absent from
traditional sociology, although sometimes referred to in terms of its 'future' value and without
current status in its own right. As James and Prout (1990) have concluded, reference to
childhood has been more often conceived of in terms of its romantic past or future worth of
the child as a competent citizen in society.

Shilling (1993) presents four major social factors that have formed the context for the
relatively recent rise in the interest in the 'body' in sociology. These are the growth of 'second
wave' feminism in the 1960s; demographic changes that have focused attention on the needs
of the older people in Western societies; the rise of consumer culture linked to modern
capitalism; and the growing crisis in our knowledge of the regulation of bodies. The
heightened awareness of the problem of child sexual abuse, childhood as a social construction
and the rights of children have been propelled by some of these same social factors.

Awareness of the body in childhood precedes awareness of the 'self' (Lawrence, 1996). The
process of development of the self in childhood can be observed as the subsequent integration of the two, mediated first through the influence of the family and then through the wider social context of society in general. In early childhood, care of the body receives priority within the family. Children learn at home through rewards for appropriate behaviour that physical and mental well-being are interrelated. The situation is reversed when the child enters school, where cognitive behaviour is given priority over the body. The subjugation of bodily needs is considered necessary for learning to take place. Thus, adults perceive children as products to be controlled and moulded according to the values and moralities of the adults. In this sense, the view that adults have of children are said to be ‘adultcentric’ (Parton, et al, 1997). In the process adults define what it means to be a child (Buckingham, 2000).

The current social order that has supported the adultcentric view is now challenged (Mayall, 1996). Children appear no longer to be viewed as totally passive agents and, in fact, are actively encouraged to have a voice in contemporary society. Authority in general is in question. Several factors in society are likely to be responsible for this, including the influence of the feminist movement that has challenged its traditional power structure and its mainly male dominated social order.

The contemporary interest in the body can be seen as part of a more general movement in the social sciences which has attempted to come to terms with the embodiment of the human actor, and hence with the relationships between emotionality and feeling in relation to purposeful activity (Turner, 1994). Since the eighteenth century naturalistic views of the body have exerted considerable influence upon how people have perceived the relationship between the body, self-identity and society (Parton, 1985; Bourdieu, 1993 and Shilling, 1993). That is, capabilities and constraints placed upon ‘bodies’ defined individuals and generated the social, political and economic relations that characterised national attitudes. Individuals in the late
twentieth century have sought to define their bodies as individual possessions integrally related to their self-identities (Frank, 1993 and Shilling, 1993). At the macro level, the sociology of the body has particular reference to the social construction of childhood as in the production of physical and social capital (Bourdieu, 1993). At this level, parents and teachers all demonstrate to children that their bodies have value in countless ways. Through their social and physical interactions with children they impose constructs in terms of ethnicity, gender, status, age and a host of other related moral, social, health and leisure expectations.

Bourdieu’s interest in the body derives from the theory of social reproduction and the means by which ‘cultural capital’ is accumulated and maintained in a certain social strata (Shilling, 1993). As such, Bourdieu has examined the multiple ways in which the body as a social and biological phenomenon has been commodified (Bourdieu, 1993). According to Bourdieu’s work, different social classes develop varying ideals of body image. The richer dominant classes are said to have more leisure time and greater health opportunities to develop the body that reflect recommended ideals. These ‘symbolic’ values can be converted into social and cultural capital, as when sporting clubs have rules of etiquette, for example, dress and ways of speaking (Shilling, 1993). In these terms, it is in the family and in the school that the symbolic values are first ascribed to children and form the basis of an embodiment of the child although influenced by the overarching norms of society in which the family is located.

The varying experiences that constitute the embodied child as a person invoke a paradox as they are based upon adult notions of what they consider to be appropriate ideas of child development. This process often excludes the voice of the child. Power relationships with adults limit the children’s opportunities and their abilities to find ‘place and space’ for their embodied selves (Mayall, 1996). There is a need to reconsider the social and political status
of childhood especially the manner of its social construction, in terms of time and place. In order to improve the general welfare of children it will be important to include them in the political agenda. There is a parallel here in the struggle for the recognition of feminism as a sociological perspective and the way that women’s issues have since become placed on the political agenda. In order to do this, it is necessary for sociology to recognise childhood as a distinct sociological category. As asserted in the Cleveland Report 1987, Butler-Sloss has stated that children have been seen as objects of concern, but not as people who clearly have rights as citizens. Nevertheless, the ‘voice’ of the child remains silent in many of current child protection practices (Parton, et al., 1997).

As described above, the sociology of childhood is now seen as an emerging paradigm. In order to understand how the social construct of childhood has developed over time, an overview of the periodisation of childhood will follow in the next section.

2.2 Periodisation of childhood

There have been significant changes historically in the roles and attitudes toward children and the way that these changes have been periodised. From the earliest recordings of Socrates, childhood constructions and a vision of the child were consistent with the mores of the day (Jenks, 1996). Even before the advent of literacy, Plato’s Republic contained descriptions of stories to which children should and should not be exposed (Lee, 1958 and Buckingham, 2000). Despite this early interest in the child, as pointed out by Philippe Aries (1962), the concept of childhood as distinct from the adult state did not exist until after the Middle Ages. However, as Buckingham (2000) points out, there had been many representations of adult ideas about childhood as depicted, for example, in medieval paintings and also in the later Rennaissance period.
As Aries (1962) stated, in the Middle Ages children were regarded as small adults. Accordingly, they were ascribed a life of work, play and responsibility. Children in this pre-enlightened, agricultural society were seen as miniature adults. Once physically able, around the age of five or six, children went straight into the community as part of the labour force. At this period of history, work and home life were not sharply divided (Parton, 1985). Family bonds within particular communities were strong due to the social isolation and lack of mobility in agrarian societies. Such societies typified Gemeinschaft, a term introduced by the German historian, Tonnies, to denote the sacred society wherein the blood ties of kinship bonds are not destroyed with stratification (Becker and Barnes, 1961). The kinship bonds established status and a shared homogeneity. The collective fellowship of this society prized equivalence and as such individuality was not a construct in their lexicon. Being dependent upon the land for survival, the group was close to nature and their lives were structured around seasons and the fertility of their land, their livestock and their people. Functional/reciprocal relationships existed between adults and children. The children were seen as resources for the continual protection of the adult’s territory and for labour in the fields. In this labour intensive economy, with the need for the community to protect their holdings, physical strength was valued. Children were also a valued resource in the reinforcement and extension of communities and their wealth. For example, they could be offered in marriage to establish and strengthen social and economic bonds with neighbouring clans cemented by the exchange of dowries and/or payments made to the grooms. Such arrangements without the offspring would not have been possible. These arrangements extended the kin network as a resource as well as strengthening social alliances.

Kinship bonds were weakened with the advent of urbanisation and consequent mobility and
pull toward the cities. The breakdown of primary sacred societies into secular societies also accompanied the shift to Gesellschaft, where associative social bonds were formally structured, in contrast to the informal community kinship bonds of Gemeinschaft. The communal nature of society in pre-industrial England was greatly eroded by a division of labour that came with industrialization that often separated kinship groups. Jenks (1996) refers to the construction of human relationality into the architecture of the nuclear family as a recognizable complement to the division of labour through industrialization. In other words, the highly cohesive nature of the rural community began to break up as some groups and individuals moved to urban centres for their livelihood.

During this period of transition from an agrarian to a more urbanised society, children were still expected to work as soon as they were able to do so. Where this was not possible, they were left to their own devices and eventually began to be recognised as troublesome to adults and in need of regulation. It was during this period of the Industrial Revolution that children were subjected to exploitation and maltreatment, either working in factories or living on the streets.

In the same period, with the aftermath of the French Revolution, the Age of the Enlightenment saw poets of the day romanticising childhood. For example, one of this period’s foremost writers, Rousseau, in Emile (1762), promulgated a notion of childhood innocence that was fundamentally different from the state of adulthood (Becker and Barnes, 1961 and Jenks, 1996). Children were perceived as having their own nature and were not merely miniature adults. Children arrived in a primal condition, embodied the 'good' and needed to be educated along natural principles. These notions, based upon the liberated child of nature, sharply clashed with the reality of oppressed child labour in factories and the negative
experiences of precocious juvenile delinquents who needed regulation.

In England, during the 1840s, various pieces of legislation and Parliamentary reports were designed to restrict and improve conditions for children in employment (Parton, 1985). The Factory Act 1846 was one such example. Hendrick (1990) has said that the eighteenth century construction of childhood emerged fragmented and equivocal; torn between the notions of innocence and a 'sinful' pessimism born of Evangelical and political anxieties. The concept of childhood as comprising sweetness and innocence was being challenged by the notion of children as carriers of original sin and in need of strict socialisation.

During this period, the social structure of the day had legitimated in law the subordination of children to the power of parents, especially fathers, in accord with the patriarchal attitudes that predominated in the eighteenth century (May, 1978; Parton, 1985; James and Prout, 1990 and Jenks, 1996). Parton (1985, p. 27) refers to the work of May (1978), who commented on the situation of children at that time, stating ‘...there was a universal belief in the sanctity of parental rights including the use of chastisement so that physical punishment was part of the normal experience of most children.’

During the eighteenth century children were involved in employment and were viewed as an economic commodity. Most commonly, they were viewed as the property of their parents (May, 1978 and Parton, 1985). Their social control was left to the parents, but there arose the problem of what to do in respect of 'wayward', homeless or abandoned children, for whom strict regulation was thought to be necessary, as they were regarded as delinquents in society. Because the family did not provide this regulation these children were placed in reformatories run by the state. Children, in general, were seen to be in need of protection as well as
reforming. Also, at this time, the popularity of school as a means of social control for the majority of children had developed. In the 1830s and 1840s, criminologists felt that education would prevent the children of the poorer sectors of society from reproducing and taking over society (Hendrick, 1990).

The scientific study of children, with a firm empirical basis, was initiated in 1840 when Charles Darwin began a record of the growth and development of his own children (Morss, 1990). This notion of development resonated with modernity and the stress on growth and progress. The scientific paradigm and the rationalist approach now exerted its influence on social thinking. The Darwinian framework positioned development as necessary and inevitable for the progress of humanity. Thus, Darwin was one of the most influential sources of ideas for the inception of theories of child development and introduced the beginnings of the new science of developmental psychology (Morss, 1990 and Archard, 1993).

Following upon the work of Darwin, the institution of schools for children in the last quarter of the nineteenth century played a central role in the beginning of a new construction of childhood. Despite the obvious benefits to the welfare of the child, the introduction of schools did serve to reinforce the child’s dependence upon adults and, as pointed out by Hendrick (1990), it also reduced the children’s sense of their own value. Where previously they had been included in the labour force, and so had some value as making a significant contribution to the family, they were now economically marginalised. Children were still not being recognised as a distinct social group with a voice of its own.

The regulatory power of educational authorities imposed itself on both parents and children for compulsory attendance (Hendrick, 1990). Hendrick (1990, p. 49) refers to the construction
of the ‘welfare child’ during this period when several welfare schemes were introduced with the aim of preventing child cruelty and neglect. The *Prevention of Cruelty to Children Act of 1904* introduced the power of the state in the form of the local authority powers to remove children and prosecute ‘disreputable’ parents (Parton, 1985, p.37). Thereafter, *The Children Act 1908* was instrumental in ensuring the physical care and the nurturing of infants as well as introducing formal school medical examinations. Thus, by the beginning of the twentieth century, a new construction of childhood had emerged with children beginning to be seen to have rights independently from adults. However, children were still not being given their own voice and although interventions were said to be carried out in the ‘child’s best interests’, it was the adults who decided what these ‘interests’ were (Parton, 1985).

At the beginning of the twentieth century schools were said to have become the human science laboratory for the scientific survey of entire childhood populations. Criminologists, medical specialists, educationalists and psychologists combined to develop the field of empirical research into what was to become the field of child psychology. The focus was upon understanding the child socially, educationally and medically and this saw the beginning of the psycho-medical construction of childhood that led to the psychological study of child development. The result saw a proliferation of literature on ‘normative’ standards, such as the measuring of intelligence, text books on educating children and manuals for the parenting of children, much of which has continued to the present day.

One of the major criticisms of the early developmental psychologists was their neglect of human beings as capable of self-conscious activity (Denzin, 1977). They regarded children as passive creatures who could be controlled and conditioned, when in fact later research supported the view that children were capable of reflection and interactive learning. Children
were not merely objects waiting to be socialised, instead, they were seen to develop mainly through a process of interaction with adults (Mayall, 1996). The symbolic interactionists, among whom Mead was particularly influential, illustrated how this interactive learning occurred. The development of the self-image in children is one example of this. The formation of the self-image of the child followed the tradition of the symbolic interactionists, as depicted in the 'Looking Glass' theory of the development of the self (Cooley, 1912 and Mead, 1934). This early influence recognised the development of the self-image of the child as a dynamic process of social interaction. Children did not develop in isolation, but were influenced by the larger social context of society as well as the immediate context of the family. This view would contrast with the later Behaviourist School of Psychology that regarded children's behaviour as formed totally through environmental influences (Skinner, 1953).

The School of Behaviourism, founded by J B Watson (1924), has had a profound influence in psychology generally and, indirectly with variations on Behaviourism, it continues to do so in such diverse fields as education and psychotherapy. This scientific Behaviourism may have been responsible for the subsequent and temporary neglect of the symbolic interactive process highlighted by Cooley and Mead, as referred to above. For Skinner (1953), a chief exponent of Behaviourism, the child's personality was formed through a series of conditioned responses. This was a mechanical process of the conditioning of the child's behaviour through rewards and punishments. The strict Behaviourist standpoint was later modified by the Social Learning Theorists such as Bandura, (1986). These theorists also viewed the personality of the child as a learned phenomenon, but with emphasis on learning, primarily through a modelling of behaviour on significant others. In marked contrast to the Behaviourist view, later theorists such as Piaget (1974) and Erikson (1963), following on from the earlier writers
like Darwin and Freud, viewed the child as developing inevitably through a series of stages. Piaget’s theories of cognitive stages have had a profound effect upon the study of child development, particularly as it seems that childhood is so often expressed in terms of children’s competence and ability. The main feature of developmentalist theories, however, was their emphasis on inherited characteristics and their biological unfolding. Their work gave rise to the present view of the psychology of childhood as a product of both environmental and genetic factors. Although, developmental psychology has undoubtedly contributed to the understanding of the various stages in child development, by its focus on normative standards it appears to have drawn attention away from the individual child. Also, the social forces that impact on the child, such as the power of adults and the influence on the child of the adult’s social norms, are neglected. However, the notion of developmental stages continues to exert its influence in child protection work, particularly in reference to medical and educational institutions, where the ‘normal’ child is the object of study.

2.3 Contemporary constructions of childhood

This section explores more contemporary constructions, from the 1900s onwards, relating particularly to childhood in Western Society. It is important to note this, as children in much of the rest of the world are not regarded according to this conception of childhood.

There have been numerous events extending over this period in the arenas of politics, economics, sociology, education, health, law, religion and psychology, that have influenced the varying constructions of childhood and the way we treat children. The history of the discourse of childhood can be described as a development from the total ambiguity of the concept of childhood in times past, to contemporary constructions of childhood as a largely unambiguous group relatively separate from other stages of human development.
James and Prout (1990) usefully summarise the three themes that have predominated in the study of children and childhood over the last century:

1.) Ideas of rational development, especially the progression of natural humanity from a savage condition to rational being in theories of evolution. Exemplars of this period of thinking were Rousseau, Auguste Comte and Darwin. Biological and social development were linked and exemplified by Watson, Piaget and Erikson. Children were seen as marginal figures awaiting temporal passage through the acquisition of skills to adulthood. These theorists considered childhood to be a natural stage on the path to becoming an adult.

2.) Later theorists accepted an implicit binarism with children being immature, incompetent and in need of socialisation which adults needed to provide.

3.) Finally, the concept of childhood began to be seen as a social construct with the definitions of childhood varying not only between cultures but also across time.

It is clear from the above that in the past three centuries perceptions of childhood have undergone many transitions. Hendrick (1990) has commented that the extent to which each fresh construction was a reconstruction is difficult to determine as there appears to be an overlap with each perception. What is clear is that the different constructs have opened the door to different practices in regard to children. These will be discussed now in regard to: 1.) the Modern child as scientifically measured; 2.) the Late/Advanced Modern child and consumer culture; and 3.) the contemporary welfare child.

2.3.1 The Modern child as scientifically measured

The late nineteenth and early twentieth century witnessed the development of the positivistic paradigm in the study and categorisation of childhood. Its influence is continued in the
contemporary measurement of children's health, personality and ability. For example, in relation to education, norms have been established of appropriate behaviour and expected levels of attainment in school subjects. In addition, parents have been made aware of the school's standards of health and hygiene. The concept of the healthy child is presented to parents as if it is an uncontestable fact, when in practice what is healthy is influenced by a range of social and economic factors, as well as by the interests of the medical profession (Mayall, 1996). Epidemiological studies in both Australia and England have shown that standards of health and morbidity for children and adults vary according to levels of poverty, social class and geographical location. These standards are all presented as objective facts and so ignoring that notions of ideal health, appropriate behaviour and acceptable norms of educational achievement are all constructed by political and economic factors that are morally constructed by the dominant ideology of the day. In the same way, where normative frameworks are employed, as devised by developmental psychology, there is a tendency to 'blame the victim', who deviates from the norm even though it is only a statistical deviation and their behaviour may not give any cause for serious concern. The dilemma arises from the inappropriate use of a positivistic approach, when intervention in social work cannot be devoid of a value judgment. In child protection, accurate judgements cannot be made without reference to a moral framework.

In the past it was generally believed that our knowledge of the world was based upon valid scientific knowledge. It was felt that people could be held responsible and blamed for tragic events once the objective evidence was obtained. However, contemporary events have called in question so-called objectivity and scientific predictions, particularly with regard to child protection work. The notion of probability in science has emerged and with it the notion of risk. In terms of Beck (1992) we now live in a 'risk society'. In child protection it is
becoming acknowledged that decisions should no longer be made on wholly objective evidence, but within a situated moral, reflexive, framework (Parton et al., 1997 and Parton, 1998). Further discussion of this topic with reference to its sociological underpinning is made in Chapter Three, Section 3.2.3.

The scientific process of obtaining norms and standards is also being challenged. While this work is described as being ‘in the interest of the child’, once again it serves to reinforce the construction of the child as a passive agent. Moreover, politics and the law have strengthened the necessity of conformity to these standards by all concerned. Governments and local communities have set up administrative machinery for their implementation. This process does not individualise circumstances and so any deviation from the norm has the tendency to stigmatise a child. School and medical records containing normative data and often the labelling of children are an example of this. A further example of this process is where a child’s misbehaviour is on record and passed on to subsequent teachers with the danger of a self-fulfilling prophesy occurring. Overactive children may well be classified as misbehaving because they do not conform to the school’s standards of behaviour. Such children may receive what the school consider to be appropriate sanctions when in fact the child concerned may well have an emotional difficulty and be in need of counselling. The school may be under pressure to produce governmentally required statistics for achievement as in England where the current ‘League Tables’ compare the achievements of different schools.

Mayall (1996) distinguishes between the ‘civilising’ of children and the ‘regulation’ of children. The early basic civilising is said to be done in the home where appropriate behaviour attracts social approval, usually mediated through the emotional relationship that the child has with the parents. Children are taught standards of behaviour devised by the
adults so that they are expected, for instance, to feed at particular times, to go to bed at certain times and also, to achieve standards of hygiene at appropriate times, as in toilet training. In this way, children are regulated by adults with regard to space and chronological time.

At school, the same process can occur, but within a more impersonal relationship. Moreover, the emphasis in schools is on cognitive growth separated from bodily needs, whereas at home a more holistic approach may be experienced by the child. An example of this is the thirsty child being expected to defer gratification until break time having been used to immediate satisfaction of thirst. The school reinforces the notion of the child having to conform to the adult agenda and having to unlearn previous behaviour taught in the home. The egocentricity of the child is more accepted at home, but at school once again the child has to conform to the adult agenda where they are rewarded for conforming to the group norm. Perhaps, it is in relationship to authority that childhood is seen to be at its most passive. Children at school, as well as at home, and in most work situations are expected to conform to the rules handed down to them by other adults as symbols of authority.

The propagation of moral instruction forms a major role for most schools. This instruction includes learning the rules of the game in reference to peer group interaction, respect for age-reference groups, ascribed gender role behaviour, individual academic achievement, physical development and acceptance of authority. Durkheim (1961) introduced the notion of schools being the institutions that would teach children the moral and social codes of the wider social community. However, this presents children with a dilemma as the process of learning to conform to the group is usually in conflict with the school's emphasis on individual achievement. The outward symbol of uniformed children is generally heralded as a strategy of increasing group solidarity. This presents another dilemma for children as it means the
relative subjugation of their individuality. On the other hand, this learning of the adoption of visible communal signs of the group reinforces that they are part of a larger unit who are being educated for their collective life as future citizens (Durkheim, 1961). In this respect each child as a developing adult represents an economic investment in the future of the country as each child’s education is financed by the state.

2.3.2 The Late/Advanced Modern child and the consumer culture

Since the Second World War children have been the focus of concern regarding their vulnerability to the media and their susceptibility to advertising by commercial organisations. Childhood has become a distinct consumer group, both directly and indirectly, and material objects have come to contain symbolic value for children. Although children are consumers, they are generally dependent upon their parental resources for the purchase of material goods. From personal experience in conducting parent education classes, many parents will agree that up to a certain age they determine the choice of their child’s dress. However, once the child develops a body consciousness and becomes influenced by advertising the child’s choice of dress usually is more determined by the child. This is taking place earlier as the market advertising of children’s fashion becomes more persistent. There appears to be a movement towards a general consumer empowerment of children throughout childhood as they progress through to the teenage years and thence to adulthood. The concerns expressed about children’s vulnerability in this respect are referred to by Buckingham (2000), when he advocates ways of preparing children to deal with the market place, rather than trying to protect them from it.

The periodisation of childhood that occurred after World War Two identified the ‘teenager’ as a separate social group (Giddens, 1993). Just as childhood, as a distinct concept, had not been
identified as a social entity separate from adulthood, teenagers, also prior to the Second World War had not been considered as a distinct group (Jenks, 1996). A significant milestone was the process of formal education that was extended for teenagers and the concept of deferred gratification that was introduced to describe those who stayed on at school (Merton, 1963). This sometimes produced conflicts for teenagers in their search for personal freedom and entry into the adult world. The sustained dependency upon adults had negative economic consequences for parents, apart from the high-income groups who could afford to support their offspring.

The rising markets of capitalistic consumerism during this period quickly perceived a new target group. Teenagers were identified by the term ‘adolescence’. This transitory period of hormonal development between childhood and adulthood, was identified by the world markets as a consumer group. At the time of the growing economic prosperity, following World War Two, there was an increase in disposable income and a general optimism that resulted in a general increased consumer activity. The teenage market was established and reflected in their dress, music, leisure activities, cosmetics, films, magazines and other popular media-driven commodities. Despite having been identified as a separate group, most teenagers remained dependent on adults for the satisfaction of basic needs and commercial needs. The acquisition of the material possessions marketed specifically for the teenager was a source of identity, giving some confidence at a time of insecurity in their transition to adulthood.

The transition of the post-industrial economy to an information technology has made knowledge a commodity. It could be argued that during the last two decades there has been a drive by capitalist’s interests for new markets, focusing on ‘children’ as a target group, as it had done previously upon teenagers. In this contemporary construction of childhood, children
have become indirect consumers. While they do not have their own disposable income the media addresses them as if they are autonomous about what they will eat, wear, hear, watch and read. Teenagers and children have been targeted in the information technology boom and are actively involved within the global market place at home and at school via television and the Internet. Global media communication and participation is increasing for children to a degree that sometimes exceeds their parents' grasp of such rapid developments. Critics of the influences of television and the Internet refer to their negative effects on children and teenagers, pointing to the sometimes insidious advertising employed, as well as the diffusion of what is deemed to be particularly undesirable material. This view of their vulnerability fails to acknowledge that for the most part children and teenagers are still dependent upon adults at this stage of their development and so may not necessarily have the freedom of choice that is assumed. Also it is presumed that parents are sufficiently secure in their relationships with their offspring to be able to regulate their involvement with the media as well as to the demands of their children. Some parents themselves are vulnerable to the pressure of the media and come to represent a financial resource to their children available for their exploitation. In this instance the parent-child relationship can become a dependent one and not a reciprocal one.

The global media culture, depicted particularly in the growth of the Internet, has accelerated the influence of the 'virtual' world as a means of experiencing action and being. Animated creatures of idealised abilities and physical endowment populate electronic interactive games. Their identity is constructed through images rather than the child's immediate reality. Fears are expressed that children will identify with this similarity or approximation of reality, rather than being actively focused on the here and now. Some expression of concern has been made that children's self-image can be harmed by exposure to undesirable models, as well as by
giving them a false sense of reality. However, this fear may be groundless, as recent research has suggested that children as young as six and seven can distinguish between fact and fantasy in the visual media (Buckingham, 2000). The fear that their identity may be influenced however, may have some justification as children’s self-image is partly formed through the process of symbolic interaction (Lawrence, 1996). This would also lead us to think that children may not simply be passive recipients of the media, but be active participants in the process.

Since the work of Bowlby in the 1940s (Bowlby, 1969) and Erikson (1963), it has been acknowledged that the quality of the adult-child relationship is a major factor in the child’s successful transition to healthy adulthood. However, it seems that children are being encouraged and tempted to spend more time being entertained by their electronic goods and less time in direct contact with parents. There are reports in the media of parents allowing their children time and access to these worlds of virtual reality as a form of ‘in-house’ entertainment. This is encouraged as a form of risk management by parents. Some parents feel that by allowing children to play outdoors they are exposing their children to possible contact with a dangerous world of risks from things such as speeding cars, possible child abuse and abductions by paedophiles (Buckingham, 2000).

Generally, the risks in contemporary life often have nothing to do with the actual prevalence of life threatening dangers (Giddens, 1991). People are thought to be in a much safer environment than in previous ages, but despite this, parents are actively involved in the purchase of safety apparatus for their children and insurance for themselves against many eventualities in everyday life. Recent medical advances have allowed people to choose the sex of their child and also determine if the child might be at risk of developing certain genetic
physical or psychological diseases. Embryos can be genetically analysed and modified to a desired specification. This process of modifying embryos through their collection, storage and manipulation and selecting one for fertilisation is sometimes referred to as having a 'designer child.' This designer child becomes constructed as a medical commodity. Although parents are now able to select their child on a scientific basis, this raises questions of a moral and even of a religious nature. One of the questions raised is the morality in choosing a 'perfect' child bearing in mind that by so doing parents are in effect making a statement about a disability. At this early stage the costs involved prohibit the procedure being widespread and this, in itself, is another issue regarding to whom such procedures are available. However, and more importantly, should the procedure become widespread it would have serious ramifications for the whole of humankind as it would change the composition of societies.

The advancement of technology has created more scope for parents to exercise choice and in so doing attempting to reduce risks. However, the assumption that the world can be the object of precise controls in this way is debatable. It is an inescapable observation, however, that parenting by its very nature is a risk occupation.

In the consumer culture, children are seen as the consumers, but it is their parents who often need to make decisions on their behalf. There are centres of entertainment, such as children's sessions at the cinema, where parents will pay for the admission and then leave the children until the performance finishes. Parents have to make an assessment of the degree of risk whenever their children enter a new situation like this, bearing in mind the aim of helping their children develop independence. The phenomenon of 'parent blaming', when events go wrong, can inhibit desires to empower children to take risks as a method of developing independence. Parental decisions of this nature are usually made on an age and ability basis. Parents are faced with a bewildering array of available information to help make these
decisions and usually raise the questions of whether the child is old enough, clever enough or mature enough to be allowed to engage in the activity concerned. These three factors of age, ability and maturity are fundamental factors in the social constructions of childhood.

In the Late/Advanced Modern consumer culture, there is another sense in which parents have often been the objects of blame. This is where their children may show what is referred to as delinquent behaviour. Delinquent children may often be seen as deviant because their parents are believed not to have exerted sufficient child rearing authority and safeguards. It is often the parent who is blamed for failing to be of sufficient caliber to rear a law abiding and productive child. The childhood construction of a ‘threat’ is not new in this usage. The perceived threat of a ‘welfare’ state is that it reproduces a multigenerational subculture of identifiable groups who have lost basic values with regard to employment, saving and honesty. Entire communities have been pathologized by being stereotyped as a representative of the so-called, ‘yob-culture’ (Goldson, 1997, p. 12). Recent medical advances have revealed possible genetic factors claimed to be responsible for deviant behaviour and so absolving some parents from blame. An example of this may be seen to be the child who shows hyperactive behaviour, subsequently diagnosed with Attention Deficit Hyperactivity Syndrome (ADHD).

What is described as the new teenage and childhood consumer-culture is said to exclude adults in several ways and so children share less time and space with their own parents. Perhaps this may not pose a threat, provided parents are more involved in sharing the child’s experiences with the television and the Internet and balance this with more traditional outdoor activities.
Buckingham (2000) reminds us that the contemporary child has become a critical purveyor of adults and is more likely to challenge authority than in past times. Children are increasingly more active and encouraged to express themselves. Some child protection programmes have made children aware that it is their right to say ‘no’ if an adult asks them to do something that they do not feel is right. They are encouraged by the media to choose their own toys, food, clothes, entertainment and image styles. In this sense they are creating their own identity. This places them in the contradictory position of having to accept parental authority, but at the same time claim their freedom. Parents contribute to this state of confusion by exhorting them to grow up and behave responsibly, while on the other hand denying them privileges considered appropriate when the child is older. This is a common conflict between parents and children and in my experience over twenty years of conducting Parenting Workshops, in Australia and England, most parents have to be encouraged to learn to listen actively to their children. Parents who attended these groups would often say that they do listen to their children, but seemed to be unaware of the need to reflect the child’s feeling and to give them appropriate feedback. In these circumstances it was not uncommon for the parents to want to offer children their advice and children would become frustrated as they felt their parents were not understanding them. A further sense of confusion exists when the media creates ‘parallel ideals’ (Buckingham, 2000, p.100) aimed at both children and adults. The children depicted in certain ‘family’ films represent an idealised child that provides a model of aspiration for children and a romantic escape to the past for the parent (Archard, 1993). The marketing scope in products such as tee-shirts, dishes, stationery, etc, emanating from characters in the media and sporting arenas seems to be endless in its appeal to children as well as adults.

As discussed in Section 2.2.1, the work of Bourdieu (1993) illustrates how the leisure pursuits of family life translate from economic capital to social capital in these situations. Children,
through their engagement in commercial leisure and entertainment facilities have assumed not only social value for the stratification of society, but also financial value for the economy. Where parents are divorced or separated, in both Australia and England, a situation is created where many adults seek ready-made sources for eating and entertainment to share with their children during the limited access periods. In both examples, the family has become a leisure opportunity, a unit of consumption, rather than one primarily concerned with the production of goods as it has been in the past. The commercial market continues to play an important role in the construction of the family and in contemporary childhood.

The market continues to place pressure on parents, particularly where there is a limited income. Attractive goods are regularly displayed and advertised prominently in stores and during children’s viewing time on television to tempt children to consume their product. The pressure is increased where the child from a low income family may be in a school or other peer group setting where the others from a higher income family are able to purchase more expensive goods. It has been known for children in this situation to become delinquent as they have been unable to resist the temptation to acquire the same goods through theft.

2.3.3 The contemporary welfare child

In Western Society, it is recognised that the family has the prime responsibility for the welfare of the child although, additionally, the State also is seen to have a collective responsibility in this area. The State is responsible for initiating welfare policy and legislation with a duty to provide finance and support for the implementation of programmes.

At the turn of the twentieth century child welfare programmes were originally designed by governments for children who were neglected, abandoned or cruelly treated. During the next
half of the century, specific child protection programmes were relatively nonexistent, but grew from the more general child welfare programmes. Since the Second World War, the notion of child welfare has been extended by various Acts of Parliament in England and by State Laws in Australia, so that legally all children are now included in a child welfare concept that incorporates child protection. The topic of child abuse is now part of the remit of all who work with children. The contemporary child in a liberal welfare state is one under scrutiny and surveillance (Kempe and Kempe, 1978; Dingwall, et al., 1986 and Howitt, 1992). This process is also referred to by Leonard (1997) as the metaphor of the ‘gaze’. This phrase is used to describe the social monitoring of subjects undertaken by the state.

Lindsay (1994) reports that child welfare programmes are designed to make available avenues of opportunity, not just for those identified as abused, but for all children. The balancing of general overall social welfare with the child protection discourse is difficult as it involves the duty of the state to intervene appropriately in the family while still honouring the rights of children and families to self-determination and independence. The Children Act 1989, in Great Britain, enunciates as its duty the providing of the opportunity for achieving satisfactory health and development as a goal for all children and also for a specific group of children whom the Act defines as ‘in-need’. Local Authorities are asked to identify the extent of children in-need. Although not expected to meet every individual need, Local Authorities are responsible for making decisions on service provision. In addition, specification in the Act is also made for children who are deemed to be at-risk, and for the promotion and safeguarding of their welfare. In Australia, each of its six States and two Territories, has its own Act pertaining to the welfare of children, such as the Child Welfare Act 1989 in Western Australia. This Act, and Children Act 1989 in England will be discussed further in Section 2.3.5. of this chapter.
In our contemporary society, the state divides the responsibilities for the development and well-being of children between many agencies. As each of the systems involved has its own input, there is the danger that the whole child is sometimes overlooked. It is also unclear how divergent are the views, values and objectives of the various professionals who are the representatives of the respective welfare agencies. On occasion, education, law, medicine and social services may only see a child from the perspective of their particular agency. The value of well-functioning interagency coordination and collaboration is essential for the reduction of this well-known separation of a child into diverse categories and the possible neglect of the child’s overall needs. In the research reported in this thesis, several respondents in both Australia and England, commented that professionals working in adult-based agencies were reluctant to share information with child-based agencies. They felt they had to restrict their professional contribution to their own agency’s function.

Over the past one hundred years, there has been a steady progression from moral campaigners against child cruelty with ensuing legislation on children’s welfare rights to more recent laws specifically designed in terms of children’s rights, parental responsibilities and the child protection role of the state. Each of these phases has formulated its own perception of the construction of childhood and the role of parents. Many of our attitudes today still reflect and are influenced by the past images of children as innocent and vulnerable who need rescuing from dangerous parents. In her review of the origin of contemporary child protectionist’s views, Piper (1999, p.35) refers to the ‘visible Victorian’ child whose depiction was one of a weak, sensitive and physically frail child that helped focus philanthropic and state attention on matters of cruelty to children. Piper (1999) describes the views of the moral campaigners who sought to rescue children from injustice and cruelty during the Victorian period in England as
possessing a sense of religious duty and moral guilt. These traits combined to designate particular forms of maltreatment against children that warranted state sanctions in order to prevent further harm. Legislation followed that curtailed child employment in certain industries such as working in mines, as chimney sweeps and in factories. Further to this, such deeds as enacted by parents in events of infanticide, severe chastisement, baby farming, abandonment and drunken parental behaviour were now raised as a matter of public concern and warranted the intervention of the child welfare organisations. Many of these were from the voluntary sector and in 1890 a number of these organisations amalgamated to form the National Society for the Prevention of Cruelty to Children (NSPCC) (Reder, et al., 1993).

The views expressed above reflect three major trends relating to adult-child relationships and constructions of childhood that continue to exist in contemporary child welfare. The first trend is that there is a process of monitoring the child as an object of social and scientific review. Underpinning this viewpoint is the positivistic approach that appears to see the child as a passive object, a developing biological organism, who will proceed through identifiable stages of emotional, cognitive and social immaturity ultimately to maturity of adulthood (Piaget, 1974 and Erikson, 1963). The second trend, is the role of the moral assessor that has now developed into the role occupied by the ‘expert’, who employs the findings of research literature, as for example, from developmental psychology, as a ‘norm’ or accepted standard and applies it to the child and family. The fact that subjective moral decisions are also made at this point concerning what is proper and acceptable standards of parenting is now open to question (Thorpe, 1994). A discussion of this process of situated decision making is made in Section 3.2.3 of Chapter Three. It would seem that some children continue to be seen as vulnerable and in need of care, protection and education in order to ‘progress’ to the status of an adult ‘citizen’ (Mayall, 1996). However, thirdly, it is notable that the child has no voice in
In addition, the image of a vulnerable child is sometimes commodified. Some children’s charities, advertising for funds, can be seen to be using commercialised, powerful images of the ‘silent child’ with its expressionless face staring into the camera as an image reminiscent of the bygone Victorian era. Piper (1999) has noted that the image of the visible ‘silent’ Victorian child paradoxically gave the image much power; the figure is enigmatic, compelling and marketed. The reified image of a child in a dimly lit picture brings together many compelling images and presents many questions (Kitzinger, 1990 and Thorpe, 1994). Is this child abused? How did it happen? What is the remedy? The dramatic pictures provoke attention and are designed to invoke sympathy and cash donations. The pictorial image of the ‘abused child’ can be manipulated to match the popular, saleable and highly emotive construction of child abuse. These images stand for the institution and ideal of childhood, free from actual flesh and blood children (Kitzinger, 1990). This image is dictated by commercialisation and can be changed as the market changes without reference to any real child. This approach to financing child welfare services would seem to be somewhat anachronistic in societies that claim to have a ‘welfare state’. It could be argued that this commercial approach presents a rather simplistic view of the phenomenon of child abuse.

The construction of the ‘silent child’ in the child protection discourse is one that has been commented upon by a number of authors (Wattam, 1992; Parton, et al., 1997, Buckley, Skehill and O’Sullivan, 1997). This construction has often created an image of the child abuse victim who is outwardly fearful, withdrawn and neglected. Perhaps, a child may look like that. However, as pointed out by Kitzinger (1990), children who have been abused are rarely passive and often present with anger as well as fear, having steadfastly attempted to
avoid the abuse. There is a tendency to overlook children who do not fit the stereotype of presenting as fearful and disturbed, so they are not recognised as possible 'victims' of abuse (Blagg, 1989). From personal experience working in an English County Council Child and Family Guidance Service I received referrals from schools of children with aggressive behaviour with the suggestion that they needed help to control their aggression. However, upon further assessment it was revealed that they had been the victims of child sexual abuse. This had been missed by the referring agency as the child had not fitted their stereotype.

Even where the child has been acknowledged as having been abused, their acting-out behaviour is often interpreted pathologically, consequently they are regarded as the passive victims of abuse. Davies (1995) refers to the child or adult who enters into a 'healing discourse' then encounters the 'medicalization and psychologization' of sexual abuse. They are regarded as having suffered some deep psychological insult and, therefore, are in need of treatment when in fact their behaviour may be a normal active response to the experienced abuse. Moreover, according to the feminist perspective, the focus on the child as being problematic and maladjusted, diverts attention from the socially and politically sanctioned abuse of male power (Davies, 1995). Children are rarely passive in these situations and to adopt a medical model of their behaviour can further victimise them (Kelly, 1988).

Another occasion where the child in the child protection discourse is not 'seen' may occur during the initial referral period. The initial reported information can bias the investigation from the outset and the recorded content would appear to be regarded as fact until proved otherwise. Many workers do categorise clients into preconceived classifications from the referral information and their own personal repertoire of experiences (Wattam, 1992 and Buckley, Skehill and O’Sullivan, 1997). Additionally, assessment of a child may occur
through the categorisation of their mother and not in terms of the child's current behaviour, who presumably is the subject of the referral (Parton, et al., 1997). From my experience as a supervisor of child protection workers this is not unusual. It could be seen to be a natural way of functioning, especially for the newer or more inexperienced practitioners. Nature abhors a vacuum and people feel insecure unless they are able to structure their environment and appear to have a need to categorise (Lawrence, 1996). It is incumbent upon supervisors to be aware of this phenomenon and advise the child protection worker accordingly.

Recent research has also pointed to the 'absent' or 'silent child', where the child's age and gender appear to be the only variables recorded as representations of the child in the notes of child protection practitioners (Kitzinger, 1990; Wattam, 1992; Davies, 1995 and Parton, et al., 1997). The child's perspective is noted to be conspicuous by its absence. Paper work and proformas have been generated in the bureaucratisaton of child protection work (Howe, 1992) that purport to diminish some of the workload of practitioners, help set criteria and enhance information retrieval. However, in so doing there is the danger of impersonality and losing the child as an individual (Skehill, O'Sullivan and Buckley, 1999). A practitioner may develop a mind-set that regards form completion as a prime task and so biases their assessment accordingly. Bureaucratic procedures designed to control events and impose order may be useful tools, but may also be used to a harmful degree if they are part of a defensive practice that only offers a snapshot of a child, particularly in a residential setting or day care setting. Paper work can be overwhelming to a worker already pressed with a difficult and weighty caseload. As abuse itself rarely lends itself to physical signs and symptoms, brief 'covering' notes made in a child's record may be felt to be the most defensible way forward for the practitioner. King (1997, p. 61) has pointed out that certain systems, such as the child protection services, are aware of these underlying paradoxes in their work and will develop
strategies to prevent these paradoxes from rising to the surface. Such a system can generate forms that mean for some practitioners the work will be with the paper and not with the persons concerned. This may be seen as a particular danger for managers who may have a primarily administrative role.

2.3.4 Notions of childhood innocence, social anxiety and protectionism

There is much agreement that the child protection discourse continues to promulgate a construction of childhood innocence (Boyden, 1990; Kitzinger, 1990 and Jenks, 1996). The major tenets of contemporary rights and welfare thinking are based upon this construction of childhood. That is, the regulation of child life should give priority to making childhood carefree, safe, secure and a happy phase of human existence (Boyden, 1990). The paradoxical side of this view has many unintended and negative consequences for children, families and society in the management of such issues such as child sexual abuse. These are described by Kitzinger (1990), who comments upon the inherent contradictions within the construction of 'childhood innocence' and outlines three areas that demonstrate why using this concept is problematic:

1.) such descriptions may serve as sources of continued arousal for child abusers;

2.) it serves to stigmatize a child who may have been abused or who is regarded as too 'knowing' about sexual matters; and

3.) such an ideology may be used to deny children access to knowledge and increases their availability to abusers.

In general, such principles create a siege mentality putting a burden on carers, generally the women, and encourages children to live in fear and maintain adults at arm's length (Smart, 1989; Kitzinger, 1990; Thorpe 1994 and Parton, et al., 1997). We see therefore that there is a problem inherent in the current construction of childhood that describes children as
vulnerable. Feminist perspectives that have stressed the unequal rights of parents over children have highlighted this vulnerability at times of divorce and during access settlements. In these situations, children might be nominally consulted, but decisions about their care are made by others 'in their best interests' (Smart and Sevenhuijssen, 1989). The child’s voice, even if heard, is rarely given prominence.

The contemporary vision of childhood innocence and vulnerability that renders children to be in need of protection is maintained by the media, politicians, paediatrics and psychology (Parton, 1985 and 1991; Boyden, 1990; Kitzinger, 1990; Howitt, 1992; Jenks, 1996 and Leonard, 1997). As society holds to this view of childhood innocence there appears to be the moral opinion that those who violate such sanctity are monsters and perverts; certainly, creatures that are less than human who would defile a child. Public outcry directed against paedophilia is common and gives it ‘banner’ headlines. Children in this sense are the symbols of good and their violators symbols of evil (King, 1997). As Kitzinger (1990, p.177-178) has pointed out, ‘Assault and exploitation are risks inherent to “childhood” as it is currently lived.’ Discussion in regard to what has provoked this contemporary interest in childhood and its violation would appear to stem from the collective anxiety of society (King, 1999). The media highlighting of grievously serious individual cases taps into a collective sense of moral indignation. With no external enemy upon whom to release this anxiety, morality defines other targets for expression of its emotionality. King refers to public anxieties over safe meat, war, and children who still remain ‘at-risk’ of abuse. He maintains that reassurances from governments have a paradoxical effect of sounding feeble and generate even more anxiety.

Also, society and its information technology is now said to have commodified knowledge and
morality (King, 1999). In contemporary society previously formed points of attachment for individuals with a collective life such as class, work groups and local community have greatly diminished (Leonard, 1997). In this world-view childhood is said to remain as a symbol of a lost ideal of primary human relationships. There is nostalgia for the pleasure and security of a life past; which seems now to be invested in the child. Similarly, Jenks (1996) links the contemporary heightened attention to those who would violate children to society's collective pain from the loss of our own identity. He goes on to say that alterations in the family have seen a breakdown in marriage and an intensification of relationality in respect of children. Again, a collective anxiety seems to permeate society that is intolerant of risk and uncertainty. This state of being is said to be the projection of the individual's own need for comfort that stems from an alienation from points of attachment to a collective life (Hage and Powers, 1992). In such a society, children are said to be the embodiment of the last vestige of the social bond. Child sexual abuse then becomes a crime against 'childhood' itself (Kitzinger, 1990). However, this idealised childhood is often far from the real life experiences of children in contemporary society.

The foregoing account of the idealised and sometimes fantasized notions of childhood with its attendant notions of vulnerability is open to challenge. In the first place, recent document analysis has indicated that there are degrees of abuse on a continuum from mild to grievous. Secondly, although the extreme cases of abuse are in the minority, they do occupy a disproportionate amount of press and politicalisation (Wattam, 1992; Cooper, 1993 and Thorpe, 1994). Thirdly, as argued in Chapter One, the problem is not new, nor is it uncommon. Fourthly, the projection of episodes of child abuse has often been decontextualised in reference to the private lives of those involved. Children who are abstracted often form their real worlds and their lives are contrasted with ideal norms that may
be far from the day to day experiences of their lives with their parents, their housing, their
neighbourhoods, their class, their culture and their ethnicity.

A further challenge to the popular perception of childhood perpetuated in the media is the
notion that child abuse can be predicted and controlled. Adopting the positivist paradigm,
rational systems of operation are then designed to control the risks of abuse in society using
the ‘scientific approach’. Sanctions against those held to be responsible are applied if things
go wrong. When abuse occurs, pathology is individuated and blame is the logical outcome for
‘failure’ or exceptions to the norms. The contemporary child protection industry has been
organised around such pseudo-scientific and rational conceptions of risks, their assessment
and predictive outcomes. This view can be challenged in the light of recent research by
construction of childhood and matters of child welfare is now forthcoming. The
aforementioned authors refer to a more subjectivist paradigm and advocate a retreat from the
scientific notions of risk calculation in assessment to more individual notions of uncertainty
that occur in situated moral judgements (Parton, 1998).

The globalisation of theoretical norms of ideal child rearing practices in isolation from the real
world of the child and their parents seems to have been achieved through a somewhat narrow
interpretation of ‘the rights of the child’ (Thorpe, 1994). The struggle between realizing the
ideal of human rights implementation without decontextualising the child is a challenge for
contemporary child welfare. Emphasis on the pursuit of children’s rights, representing them
in the media, legislation and governmental directives through terms such as ‘abused’,
‘maltreatment’ and ‘child protection’ all lead to an abstract conception of children sanitized
from reality (Thorpe, 1994). The decontextualising of children in this way ignores a host of
other social, economic and political factors that need to be acknowledged when describing the 'real child'.

Child protection discourses that follow the pursuit of such reified goals have, in the words of Thorpe (1994, p. 199), '...succeeded in changing the role of child welfare agencies from predominantly one of service provision, to one of policing and “normalizing”'. The challenge for child welfare is to promote the well-being of children through encouraging and supporting their parents rather than through a type of policing that appears to act on behalf of children but, in effect, may present a barrier within the family. There would appear to be a need to clarify some issues of children’s rights and whether we can clearly say in today’s society if there is any absolute notion of rights or wrongs for children (Archard, 1993 and King, 1999).

2.3.5 Children's rights

Prior to the late nineteenth century the state seldom intervened in the life of the family (Kaul, 1983; Campbell, 1988 and Fox Harding, 1991a and 1991b). Legislative intervention was only achieved at that time when the social costs of wasted human resources were recognised and family violence threatened to spill over into the public arena (May, 1978). May states further that in the 1870s there was a marked growing public awareness of the extent of child abuse which culminated in the foundation of the NSPCC and the first salient legislation, The Prevention of Cruelty to Children Act 1889, referred to earlier. Similar voluntary societies were subsequently organised in Australia. Western Australia's first Children's Act was promulgated in 1908 and the State Children's Department was established in the same year.

In England, the establishment of the Welfare State in the 1950s was a milestone in social services generally and coincided with the establishment of child care services (Parton, 1991).
The social intervention of the state into family life that had been inaugurated and held as a model for society at the time, later began to be questioned as the political climate changed in the 1970s and the 1980s. After a series of child deaths during these latter two decades the public inquiries put the responsibility of failing to protect children firmly on the social services of the day. Similarly, the Cleveland Report 1988, was noted for its criticism of the intervention of social services into family matters (Campbell, 1988).

It was not until 1959 that the international community at the United Nations General Assembly issued its first Declaration of the Rights of Children. Cooper (1993) commends this document as it acknowledges that the state as well as individual carers have responsibilities for children. Further to this, he has said that the emphasis here has been on 'goals' rather than working definitions, recognising that different societies have different priorities about child abuse.

Franklyn (1995) has pointed out that it was not until the 1980s that children's rights came of age when they were raised in the context of concern with moral and political status as well as social and welfare needs. Franklin pointed out that most of the discussions prior to the 1980s concerning children's rights had been mainly theoretical and concerned with general considerations. In so doing, they had often overlooked practical suggestions for change. Since that time, more practical policy and institutional reforms have been suggested such as: the post of a national Children's Rights Commissioner, ombudswork with children and, at local level, Childrens' Rights Officers. Franklyn (1995, p. 15) refers to the appointment of such an officer in Leicestershire, in 1988, as to the actual fulfillment of one of these suggestions. Despite the theoretical interest in the rights of children, for the most part governments have shown little concern for introducing legislation to empower and protect these rights. Although the British
Labour Party in 1992 proposed the appointment of a Minister for Children this has yet to become a reality (Lestor, 1995).

Although the United Nations Convention on the Rights of the Child is regarded as significant development in promoting the rights of children, to date, not all governments have ratified, nor have they abided by its proposals. Some countries have displayed a reluctance to meet its commitments. There is even one example on record of a breach of the Convention, as in Western Australia, where indeterminate sentencing of juvenile offenders has been introduced (Rayner, 1995).

The United Nations Declaration of the Rights of the Child was signed by the General Assembly on 20 November, 1989. This was seen to be a considerably strengthened document from the original proposal introduced in 1959. Before the end of the 1990s individual nation signatories were asked to report to the United Nations on their progress in implementing the Declaration. After consideration amongst all of its six States and two Territories, Australia ratified the document in December 1990 (Rayner, 1995). The Declaration was ratified by the United Kingdom in December 1991 (Jones and Bilton, 1994). While it has been said that the Declaration of the Rights of the Child has been a significant development intended to promote and protect children's rights, there has been a reluctance of some countries to meet its commitments (Franklyn, 1995). Some reasons for this have to do with the lack of cross-cultural agreement regarding definitions about childhood in respect of age, cultural constructs, state allocation of resources and individual state's legislation, which are contrary to the certain Articles in the Declaration. The highly multicultural society of Australia is a particular example of these difficulties. The increasing cultural diversity in the United Kingdom is now equally feeling the pressure of forging a sensitive cultural response to differing mores of
diverse ethnic groups. The task of taking into account cultural differences in attitudes to children's rights and enforcing the child's statutory right to protection from harm has been seen by many as a limitation to parental freedom.

Statements about children's rights frequently take two forms of assertion. The first concerns what is due to a child from the significant people in whose care they are placed, usually the parents, the state and its agencies. The second is concerned with rights, which invest power and authority in the child to exercise choices and decisions (Jones and Bilton, 1994). These same authors go on to say that it appears to be symptomatic of children's dependent status that their rights are most commonly expressed in terms of what is due to them from others. The respecting of rights turns out to be not so much one of assertion and compliance as one of negotiation and compromise. There appears to be a paradox here. On the one hand, it is argued that children should have more autonomy, and on the other hand, that it is the adults who are placed in the position of protecting children to ensure their rights. So in effect children remain relatively disempowered.

The distinction between two types of children's rights suggested by Franklyn (1995) may go some way to resolving this paradox. They refer to the rights to provision and protection on the one hand and the rights to participation on the other. The former they term 'passive' and the latter, they term 'active' rights. This is similar to the distinction made by Cunningham (1991), between rights that are to do with guaranteeing levels of treatment by adults, as in health care and education, which contrast with rights of self determination such as the right to work, vote and travel. In this sense, childhood has a restricted citizenship. The democratic and participating child may be a limited concept and probably contingent upon the age and competency of the child. While some children may be capable of self-determination at some
stage, children are not a homogeneous group and most remain dependent upon adults and are subject to the current legislation of the day that emphasises parental responsibilities. The United Nations Declaration of the Rights of the Child has not resolved the dilemma, as it seems to confuse the child’s need for protection with emphasis on autonomous participation (Buckingham, 2000). Anomalies exist throughout the child’s life-world. One example would be the sixteen-year-old, who is expected to pay taxes if gainfully employed, but is not allowed to vote.

Amidst the optimism of the formation of the Welfare State in the United Kingdom, during the period after World War Two, the 1948 Children Act was an attempt to end the paternalism of rescuing children from their families. Efforts were made to keep children and families together and local authorities had a duty to rehabilitate children with their families of natural origin wherever possible (Reder, et al., 1993). Children’s Departments were established to administer existing services to families, but with an emphasis on gaining voluntary cooperation and mutual agreement with parents, in the best interests of the child. This was a different philosophy from that which had previously existed (Parton, 1991). However, despite this optimism and new philosophy, legislation continued to view children in terms of welfare paternalism and professionals were able to intervene in the family without having to take into account the views or wishes of the parents (Lyon and Parton, 1995). Ambiguity about the rights of children and parents prevailed.

The Children Act 1989 in Great Britain was a legislative milestone in the history of child-care and children's rights reinforcing the promotion of welfare of children in the family. In addition it sought a governmental balance to include the supremacy of children’s rights while promoting the need to work in partnership with parents and also maintaining the protective
role of the state. But even this document presents dilemmas concerning the rights of children, parents and the state to involve itself in the protection of children. Lyon and Parton (1995) report that while the Children Act 1989 does appear to take the rights of children seriously and provides new opportunities for advancing these rights, it does so in a qualified manner. For example, there are features of the Act that emphasize the duty of the professionals to work in partnership with parents and act in defence of the natural family, but at the same time they are expected to focus on the rights of the child and to give the child a voice. Fox Harding (1991a and b) identified four main strands of thinking in the Children Act 1989 as listed below.

1.) Laissez faire and patriarchy: a minimalist intervention stance adopted by the state in family affairs. This approach does not challenge the status quo and so implicitly upholds a patriarchal system.

2.) State paternalism and child protection: a stance that allows for greater state intervention to uphold the welfare of the child as a paramount goal and lessen the rights of parents.

3.) Defence of the birth family and parents' rights: where the state role is to be positively supportive of both parents and children and the parent-child bond.

4.) Children's rights and child liberation: the focus is upon the empowerment of children with their right to have a say in decisions affecting their own lives. The control of children either through state or adults is called into question (1991a, p.178 and 179).

In this analysis of the Act, the competing tensions in this legislation relate primarily to two issues (Morrison, 1996). The first is that while increasing the State's right to intervene in family life there is also the principle of judicial non-intervention. Secondly, there is the emphasis on parents' rights and the importance of working in partnership with parents with the counterbalance of upholding children's rights.
Children act has placed more emphasis on the paternalistic and pro-birth family perspectives.

Children welfare, children’s rights and the rights of parents from a number of different

It can be seen from the above, that the Children act 1989 has set out to promote child care,

the child protection discourse of most current welfare practices.

(Plaiger, 1974). The child as victim and in need of rescue remains a dominant construction in
psychology have pointed out, the child is still progressing toward the adult ideal of rationality.
this is that the child’s competence is often open to question. As developmental and cognitive
arrangements it is generally the concerned adults who are the decision makers. The reason for
standard, may be asked for an opinion but as in cases of separation, divorce and access
evidential harms or risk of future harms. The child, depending upon age and developmental
decision, the child’s circumstances are more often than not seen in terms of substantiated
retained home or if alternative arrangements need to be taken. As this is a socio-legal
representatives who determine what is in the best interests of the child, if they are to be

A折腾ence of the decision. Decisions will then follow through appointed Stake
behalf of the safety and welfare of a child. The manner then will need to proceed to a court for
choose to grant an immediate forty-eight hour legal power of “parental locus to intervene on
mind the possible loss of parental rights (Arthaud, 1993). In Western Australia, the State can
made in these acts regarding the conditions that would warrant State intervention, bearing in
those who have this responsibility, are entitled to autonomy and privacy. Clear definition is
wherever there may be a conflict, in both countries, under these legislative acts, parents or
Western Australia is that the child’s welfare rights are given precedence over parental rights,

A strong feature of the Children act 1989 in England and the Child Welfare act 1989 in
The *Children Act* was a laudable attempt to balance the rights of children, their parents and the responsibilities of the state. However, from the foregoing it can be appreciated that there are a number of ambiguities to be resolved in practice.

For some interested parties the formalisation of children's rights is perceived as a threat to their own rights. Traditionally, the educational system view of children is that they have to be controlled and organised and so they are left relatively disempowered. The law gives pupils no statutory right to be heard in educational decision making (Jones and Bilton, 1994). A further example of interested parties being threatened by the formalisation of children's rights is outlined by Smart (1989) with regard to custody arrangements following a divorce where some have argued for greater legal control of children outside of marriage.

Cooper (1993) would assert that the preoccupation with children's rights has often created a social unease and an antagonistic situation. The advocacy of human rights from a theoretical high ground may be inadequate and arguably counter-productive, unless the focus of attention is directed away from the adversarial (Rayner, 1995). In Australia, before the ratification of the *Convention on the Rights of the Child*, there were controversial issues about its meaning such as the loss of parental authority to the State and of Australian sovereignty to the international community as represented by the United Nations (Rayner, 1995).

There are times when rights are enforced in such a manner that they appear to deliberately restrict the freedom of children, as when the child's right to education is enforced by a duty to receive it (Jones and Bilton, 1994), or there is an imposition of curfews (Buckingham, 2000). Moreover, the balancing of public and parental obligations with children's freedoms changes as the child develops. The interplay between these factors of state obligation and the freedom
of the child is of growing interest in such fields as education, health, child-guidance work.

One example of this is in regard to custody arrangements following divorce. Other examples of this are when some children refuse to attend school or reject medical help.

As can be seen from what has been said above, the establishment and management of a service for the sexually abused child should be organised within the broader context of human rights. Unfortunately, all human rights tend often to be of low priority in economic planning. The implementation of such rights is inconvenient, costly and sometimes governments try to avoid them (Rayner, 1995). Whatever the fluctuations of governmental economy, we cannot afford to lose sight of fundamental human rights in general or of children's rights in particular. In the next section the development of professional regulation of child abuse and child sexual abuse will be discussed with special reference to the contemporary child protection discourse.

2.4 Periodisation of the professional regulation of child abuse and child sexual abuse

Most of the discussions of the history of modern child protection systems freely acknowledge their origins in the nineteenth century voluntary sector (Howitt, 1992 and Piper, 1999). There was a gradual 'professionalisation' of this role, stimulated by the concern shown by the clergy, educationalists and the medical profession. Scientific advances in technology allowed for a more thorough examination of childhood illness and mortality. This revealed such things as venereal diseases amongst children, infant mortality due to lack of adequate nutrition, physical maltreatment and cruelty to children by the owners of factories. As a result of these events, child abuse became an established social phenomenon in the early twentieth century.

Despite this recognition of child abuse as a social problem, the social work literature of the 1900s up to the 1950s presented child abuse as a general phenomenon and certainly not one
warranting intervention by community agents (Lindsey, 1994). Howitt (1992, p.18) has said, 'So silent is this period on abuse that authors are able to write about the "rediscovery of child abuse" in the latter part of the twentieth century'. Following this period of quiescence up to the end of the 1950s, there was a rapid growth in the public child welfare system, first in the USA, with the UK and Australia following soon after (Boss, 1980; Kadushin and Martin, 1988 and Cooper, 1993). The child welfare systems of this period were primarily set-up to respond to child neglect and abuse.

As discussed in the previous chapter, specific child care and child welfare issues became prominent in the 1960s with the scientific-medical identification of abuse (Kempe, Silverman, Steele, Droegemueller and Silver, 1962) and the advocacy of children’s rights. Behind these welfare systems, was an assumption both in regard to an optimistic unitary belief in progress and a positivistic belief in the value of the medical-scientific approach as a basis for the focus of the emerging professionals such as social workers, psychologists and paediatricians (O’Hagan, 1989 and Parton, et al., 1997). These same authors have shown how the emphasis in this general welfare approach was based on therapeutic intervention of a nurturing model and psychological theories. The law was seen only as a basis for mandated intervention. ‘The overall rationale of welfarism was to make the liberal market society and the family more productive, stable and harmonious; and the role of the government, while more complex and expansive, would be positive and beneficent (Parton, 1998, p. 12).’

The model of child abuse at this time was seen in terms of the medical-scientific paradigm, or public health model (Parton, 1985 and Lindsay, 1994). This meant that child abuse was assumed to be an illness that required clinical investigation for its identification and treatment. This condition was often thought to be hidden, especially by the parents and needed a team of
specialists to uncover the problem. The terms of reference changed during the first decade after the publication of Kempe and associates original work from the original 'Battered Baby Syndrome' (BBS) to non-accidental injury (NAI) to child abuse. This terminology changed in the official memoranda in England in the mid-1970s and in Australia as well. The notion of action on behalf of a child deemed to be at 'risk' became legitimate if clinical suspicion was aroused. While the focus was on the verification of abuse through observable signs, it was 'silently' acknowledged amongst staff that sometimes there were suspicions of abuse without there being any objective evidence. Examples of this occurred in Western Australia in the children's hospital in the 1970s. On occasion, it would not have been uncommon to see the letters, 'BBS?', in a child's medical notes prior to 1980. The label, 'Battered Baby Syndrome?' ('BBS?') was used to indicate that the physician had queried whether abuse might be occurring. Similarly, there was a system of placing a red triangle on a child's medical notes to indicate that either they had been abused in the past or that medical staff had grounds for thinking that the child might be 'at risk of abuse'. The red triangle was placed on the medical notes of other children if they had 'special' medical conditions that required extra care and attention. This silent language system was gradually replaced by protocols for discussion of such issues that significantly included the parents and the red triangles gradually disappeared in the 1980s.

In regard to child sexual abuse, there had been social and legal recognition of the phenomenon for a century or more, but it was only since the 1970s that it received societal and professional prominence. Howitt (1992) provides us with a description of society's recognition of this evolving phenomenon in the recent past when he quotes the incest statistics for England and Wales from 1950 through to 1989. There was little publicity and no common public pressure about known cases of incest prior to the 1970s and no widespread recognition of the problem
of child sexual abuse, even as a topic of inquiry among professionals until the early 1980s (DHSS, 1988; Campbell, 1988 and Lawrence, 1990). In England, it is said that the new consciousness dates from 1983, when a television documentary exposed the harassment of a rape victim (Campbell, 1988). Thereafter, several police forces conceived the idea of recruiting women doctors to examine the victims of sexual abuse. This soon became a service for children. Similarly, at the same time in Western Australia rape crisis centres that had been established for adults were asked to cater for children. The Children's Hospital in Western Australia established its Sexual Abuse Clinic for children in 1982.

According to Finklehor (1982), prior to 1970, child sexual abuse had only been recognised by a segment of the population, such as the second generation feminist movement and other social reformers, who at that time had little credibility in the eyes of many male dominated professions and policy makers. Those who expressed their concern that children were being sexually abused because of liberalisation of sexual mores were seen as moralists and alarmists. They were said to have used this issue as a way of campaigning against other kinds of progressive reforms that most social welfare professionals supported; for example, sex education, humane treatment of sex offenders and censorship. Finklehor comments that the error of this original group was to identify the greatest danger to children as coming from strangers; depraved people, outside the family, and not from inside where more serious threats were then being documented.

The 1970s and the 1980s saw a profound development in community awareness concerning the issues of child abuse in general and child sexual abuse in particular (Jenks, 1996). Child sexual abuse, which had been reported rarely until the 1970s, began to be more generally recognised as one of the major social problems of our time (Howe, 1992). The burgeoning
number of cases, debates within multidisciplinary teams about their management and financial
cutbacks, all contributed to a crisis of confidence undercutting the optimism that had been
evident prior to the mid 1970s (Morrison, 1996 and Parton, et al., 1997). Economic
downturns and growing social deprivation, the rise in violence and social changes to the
family and society, as referred to in *Chapter One*, created serious problems for the
continuance of the welfare ambitions pre-1960.

Critiques of the service delivery appeared from every political direction. In the mid-1970s the
Conservative Government in England sought to introduce new, more conservative, service
provisions and change to the organisation of services (Parton, 1998). This was also supported
by the criticisms from the opposing political front who were represented by advocates from
the Women’s Movement, the Children’s Rights Movement and the ‘civil liberty’ groups of
parents, all of whom emphasised individual rights. Thus, the growth of the “civil liberties”
critique which concentrated upon the apparent extent and nature of intervention into people’s
lives that was allowed, unchallenged, in the name of welfare…’ had gathered momentum from
the late 1960s (Parton, et al., 1997, p.27). Legalism had entered the child care and welfare
arena in response to the inability of the socio-medical model alone to be an accurate indicator
or predicator with regard to the occurrence of child abuse.

There were also serious questions emanating ‘…from within social work itself and concerned
the apparent poor and even deteriorating quality of child care practice in the [then] newly
created social service departments (Parton, 1991, p. 195).’ The combination of these events,
the recommendations for change and the backlash of opinions converged with a number of
government inquiries to expose the shortfalls in the child welfare system of the 1980s
(Morrison, 1996). These political, legal and social circumstances formed the prelude to what
Parton (1998, p.13) refers to as the 'advanced liberal' society and the development of the child protection system.

2.4.1 The development of child protection discourse

The beginning of the contemporary discourse of child protection took place in the aftermath of the child abuse inquiries in England and eventually had impact worldwide (Buckley, et al., 1997 and Parton, 1998). There had been an 'explosion' of these public inquiries in England, most of these were concerning cases of fatal child abuse in the 1960s and 1970s (Reder et al., 1993). Parton (1998) has referred to the inquiries as providing avenues for the venting of criticisms of policy and practice in child welfare and also in regard to the judging of the competencies of social workers themselves. The issues of child abuse and plans for the role of the state to intervene in family life in protecting children from harm were now the subjects of public and political open debates.

These inquiry reports drew the public's attention to management errors that were considered to be a result of social workers failing to intervene and prevent cases of child abuse. This led to what has been referred to as a 'moral panic' (Parton, 1985; Cooper, 1993 and King, 1997). The phenomenon of a moral panic is the expression or outpouring of intense social anxiety about an identified social problem by the public, sometimes thought of as being the 'silent majority', and accompanied by the demand that something be done to resolve the situation. In addition, moral panics are said to develop during periods of rapid social change, are usually media-led and are vocal in their condemnation of persons who are perceived as a threat to social values and structures (Hall, Critcher, Jefferson, Clark and Roberts, 1978; Parton, 1985; Best, 1989; Robin, 1991 and Cooper, 1993). Cooper (1993) has added that a moral panic demonstrates a breakdown in general consensus, a need to lay blame and the search for
culprits or scapegoats. The displacement of anger in the aftermath of the child abuse inquiries fell on the social work profession, who were considered to be in need of regulation through extended governmental procedures and guidelines.

The implication of 'blaming the social worker' seemed to be that all cases of child abuse could be eradicated, if only the professionals involved were doing their work properly. It has been suggested by Hallett (1989) that the venting of this moral outrage and the stricture of the individuals involved diverts attention from the sociological factors associated with the causes of abuse. It was also suggested that the vilification of the social workers involved appeased the public need for something to be done about the problem.

The inquiry reports refined and recommended new policy and procedure guidelines. The new policy advocated in these reports reminded social workers of their legal mandate to intervene on behalf of abused children. Area Child Protection Committees, case conferences and registers of child abuse cases were established to enhance interagency work and individual case management. However, there was little complementary focus upon treatment and prevention. With each successive inquiry report there were accumulating policy guidelines that were referred to by Howe (1992) as the 'bureaucratisation of social work'. As the new forms of abuse and abusive families were recognised, so too did the governmental directives to help identify 'dangerous' families where child abuse was likely to occur (Parton, 1991). The description of 'diagnostic inflation', as described by Dingwall (1989), was now in evidence with a successive growth in not only the types of abuse, but also in the number of governmental checklists in an attempt to help identify and prevent the problem from occurring.
2.4.2 The legal paradigm

New procedures and guidelines were also provided for social workers to identify and calculate the degree of risk of abuse in assessments of children and families. The inquiries were criticised for having studied social work through a judicial lens that focused on the worse case scenarios of child abuse (Parton, 1991 and Reder, et al., 1993). It has also been argued that the inquiries resulted in undue emphasis being placed on the creation of policy that exerted legal authority over social workers. Decisions in regard to child protection cases were to be made only after full legal consideration in the multi-disciplinary case conference (DOH, 1991b and Parton, et al., 1997). The social workers role now appeared to shift from a therapeutic relationship with clients to that of a ‘soft’ police role. The emphasis was now mainly on investigation to collect forensic evidence for presentation to courts. The focus on the signs of child abuse had begun to shift away from the socio-medical model alone to include the legal paradigm.

Social workers now appeared to be moving towards what has been described as a ‘no win situation’. On the one hand, social workers were criticised in the numerous child abuse inquiries for doing too little too late (Morrison, 1996, p. 128). Thereafter, they were situated in the legal discourse of the state’s role in protecting children and were encouraged to be more proactive in the battle against child abuse. The mid-1980s then brought to the public’s attention the events of the management of child sexual abuse in Cleveland, England. In the ensuing Cleveland Report (1988), social workers were accused of doing too much too soon (Morrison, 1996).

In England, the second half of the 1980s saw a distinct period of change in the law and in child care practice that helped shape the ‘child protection industry’, as it is sometimes called.
The events that surrounded the Cleveland child sexual abuse scandals and the ensuing aftermath in the latter half of the 1980s are reported by Parton, et al. (1997) to have been the watershed that determined the contemporary nature of child protection.

The events in Cleveland centred on children who were being diagnosed as sexually abused being removed from their homes by social workers and taken to places of safety. It was soon to be revealed that the medical diagnoses the children had been given could not stand in court as proof of sexual abuse. The children’s statements had been taken in the context of a pre-judged situation and the parents had had no right of reply (Wattam, 1992). The initial 'disclosure of abuse' made by children in these circumstances was discredited in a legal context because of the biased nature of the interview (Parton et al., 1997). In addition, the large numbers of children involved contributed to public mayhem as well as putting undue strain on the child protection services. Poor interdisciplinary communication and lack of trust between the professionals added to the scepticism of the truth in the 'disclosures' and contributed to a breakdown in interagency functioning.

An official inquiry into these events was published in the Cleveland Report (1988). This was the first official report to investigate the management of the phenomenon of child sexual abuse. It underscored the need for a change in the law and also for improvements to be made in interagency coordination and collaboration. The Cleveland Report (1988) began a distinct change in emphasis away from a medical-scientific paradigm in the identification of child abuse towards a more legalistic and evidential framework (Parton, 1991 and Wattam, 1992). This new approach, the seeds of which had been sown in previous inquiry reports, now continued with a pseudo-scientific paradigm, but changed the emphasis of the work, placing central importance on joint working between the police and the social services in the
investigations of child sexual abuse. Coordination and collaboration between the police and social workers was one of the identified key mechanisms included in the research reported in this thesis.

The newly recommended legal framework, within which social work practitioners were to operate, brought with it a new construction and interpretation of investigation and the need for the gathering of evidence (Wattam, 1992). The change in emphasis to the child protectionist legalist paradigm occurred in Australia too where the Cleveland Report also had an impact. The term 'child protection discourse' had now come into being and this superceded the term of 'child abuse management'. The emphasis changed from identifying clinical signs of abuse to that of identifying signs of risk. Children now could only be protected on the basis of clear, legally formulated evidence (Wattam, 1992). In both Australia and in England, this meant that social workers were expected now to work more closely with the police and the legal departments of their services. In England, *The Memorandum of Good Practice* (DOH, 1995) recommended procedures for the video taping of children's testimony for use as evidence in the courtroom. The result of these procedures was to introduce a new investigative role for social workers with a concentration upon collecting forensic evidence. The paradox that this shift in emphasis has produced in the social work role is discussed in Chapter Three.

In Australia too, the 'language' of the child protection discourse was also becoming common currency among child protection workers. This language was in part the result of international exchange through the media, professional journal articles, national and international conferences and array of exchange visits of professional staff between England and Australia. There was a gradual change in the language employed in Australia. For example, many of the interdisciplinary teams who had been referred to as 'Child Abuse Teams' were now changing
their title to ‘Child Protection Teams’.

In the wake of the Cleveland affair, various media reports drew the community’s attention to the fact that the child protection system that had been set up to tackle child abuse appeared to have as many negative consequences for children and their families, as it did positive ones (Wattam, 1992). Through the 1980s, the child protection movement had generated considerable public attention by quoting large numbers of children who had been sexually abused. This alarmed common sensibilities and persuaded the public that something needed to be done (Robin, 1991 and Jenks, 1996). Statistics, which were said to have reached epidemic proportions, helped to generate a moral panic, as referred to earlier, about child sexual abuse itself and also the management of it (Parton, 1985 and Cooper, 1993). After the events of the Cleveland affair, this led to the targeting of not only the social workers involved, but also the paediatricians who had been diagnosing sexual abuse on medical grounds alone. Both professions were vilified and became the receptacle of general public anger (Parton 1981). The backlash of parents and the public was against the professionals who were seen to have acted prematurely and without due consideration for the rights of parents and families (Parton, 1998).

In the past, once the outpouring of the public’s anger abated, the multiple problems that caused the hostility would recede from social awareness and remain dormant until another child abuse tragedy was brought to the fore in the media (Reder, Duncan and Gray, 1993). This time there were ongoing campaigns for the rights of parents and families to be recognised and included in child protection practice decisions. In addition, policy makers realised that inquiry reports kept identifying the same problems over again. Apparently, there had been no successful resolution of these problems (Buckley, et al., 1997). Past adjustments and
additions to the child protection system did not prevent tragedies from continuing to happen. Statistics on child abuse remained high.

These problems, sharply defined by the child sexual abuse controversies in the Cleveland affair, now demanded political intervention. In response, in the United Kingdom, central government made a large investment into a series of research projects that focused on various unresolved issues of child protection (Wattam, 1992 and 1996 and Parton, et al., 1997). The results of the various research investigations were combined in the document, *Child Protection: Messages from Research* (DOH, 1995). The functioning of the child protection system was investigated and criticised in this document. The scope of the underlying complexities and difficulties received nominal attention, but many of the dilemmas it discussed remained unresolved. In particular, child abuse definitional issues, working in partnership with parents, children’s rights and the functioning of interagency coordination and cooperation remained problematic. The assumption in the report appeared to suggest that through careful and further attention, these problems would be resolved. However, this ignored the wider social and economic context within which the problems occurred and which clearly were associated with the phenomenon of child abuse.

The scope and the depth of the problem of child sexual abuse had by now achieved political notoriety. In the aftermath of the commissioning of the above research, and following the Cleveland affair, there was a review of social work training in the United Kingdom and calls for the law to be changed culminating in the *Children Act 1989*. Many of the unresolved issues referred to above were also raised in this legislation, particularly those concerning state intervention into family life, rights of children, rights of parents and children in-need.
The *Children Act 1989* was a milestone in the history of the child protection discourse. Among its many recommendations was an emphasis on parental and children’s rights and the necessity of consulting with parents at every stage of an investigation. There was encouragement in the Act to work in partnership with parents. At the same time the legal framework was regarded as crucial in determining a ‘child at risk’. Moreover, for the first time, the Act gave powers for state intervention on the basis of a prediction of behaviour. This apparent contradiction is pursued further by Fox Harding (1991a and 1991b), who has made an authoritative criticism of this Act. She goes on to illustrate that there are four main value strands in the *Children Act 1989* that have potentially conflicting interpretations. These were discussed in Section 2.3.5.

There were other major legislative documents that helped shape the child protection practices following the Cleveland Report (1988) and the Children Act 1989. Notable amongst these were the *Working Together Under the Children Act 1992*, the *Criminal Justice Act 1992* and the *Memorandum of Good Practice* (Wattam, 1992). In these documents, the role of the police, the legal profession and social services were further developed. These documents placed emphasis upon the following aspects of the child protection investigation process. Firstly, the importance of working in partnership with parents and the stress upon interagency and interdisciplinary working in joint investigations was made clear. Secondly, there was the reinforcement of the criminalisation of certain behaviours to be substantiated with forensic evidence and the admissibility of pre-recorded video evidence for children’s statements. Finally, the advice on obtaining video evidence being obtained from children in order to attain a conviction was introduced. Assessments of risk were no longer left to health and social welfare experts alone, but the accountability for making them was ultimately lodged with the court (Parton, 1998). Although in theory these documents were designed to advance the
welfare of children, doubts have been cast as to their value in practice. For example, research findings have indicated that the intense concentration on legalistic and forensic evidence have had a tendency to neglect the wider needs of children and their families (Buckley, et al., 1997). As the professionals were presented with these competing paradigms, and the inherent dilemmas they posed for practice, there was a simultaneous upsurge of disquiet from the public sector. Social workers could be criticised for failing to intervene soon enough and there was a growing 'backlash' against the child protection discourse throughout the 1990s. This will be the focus of the following Section.

2.4.3 The backlash against child protection

In the 1990s, child protection practice became the subject of a 'backlash' from certain quarters of the population (Myers, 1994). Some critics have said that the coalitions formed by multi-agency cooperation now assumed postures not only of assistance, but also of potential sources of abuse (Blagg and Stubbs, 1989; Evans and Miller, 1992 and O'Hagan and Dillenburger, 1995).

Some believed that so powerful were certain organisational coalitions that they posed threats, not only to the children and families they had hoped to help, but also to less powerful agencies who were nonetheless highly involved with families (Evans and Miller, 1992 and Myers, 1994). One of the dangers inherent in the power of such coalitions is that they may seek 'one best answer' and then impose this on an entire population (Parton, 1985; Blagg and Stubbs, 1988; Thorpe, 1994 and Ife, 1997). Once such coalitions set the standards they are often regarded as the experts and others may defer to them. This perspective was noted by Leonard (1997), who commented that Marxist critics of the social democratic welfare state, in general, would point to the domination of state apparatus and to the inadequacy and inequity of
services.

Myers (1994) reminds us that child protective efforts have always been criticized and believes that this is inevitable as intervention in the family usually offends. Myers goes on to say that he considers that intervention is inherently coercive and confrontational. As referred to earlier in this Chapter, this fixation of governmental attention was described as being caught in 'the gaze' by Leonard (1997, p.43).

Contemporary welfare practice has acknowledged these criticisms and has identified the need to reconstruct welfare in new directions with a commitment to the development of human health and well being in general (Thorpe, 1994; Leonard, 1997 and Parton 1998). In the face of past criticism and current reconstruction, there has never been a better time for arguments which are solidly based on research and require planning and quality assurance of the highest order. The situation requires credible research upon which counter arguments can be built and proposals developed for the correction of problem areas and only in this way will new challenges be appropriately met (Pizzini, 1994).

Current challenges to the child protection discourse will be discussed in more detail in the following Section.

2.5 Challenges to child protection practice

As has been noted above, child protection interventions in regard to child abuse in general in the 1980s drew increasing public attention and critical media interest. However, the scope and depth of the problem of child sexual abuse, in particular, achieved political notoriety and brought to the fore social and legal questions about the rights of children and their families, as
in the Cleveland Report 1988. The moral panic and the public pressure on child protection practitioners at the time of the Cleveland affair and the resulting shift towards a legalistic paradigm influenced the development of child protection systems in Australia as well as in England. Leading academics and eminent practitioners were invited from England to address the Australian social workers in child protection practice. Consequently, both countries shared ideas and developments in interagency practice. There appeared to be a simultaneous exploration of the ways of managing cases, as well as the experience of similar problems. In both countries there were many underlying, unanswered questions that have now become part of the contemporary child protection discourse.

2.5.1 Does the child protection system help or hinder?

An important area of scrutiny is whether the nature of the intervention, investigation and continued involvement in family life is in the best interests of a child and family, or whether the process of investigation itself creates secondary victimisation (Blagg and Stubbs, 1988; Wattam, 1992; Myers, 1994; Thorpe, 1994; O’ Hagan and Dillenburger, 1995 and King, 1997). Has the child protection system obtained necessary legal and forensic evidence at the cost of other considerations such as a therapeutically measured service (Wattam, 1992 and Buckley, Skehill and O’Sullivan, 1997) or has it produced what Conte (1984, p. 260) identified as ‘system induced trauma’? This trauma maybe induced indirectly as the result of insensitive management due to a lack of professional understanding and skills. As with cases of ‘secondary victimisation’, a child may be asked to submit to additional questioning or medical examination that they had not anticipated. Alternatively, after a disclosure has been made, the professionals involved may recommend that a father leave the home, to the shock of the whole the family. These examples were not uncommonly witnessed in my role as supervisor in the Western Australian Children’s Hospital, although every effort was made to
prevent unnecessary trauma. Such events are not new, of course, and contemporary joint services are developing ways to better prioritise, and categorise factors involved in child sexual abuse so as to reduce such occurrences (O'Hagan, 1989). Conte (1984) has suggested rigorous evaluative data to help rectify this problem. The sensitive professional management of such matters relies upon informed supervision, skilled professionals and clear interagency communications. Where interagency communications are unclear, there may be a breakdown in the management of some child protection systems. This can lead to questioning the effectiveness of the system for children and families, as well as to the appropriateness of the professional intervention itself (Gough, 1996; Parton, et al., 1997 and King, 1997 and 1999). This would appear to be an important area for further consideration and provided a major impetus for the study reported in this thesis.

2.5.2 Impediments to partnership

In England, the Children Act 1989 had set forth the ethos of partnership between the state and the family in the hope that this would remedy the past problems of ‘overzealous intervention’ with scant regard for parental rights (Morrison, 1996). It was also hoped that it would reduce the need for statutory intervention with a stress on the prevention of child abuse (Morrison, 1996). The focus of attention was to be the quality of the parent/social worker relationship. It had been suggested that parents and social workers often had different agendas during the initial stages of social work involvement. Parton et al., (1997, p.85) refer to this explaining that the client and professionals having different ‘operational perspectives’. While the social worker’s aim was to obtain parental acknowledgement of the problem, the parents were looking for someone who was easy to talk to and would listen to them. Parton et al. (1997, p.85) quote Westcott (1995, p.45), who stated that ‘it often appeared that clients and protection officers could not possibly be discussing the same process.’ Similar findings were
obtained in the research into parental attitudes after referral to statutory bodies in Western Australia following suspected non-accidental injury to children (Lawrence and Harrison, 1994). Parents in this study expressed the wish for more emotional support from the both the social workers and the doctors involved in the initial investigation process.

However, further difficulties facing the child protection practitioner attempting to establish and enhance a supportive relationship with the client were the time and financial constraints under which they were expected to work. Although the Act, quite rightly focused upon working in partnership with parents no additional resources or extra staff to enable this were provided. Furthermore, additional professional staffing and support services such as community day care and drop-in programmes, as well as homemakers and respite care were needed, but these were not specifically funded.

In Australia and in England, legislation now attempts to ensure that the rights of children, as previously discussed in Section 2.3.5, are safeguarded at the same time as respecting parental responsibility and autonomy. The challenge to contemporary practice is to come to terms with an apparently paradoxical situation. The social worker has to intervene in a mandated and often seemingly punitive way, but at the same time with the aim of empowering parents and enabling parental responsibility as a means to reduce the likelihood of harm to the child. The dual role of child protection worker and advocate of parental empowerment need not be conflictual, but the process of achieving this working partnership with parents is, in practice, many times more difficult to attain (Howe, 1994; Morrison, 1996 and Parton, et al., 1997). Ideally, the relationship should begin before the situation is in crisis mode. This would be more likely to happen if social workers played a more proactive role with a broader based general welfare paradigm, as is recommended in Chapter Nine.
Therefore, it is not surprising when two parties are in conflict that they seek legal resolution. Family life is probably the most sacred and sensitive of relationships, thus, any kind of state intervention is fraught with difficulties. Unless this is recognised, social workers will continue to be confronted with varying degrees of defensive reactions. In this context, a somewhat amusing comment, but perhaps containing a grain of truth, was made by a Chief Justice in the opening address to the Second Australasian Conference on Child Abuse, Queensland, 1981. He commented that one of the great lies of the century was that, 'I am from the government and I am here to help you'.

The identification of child abuse and the assessment of risk generally situate the pathology within a particular family and the need for them to adapt their child rearing practices. In Western Australia, a number of specialised sexual abuse treatment centres were established with governmental funding. While a treatment centre is necessary for those who have been the victims of abuse this represents one aspect only of a much wider community problem. As Thorpe (1994) points out, the process of focusing upon identification and treatment of 'abuse' decontextualises the events and, with its focus on individual pathology, ignores the specificity of the social and economic context of the family. Thorpe identified, in his research in Western Australia, that more than half of a sample who were considered to be 'at-risk' of neglect were lone parents, having alcohol and drug misuse and in circumstances of poverty. Thorpe (1994) also pointed out that the evidence from his research indicated that more resources and workers with specific treatment skills that would match the needs of this group were not priority requirements. More support for parents, particularly single parents, training in alcohol and substance misuse and day care facilities for children would have been a more economic use of resources and would have served a greater number of children who were in-
need.

Furthermore, the ‘residual’ model of identifying individual pathology within the parent/child relationship is not geared to responding to the general economic needs of disadvantaged families (Lindsay, 1994). As Archard (1993) points out, more children suffer from their particular social economic circumstances than from injuries suffered as a result of parental behaviour. Perhaps the negative aspects of parental behaviour could be prevented with more accessible support before things reach crisis point. It would seem, therefore, that in order to tackle the problem of child abuse it has to be understood in terms of the need for a programme of social and economic reform. Within the present system of operation social workers are not able to alleviate the effects of poverty or to provide employment or good quality accommodation. Lindsey (1994, p. 190) refers to the less acute form of child abuse created at a societal level as a form of ‘chronic abuse’. This is said to occur where children living in poverty, in a seemingly prosperous nation, have reduced opportunity to achieve personal success in the market economy. This is sometimes referred to as living in a ‘poverty trap’ and perpetuates a cycle of financial dependency on the State that in turn intensifies the ‘gaze’ upon this particular social group. The inclusion of all children in-need and not simply those considered to be at-risk of abuse, would require a broadening of child welfare services and a reconceptualisation of child protection as recommended in Chapter Nine.

2.5.3 The domination of the ‘at-risk’ discourse and assessment paradigm

A further challenge to the child protection discourse is that the social constructions it generates with the use of repeated words, phrases and images have caused them to attain an almost palpable and false objectified reality. The words ‘risk’ and ‘child abuse’ themselves have become problematic because of their different cultural reifications, which often invoke a
moral and politicised judgement of the phenomena (Wattam, 1996 and Parton, et al., 1997). In the words of Houston and Griffith (2000, p.1), the word 'risk', ‘...can be likened, in the psychological terminology, to a first-order construct - or a totalizing schema - against which other constructs (such as client need) are processed or rationed’. As there is no definition for ‘high-risk’, the assumption is that all referrals are high-risk cases.

As Parton (1998) has commented, the imperative of child protection work becomes the task of differentiating the 'high-risk' child abuse case from the plethora of referrals that an agency receives. However, there is a problem that although possible risk factors associated with child sexual abuse have been identified, a direct causal relationship between specific circumstances and confirmed sexual abuse has yet to be established. There is no exact science in regard to the prediction of risk or abuse, and this leads to morally based decisions that are sometimes arrived at in a conservative and professionally guarded way. Also, the ‘rule of optimism’, as discussed by Dingwall, et al., (1983), may prevail and a social worker will think the best of the parents and lower their threshold of concern for the child in question. In addition, the literature has also pointed out that some decisions made in the group setting, such as those made in a case conference, may result in individual members lowering their thresholds of the criteria of risk. This is said to happen because there is more security in taking a lower risk decision in groups rather than when having to make an individual decision (Janis, 1975 and 1982 and Houston and Griffiths, 2000).

In both instances, the process of decision making based on risk assessments is open to what the literature refers to as ‘statistical fallacy’, as in missing true cases or of making false accusations. Also, there is the concomitant problem of a 'definitional fallacy', as there is no

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consensus on the definition of abuse. This makes it difficult to predict who will be abused, or who will abuse (Wattam, 1992 and Parton, et al., 1997).

2.5.4 Regaining a balance of services for children 'in-need'

Another major concern about contemporary child protection practice is that the health and welfare needs of many children and families are primarily being screened to mesh with the judicial system (Wattam, 1992). The contemporary child protection system is under challenge because of the relatively narrow, positivistic and punitive framework that has become its core (Marneffe, 1996; Parton, et al., 1997; Houston and Griffiths, 2000; and Spratt, Houston and Magill, 2000). It can be said that the system that is now employed does not always work well with 'needy people' (DOH, 1995, p.35). For many, as the system now operates, there is a multilevel judgemental screening process of assessment of risks that is just as likely to produce alienated clients and practice-worn practitioners as it is to protect children. Often families '...have little understanding of the eligibility criteria requiring them to move from one section of a service to another' (Morris and Shepherd, 2000, p.170). These same authors have commented that it is the professionals who make these decisions and that families are often distanced from the decision making process.

It has been evident in my experience while working in both Western Australia and England that despite any differences in legislation and procedures, the child protection systems in these two countries have similar patterns in regard to the screening and decision making processes. This similarity was also noted by Parton, et al., (1997) when reviewing current issues in Western Australia and England. The same phenomenon was experienced by me while working in the child protection field in both countries. It was not uncommon to hear clients say that they had contacted social services for help previously, but had formed the impression
that no one would assist them unless there was a crisis. Many families who requested help at an early stage of their concerns failed to understand why the criteria for eligibility for services was set so precipitously high. The possible reason behind this arrangement was that the child protection system had been fashioned in the wake of the child abuse tragedies; 'the worst case scenarios', as mentioned in Chapter One. The legislation, policy and procedures in contemporary practice have been organised to identify the risk of tragedies of this kind occurring again. In addition, where the funding for services had been cut they have tended to concentrate their efforts on crisis management (Reder, et al., 1993).

The literature has demonstrated that only a relatively small percentage of children continue to be placed on a child protection register through the child protection filtering system (Parton, et al., 1997). The primary challenge facing the practitioners is that referrals need to follow policy and procedures and a 'defensible' decision needs to be seen to be done (Parton, 1998). Parton has pointed out that the role of the professional is being governed at a distance by the organisational and possible public sanctions. This area of practice appears to be haunted by the past child abuse tragedies where individual faults were highlighted publicly in the media. Child protection practitioners sometimes appear to be afraid to take innovative action. In the interest of professional self-preservation, they often prefer to operate within prescribed organisational procedures. In the research reported in this thesis, some respondents have commented that while they exercised individual discretion, they were mindful of 'covering their backs'. Doing 'well' in child protection can sometimes be defined in terms of not receiving any criticism or adverse publicity, as Sanders et al. (1996) discovered in their research of child protection services. They reported that a respondent, who was a chairperson of an Area Child Protection Committee (ACPC), remarked when asked how he knew the ACPC was doing a good job, 'We keep out of the papers.' (Sanders, et al., 1996, p. 903). So
it is that concerns about risk and the fear of public sanctions and indefensible decisions affect clients and practitioners alike with their ubiquitous negativity. It is the concerns about the nature of risk and its management that are said to be at the heart of the present child protection discourse (Wattam, 1992; Parton, et al., 1997; Parton, 1998; Houston and Griffiths, 2000; and Spratt, Houston and Magill, 2000).

The current system, as described above, can mean that many families who suffer from economic hardship and minimal social support do not receive the help they may need. Many of these families may be socially marginalised or have children with special health needs and therefore qualify for assistance as defined by the Children Act 1989. I had been employed by a Local Authority Children’s Services Department in the North of England shortly after the Children Act 1989 was introduced. It became apparent to me working in this area that the definition of ‘children in-need’ was of great benefit to many of those hitherto marginalised families. In both Australia and England, it had been my professional experience that many parents previously had felt that they had to cope on their own with the extra care and attention that a child with special needs demanded. Despite this development in legislation in England, that upheld the recognition of the special category of need for children, some families have continued to be unaware of this declaration. Its potential use to develop imaginative preventive programmes in disadvantaged communities appears to have been missed. This is probably because most agencies do not have the necessary resources to provide even a full-service for children with identified special needs, so they are sometimes reluctant to advertise this provision. I had been aware of the same phenomenon in Australia, where sometimes it was only after families had attended the Children’s Hospital that they were made aware of the existing governmental resources for which they could apply and to which they were entitled.
Unfortunately, as the concept of children in-need has developed in England, the family support aspect of the statutory authority has focused more on the child protection role (Wattam, 1996). As a result, it is those who have been identified of being at-risk of abuse that receive priority attention with other families with legitimate needs in other areas often unable to receive the support that they require.

The ever-broadening definition of child abuse and the increasing questions about new types of 'possible' abuse have generated more referrals. These are given the priority in service provision over supportive work with families. To date, limited funding has meant that these priorities are restricted to deal with those of 'high risk'. Thus, it has been difficult for many of the recommendations of the *Children Act 1989* to be fully implemented. At present, the services are organised in such a way that the screening process assesses that those at risk of abuse are most in need of the scarce resources, while those with other needs would miss out, even though their needs may be pressing.

A major challenge to the child protection system relates to redressing the imbalance of society's children's services. The emphasis is upon the investigation into risk with relatively less emphasis upon prevention and treatment. Child protection services need to be more inclusive in providing family support and treatment as recognised in recent literature (Sanders, et al., 1996; Wattam, 1996; Buckley, et al., 1997; Parton, et al., 1997; Parton, 1998 and Morris and Shepherd, 2000). Under the present system, an ever-increasing number of families are becoming the subject of investigation with fewer receiving practical supportive treatment that they need (Parton et al., 1997).
Acknowledgement needs to take account of the fact that the rebalancing of the system goes beyond the remit of the individual practitioners. It would seem to be even beyond the remit of the ACPCs in England. These committees are charged with the role of interagency area coordinators of child protection services and have a duty to provide services in all three areas of investigation, prevention and treatment. It would not be unreasonable to expect them to address the need to reorder priorities for a more equitable distribution of resources. Moreover, it would seem that underlying societal values ought to be debated and a political commitment to reshape the services should be advocated. The competing paradigms represented in the multidisciplinary systems of the law, state welfare distribution, children's and families’ rights and the states’ right to intervene in family life, would all need to be conceptually re-examined and reordered.

How agencies present and evaluate their services and how they share information and communicate their respective roles in an ‘accountable’ manner, are as important to families as they are to other agencies. Further exploration of the current mechanisms in interagency communication may mean that the structures that are now in place and that operate within a positivistic framework may require a policy shift to accommodate a more subjectivist paradigm. Within the strictly positivistic paradigm, with its reliance on the objective scientific stance in assessment, the screening of clients has been so rigorously employed that child protection practitioners have been seen in the ‘expert’ role as decision-makers in matters of child rearing and child abuse. This role has been primarily paradoxical in its application of scientific rules to human behaviour. This in turn has inhibited clear communication and partnership with parents, as the tensions of professional implicit and explicit judgements have become clearer. A more subjectivist paradigm would place a phenomenological emphasis on situated judgements and take into account the personal experience of the client and how they
view the situation. This paradigm would allow for a greater allowance of plurality, but without total relativism. It would allow for a humanistic perspective taking into account that people are potentially self-determining and potentially able to construct their own phenomenological environments. The results of the research that is reported in this thesis would support this subjectivist paradigm.

2.6 Concluding comments

Childhood, as an identifiable concept was absent in original sociological theory. There had been an apparent paradigm blindness with regard to childhood as a distinct category. It had been subsumed within the institutions of the family and education. In this context, the recognition of children’s rights and their specific needs could not be given prominence. As society moved from a mainly agrarian based economy to an industrialised one, the role of children in society changed and children began to be perceived as a separate group. Once childhood began to be recognised as a separate category, the place of children in society began to be debated. As a visible group, it became acknowledged that children needed protection from exploitation as well as societal regulation, particularly to protect society from those showing delinquent behaviour. Laws were introduced to protect children from exploitation in the work place and compulsory schooling was enforced.

By the end of the nineteenth century, although society was making provisions for children as a group, sociology had still not recognised childhood as a separate category outside the family and education. Sociology continued to acquiesce the study of childhood to psychology. Psychology, at this time, had adopted the positivistic paradigm established in the physical sciences. Thus, childhood was studied, researched and ordered through establishing norms of growth and stages in children’s development. Moreover, children were viewed as if they were
mostly passive objects developing through stages and without reference to the social context of their development.

The later recognition by psychology and sociology of the social context of child development has reinforced childhood as a distinct category of study. Once this was recognised, it became possible to study the constructions of childhood over significant periods in time. This study of the periodisation of childhood has revealed the impact of economic, social and cultural influences in its construction. The acknowledgement of childhood as a social construction is now well established in contemporary literature and childhood has emerged as a separate area of study for sociology.

The evolving constructions of childhood have been accompanied by various forms of professional regulation for the prevention of neglect and the maltreatment of children in Australia and in England. The development of generalist welfare programmes for children's health, education and welfare characterised the first half of the twentieth century as referred to in Chapter One. These broad welfare provisions were narrowed with the socio-medical 'discovery' of child abuse at the end of the 1950s. Thereafter, from the 1960s through the late 1980s, priority service provision for the identification and treatment of 'child abuse' was established upon the socio-medical model of individual pathology. There was a reliance on the positivistic paradigm to identify, treat and prevent abuse.

This method of operation began to be challenged following a number of highly publicised errors and governmental inquiry reports, especially in England. The repetition of these errors shocked the public and a backlash against social work occurred leading to a demand for improved child protection services. The events of the child sexual abuse management
scandals in Cleveland became world news in the late 1980s and the government in England responded by introducing new legislation and funding new research projects. Thereafter, the medical paradigm, in relation to the diagnosis of child abuse and child sexual abuse, faded from the prominence it once occupied. There was a shift to a socio-legal paradigm and the ‘child protection’ discourse became established with a greater focus upon the rights of children and parents and working in partnership with parents.

This shift occurred mainly as a result of the events of Cleveland, and the resulting legislation of the Children Act 1989 in England. Although one of the aims of the Act was to reinforce the rights of parents and children to be free of State intervention and to limit the need for the State to intervene in family life, subsequently the potential of this aim was seen not to have been fully grasped, let alone achieved. Failure to adequately resource the Act is a major omission. As a result, where disputes about the authenticity of abuse occur, they are now contested in the courts. Law takes precedence on matters of child abuse and the focus of child protection assessments is now on investigation and the collection of evidential statements and forensic substantiation of abuse. This entails a diminished therapeutic role for the child protection practitioner.

The language of the child protection discourse, although acknowledging the subjectivity of defining child abuse per se, continued to rely upon reified concepts of abuse, while at the same time, assessment of risk of abuse was established within a strictly positivistic framework. The shift in child protection practice to the legal paradigm has brought with it an emphasis on working with the police and interviewing clients for credible accounts of abuse and for the collection of forensic evidence. This decontextualisation of children and their families has resulted in the diminution of the therapeutic relationship. In addition, the
tendency to overlook the social context that surrounds the incidence of abuse has led to the ignoring of adverse socio-economic circumstances that may be major factors contributing to alleged cases of abuse. Also, ignoring the social context and the imposing of standard child rearing practices on certain families may be inappropriate.

Further to this, as a result of scarce resources and the ever-broadening of definitions of abuse resulting in increased referrals, the current child protection system has developed a filter-system to identify those children thought to be abused or at risk of abuse. However, this process eliminates those children who may have other welfare needs and under this system these needs are given low priority. Many families have been precluded from service provision as their needs do not always fit the orthodox definition of abuse or acute risk. This system is questioned in the literature as a possible source of secondary victimisation of children and their families. Although these difficulties were being experienced in practice, it is only recently that they are beginning to be debated in contemporary work. These difficulties and their underlying sociological problems are associated with the use of the strictly positivistic paradigm in the child protection discourse and are further explored in the next chapter.

These current dilemmas facing the child protection services require addressing by the agencies as a priority. The resolution of these dilemmas would suggest the adoption of a more subjectivist paradigm in child welfare. The planning of policy and services to accommodate this shift would also require a reordering of political and governmental priorities and resources. In order to implement a more subjectivist approach toward clients, it would be necessary for the practitioners to have organisational mechanisms and support to offer and implement this modified method of practice. This shift of approach would require total commitment from the child welfare agencies, with governmental backing, for the new
philosophy to be successfully administered. A policy change of this dimension would need to be clearly stated and would also need to demonstrate how such a change of emphasis could be accommodated within current legislative guidelines. There has been a movement toward these changes in policy and practice in Western Australia since the New Directions Programme in 1994 (Thorpe, 1994).

The various recommendations for policy changes appear to indicate that the current systems of service delivery are unnecessarily narrow, inefficient and require immediate remediation. However, while a change of perspective would be recommended for more inclusive and reflexive practice, there are certain organisational structures in place that should continue to form the backbone of child welfare practice. Experience and the literature would suggest the necessity for the continuance of multidisciplinary, interagency methods of operation. Thus, the quality and structure of interagency coordination and collaboration should be major foci for further research. Multidisciplinary interagency service provision should remain and be central to the operation of a shift in paradigm perspective. Difficulties, conflicts and some of the underlying problems associated with the interagency method of working will be explored in the following chapter. A review of organisational perspectives will also be included in order to place the service provision of the multidisciplinary interagency method of operation in the context of a critical perspective.
3.1 Introduction

This chapter begins with a discussion of the interagency multidisciplinary team approach to child protection practice together with attendant problems and conflicts in its management. The interagency multidisciplinary team approach to child protection continues to be identified as a necessary, but difficult, part of effective intervention especially for the complex situations evident in cases of child sexual abuse.

While the interagency multidisciplinary method of working continues to be favoured, underlying sociological problems need to be recognised. These fundamental difficulties created by the often competing, social systems of the law, welfare, economics and medicine in the management of child abuse are discussed in Section 3.3.2 of this chapter. The exclusive use of the theoretical positivistic paradigm in child protection is questioned, particularly with regard to its effectiveness and appropriateness of professional intervention. The challenge of incorporating a more subjectivist paradigm in line with a social constructivist theoretical stance in an attempt to balance welfare perspectives is discussed. The need for reflexivity in social work practice is considered, as well as research considerations emanating from this practice.

In Section 3.6 some of the major organisational perspectives relating to social work practice involved in contemporary social work are presented. The controversy surrounding the delineation of the terms 'modern' and 'postmodern' as periods of distinct social thought that is said to help conceptualise contemporary social work practice is explored. There is a search for an organisational theory that will address the dynamic nature of society, the environment.
and recent technological developments taking place. These are discussed in Section 3.7 in reference to the development of a theoretical basis for the organisational model of Interagency Coordination and Collaboration for the Management of Child Sexual Abuse that is presented in Chapter 8.

3.2 The interagency multidisciplinary approach to child protection management

The initial development of interagency management of child physical abuse in the 1960s and 1970s was multidisciplinary in nature, although the medical/social partnership continued to be significant. Since that time the inquiry reports in England have continued to maintain the multidisciplinary approach, as originally advocated by American paediatricians, Kempe and Helffer (1972) for child physical abuse. Even though the medical-scientific paradigm that had dominated since the 1960s had lost its uncontested authority in identifying, predicting and preventing abuse, the suggested methodology of the management of child abuse and child sexual abuse remained the same (DOH, 1995). The management of the problem using the interagency multidisciplinary approach continues to be the preferred method of operation in both Australia and England.

The major formal organisations represented in the child protection system comprise social services, police, law, medicine, education and health services. These organisations combine to form the interagency, multidisciplinary core of the child protection system. Each of the organisations has different roles, responsibilities, perceptions and levels of knowledge relating to child abuse (Molin and Herskowitz, 1986; Baglow, 1990 and Morrison, 1990).

Since the late 1980s, legislation has empowered health and welfare personnel to intervene in the lives of children and their families in an attempt to ensure the care and protection of the
child. In response to the initial rise of referrals, new legislation was set up in Western countries such as the United States, England and Australia, for the greater protection of children as it appeared at the time. Over a relatively short period of time the goals of child abuse and neglect services broadened from investigations of reported cases, the protection of children and punishment of perpetrators, to include prevention and rehabilitation services to perpetrators and the victims of abuse (Skaff, 1988). All of these events have reinforced the need for an interagency multidisciplinary approach. This approach was found to be the most effective way of dealing with the reported problems, as well as coping with the increasing scope of demands being made on existing systems.

Several authors have illustrated the interagency, multidisciplinary method of working and its complexity with flow diagrams (Hallett and Birchall, 1992, pp. 300-301). One example of this is the multidimensional flow diagram devised by Baglow (1990, p. 388) in Australia and this is depicted in Figure 3.1 on the following page. The Baglow model was chosen for illustration, as it was thought to represent the interagency multidisciplinary method of management in the English as well as the Australian setting.

Baglow has concisely provided a representational five-staged model at which problems of communication might occur. 'By understanding the process in each of these stages, agencies and individuals are able to communicate with each other effectively, enhance their mutual cooperation, and improve child abuse treatment outcomes' (Baglow, 1990, p. 395). The key phrase in this quote appears to be 'understanding the process'. In order to understand the significance of the phrase it is essential to be aware of the possible multiple perspectives, some of which may be highly emotional and conflictual, that may be likely to impact on these identified stages. Organisational mechanisms and procedures that are created to take account
of these potential crisis points will help to meet these eventualities. Such organisational mechanisms need to be designed and tested to avoid exposing clients and practitioners to potentially insensitive or inappropriate stresses. As referred to in the previous chapter, Conte (1984, p. 260) has referred to this possible trauma for clients as 'system induced trauma'.

Unlike the model proposed in this thesis and reported in Chapter Eight, Baglow did not focus on the need to have these mechanisms in place or indeed provide a comprehensive description of them. He rightly points to the fluidity of the process and the difficulties of definitions of abuse and the complexity of interagency interactions. Despite this, it should still be possible for agencies to agree upon appropriate organisational/collaborative mechanisms in order for the practitioners to successfully complete the process. The research that is reported in this thesis set out to identify and evaluate these organisational coordinating and collaborative mechanisms.
Figure 3.1  A multidimensional model for treatment of child abuse

Referral → Specialised treatment ← Child protection agencies, police, authorised medical personnel

Joint case conference assessment

Allocation of treatment responsibilities

Individual → Legal

Family → Social casework

Social casework → Groupwork

Other

Joint periodic reassessment

Discharge

Source: 'A multidimensional model for the treatment of child abuse (Baglow, 1990)'
Baglow (1990, pp. 388-389) describes the model in these terms: On the left of the diagram is the input of a specialised treatment team. A specialised treatment team may be a child guidance clinic, a hospital treatment team, or a community child abuse treatment team. On the right, is the input from the child protection agency, the police, or the authorised medical personnel. Cases of abuse may enter from the right or the left. However, the arrow that connects the two sides, is double-headed to represent the fact that both sets of agencies are involved. It is no longer therapeutically acceptable, and in some cases unlawful, for specialist treatment teams to treat cases of child abuse alone and in isolation. Increasingly, too, statutory bodies are asking specialised centres for assistance. This early phase in the treatment process when agencies first begin to interact is referred to as the cross-referral stage.

While interagency, multidisciplinary models, such as the one described above, were acknowledged as necessary in the literature and in governmental documents, unreserved community approval and matching governmental funds were never given in accord with the demands upon services. Despite these negative aspects, the various agency and professional links that were formed in those early days continue. Prescriptions for that method of working together now exist in government documents (DOH, 1991b and Children Act 1989) and in the spirit of those whose daily job it is to respond meaningfully to child abuse referrals. While contemporary child protection services have accomplished improved systems of communication in interagency and multidisciplinary work many problems remain, as highlighted in the child abuse inquiry reports in England (Reder, et al., 1993).

3.2.1 The problems of the interagency-multidisciplinary approach

Initially, it had been expected that an interagency-multidisciplinary approach to child sexual abuse was required because of the varied dimensions of such abuse in the social, physical,
emotional and legal spheres. The belief was that no single agency had the pre-eminent responsibility in the assessment of child abuse in general and child sexual abuse specifically (Cleveland Report, 1988). The principle underpinning this approach was that a coordinated and holistic service would provide a coherent resource for children and families and not one which would be confused and disparate. It was also believed that assessments and contributions brought to a case conference would bring a rigour to the proceedings and should therefore produce a fairer evaluation of the circumstances (David, 1994). Additionally, it was felt that the multidisciplinary 'working together' method was of value to the practitioner for the lessening of tensions of difficult work, as a source of support that would ease the burden of responsibility (Hallett and Birchall, 1992; Hallett, 1993 and David 1994). Further to these ideas as to the value of working together, O'Hagan (1989) reminds us that an often forgotten tenet in the professional code of ethics is the duty to liaise, cooperate and work with other agencies that are also serving the clients. O'Hagan (1989) and Anthony, et al. (1988) point out that the ethical code requires that much thinking and preparation has to be done before embarking upon any action on behalf of clients.

As the overall awareness of the complexity of the problem of child sexual abuse grew in England and Australia there followed a mammoth response in the political and professional arenas with a concomitant burgeoning of new areas of specialism in medicine, law, social work, and education. These professional groups were now expected to work together, often for the first time, in the management and treatment of children who had been sexually abused. Some of these professionals were already working in interdisciplinary teams, others operated in separate and unrelated agencies. Many of these professionals had never previously worked in a team. Some professions had histories of being hierarchical and authoritarian in structure and others were more egalitarian and regularly engaged in democratically arrived at decisions.
After the introduction of the multidisciplinary approach by Kempe and colleagues for the identification and management of child abuse, the implications of this for those working with child sexual abuse also became more apparent. However, as Elliot and Merrill (1961) have pointed out, roles that arose under one set of circumstances were often inadequate to meet the exigencies of another set. Before the 1960s, the various professional groups in child health and welfare operated primarily in their own spheres of influence. With the development and growth of the child protection teams there were both legislative and informal mandates to work together in both England and Australia. Role expectations needed to be clarified and adapted accordingly.

Problems of communication between these professionals soon became apparent. The sheer number and variety of professionals involved almost inevitably produced problems regarding collaboration (Butler-Sloss, 1988; Stevenson, 1989a and Haslam, 1991). These difficulties were generally inter and intra-organisational disagreements. There were disparities which derived from the different and often conflicting organisational and professional priorities and perspectives, legal mandates and from the different service needs presented by children, parents and their families (Lyon and Kouloumpos-Lenares, 1987).

One reason for illustrating the interagency multidisciplinary approach with the Baglow model is that it highlights the tensions that may exist for the practitioners at the times of the cross referral of clients in the interagency coordination and collaboration process. There is ample reference in the literature to the near crisis state of anxiety that exists for the parents when they first meet the professionals in the discussion of possible child abuse (Lawrence and Harrison, 1994; Morrison 1996 and Parton, et al., 1997). Additionally, the literature has pointed out that the presence of anxiety as a highly charged phenomenon can exist throughout
the child protection process for families and practitioners alike (Morrison, 1996). It was felt that Baglow’s purposeful discussion and acknowledgement of the stresses that existed for families and professionals also clarified that it was the responsibility of the agency to offer support and appropriate systems of management for these stresses. It has been suggested that if the anxieties generated in the professional by this process were left unattended, these matters might have lead to defensive and dysfunctional practice (Morrison, 1996). The consequences of these stresses for parents were also negatively influenced and might have hampered their ability to engage in the process and form any therapeutic partnership for the benefit of their child. It is worth noting here that the pertinence of the personal perspective in Baglow’s model, particularly in reference to anxieties created in the child protection process, was verified in the research reported in this thesis. This personal perspective has also been included in the model suggested as a result of the research reported in this thesis.

Baglow has reminded us that problems in the course of assessment and treatment can and do arise even in routine referrals that are not ostensibly concerned with abuse. For example, a specialist treatment centre regularly receives referrals about children and behaviour problems, many of which are resolved with appropriate assessment and advice. Although a child may have been referred initially in this way as a ‘non-abuse’ problem, there may be times during assessment or treatment when child abuse is subsequently revealed. In these cases the management becomes even more complex, exacerbating tension. The literature notes that child abuse itself is stressful (Hallett and Birchall, 1992 and Stanley and Goddard, 1993) and does not lessen with time (Lynch, 1986). Baglow has suggested that it is advisable to be aware of the interagency contact points ahead of time so as to minimize potential conflicts and minimize stress. These points of contact may be interpreted as key mechanisms for interagency coordination and collaboration. These structural and procedural mechanisms
It can be appreciated that interagency/multidisciplinary management problems may occur at a variety of interacting levels, all of which need to be accountably addressed in order to interact satisfactorily in the lives of children and their families. If not satisfactorily addressed, conflicts may arise within the child protection system that can generate enormous frustrations and such dynamics have potentially serious implications not only for clients but also for the practitioners (Scott, 1997).

3.2.2 Practice conflicts

Scott (1997), in an Australian setting, identified three main categories of interagency multidisciplinary conflict. These were identified as follows. The first refers to 'gatekeeping', a term familiar in the child protection discourse, used in this instance to describe the reluctance of an overworked child protection service to accept referrals from other organisations. In such a situation, some referrers may over-emphasise the negative aspects of a case to have it accepted. On the other hand, the overworked authority may discount the extent of the problems presented, as it believes that exaggerations are being made when, in fact, they may be being presented accurately.

The second category of potential conflict exists in what Scott (1997) refers to as 'dispositional disputes'. This is where a conflict occurs between a statutory agency and the police or a hospital. The legal disposition awarded to the case by the statutory agency is thought to be an inadequate level of statutory intervention by the other agencies. Scott has said that this reflects a philosophical difference. I have witnessed this sort of conflict in my role as social work manager working in The Children's Hospital in Western Australia. There were cases
when hospital staff had thought that because of the seriousness of the injuries to an infant that a Court Order for Care and Control from the statutory agency was warranted for formal post discharged monitoring. The statutory service however, decided otherwise and planned a voluntary association with the family. This proved extremely frustrating for the hospital staff and reflected adversely on the quality of the interagency relationship.

The third category of potential conflict referred to by Scott (1997) is the matter of ‘domain disputes’ this may occur where there is a degree of overlap of responsibilities between to agencies. Again, working in The Children’s Hospital in Western Australia, I have witnessed the conflict that arises when there is a blurring of the boundaries of responsibilities. This used to occur during the early days of the Child Sexual Abuse Clinic where the responsibilities of the police sometimes overlapped with the responsibility of the Clinic. On several occasions the police had brought children to the hospital in the early hours of the morning for interviews and examinations for possible sexual assault. Social workers and the appropriate medical staff would need to be called in solely for this purpose. In several of these events there was no history of recent assault and no immediate forensic evidence to warrant emergency intervention. Apart from being potentially traumatising to bring children to an emergency room in a hospital in the middle of the night, it would have been less stressful and more convenient if the police had planned their appointment during normal office hours.

Buckley, et al. (1997) identified similar problems in interagency multidisciplinary child protection work in Ireland that closely resemble the points mentioned by Scott (1997). Buckley and colleagues identified three ‘structural factors’ that can negatively affect interagency working together. The first is ‘delays of one sort or another’ (1997, p.121). A great deal of frustration can be experienced in interagency work when one agency’s work does
not easily coordinate with another. As in the example given above, the police who wanted the
children interviewed in the early morning hours were keen to pursue a suspect and would have
preferred the work to be done as soon as possible. Matching the priorities of various agencies
can be a challenge. If it is the mandated task of the agency to deal with emergency matters it
is imperative that they are organised to do so. The inherent slowness of some agencies, such
as the legal system, does cause dissatisfaction to clients and other services as treatment issues
are sometimes left unresolved (Wat tam, 1992). The organisational issue involved in
establishing a clear set of priorities in regard to promptness of reply was one of the variables
identified to be included in the research reported in this thesis.

The second problem referred to by Buckley et al. (1997, p.122-3), is in regard to issues of
feedback and communication. It has been my experience as a social work manager that
interagency relations do suffer from the lack of feedback from other agencies. This is
sometimes due to staff changes, the busy schedule of workers and, more directly, to the lack
of organisational mechanisms to coordinate these issues and make provision to ensure
necessary communication. In such instances it would seem to be the agency’s responsibility
to ascertain if this communication procedure was being completed and to install helpful
mechanisms for its completion. This organisational mechanism was also one of the variables
identified to be included in the research reported in this thesis. More critically, Buckley, et al.
have identified the principle of confidentiality as problematic.

The research reported in this thesis also identified the exchange of information as an
organisational variable to be assessed. The exchange of information between adult services
and the child-based agencies is a well-known area of difficulty. These difficulties arise as the
child care agencies hold the rights of the child to be paramount, whereas the adult services feel
bound by confidentiality to clients only. It was my experience, again working in the
Children's Hospital in Western Australia, that some of the outlying suburban general hospitals
might refuse to say if a particular patient had been admitted to a maternity ward. This refusal
to exchange information was based upon the client's right to confidentiality. This occurred
even though the child-based statutory agency had serious concerns about the well-being of the
child who was about to be born.

The third structural factor identified by Buckley, et al. refers to problems relating to
professional roles and responsibilities. These authors found that most professionals in the
child protection network were clear about their roles, however, they were unsure about their
status in the child protection network and uncertain about the value of their information to
such proceedings as case conferences. Some child protection practitioners felt that too much
responsibility was placed upon them in their ascribed role. Of the respondents who chose to
comment on this particular variable in the research reported in this thesis, sixty percent of
Australian respondents and fifty percent of English respondents surveyed indicated that they
felt that they had more status and responsibility (see Appendices 7.1b and 7.2a, Question 5).

Stevenson (1989b) has identified five major barriers to interagency collaboration. Four of
these were included in the accounts of the problems of interagency multidisciplinary working,
as specified by Scott (1997) and Buckley et al. (1997). Stevenson (1989b) summaries, theive areas of potential conflict in interagency work as:

1.) the multitude of varying structures and systems involved in the child protection
 network;

2.) questions concerning the value of exchanging information and confidentiality
 implications;
3.) status and perceived power variations and responsibility across professions, which are further complicated by gender, age, ethnic origin, employment, income, etc.;
4.) variations in professional and organisational priorities concerning child abuse issues; and
5.) varying staff concerns about whether it is to their benefit or worth cooperating.

As a social work manager in Western Australia, it was evident that neither verbal nor written agreements could ensure that interagency cooperation would automatically occur. Neither do law nor report recommendations, in themselves, necessarily create collaboration without attention being paid to the specific needs of those individuals asked to implement them. On occasion, there may be a 'covert' reluctance and concerns by some agencies to comply with mutually agreed-upon procedures. In these cases, a continuing dialogue is necessary to satisfactorily resolve the matter at issue. The attainment of cooperation and goodwill with other agencies in the interagency process is considered to be part of an ongoing process of interagency communication. Thus this was identified as a variable for inclusion in the research reported in this thesis.

Whilst many of the initial problems of interagency communication have been addressed in practice, other underlying problems remain. The contemporary interagency, multidisciplinary arrangements in the management of child sexual abuse have revealed inherent difficulties that may profoundly affect the well-being of clients and the work of practitioners. There are concerns that indicate undesirable outcomes are possible, resulting in forms of continued maltreatment of children and distraught parents who may be falsely assessed. There is also the possibility of fatigue or 'burn-out' amongst practitioners whose daily job it is to resolve dilemmas about child abuse. Also, the sheer number and variety of different professionals
involved exacerbate these possible negative outcomes. Each of these professions may have its own individual perspectives on child sexual abuse. This can result in different professionals having different definitions of child sexual abuse and different assumptions as regards treatment and prevention. Areas of potential conflict in child protection management are being addressed on a routine and individual basis in a professional manner and this continues to be a relatively under-researched area (Scott, 1997). It has been estimated that in the United Kingdom there may be up to seventy-two different professionals involved in a single family’s network when there are suspicions of child abuse (Reder, et al. 1993, p.65). Furthermore, professionals from differing backgrounds can also have different theoretical frameworks about the nature of childhood itself, as well as views on the rights of parents. This may result in disagreements as to whether to intervene at all when abuse is suspected. This can be complicated further by the opinions of concerned referrers, primary caregivers, children and their families.

3.3 Underlying sociological problems for child protection

Many of the difficulties encountered in the interagency multidisciplinary approach in interagency coordination and collaboration are seen as practical manifestations of the competing paradigms of children’s and parent’s rights, state intervention in family life, legal constraints, politics and the socio-economic marginalisation of poverty (Lyon and Kouloumpous-Lenares, 1987; Smart, 1990; Fox Harding, 1991a and 1991b; Birchall and Hallet, 1995; Scott, 1997; Wattam, 1996 and Buckley, et al., 1997). In England, attempts to enhance and rationalise the child protection system became a theme after each child abuse inquiry (Reder, et al, 1993). The proliferation of further procedures such as risk assessments for the identification of possible abuse and the trend to introduce systems of checks and balances, such as auditing social workers, highlighted a shift toward legal control of child
involved exacerbate these possible negative outcomes. Each of these professions may have its own individual perspectives on child sexual abuse. This can result in different professionals having different definitions of child sexual abuse and different assumptions as regards treatment and prevention. Areas of potential conflict in child protection management are being addressed on a routine and individual basis in a professional manner and this continues to be a relatively under-researched area (Scott, 1997). It has been estimated that in the United Kingdom there may be up to seventy-two different professionals involved in a single family's network when there are suspicions of child abuse (Reder, et al. 1993, p.65). Furthermore, professionals from differing backgrounds can also have different theoretical frameworks about the nature of childhood itself, as well as views on the rights of parents. This may result in disagreements as to whether to intervene at all when abuse is suspected. This can be complicated further by the opinions of concerned referrers, primary caregivers, children and their families.

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protection. The trend of the increased policies and procedures was referred to by Howe (1992) as the 'bureaucratisation' of social work. All of these attempts to rationalise and systematise decision-making had been the result of identified errors stemming from the operation of the socio-medical paradigm (Howitt, 1992). Thereafter, the scrutiny of social work decision-making was shifted to the legal discourse in order to ensure that defensible decisions were made. New performance standards were also introduced into the child protection discourse and became known as the new managerialism (King, 1997). However, the fact that decision-making remained within an objectivist paradigm meant that underlying paradoxes remained unresolved.

3.3.1 Objectivity and decision-making

Lawyers were now seen as central figures in case conference decision making processes. Whereas previously it was only the clients who were under the 'legal gaze', social workers were now also subject to the legal discourse (Parton, 1991). The investigation of allegations of child abuse was dominated by the pursuit of evidence (Wattam, 1992). Decisions were being made on the basis of what was considered to be 'objective' evidence. However, sometimes where there was not sufficient evidence, the case would not be pursued even though the child or the parent reported that abuse had occurred. On the other hand, even where there may have been clear evidence of a crime against a child, there may have been a moral judgement by the social workers concerned not to proceed any further with formal action. This could have been because they deemed that the matter was settled and the family had acted summarily to end the abuse and prevent its reoccurrence. This illustrates the dilemma between what is considered to be a crime against a child and child abuse. The legally pursuable case will sometimes dictate whether a crime has occurred
against a child, but not whether child abuse has occurred. Once again, this highlights the
dilemmas over definitions.

Deciding if there are sufficient grounds to establish official ‘standards of proof’ resides often
with the person who is mandated to review the situation. An example of this occurred in my
role as social work practitioner in the Child Sexual Clinic. The initial clinical interviews were
conducted jointly by a social worker and a physician. The ten-year-old female ‘client’ on this
occasion was accompanied by her cousin of the same age. The cousin had been encouraged to
attend as a moral support for the client who was said to be ‘shy’. As the interview
commenced, the cousin exhorted the client to be ‘frank with the ladies’ and tell them ‘the
truth’ to make things better. She went on to say that she understood, as this had happened to
her once. She then described how her grandfather had shown her pornographic videos. As
interviewers we were alarmed to think that now there appeared to be two cases to investigate.
The cousin then described that she had told her mother who had become angry with the
grandfather and told him to stop it and never do it again! The emphatic tone with which she
told the story also illustrated the fact that she had thought that her mother had done a good job.
As a result she knew she was safe and that it would not reoccur. Attention returned to the
original client for the remainder of the interview. The decision was to discuss the cousin’s
disclosure with her mother at a later stage. This was done and the mother gave an identical
account of the story and gave expression to the fact that the matter was now closed. A moral
judgement was made in this instance that there was no case to report to the police.

Social workers make risk assessment decisions within a ‘normative framework’ when
assessing referrals. The normative framework, in these instances, is considered to be the
practitioners’ general overall knowledge with an assumed objectivity. Decisions are made
based on this assumed objectivity with regard to the accumulation of research knowledge about abuse, practice knowledge, and ideas about current cultural child rearing patterns, namely, norms of what constitutes normal parenting. ‘The illusion and pretence of objectivity and neutrality...serves the interests of those empowered by the status quo and the bias in the professional decision making (Fineman, 1989, p. 45).’ Added to this, in cases where there are degrees of uncertainty, there will be a moral assessment based on assumed cultural and community standards and on the information available relating to the family’s total circumstances (Dingwall, et al., 1983; King, 1997; and Parton, et al., 1997). The assumed objectivity is now open to question, and practitioner bias may be seen to be a problem at the heart of practice that needs to be addressed. The assumption of objectivity is also questioned by the feminist critique, as it has been associated with gender (Fineman, 1989). In this sense, objectivity has been associated with rational masculinity, whereas the subjective has been associated with the feminine and natural (Smart, 1990).

One interpretation of this bias is reported by Dingwall and colleagues (1983). These authors refer to the ‘rule of optimism’ underlying the social worker’s assessment, meaning that they operate with the assumption that parents generally love their children and will do their best for their children. Social workers have been accused of a discriminatory bias in arriving at decisions in this way, and as a result are placed under pressure as they are expected, by their agency, and also by the law, to make what are considered to be defensible decisions. There is an expectation upon social workers to retain so-called objectivity.

This raises the issue of what is regarded as ‘normal’ and ‘abnormal’. Various authors have appeared to define normality for the purposes of their own research, usually based on correlational studies; for example, correlating socio-economic backgrounds of families with
deviant behaviour. The results of this kind of research are then extrapolated to apply to the population as a whole. However, such correlational research is not helpful to the practitioner in an individual situation as there is never a one-to-one correlation between two types of behaviour when concerned with personal characteristics. King (1997) points out that statistical studies are of little assistance to the practitioner as they can only provide an indication of the probability of certain events happening. This is where the practitioner has to make a moral judgement taking into account the normative framework in that setting.

This difficulty facing the practitioner is also related to the ongoing debate within the sociology of knowledge. Contained within this theory of knowledge is the distinction between ‘ontology’ and ‘epistemology’. Ontology refers to the nature of being, that is, ‘what’ we know. Epistemology refers to the method or grounds of knowledge, that is, ‘how’ we know. The debate in the sociology of knowledge relates to what we know and how we know and is divided between empiricist and constructivist approaches. The empiricist approach is an objectivist one and borrows its structure from reality. In the constructivist approach, objects are perceived through acts of construction (Bourdieu, 1993, p.54). An often-debated issue in the sociology of knowledge is how far society exists as an objective reality as opposed to being a phenomenological construction. Bourdieu (1993) discusses this issue in relation to social classes, questioning whether they really exist or are simply the products of sociological construction. The constructionalists would recognise the subjectivity inherent in the symbolic interactionist view of the world (Pidgeon, 1997). One of the challenges of research methods is to accommodate both the objective and the subjective paradigms. As Bourdieu (1993) comments, the struggle between objectivism and subjectivism is a part of everyday life. This same challenge confronts the practitioner who has to make defensible positivistic decisions about incidents that are socially constructed, such as child abuse. It is of note that in the
sociology of scientific knowledge 'constructivism' is increasingly being used rather than the term 'social constructionism' (Potter, 1997, p. 128). However, in the analysis of society the term constructionist continues to be used (Burr, 1995).

In the light of this discursive debate, what King (1997) refers to as the 'paradox' in the social work system becomes apparent. The social worker is being put into an impossible dilemma of steering between the Scylla of having to make scientific, positivist judgements, being aware of the social construction of abuse and the Charbydis of declaring that the task is impossible. Even science itself has been found to be confusing and unconvincing when it comes to the specific questions involved in the identification of and intervention in child abuse (Beck, 1992). It appears that society has in many ways now lost the confidence that it once placed in the 'expert', whether we are speaking of social workers or scientists (Giddens, 1991). There have been open and vigorous criticisms of the decision making process regarding the phenomenon of child abuse in the child protection system. The establishment of parent's rights groups reflects this lack of confidence in the system. It is also reflects the increased reliance on the socio-legal discourse and the inclusion of self-auditing and regulation of the new 'managerialism' (Jones and May, 1995 and King, 1997) in social work. Both of these trends are questioned as part of a move toward a defensive demonstration of accountability and the need for rigorously professional practice (Parton, et al., 1997 and King, 1997).

This questioning of the scientific method has informed the current debates on social issues in general (Beck, Giddens and Lash, 1994). The critique of the scientific paradigm has been described as a late modern scepticism in which positivism has been devalued (Beck, 1992). Social work was particularly vulnerable to these criticisms with its public and statutory role in the management child abuse, a social construction, within a positivist framework. Also, in
England, with a growing list of child abuse tragedies, the trust in the social worker declined and the reflexive practice audit was developed to demonstrate that a good job was being done. Similarly, in Australia, the introduction of the ‘new managerialism’, quality assurance procedures and self-evaluative exercises, coincided with an economic downturn and reduced funding for services. There was pressure on social workers from both clients and the administrators of government funds to demonstrate that ‘quality’ work was being accomplished. However, while ‘managerialism’ introduced fresh notions of evaluation and accountability, the underlying premises were left untouched.

The social scientific premises on which the child protection system of risk assessment, abuse identification and intervention had been based were not questioned. The language of the social work decision-making was left unchallenged (King, 1997). As the managerial system has implied, a rational approach to achieve effectiveness carries with it the danger in a human service organisation that it might overlook or conceal harmful consequences.

3.3.2 Autopoietic systems and child protection

King (1997 and 1999) proposes that the underlying problems of the unresolved issues and lack of congruence in the management of child abuse is best understood in the terms of the autopoietic systems theory of Luhmann (1990). ‘Autopoietic’ systems refer to the closed social systems of such institutions as law, medicine, economics and politics. Each of these systems operates according to their own procedures, is dependent upon the others for authoritative statements, but this is not done in a simple input, output manner. Each system can only communicate in terms of its own discourse and will only understand information that is similarly codified in terms of its own discourse. Thus each system, which consists of its own body of knowledge and understandings, is referred to as ‘self-referential’. It is the closed
functional perspective of each of these self-referential systems that often makes working together in the multidisciplinary team problematic.

The difficulty of working together is further exacerbated by the fact that a self-referential system does not communicate in terms of morality. Moral judgements as to what is good or bad, right or wrong are not in the parlance of these systems. Individuals in general develop their own moral code and each generation and each group develops its own code so there is no absolute sense of what is right or wrong. King (1999, p. 5) refers to the existence of a 'lifeworld' within each individual citizen that predisposes him/her to expect that the institutions in society, such as law, education, politics, medicine will operate within their code of morality. When the institutions do not operate in the expected manner but instead, operate within the constraints of their own organisation, individuals feel oppressed. The 'lifeworld' (Lebenswelt), as discussed in the work of Habermas (1984 and 1987), comprises the phenomenological, taken-for-granted definitions and understandings of the world that gives coherence and direction to social communications (Pusey, 1995). The 'lifeworld' in this sense sets the framework and the context of social action. For the practitioner, as with any social actor, the 'lifeworld' is similar to an internal frame of reference that determines how one perceives the world and communicates with it. The 'lifeworld' can be individual as well as collective and precludes the ability of ever being sufficiently outside of its boundaries to achieve true objectivity (Ashley, 1992 and Pusey, 1995). Habermas, in this sense, would support that even the scientist cannot be simply a totally detached observer of nature. There is a parallel in psychology with Freud's construction of the mind as comprising both conscious and unconscious thought processes. Similarly, Habermas has developed a model of social interaction that incorporates both the rationality and irrationality of humankind. Habermas pressed for the expression of the lifeworld as a means of emancipation. However, according
to King (1999) this is unrealistic, as autopoietic systems do not take heed of individual lifeworld moralities. They operate as ‘social functional systems’ (King, 1999, p. 6). To connect the lifeworld belief to the child protection discourse is problematic as the interested parties may have different agendas.

The problem of connecting the lifeworld of an individual to society entails ensuring that the voice of an individual or group is not oppressed by the majority in the democratic process (Heffner, 1960). The government of the day would usually claim to be operating within an acceptable moral code although this is often difficult for various groups to accept. The fact that the self-referential systems do not heed the moral discourse is often seen to be immoral and unjust (King, 1997). However, it appears that there is some benefit to be obtained when a system does not become involved in questions of morality, provided that the system concerned is aware of the need to involve the subjective endeavours of other groups. The benefits of the autopoietic system may be seen, for example, in the case of medicine that cannot afford to question the worthiness of a patient before deciding to provide adequate treatment.

A further example may be seen in education that has gone through a process in recent years of being criticised for not having focused more on the teaching of life-skills as opposed to teaching basic skills. Again, the law does not issue statements of moral judgement about the behaviour of people but is concerned only with what is lawful or unlawful, in other words, whether a person is pronounced guilty or innocent. Likewise, the legal system may be sympathetic to the needs of children in court, but efforts in this regard have not always achieved the end result anticipated.
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The problems arising from recent developments to accommodate child witnesses in both Australia and England are illustrated through an autopoietic systems analysis. In England, the *Memorandum of Good Practice* (DOH, 1995) has been issued as a means of helping social workers to conduct video taped interviews of children's evidence for presentation in courts relieving the child of having to be present in the court room. However, 'obstructions to progress' (King, 1997) still occur and often reveal even more complex problems (Wattam, 1992 and Buckley, et al, 1997). As King (1997, p.5) notes, '...the obstacles themselves tend to become major areas for study and analysis and the more they are studied the more complex the situation seems to become and the further we seem to be from the original problems and the way of solving them'. Clearly, there are multiple difficulties associated with obtaining evidence from children in an interview. These include: the lack of therapeutic involvement with the child; doubts regarding the fullness of information associated with initial disclosures; obtaining permission to conduct videotaped interviews; and the logistics of conducting the interview (Wattam 1992). A better deal for children in court using the recorded video evidence cannot be guaranteed. In this example it becomes clear that the law can only work within its parameters. The video recording of children’s evidence is an example of the operation of an autopoietic system. The system operates as if it could solve for itself any problem referred to it in isolation from other systems. In this case, without taking into account the child's emotional needs, the video evidence may be unreliable and prior reference to psychiatric advice (that is, another system) might have been able to ensure greater reliability.

Where cases of child abuse and child sexual abuse are reported and confirmed, the legal discourse has shifted to accommodate the evidence, feelings and wishes of children (Wattam, 1992 and McKenna, 1999). However, this assistance is still defined within the legalist
framework for the gathering of evidence. The rule of law continues to take precedence at the expense of other considerations, such as the possible need for therapeutic intervention on behalf of the child and family as noted above. Even though adaptations have occurred the procedures continue to focus primarily on legalistic mechanisms.

Autopoietic systems analysis confirms that systems tend to see themselves as neutral and where problems do occur they appear to stem from outside the particular system and usually where an outside authority attempts to influence decisions on moral grounds. The implications of this in child protection formulations is to suggest that social workers have mainly incorporated the objectivist paradigm within their practice. However, the underlying premises of this analysis have been questioned (Parton, et al., 1997). Given the present state of knowledge, the scientific model alone is not sufficient to understand the complex nature of child abuse. Also, it is generally acknowledged that, as child abuse is a social construction, decision-making takes the form of risk assessments with the attendant problems that accompany this method. Moreover, self-referential systems do not have a full human perspective on the individuals with whom they interact. At any one time such systems regard only that facet of a person that informs their own organisation. As King (1997, p.143) comments, '...each solution providing system is able to see only part of what is recognised by society as “the problem”.' There is a search for universal principles of morality in a quest to provide solutions to ‘the problems’ and alleviate the moral anxieties of society.

It is of note that the debate about seeking confirmation of universal principles of good and evil is not new, but one that has occupied the minds of philosophers from time immemorial, as recorded in the Dialogues of Plato. In society today the anxieties produced by the risk and uncertainty of life continually raise questions of morality as people search for what is
considered to be best. One example is the proliferation of child rearing experts, all with their own ideas about the formula for becoming a ‘good’ parent. This search for universal principles that apply in every individual circumstance would seem to be a fruitless task when considering the variety of human values and experiences. However, all institutions in society are subject to anxiety in the sense of having to justify their actions. Child protection workers, while working within an accepted, apparently objective framework, are one example of this as they are involved in the making of individualistic and situated moral judgements. Feminist analysis of the issues surrounding this dilemma have helped to provoke current debates on the need for a more subjective and reflexive approach (Smart, 1990).

The concept of ‘reflexivity’ in practice (Payne, 1998, p. 123) has been defined as ‘the circular process by which our thoughts affect our actions, which affect the situation we are dealing with and therefore offer feedback through the reactions of others involved, which can affect how we understand and think about the situation.’ This implies a circularity of function and can be related to the role of empathetic listening in the therapeutic relationship. That is, the holding of a mirror to clients in order to reflect their feelings and ideas back to them and then to reflect on this understanding together. The intention is to better achieve the congruence and empathy that is the essence of a helping relationship. This is the opposite of the more rigid, authoritarian approach born of an objectivist paradigm within which the practitioner is perceived as the ‘expert’. The concept of ‘partnership’ with parents, as advocated in the child protection discourse, would be reflected in this greater mutuality between practitioner and client. It is not unreasonable to suggest that the rejection of the expert and the adoption of a more phenomenological approach to the relationship, as well as the acknowledgement of situated judgements, would increase the reliability of assessments and ultimately to the benefit of all concerned. This viewpoint receives support from the feminist movement who have
criticised the scientific-objective standpoint on the grounds of gender bias (Smart and Sevenhuijsen, 1989). Parton, et al., (1997) and Parton, (1998) would also support a move away from the 'expert' role that has been created by the positivistic paradigm and the framing of the relationship between the practitioners and the clients. Parton, et al., (1997) consider that the positivistic paradigm decontextualises children and families, thus inhibiting the establishment of therapeutic relationships.

3.4 Towards a balance of perspectives

The literature suggests that it is timely for a refocusing of children's services to include the situated judgement necessary when attempting to make objective decisions (Thorpe, 1994; Parton, et al., 1997; Parton 1998; Houston and Griffiths, 2000 and Morris and Shepherd, 2000). A similar situation can be seen to exist in psychology. A practising psychologist would retain objectivity through psychometric testing, but would form conclusions on an individual case by supplementing the test results with subjective clinical judgements. The latter would probably include a phenomenological approach to obtain the client's perceptions. According to Houston and Griffiths (2000), the suggested move towards a more subjectivist paradigm would allow contemporary practice to offer services that are considered to be more appropriate and meaningful to the needs of children and families. It is this supplementing of the objectivist data with the subjectivist approach that is advocated as part of the model of interagency coordination and collaboration outlined in Chapter Eight of this thesis.

It is suggested by many authors that a more subjectivist paradigm would be more ethically sensitive, more reflexive in nature and provide a more personal service (Parton, 1998; Payne, 1998; Morris and Shepherd, 2000; and Spratt, Houston and Magill, 2000). This would appear to be an affirmation of the return to traditional core values and skills of the social work
profession with a strong focus on the therapeutic relationship in service delivery. The broad
policy components in child protection management, of prevention, investigation and treatment
(Sanders, et al., 1996) are all intrinsically linked and new priorities would need to be
established. In England, this would involve a broadening of service delivery to include not
only child protection cases, but also children and families ‘in-need’ as specified in the
Children Act 1989. As mentioned previously in Chapter One, Wattam, (1996) has criticised
the Messages From Research(DOH, 1995) document for the continuation of the inherent bias
of defining children ‘in-need’ as those primarily at risk and so missing an opportunity to set
out a reorganisation of welfare services.

While there is a need to redevelop child protection systems, the day-to-day work of statutory
child protection workers continues to be a mixture of official procedures and individual
professional discretion. Although the refocusing of child protection work towards a more
subjectivist paradigm would appear to lead to more accurate assessments, the practitioner is
still faced with the need to assess whether a child is at risk of harm and has to make a
judgement accordingly. Parton, et al., (1997) refer to this decision-making activity as ‘risk
insurance’, which clearly is different from traditional judgements made on the basis of
collating objective evidence. This is developed further by Parton (1998) who argues that the
risks assessed by child protection practitioners are ‘virtual’ in the sense that they are not
strictly objectifiable. It is suggested that ‘ambiguity’ and ‘uncertainty’ characterise the
subjectivist approach and also most assessments of child abuse (Parton, 1998, p 23). He
suggests that this should be recognised by practitioners as a central point in their work. This
means that social workers must be prepared for uncertainty rather than experiencing anxiety
when confronted with an ambiguous situation. Parton (1998) considers that social work
practitioners need to rethink the way in which they establish relationships with their clients and attempt to ‘rediscover’ the perspective of uncertainty and ambiguity in their work.

3.5 Research considerations

The 1980s were a time of turbulence amongst professionals and the public concerning the management of child sexual abuse, which was being criticised both by the public and official inquiry reports. The newly created interagency multidisciplinary services set up in the 1980s in Australia and England to manage child sexual abuse represented the early days of development and so were not based on adequate research (O’Hagan, 1989). This may have been because, as many authors have now acknowledged, services at this time for the management of child sexual abuse were in their infancy (Sgroi, 1982; O’Hagan, 1989 and Vizard, et al., 1995). Moreover, it is said that the organisation of services had been guided more by the inquiry reports, which exposed mistakes, rather than by practice based valid research (Parton, 1991; Hallet and Birchall, 1992; Howitt, 1992; Wattam, 1992; Reder, et al., 1993; Buckley, et al., 1997 and Parton, et al., 1997). The child protection systems appear to have followed an evolutionary progression along a path constructed and reconstructed from recommendations following public notoriety over what had been considered to be serious professional errors (Howitt, 1992).

The problems that arose thereafter in interagency multidisciplinary working have highlighted the need for further research in this area (Buckley, et al., 1997). The rise in numbers, the expansion of definitional issues and the conflicts and dilemmas posed by children and parents’ rights groups revealed the difficulties of working together in this complex field of endeavour. Much of the early research in the field of child sexual abuse has traditionally focused on the quantitative approach, involving surveys of large populations in an attempt to come to terms
with the extent and nature of the problem. More often than not, this involved the use of
correlational techniques to investigate relationships between the incidence of child abuse and
personal and familial characteristics. This traditional statistical approach was also used to
predict generalised probabilities. Neither of these methods of research proved to be of value
to the practitioner faced with an individual case (King, 1997). This research was neither
practice based nor action oriented (O'Hagan, 1989).

In addition, many of the large scale survey designs into incidence and prevalence treated the
subject of abuse as a reified, actual commodity in an attempt to describe the size of the
problem and ignored the context of the phenomenon. Much of the early research had not
recognised that child abuse was a social construction. This may have been because it had
been assumed that the scientific method employed in the physical sciences would be equally
valid when applied to the social sciences. It would seem that much of the previous research
had adopted a strictly positivistic approach, borrowing from the physical sciences with their
interest in cause and effect relationships and claiming to be value free. Even where it was
acknowledged to be a social construction the term was used as if it was an entity and so easily
amenable to the quantitative method of research. This deficit in the research had been

It is now more generally recognised that the work of child protection is based upon value
judgements and therefore research into the subject, by its nature, cannot be value free. As
pointed out by Thorpe (1994, p.29), 'It is a moral enterprise.' While attention has been paid to
the early criticisms, there still remains the need to base services on empirical research and
evaluation (Wattam, 1992; Thorpe, 1994 and Vizard, et al., 1995; Buckley, et al., 1997 and
Scott, 1997). As the previous discussion has illustrated, the type of research design is of critical importance.

The benefits of the ethnographic study for researching a social construction such as child abuse are generally becoming acknowledged. Ethnography, is a term originally used by anthropologists to describe the lives of people in different ethnic groups. In postmodern social science research, it describes a method of data gathering that comprises participant observation. It was one of the methods in the research reported in this thesis. It was selected as it is phenomenologically oriented, reflexive and contextually based (Toren, 1996). This constructivist method is contrasted with the positivistic approach to research as described above with its connotations of a 'context-stripping' scientific paradigm (Lincoln and Gubbay, 1989). The data revealed through the ethnographic approach is often far richer, providing information about the processes of experience (Toren, 1996).

Examples of combining several approaches of researching the processes of social interaction, based upon everyday practice, are to be found in the work of Wattam (1992), Thorpe (1994), Buckley, et al. (1997), Parton, et al., (1997) and Scott (1997). A particular useful method of reviewing case records, referred to as 'document analysis' by Wattam (1992), has revealed how social workers manage cases and also their decision-making processes.

The positivistic approach favoured in research also formed the basis for decision-making in child protection work. In the light of the more recent constructivist approach to research it is not surprising that some authors have criticised the positivistic bases of professional interventions and suggest a more subjectivist approach to intervention (O'Hagan, 1989; Wattam, 1992; Myers, 1994; Thorpe, 1994 and Parton, et al., 1997). In the same way that the
positivistic paradigm in research methods has tended to move towards a late modern
cognitivist stance, similar influences are being experienced in organisational studies. This
change in thinking appears to be paralleled in the life of organisations in order to make them
more inclusive of the different perspectives of today in the structure of society, as well as to
take into account significant historical changes in society. The changing organisational
perspectives will be discussed in the next section along with the debates that surround the
periodisation of social thought.

3.6 Organisational debates

Social work takes place in an organisational context so it is important that social workers
understand the underlying principles and functions of organisations. The study of the
development of organisational theory can be daunting. The seminal work of Max Weber and
his theory of bureaucratic organisation, the works of the Frankfurt Institute, and the writings
of Horkheimer, Adorno and Habermas, have all had an influence on current organisational
thinking. Furthermore, postmodern society has introduced new and diverse perspectives on
organisational theory, although none can be accepted uncritically (Clegg and Dunkerley,
1980; Hasenfeld, 1983 and Hallett and Birchall, 1992). It would be outside the remit of this
thesis to provide a full exposition of the various organisational theories. Rather, the aim here
is to highlight the influence of those significant perspectives in social thought that have
relevance to social work practice.

Organisations are part of complex societies each with their own history. They are not insular
phenomena, but exist in dynamic relation with each other. Organisations vary along a
continuum of formality from the formal bureaucratic to the more informal and voluntary
associations. Mullender and Perrott (1998) quote Robin (1990, p.4) who defined an
organization’ as follows:
An organization is a consciously co-ordinated entity, with a relatively identifiable boundary, that functions on a relatively continuous basis to achieve a common goal or goals.

The study of organizations is said to be at the core of all social science (Perrow, 1979). Organisations are said to be the hallmark of modernity in that they are the representation of the division of labour associated with that period of social thought. As such, formal organisations are described as a large association of people, structured upon impersonal lines and set up to achieve specific objectives (Giddens, 1993).

Foremost amongst these perspectives are the Weberian bureaucratic and the rationalist-scientific perspective that have been discussed in relation to child protection discourse in the previous chapters. The basis of Weber's rational model is that organisations are distinguished by their reliance on authority and rules or procedures (Jones and May, 1995). However, hierarchical and bureaucratised organisations are often criticised for being unwieldy and slow to function. While evidence to support bureau-pathology are to be found, it has been questioned whether this represents a decisive argument against Weberian theory of bureaucratic organisation (Jones and May, 1995).

The bureaucratisation of child protection work has emerged as a major discourse and the recognition of this fact set up new possibilities (Howe, 1992). Howe quotes Dingwall, et al. (1985, p.28) to demonstrate that it has become recognised that once under the surveillance of welfare services a diagnostic inflation occurs; more classifications of abuse, more procedures and more information to collect. The result was to produce alienated clients and practice-worn workers (Howe, 1992 and Marneffe, 1996).

The traditional Weberian, bureaucratic and rational theory of organisation has been gradually
adapted in successive phases to include the scientific management and the human relations perspectives. While the scientific management theory focused upon the needs and concerns of the managers, emphasis was on the mechanistic, technical controls of production and the workforce itself (Giddons, 1993). Policies were seen to be developed by experts and the practitioners’ role was to implement them (Ife, 1997). These policies were designed to improve industrial productivity in the early part of the twentieth century without regard to the human impact. They were soon to be challenged in the mid-twentieth century by the ‘Human Relations School’ perspective. This perspective was characterised by its emphasis upon morale of the workforce, leadership styles and group relationships. The proponents of the human relations perspective presented a model of organisation that they claimed provided a balance of the goals of the organisation with the needs of the workers (Jones and May, 1995).

Although the three perspectives discussed above: bureaucratic, scientific and human relations were in some ways competing perspectives, the issues that they raised have been regarded as key elements in any organisational theory (Etzioni, 1964 and Jones and May, 1995). The main issues raised by these theories that are relevant to human service organisations are authority, formal structure and human relationships. Although these key elements are considered to be fundamental in organisational theory, recognition should be made to other influential perspectives.

The 'systems' perspective of organisational theory, that emerged in the 1950s and the 1960s has been viewed by many writers as a necessary corrective to the rational perspective as it does place emphasis on the need to view organisations in the wider context of society in general (Etzioni, 1964 and Jones and May, 1995, p. 43). Fundamental to the systems approach is its view of an organisation as a network of subsystems each being influenced by
the behaviour of one another. The systems approach, as opposed to the scientific perspective, regards an organisation as a living phenomenon and its relationship to the environment is crucial to its survival. In this perspective the organisation is seen as a biological organism with the notion of the interdependency of its parts. The organisation is spoken of as having needs both internal and external that must be met to survive. Loyalty and commitment of the workers and funding are examples of the internal and external needs respectively. This is said to provide a more holistic picture of an organisation (Clegg and Dunkerly, 1980).

A key aspect of the systems approach is the organisation's relationship with the environment and particularly with other organisations. For example, the processes whereby multidisciplinary services interacted with families in child protection cases could be described in systemic terms (Minuchin and Fishman, 1981; Mrazek, 1981; Furniss, 1983 and Morrison, 1990). This approach was helpful in so far as it summoned a structured response to help cope with the descriptions of some pressures associated with the management of referred cases. It also exposed the danger of having too narrow a knowledge base.

The systems perspective has been criticised on several counts. Firstly, the elements of an organisation are not always interdependent (Clegg and Dunkerly, 1980). Secondly, organisations comprise individuals and it is they who react to the environment and individuals can react often in unpredictable ways (Silverman, 1970). Finally, the systems theory has been criticised in so far as it has not taken into account other factors such as the power relations inherent in family relationships (Smart, 1989) and in the child care service provisions (O'Hagan and Dillenburger, 1995). Despite its critics, the systems approach is useful in drawing attention to both the internal and external needs of an organisation and also in its raising an awareness of the influences of other organisations on its own functioning.
Feminist perspectives clearly have contributed to contemporary understanding of the authority dimension of human service organisations. It is of note that feminist perspectives do not simply analyse, but also suggest a political agenda for changing organisations (Dominelli and McLeod, 1989). The systems approach in organisational theory had neglected the influence of patriarchy. The feminists pointed out that there has been an overall neglect of gender in organisational studies (Alvesson and Billing, 1997) with gender being marginalised in organisational analysis (Martin, 1994) and feminism ghettoized (Acker, 1989). Alvesson and Billing (1997, p. 187) define ghettoization in this context as '...an intellectual domain that is isolated, self-contained, holds a socially subordinate, or low-status position, and is well demarcated.'

Feminist writers have argued that it is essential to understand gender relations in order to understand the roles of both workers and consumers (Rowbotham, 1989 and McDowell and Pringle, 1992). They have pointed to the dominant role that men play in managerial positions in human service organisations, particularly in government organisations (Watson, 1989). This is particularly relevant in the management of child sexual abuse where the majority of social worker practitioners and their clients are women (Domenelli and McLeod, 1989 and O'Hagan and Dillenburger, 1995). A feature of the feminist perspective is its focus upon interpersonal relationships in organisations. This is a useful corrective to the detached and relatively impersonal stance adopted by the scientific management perspective.

Furthermore, as Cooper (1993) pointed out, the knowledge of an anti-racist perspective in the United Kingdom has added an extra dimension to our understanding of the suffering of ethnic minority children. As with feminism, anti-racism has revealed many deep-rooted stereotypes
in society (Cooper, 1993, p.55).

Similarly, in Australia there has been acknowledgement that there is need to take into account the Aboriginal perspective of organisations as cited in the Royal Commission into Aboriginal Black Deaths in Custody (Wyvill, 1991). For many years in Australia there had been a neglect of and a failure to understand the needs of Aboriginal people. For instance, the operations of some governmental organisations, such as welfare services, are often at variance with the cultural values of Aboriginal people. Some assert that the very words 'social justice and rights' are a form of cultural dominance (Jones and May, 1995, p. 71). These same authors have said that,

"...in the Australian context it is vital to state that there is a distinctive Aboriginal view of organisations, and that social and welfare workers must be aware of this. This perspective is grounded in Aboriginal history, including the history of relations with non-Aboriginal people, and in particular the relations between Aboriginal people and state organisations" (1995, pp.68-69).

There is some evidence of attempts to incorporate the Aboriginal perspective, as outlined in the West Australian Family and Children's Services Annual Report (1998). New outreach programmes for supporting Aboriginal families and communities are described in this document, together with a range of newly funded services, that were established during the year. Of special note is the fact that representation of Aboriginal people has been strengthened with the appointment of senior service staff across the State. Similarly, the same need to understand and respond to ethnic minority groups also apply to social workers in the United Kingdom. Discrimination must be considered in any discussion of organisational theory.

The changing patterns in society have led to the need for a reappraisal of the organisational perspectives, as previously adopted by the child protection system to enable a broader
approach to child welfare (Parton, et al., 1997; Parton, 1998 and Houston and Griffiths, 2000). One suggestion is that services should diminish narrow screening practices that preclude many children and families who may benefit from social work assistance (Wattam, 1996; King, 1997; Parton, 1998 and Morris and Shepherd, 2000). Over the years resources have been channeled away from general welfare to the identification of 'abusive' families and this is now being questioned (Parton, 1991; Reder, et al., 1993; Wattam, 1996; Buckley, et al., 1997 and Parton et al., 1997). The theory informing these changes and the nomenclature ascribed to the rapid societal changes in general are situated in the current debates regarding the periodisation of social thought.

3.6.1 *The periodisation of modernity and postmodernity*

Attempts to ascribe discrete periods of the history of humankind have always been fraught with difficulty and debated in philosophy, theology, ethics and social science (Becker and Barnes, 1961). The current debates about the periodisation of modernity and postmodernity are a continuation of this dialogue. Moreover, when attempting to situate contemporary social thought there are those who argue the inappropriateness of these kind of debates and that the changes from one period of history to another period have been exaggerated (Parton and Marshall, 1998).

The debates about the periodisation of social thought relate to the significant stages in the transformation of society as well as in the terminology used to describe them. They appear to be centred mainly on the possible end of the modern period and the beginning of advanced/late modern or postmodern periods and the use of these terms. Each of the respective periods is characterised by claims for distinctive organisational perspectives. It is claimed that the changes in the practice of social work may be better understood by reference
to the changes that each of these perspectives are said to represent (Howe, 1994).

It is not in the scope of this thesis to debate in any great detail the boundaries between the epochs of social thought. In any event, the precise boundaries are contestable and defining their divisions may not be a useful activity. For some authors, the epochs are a state of mind or composed of specific arguments and critiques (Carter, 1998). A presentation of some of these may be a more useful approach to the study of current influences on welfare. In the following brief and simplified account of this complex and far-reaching sociological discourse, some of the relevant themes associated with the periodisation of social thought are presented.

3.6.2 Modernity

Modernity is said to be the child of the Enlightenment and characterised by widespread economic and industrial development (Carter, 1998). There was a strong focus on increased productivity during this period of development, often with an apparent disregard for the welfare of the workers or the hidden costs of the environmental damage. In contrast to earlier societies, this so-called modern society was an organisational one as it placed a high value on rationality, effectiveness and efficiency (Etzioni, 1964). Organisations operated along heirarchical and bureaucratic lines. This modern period, that was said to extend into the twentieth century, was also characterised by a belief in the general progress of humankind, although at the same time an essential element of this period was the belief in the stability of social structures. Western society was rigidly divided, particularly in terms of gender and class. Faith in the ability of science to find the ‘truths’ was an underlying assumption in this modern period.
Modernity is generally believed to have its origins from the late sixteenth century referring to the massive social and cultural changes that took place at that time (Turner, 1992). ‘The first appearance of theories of progress on any extended scale came in the seventeenth and eighteenth centuries (Becker and Barnes, 1961, p.460).’ The rise of modern natural science and the perception of applying its usefulness to human betterment along with the growth of theories of progress linked to overseas expansion took effect. The eighteenth century saw philosophical attempts to escape existing social abuses by planning for a better social order. The philosophies of Bacon, Descartes and Montaign were characterised by their emphasis on rational thinking and the production of universally applicable knowledge. These were later to be referred to as the ‘grand theories’ by Lyotard (1984). Progress was said to be achieved through the application of universal principles and was associated with hierarchical class divisions. Modernity saw the introduction of industrial capitalist society and was a revolutionary break from the social stability of the relatively agrarian civilization (Turner, 1992). Modernity assumed that the accumulation of knowledge in the world would produce power. Modernity also asserted the use of the power of reason over ignorance, order over disorder and science over superstition as universal values (Leonard, 1997). With regard to political organisations, power was seen to have been exerted centrally from a sovereign base (Smith and White, 1997).

More recently, postmodernism has challenged this analysis of modernity and questioned the upward bound trajectory of endless progress (Clegg, 1993 and Jenks, 1996). The terms of reference in both of these perspectives are highly contested and there appears to be no consensus regarding periods of demarcation from one period to the next (Turner, 1992 and Parton and Marshall, 1998). Some writers prefer to describe society as being in a state of ‘advanced modernity’ rather than in a state of ‘postmodernity’ (Giddens, 1991). The rejection
of the term modernism is also questioned by Taylor-Gooby (1994) who asserts that the theories underlying postmodernism are too vague and based upon incomplete trends.

It is clear, therefore, that there is some controversy about the meanings of these concepts and also about the proliferation of terms. For example, the period of modernity itself is said to contain many sequential divisions. These include early modernity, radicalised modernity, late-modern as well as modernism and modernist (Sarup, 1993 and 1996; Jenks, 1996 and Parton and Marshall, 1998). The main debate however remains between modernity and the onset or even the existence of postmodernism.

### 3.6.3 Postmodernity

Postmodernism was a term originally employed in the 1930s in reference to the arts and architecture (Turner, 1992 and Parton and Marshall, 1998). It has been only in the last three decades that the term arose in sociology and in social work particularly. The use of the term is said to be influenced by whether one views it as a reaction against modernity or as a natural progression from modernity (Giddens, 1993).

The postmodern perspective has taken note of Neitzsche’s skepticism about the validity of the ‘grand narratives’. Indeed, Sarup (1998) has commented that postmodernism is not new in what it advocates, as this was already present in the work of Neitzche. Others have wondered whether postmodernity has a message of its own (Turner, 1992), or is it a ‘celebration of playful plurality’ (Van Vucht Tijssen, 1992, p. 162).

Some authors stress a demarcation of categorisation of the dominant social thought in the twentieth century referring to the structuralist and post-structuralist periods. Comte, Sartre,
Durkheim, Merton and Parsons were notable structuralists whose writings were characterised by notions of modernity, order and progress of a collective nature. The post-structuralists are said to be represented by the French theorists Foucault, Lyotard, Derrida, Lacan, Baudrillard, Barthes and others (Carter, 1998). Social science postmodernity is said to owe much to the French post-structuralists who rejected the collective, progressive thoughts of the structuralists' universalism and faith in the scientific method. There are those who would prefer to regard post-structuralism as a school of thought situated within postmodernism, while some might argue the converse of this interpretation (Carter, 1998). These contradictory views once again illustrate the difficulty of identifying precise boundaries between the various periodisations of social thought.

Further to the multiplicity of views in this highly contested area, the construction of postmodernity, according to Turner (1992, p. 2), comprises four streams of social theory. The first stream of postmodernism is said to have begun with the work of Arnold Toynbee, who emphasised the growing importance of multiculturalism. The second stream was the work of Jurgen Habermas (1987), who raised questions about what would follow modernity. The third was Max Weber's notions of differentiation and the pessimistic notion of bureaucracies becoming an 'iron cage' (Leonard, 1997). This sowed the seeds of doubt about the grand narrative of order and rationality. Finally, the work of Daniel Bell (1976) established the notion of a post-industrial society with knowledge and information as important commodities.

Bell's post-industrialist stance described some of the views of the post-Fordist school. The period of the domination of mass production, high division of labour and hierarchical factory discipline, is referred to by the term of 'Fordism' in the economic periodisation of sociological analysis (Ray, 1993 and Leonard, 1997). The Ford Motor Company’s technology of mass
production is said to have saturated its markets in the late 1970s and thereafter gave way to a more information-based society. The following period, called 'Post-Fordism', refers to the decentralised, less hierarchical, greater heterogeneity, and more flexible market place with the introduction of a global economy and the expansion of the Internet (Carter, 1998).

Smith and White (1997, pp. 279-280) have summarised the main characteristics of postmodernity. They stress the rejection of 'grand narratives' and recognition of the fragmentation of social groupings. Services and information technology are said to have overtaken the production of goods in the post-industrial society. This industrial re-organisation was accompanied by rapid technological change and the creation of world markets with an emphasis on decentralised control mechanisms. Humanism in cultural forms is said to have been rejected and replaced with a concentration upon diversification and the simulation of reality. In the political arena, there is said to be an erosion of the significance of sovereign power, with the decentralisation of administration. However, although the postmodern claim for the reduction of sovereign power reflects reality in Australia and the United Kingdom, the fact remains that the government of the day continues to be responsible for legislation. In the United Kingdom, the Children Act 1989 would be one example of this.

To the above list should be added the increased pace of change, leading to the emergence of new complexities, forms of fragmentation, the growing significance of difference, plurality and various political movements (Parton and Marshall, 1998). Some point out that recent historical societal/economic changes have also contributed to the use of postmodernity as a description of society (Ray, 1993). The demise of communism in Europe, which was a major social and economic change, is an important example. Also, the criticism of universalist Marxist theory, reflected a crisis in the acceptance of the grand narrative (Leonard, 1997).
Other developments said to be associated with postmodernism are the development of the Internet World Wide Web and information technology, the rise of the global economy and the emergence of special interest groups such as feminism that go beyond the boundaries of traditional class systems. In addition, some point to the general fragmentation and loss of certainty as doubts set in about the rational scientific paradigm.

The definitions of the various periods are intellectual attempts to describe discreet periods in the past and in relation to contemporary society. This periodisation of society would seem to depend largely upon the manner in which society is analysed. Various texts overlap descriptions of schools of thought and corresponding time frames for the varied periodisations so that no firm boundaries between the discourses can be established. However, the deconstruction of the theories associated with these periods is useful in that it has drawn attention to the various influences on contemporary organisations and their responses to change.

The use of all terms in the periodisation of social thought has had its critics with regard to boundaries and modes of analysis. The definition of postmodernism is no exception as it is said to be difficult to define by nature of its relativist stance and its resistance to objectivity (Turner, 1992 and Carter, 1998).

3.7 Postmodern influences on organisations involved in child protection

Amongst the various authors commenting upon the postmodern influences on the changing character of contemporary organisations (Jones and May, 1995 and Adams, Dominelli and Payne, 1998), the exposition of Howe (1994) is of particular interest. The pressures and
criticisms that are faced by social workers in the child protection field are reflected in the four 'postmodern' factors identified by Howe. The major postmodern influences upon human service organisations that he cites are 'pluralism, participation, power and performance' (1994, p. 523). Howe concludes that the culturally transcendent and transforming notions of what is progress and order, that helped to form the child-centered and protectionist discourse, are now being openly challenged with a complex effect upon the discourse. The 'modern' influences that helped to create social work, defining the roles of worker and client, are now questioned. According to Howe, 'If being in a critical, self reflexive, de-centred and deconstructive state of mind captures the mood of postmodernity, then social work, too, might be said to be in a postmodern mood (Howe, 1994, p.523).'

Some authors have criticised Howe’s categorisation of postmodern influences stating that his rejection of modernism is too sweeping and ill founded in relation to the nature of social work theory and practice (Smith and White, 1997). Nevertheless, despite the criticism that postmodernity rejects the universal narratives, some of the associated relativism may usefully be applied to contemporary social work (Parton, 1994; Ife, 1997; Parton, et al., 1997 and Parton and Marshall, 1998). While social work core values, for example as enunciated by Father Biestek (1957), have been the mainstay of practice for most, there have been recent challenges to these in the form of the paradoxes in the child protection discourse as discussed in Section 3.2.3. The dilemmas and challenges facing the practitioner as nominated by Howe (1994) are clearly evident in the work place of today, whatever the preferred classification of society. The following examples from practice are given to illustrate the way Howe’s four factors have influenced organisational perspectives.
3.7.1 Pluralism

The first notion of 'pluralism' and the tolerance of differences was a major impetus for the reorganisation of the Family and Children's Services in Western Australia based on the evaluative research of David Thorpe (1994). Nigel Parton, in the Forward to Thorpe's *Evaluating Child Protection* (1994, p. x) refers to this reorganisation as bringing about a desired shift in our attention, priorities and resources '. . . to child welfare work rather than child protection'. The pluralist or postmodernist position allows for diversity and acknowledges class, region and culture (Ife, 1997). Pluralism need not mean nihilism nor anarchy with total relativity and no structures (Clegg, 1993). In recent times a more eclectic approach for organisational theory has developed both in Australia and England that attempts to combine structure and differentiation. For example, the Family and Children's Services in Western Australia in 1998 held extensive consultation with that state's Council of Social Services (WACOSS) and other interested bodies in the community to become part of their planning process to determine which services were to be funded (*FACS Annual Report*, 1998). If the challenges of the paradoxes are to be faced, any organisation, and specifically those in the human services, need to incorporate the humanistic perspective as well as others, for example, the feminist perspective and in the Australian context the Aboriginal perspective.

3.7.2 Participation

Secondly, 'participation' is said to mean the acknowledgement and unconditional acceptance of all the participants' rights and responsibilities and this is most often cited as the strength of working in partnership with parents, as exemplified in the Children Act 1989 (Howe, 1994). *Partnership in Child Protection; The Strategic Management Response* (Evans and Miller, 1992) was a joint report between the National Institute for Social Work and the Office for
Public Management, which upheld the right of representation of users and carers involved in the child protection investigations. While upholding this right they also concluded that it was not easily achieved. Relinquishing a traditional paternalistic stance in the name of 'partnership' is an understandably uphill battle for child protection workers (Morrison, 1996, p. 133). Cases of public moral panic, exemplified by the way that the press have pushed the rescue of children to the top of the agenda is one of the major dilemmas for practitioners who are now expected to relinquish their traditional roles. This has generated a fear of failure amongst practitioners. The cost of the legal representation for parents was also a key inhibitor of this process of participation.

The national parent support groups such as Parents Against Injustice (PAIN) and The Family Rights Group (1991) have helped to redefine the essence of working in partnership with families (Amphlett, 1992 and Cooper, 1993). However, due to financial crisis the demise of PAIN was recently reported (Brindle, 1999). As a result of the Cleveland, Rochdale and Orkney child sexual abuse investigations, partnership with parents during the last two decades has been undermined and the image of the child protection worker has also suffered (Cooper, 1993, p. 78).

Documents such as The United Nations Declaration of the Rights of the Child (1989) stress the rights of children to engage also in this process of participation. Although the Children Act 1989 legislated that children's feelings and wishes should be ascertained, there is no requirement proposed in this act for consulting children (Jeffries, Hodges and Chandler, 1997). In a small scale study into divorce proceedings, Jeffries and colleagues found that children could articulate their wishes sensitively, although in fact, no particular weight was given by the courts to children's views. For empowerment of parents and children to be realised more
legal support is still requires and how to balance their potentially competing viewpoints.

Empowerment in this context is defined as the goal of enabling individuals or groups to express their own needs and rights and, as such, incorporates both a personal and political process. It can be appreciated that the concept of participation remains an active challenge to contemporary practice.

3.7.3 Power

Howe's third nominated postmodern influence is 'power' and has been alluded to in the previous examples as being central to the structures and processes of organisations. Jones and May (1995) have said that there is considerable theoretical debate about the meaning of power as distinguished from influence and authority. They conclude that power is the capacity to force compliance and, equally important, the ability to resist the demand for compliance. This occurs when a self-referential system generates an ideology about a problem to explain the reasons for its actions (King, 1997). For example, while working as a manager in the Children's Hospital in Western Australia, it became clear to me that the health needs of certain groups, such as country infants, were often left unidentified. Health authorities were made aware of the health needs of this group only after epidemiological studies were conducted. Previously it had been assumed that local resources were coping. In addition, it has been said that the professionals who generally frame the questions are those who already have the answers; that is, they speak from positions of power (Dingwall, et al., 1983; Wattam, 1992; Cooper, 1993, Howe, 1994 and Ife, 1997). As an example of this, Amphlett (1992) refers to a case of a family wrongly accused of abuse of their child and who were unable to ask for reparation from the protection agency that made the assessment. Moreover, there is a fear that because of the power held by that agency the family will be labeled 'uncooperative' and be placed in a more vulnerable position.
Howe (1994, p.526) has said that by classifying clients and assembling concerns, social workers play a key role in the regulation of society's marginal members. Cleaver and Freeman (1995) reported in their investigation of the child protection process, that the families concerned had adopted different perspectives from the professionals. The families' perspective was one of fear, anxiety and the need to cope. The professionals needed to adopt a stance to keep to procedures to avoid blame. All of the parties concerned experienced stress. Similar findings were reported by Baglow (1992) in his identification of the points of stressful activities for both families and professionals.

In a survey of parental responses to statutory bodies following the identification of non-accidental injury of their child carried out at the Children's Hospital in Perth, Western Australia, the need to offer more emotional support to parents was identified (Lawrence and Harrison, 1994). One of the major messages from that evaluative study was a plea from the parents for the professionals to listen to their stories. Professionals may be seen to withdraw personally from such encounters under the guise of adopting a so-called 'objectivist stance' in an attempt to protect themselves from conflict. The subjective existence of those involved is sometimes greatly overlooked by professionals seeking to protect themselves in this situation to avoid personal blame. This is similar to Parton, et al.'s (1997) findings that social workers tend to operate in 'risk insurance'. It would seem more appropriate to aim for congruence of perspectives between all participants with the professionals adopting a more subjectivist paradigm. Cleaver and Freeman (1995) identified that where there was a greater amount of congruence the outcomes were considered to be better for all concerned.

The aforementioned recurrent scenario illustrates how the traditional collating of risk factors
can be replaced by an acceptance of the family that allows a deconstruction of child abuse assessment. A desire to achieve congruence between the practitioner and the subjectivity of the family would encourage all those involved to express their points of view, experience and concerns. This would also include the narrative of the child where possible. Deconstruction of child abuse in this sense is basic to the assessment of child abuse in that it looks for the subjective meaning behind the information presented in a referral. In these ways, the uniqueness of individuals is respected and the meaning of each family's life events assists in the assessment. A practitioner generally would bring to a case a prior body of knowledge of the supposed causes of child abuse together with the information on an individual family concerned. Congruity would be achieved by supplementing this knowledge with the narrative of the family. This implies the necessity of adopting a phenomenological, accepting, genuine, empathetic and non-judgmental perspective by the practitioner involved in the case. Once again, this would indicate a return to the core values of the social work profession with its emphasis on the central importance of promoting the essential qualities of a therapeutic relationship, as identified in the work of Rogers (1952) and Biestek (1957).

The deconstruction of child abuse is necessary to empower families, as it does not assume that there is one right answer for any situation. Deridda (1976) refers to deconstruction in the production of meaning whereby discourse becomes a process of interaction and development (Carter, 1998). It is concerned with 'freeing up' the meaning behind the metaphors of language, reading, writing, language and communication (Gibbins, 1998). Sarup (1993) has described the work of Derrida as being anti-logocentric; that is, against practice that holds that there is one true meaning to a set of circumstances. The deconstruction of abuse would appear to be promoting anti-oppressive practice as it would allow for differences of perspectives to be discussed within this reflexive framework in which the child and all participants are heard.
Achieving the goal of empowerment requires interpersonal communication skills in working with marginalised groups, as well as the commitment to the establishment of sympathetic organisational and political structures. It is seen as ironic that those who generally espouse equality are often de facto in disenabling organisations indirectly perpetuating inequality. What appears to be contradictory and dichotomous can be turned to advantage when located and managed successfully. An Australian example of this is provided by Ife (1997, p.42) who has demonstrated that the hierarchic/anarchist view can also be described in the organisational terms of 'top/down and bottom/up' dichotomy. He has said that accountability to the consumers and to society may be seen to be more important (bottom/up approach) than to management, although successful empowerment of consumers will inevitably encompass a combination of both. The work of the Brotherhood of St Laurence in Melbourne has been an example of the model of empowerment of service users and management working together. This organisation is managed by the community themselves (Ife, 1997, pp. 44 and 149). The corollary to this is that human service organisations need to conduct a critical analysis of their ability to know and respond to their consumers. They also should be prepared to accept that the results of the analysis might not be in accord with the established practice of the organisation. In the case of child protective services, management might institute complaint procedures to help clients who may feel aggrieved following an investigation. The outcome of the complaint may not always result in direct change of procedure for various reasons, for example, a lack of resources allocated to such reparation. However, where consumer evaluation surveys are conducted routinely and taken seriously, as in the Children's Hospital in Western Australia, the opinions of clients are more likely to be taken into consideration and appropriate action taken (Lawrence and Harrison, 1994).
3.7.4 Performance

Finally, the fourth postmodern factor is described by Howe (1994, p.527) as, 'performance'. Howe recounts the fact that 'modernity' has rejected the 'pre-modern', God-given, social order with its connotations of absolute authority. The locus of control in thought has shifted from a sacred order to the secular state management of society (Howe, 1994, p. 527). The regulation of social thought and behaviour became more of a product of human design that it was thought could be developed in scientific terms. Scientific strategies for rigorous analysis of human organisations followed in an effort to enhance reliability and predictability. An individual's social performance was beginning to be commodified, viewed and measured in terms of output. For Howe, organisational work in postmodernity could no longer simply claim to be achieving what it set out to do; it needed to be able to demonstrate such claims. Scientific principles of definition and measurement were adopted in an effort to rationalise management and to ensure efficiency, effectiveness and accountability.

With organisational emphasis on contractual agreements, service provisions and social rights we see that '...clients and their behaviour are defined in legal and, increasingly, in economic, service and consumer terms' (Howe, 1994, p.528). This led to social work practice itself being revised in terms of 'scientific management' of organisation (Jones and May, 1995, p. 39). Jones and May (1995) have stressed the significance of Weber's emphasis on the importance of this 'legal-rational authority' as being a basic characteristic of almost all organisations.

The bureaucratisation of social work was characterised by the inundation of policies and procedures for recommended child protection practice after each child abuse inquiry in Britain (Howe, 1992). Thereafter, the discourse of managerialism (as referred to in Section 3.2.3) emerged with its accompanying stress on accountability that contributed to the
commodification of social work practice. King (1997) has described this managerialism and the need for accountability as arising not from the postmodern influence, but instead, from the requirement of autopoietic social systems' need to maintain their authority by responding to public social criticism.

The need for social systems to be able to deal with paradoxes in practice, once there had been public exposure of this problem, was discussed previously in Section 3.2.3. The outcome of this for management is now further described. King (1997, p. 61) employs the work of Luhmann (1988) to demonstrate that system-identity construction, in the autopoietic sense, '...results from the existence of paradoxes at the foundations of the system and the need for systems to develop strategies to prevent these paradoxes from rising to the surface and so undermining their operations.' Social work, which once had close reliance on the medical/scientific discourse, shifted position to an alliance with law, following the negative exposure received after the various governmental inquiries into child abuse scandals, notably the events in Cleveland, in the United Kingdom, in the mid to late 1980s.

Social work with its eclectic foundations could not conceal or absorb the exposed paradox of making predictive medical/scientific judgements about human behaviour, given the problems associated with the prediction of harm for children. If the paradox were to be exposed the self-image and the morale of the social worker would be at stake, as well as the morale of the general public. Social work on its own was not able to 'deparadoxify' its position without relying upon its symbiotic relationship with the legal system.

The language of rights and due process were openly being challenged in many child abuse inquiries in the United Kingdom. It was not only social work that was brought under
challenge at this time, but also the self-referential system of the law. In order to 're-construct' the paradox in legal terms there came about the co-evolution of law and social work. Law had 'deparadoxified' its exposure to legal communications and had formed a 'structural coupling' with social work (King, 1997, p. 70). The social worker was now in the role of investigator of possible abuse scenarios rather than involved in the concerns of general welfare. This shift in the role of the social worker was accompanied by an emphasis on the gathering of evidential statements and forensic evidence.

In Australian public administration literature, commitment to the processes of accountability, performance appraisal, programme evaluation, consumer audits, outcome standards and other quality assurance measures have been referred to as managerialism (Jones and May, 1995 and Ife, 1997). While an unqualified mechanistic view of any new scientific organisational process can be criticised as strictly top-down and dehumanising, for some purposes, when coupled with other market forces and professional ideals, it may become a source of positive change (Ife, 1997 and Mullender and Perrott, 1998). An example of this process was referred to earlier in Section 3.3.2. A consumer survey conducted as part of an established quality assurance programme at the Princess Margaret Hospital for Children in Western Australia. Parental responses to the process of referral to statutory bodies, because of their child's suspected non-accidental injury, were investigated (Lawrence and Harrison, 1994). The results of this study highlighted the need to develop a model of management that recognised the need to offer more emotional support and better information to the parents, allowing their point of view to be heard and respected (Lawrence and Harrison, 1994). Thereafter, the Hospital's Child Protection Team developed their model of intervention accordingly.

As in the example just provided, during the last two decades it has become an accepted
strategy of scientific management to obtain information from consumers and workers alike as
to the effectiveness of the work of their agency (Howe, 1994 and Ife, 1997). The trend
towards analysing the effectiveness of an agency has seen the development of various
methods and strategies. An example is provided by Jones and May (1995. pp. 319-320) who
developed a framework for analysing and evaluating the actual and potential power, authority
and influence of consumers in an organisation. These same authors recommended strategies
to improve organisation-consumer relations across the human services. The assessment of
performance was seen by some as a postmodern attempt to commodify action. It was said that
the focus of social work was no longer on the actor, but on the action, and thus task oriented
(Howe, 1994). However, Jones and May (1995, p.399) also refer to the need to transcend
managerialism by developing a broader perspective that reflects a concern for social justice,
excellence and expansion of organisational goals to meet the ever growing number of welfare
demands faced in society.

It is clear from the foregoing account that there have been many forces impinging on the
myriad human service organisational perspectives. The four contemporary perspectives,
discussed above, on issues affecting organisational and societal life, described by Howe
(1994) as postmodern, are examples of this. It would appear that organisational viewpoints
have developed not by earlier stances being superceded by newer perspectives, but rather by
their addition to existing forms. This suggests that this whole network of perspectives must be
considered in order to understand the behaviour of the individuals and the environmental
characteristics that constitute human service organisations. The challenge for social work is to
combine and reflexively integrate the various complex principles of organisation into a
contemporary theory of social work.
3.8 Developing a critical perspective

In an attempt to draw together the positive contributions of previous organisational theories, an 'ecological' model was suggested by Cooper (1993) and David (1994). Cooper's model is a dynamic one in that it addresses the reciprocal interaction of individuals within the larger context of the cultural, political and legal influences of society. The importance of the ecological model in child protection, according to David (1994, p.7), '...is the way in which child abuse and attitudes towards children will be seen as dependent upon the overarching ideology, as well as the political and economic climate, of a society or subculture, not simply as emanating from one person, family or community groups.' Cooper favours this model in his attempt to develop greater understanding and a knowledge base for action with regard to children.

In an ecological theory, organisations are considered to survive or otherwise in a manner analogous to animal and plant life, thriving on or adapting to the environmental changes. This is particularly relevant at a time of economic constraint when organisations need to compete for funding. The ecological model shares common themes with the systems theory as it attempts to describe the inter-relatedness of actor and environment. This is a timely corrective to a purely humanistic perspective that places humankind in isolation from the total global eco-system.

Both the systems model and the ecological perspective differ from the scientific management perspective in that they regard the organisation as analogous to a living organism. Jones and May (1995) have commented that a shortcoming of the ecological perspective is that an organisation should not be concerned only with its survival but may choose not to adapt to a change in the environment. This model is also said to be in danger of reifying the environment into a unified whole with a life of its own. The proposition in this perspective
that the environment may be the sole determinant of the organisations in society is also brought into question (Jones and May, 1995). The main response, as Luhmann (1988) has demonstrated in his reference to autopoietic systems (King, 1997), is that the main systems in society do adapt to threats from the environment by redefining the problem in their own language. When threatened by a paradox from the environment they are able to deparadoxify it for their continued survival (King, 1997).

It is clear that the various organisational perspectives all have something to contribute to the theoretical base for multidisciplinary management of child sexual abuse. The challenge for child protection is to integrate the relevant aspects of these perspectives. As child protection work occurs within human service organisations, encompassing specific knowledge, skills and values, it should be informed by a commitment to social justice, an awareness of gender and racial differences, and a belief in human rights. However, human service organisations also differ in terms of some values and patterns of communication, as well as in management styles. Each may also align to a different theoretical perspective. It would hardly be surprising, therefore, in such a complex field, to discover that the search for an all-embracing theory of organisation continues to be elusive. It would appear that some elements from all of the perspectives discussed above need to be reflexively brought to bear on the challenges of contemporary practice. The interpretation of these perspectives could be represented as an ideal or a framework for informing interagency practice in the field of social work and child protection. Some support for the pursuit of such a framework is provided by a number of social theorists who have contributed to the development of 'critical theory'.

'Critical theory' is a complex area of social theorizing named and developed by the Frankfurt Institute which had been set up at Frankfurt University in 1923 (Pusey, 1995 and Calhoun,
Horkheimer and Adorno are considered to be the founding members of this Institute of social thought that was originally set up for the further study of Marxism and that later incorporated scholarship in theology and psychoanalysis (Pusey, 1995). The unreconstructed Frankfurt Institute sought to unify theory with empirical research. It also sought to distinguish critical theory from the traditional theory that failed to take into account how consciousness was shaped. This was to be developed by incorporating the 'dialectic of enlightenment' of Hegel (Calhoun, 1998, p.14). The combination of reflection and philosophical standards with empirical research was its goal, although it was subsequently criticised by later theorists as not totally achieving this aim (Calhoun, 1998). Calhoun (1995, p. 21) quotes Horkheimer to say that, 'The critical theory of society is, in its totality, the unfolding of a single existential judgment.' The retention of universal notion of progress and an individual's capacity to achieve a history, in an emancipatory sense, seemed to be doomed due to the political events created before and after World War Two.

Habermas, a student of Adorno, while not directly associated with the original Frankfurt Institute, became allied with the development of a later version of the critical theory developed from the dialectic of enlightenment. Habermas focused his criticism of the Frankfurt school on the place of modern positivism and of modernity, from the natural sciences to humanity (Pusey, 1995). His aim was to reconstitute the old critical theory recorded in the monumental work of the theory of social evolution, Knowledge and Human Interests, (1972) translated by Schapiro (Pusey, 1995, p. 35). According to Habermas, emancipation can be achieved on an individual and a collective level through a process of self-reflective knowledge that is the preferred stance referred to earlier. This may be seen as the subjective act of being able to become free from self-imposed constraints and so is a phenomenological defence against dogma. Thereafter, following several revisions over many
years, Habermas' *Theory of Communicative Action, Volumes One and Two*, 1984 and 1988, respectively, outline his critical theory of society that continues today to be a subject of stimulation and debate (Habermas, 1988).

The enormity and value of the expositions provided by the Frankfurt Institute and the later in the work of Habermas are acknowledged to be in the same magnitude of worth in sociological tradition as Weber and Comte (Pusey, 1995). Their influence on social theory and practice is widespread and permeates most aspects of cultural definition, as well as having an influence on the individual as an independent actor in society. There are now various forms of critical theory that have been postulated over the years, all having been influenced by the work of the Frankfurt Institute and Habermas (Ray, 1993).

One version of the many varieties of critical theory is employed by Ife (1997, p. 129) based upon Friere's, 'educative Critical Theory' (Ray, 1993, p. 23). This would seem to be of particular relevance to social work practice. This theory also seems to support the model postulated in this thesis and outlined in *Chapter Eight* in which both the interpretive and the structural accounts are included within a humanistic framework. Ife (1997, p.129) also refers to the following authors in his exposition of this theory: Guess (1981), Ray (1993), Morrow and Brown (1994), Calhoun (1995), and Dryzek (1995). This approach recommends not choosing between the different 'critical' theories and perspectives, but rather developing an integrated approach from amongst a range of perspectives on organisational analysis.

The 'critical' perspective recognizes that an interpretative understanding and the ability to communicate are not sufficient for the human services organisation. Of significance is also the need to incorporate a political structural analysis which can identify people's distress in a
wider context. Both the interpretive and the structural perspectives would be necessary in the formation of an integrated approach. This 'critical' theory is based in the humanist tradition and is not concerned with either personal or political aspects alone, but with both. It is in this sense that this approach is compatible with 'feminist' perspectives with their emphasis that, 'The personal is political' (Ife, 1997, p.134). This perspective also recognises the mutual empowerment of individuals and groups.

The process of self-reflection that is contained within this 'critical' perspective is utilized, not only to help an individual subject struggling against the internalization of a dominant ideology, but also to help a group to develop reflexive knowledge of the political forces of the day. Thus, it becomes the goal to develop reflexive knowledge to achieve emancipation from self-imposed constraints (Leonard, 1997). In this way, it can be seen that the 'critical' perspective lies within the humanist tradition with its goal being the liberation of the individual. As such, this version of critical theory has a defense against dogma and would recognize the frailty of the concept of the expert. In addition, as a critical discourse, it contains an openness to communication with politically significant others (Leonard, 1997).

This version of critical theory recognises that working with individuals has a political aspect and in child protection this involves working together with people who often have competing and conflicting interests. It recognises also the need for social workers to reflexively consider their own personal position in an organisation, the power or authority of their organisation as well as the need to analyse the political environment of the consumers. This critical perspective is further amplified in the words of Ife:

The capacity to link the personal and the political, the capacity to develop community-based structures, the insistence that the interests of the most vulnerable and disadvantaged be included in any alternative development and that their voices be heard, the commitment to social justice and human rights, and the capacity to practice at both an individual and a community level (1997, p.206).
Also, this critical approach to the theory of organisations would suggest an integration of perspectives to form a particular version of critical theory. For the practitioner this would mean not only being trained in the interpersonal skills employed in casework, but also educated in the economic and political contexts of the day. It is this approach that will form the theoretical framework for the organisational model for the management of child sexual abuse suggested in the research reported in this thesis.

3.9 Concluding comments

The organisational and professional regulation of contemporary child protection systems is characterised by its emphasis on a multidisciplinary inter agency approach both in the United Kingdom and in Western Australia. This system has developed in response to the management of child physical abuse as originally recommended by Henry Kempe and associates in the 1960s. As the definitions of abuse broadened, and the number of professionals involved grew, it became apparent that there were many problems in its management. Multidisciplinary conflicts were apparent and these were often compounded by various professionals’ frustrations at the difficulty of adequately protecting children from harm. The ‘backlash’ of parental rights groups and public opinion following various inquires into child abuse tragedies, exacerbated the situation for social workers.

This added to the bureaucratization of the management of child abuse. Every new public inquiry added recommendations to rectify past errors, thus adding more prescriptions to existing lengthy policies and procedures. There was a dearth of empirical research. In Britain, after a series of public inquiries highlighting a seemingly unending catalogue of errors, there was a shift in paradigm from a socio/medical perspective to a socio/legal one.
The law that had given social workers the statutory power to intervene in family life to 'protect' children now came to the fore to create a coalition between children's services. The identification of child abuse became a search for legal evidence of abuse. Along with this shift in emphasis, the completion of ‘risk assessments’ to identify possible abusive situations had entered the child protection discourse. According to this process, if there were sufficient indicators of possible abuse present then intervention was thought to be warranted. The use of this positivist paradigm in the field of human endeavour is now being challenged and the need for a more subjectivist paradigm is being advocated.

The movement towards a more subjectivist paradigm in the multiagency approach, revealed the presence of underlying competing needs of the systems involved. The self-referential systems that have operated within society such as law, medicine, education and health services have revealed paradoxes in common with social work. As these systems have been autopoietic they have been able to 'deparadoxify' their systems whereas in social work this has proved to be more difficult.

A major paradox for the child protection system is related to the doubts now cast upon the 'scientific' assessment procedure. As feminists had been emphasising, it was impossible to intervene in a reliably 'scientific' way. Yet it was not acceptable to admit this, as many in the wider society would not understand the harm to morale for both practitioner and society (King, 1997). The need to acknowledge that some decisions were morally based seemed to indicate that a more reflexive approach to assessment was needed. A balance of perspectives now appears to be required in such complex circumstances that ultimately call for a legal and moral judgement to be made.
There is a need for more ethnographic research with regard to the processes involved in everyday practice. Until recently, much of child abuse research relied upon quantitative studies to establish parameters and the nature of the problem relying upon binary studies with no investigation into the human context. As the evolving social construction of child abuse becomes more apparent the value of ethnographic studies is becoming more appreciated.

It is argued that the changes required in contemporary social work practice can best be understood by reference to the analysis of society within which current organisational patterns are emerging. An overview of the major classifications relating to the periodising of the modern and postmodern divisions and the influential paradigms that arose have suggested that changes in social work practice may be understood through the reference to the growth of postmodern influences (Parton 1994 and Howe 1994).

Classical organisational models, such as elucidated by Max Weber, now coexist within a plethora of newer perspectives. However, these traditional perspectives need modification to accommodate the ever-increasing complexity of contemporary societal issues, each demanding positive response. Scientific management, systems theory, feminism, anti-racist, Aboriginal and ecological perspectives are all seen to have specific contributions to make to a dynamic and integrated theory of organisational practice.

In keeping with postmodernism, it appears that no one theory or perspective is sufficient for a full understanding of any particular human service organization, let alone interagency working. For this reason, an appreciation of the various perspectives is important to be able to synthesize the most appropriate elements for any particular need.
This chapter has argued that social workers need to have a knowledge base and a clear, critical understanding of organisational perspectives in order to integrate them as appropriate. This integration of the micro and the macro aspects of social work practice was recognised in the discussion of 'critical theory'. It is suggested that the integration of the personal and the political perspectives may represent the most useful framework for the management of child abuse and this forms the foundation for the organisational model outlined in Chapter 8 of this thesis. The challenge of contemporary practice requires the development of a critical model of service delivery to draw together and symbolise the dynamic forces that exist in society today. This is an outcome of the research reported in this thesis.
4.1 Introduction

The previous chapter discussed the professional regulation of child abuse, centering particularly on the interagency multidisciplinary method of working. The main focus of this chapter is on the mechanisms and procedures involved in effective interagency cooperation that underpin this multidisciplinary method of working.

In the United Kingdom the child abuse inquiry reports, the Children Act 1989 and the Working Together document (DOH, 1991b) all recommend and uphold the need for interagency coordination and collaboration. Similarly, in Western Australia, The Child Sexual Abuse Task Force Report (1987) provides a directive for the coordination and collaboration of intervention strategies to be devised for interagency work in respect of child abuse management. Professional practitioners, as well as voluntary workers, have been urged to work together by central governmental guidance and through locally agreed upon procedures of coordination, collaboration and cooperation, both in Australia and England. This chapter begins by looking more closely at the definitions and the variety of uses of the concepts of collaboration, coordination and cooperation.

As discussed in the previous chapter, various organisational theories have been postulated in an attempt to understand how inter-organisational activity is achieved. The different perspectives in organisational theories are referred to in this chapter in relation to the goal of effective and efficient interagency cooperation. Legislative and governmental directives have established the need for the coordination and collaboration of interagency services, but
comparatively little has been written about how this can be achieved. So it is not surprising that there have been difficulties in organising interagency cooperation. The major problems relating to the organisation of effective coordination and collaboration are discussed. This is followed by a review of some of the unintended and unexpected problems resulting from the mandatory reporting of child abuse as well as reference to some of the difficulties underpinning this method of service delivery.

Where there is a legal requirement to report cases of child abuse the need for interagency coordination and collaboration is evident. Even where there is no mandatory or legal requirements, there is still the obligation of reciprocal agreements between agencies for the coordination and collaboration of their services based upon humanistic considerations of the child's and the family's needs. Whether mandatory or non-mandatory reporting is in existence, experience has revealed some unanticipated problems arising from the lack of interagency coordination and collaboration in the management child abuse that will be discussed later in this chapter. This chapter will then discuss the need to identify the key structures and procedures that form the basic elements of interagency coordination and collaboration.

Once the key mechanisms and procedures have been identified, this chapter will show how they can be categorized. Further consideration of the literature will reveal the emergence of a third element in relation to the personal perspective. It will show that this third element needs to be accorded equal prominence along with the other two organisational elements of coordination and collaboration. Thereafter, it will suggest that the identified key elements of interagency work should be clustered under the headings of coordinating mechanisms, collaborative procedures and personal perspectives. A major section of the chapter is a
discussion of the identified key elements together with the rationale for their inclusion in the research project reported in Chapter Five. It will then be hypothesised that if these key elements can be empirically validated they might be integrated into a working model for effective and efficient interagency cooperation.

4.2 Defining coordination, collaboration and cooperation

In a review of the literature in relation to child protection it became evident that the terms of coordination, collaboration and cooperation were used interchangeably. Hallett and Birchall (1992, p.8) have provided a literature survey in respect of the varied meanings ascribed to the concepts of coordination and collaboration. Amongst them they quote Challis, et al., (1988) who define coordination as '...a pursuit of competence, consistency, comprehensiveness and of harmonious or compatible outcomes.' This definition refers to the process or searching for the means of coordination and also highlights elements and outcomes. Challis et al., (1988) define coordination in three different ways in terms of the machinery, the organisational arrangements; as a process; and in reference to its outputs. In these terms, coordination can mean that agencies may work independently but in harmony (DHSS, 1973). These authors have asserted that the degree of coordination of organisations can be placed on a continuum ranging from highly informal to highly formal. In similar terms, Friend (1980) has classified coordination, ranging from personal links, to locally agreed upon reciprocal policies through to legislated mandates.

Hallett and Birchall (1992) conclude from their review of the literature that the terms of coordination and collaboration are often viewed either as goals, processes, activities and organisational outputs. Challis, et al., (1988) report that there is little precision given to the term 'coordination' and refer to the 1960s and 1970s when coordination became the rationalist
technique for embracing the complexity and interrelatedness of social issues and problems. Weiss (1981) comments that coordination is a word that is overworked, underachieved and seldom defined. Challis, et al., (1988) have pointed out that while centrally devised plans can aid coordination by providing a coherent framework, it requires the collaborative efforts of local actors and agencies to rise above their differences to make them operate together effectively. Challis and her colleagues thus assert the importance of the many informal relationships and activities that exist along with the purely formal ones.

The *Concise Oxford Dictionary* (1984) defines 'coordination' as a transitive verb used in the context of bringing parts or movements or functions together. 'Collaboration' is defined as an intransitive verb used in the context of people working jointly together. This thesis adopts the dictionary definition of the terms and so uses 'coordination' in reference to bringing the work together that is to be managed and 'collaboration' with regard to the act of people working together to implement the work. 'Cooperation' is defined as working together to the same end. In the case of interagency multidisciplinary work people may collaborate, that is work together, but not necessarily to the same end. In other words, there may be sometimes a conflictual collaboration. An illustration of this may be that different agencies will need to maintain conflictual interests to preserve their autonomy and ensure a broad spectrum of assessment as in the instance of the police and social services (Litwak and Hylton, 1962; Dingwall, et al., 1983; O'Toole and Mountjoy, 1984 and Jones and May, 1995). Further to this, as described in *Chapter Three*, the various organisations are said to represent self-referential systems that do not directly communicate with each other, but know their own language only (King, 1997). These systems will need mechanism and procedures to translate communications to each other and thus make the language meaningful. The need for coordination and collaboration in these instances is self-evident. The concept of 'cooperation'
4.3 Organising interagency cooperation

A question posed by O'Toole and Mountjoy (1984, p.492) asks, 'What inducements are available to bestir individuals ... to work together toward a common policy product?' These authors suggest that these mechanisms are authority, common interest and exchange. O'Toole and Mountjoy (1984) go on to refer to Weber's *Essays in Sociology* (1947) wherein 'authority' refers to cooperation deriving from a sense of duty, 'common interest' applies where each values the other's goal and, 'exchange' whereby each receives something in return other than the goal. In the contemporary bureaucratic child protection discourse, the view of 'authority' would refer to the legal-rational authority that exists in respect of the rules and procedures accepted by those agencies concerned. 'Common interest' in this discourse would refer to the goal-directed nature of inter-organisational activity, as well as the satisfaction in achieving their own goal. 'Exchange' refers to trading of scarce or desired goods that may be material goods as well as notions of status or legitimacy. Critics of this approach have said that it decontextualises inter-organisational social contexts by its focus on a theoretical ideal that is seldom found in practice. While power and exchange of resource dependency has had its critics, it nevertheless provides one perspective of the functioning of human services organisations that cannot be ignored (Hallett and Birchall, 1992).

Hallett (1993) has outlined three main organisational perspectives for interagency collaboration:

1.) voluntary collaboration, which is the exchange of goods or services to the mutual benefit of all concerned;
2. power dependency, whereby agencies either persuade or coerce others into collaboration; and

3. mandated collaboration, whereby a super-ordinate agency, such as a government, instructs agencies to work together.

The limitations of these three perspectives were discussed in Hallett and Birchall (1992) with reference to their lack of capacity to explain radical change, their reliance on the notion of 'rationality' and 'cooperation' at the loss of being able to analyse conflict constructively, their preoccupation with providers of the service and not the recipients, and their lack of environmental and social context. These are valid criticisms and contemporary literature on organisational perspectives has now addressed these limitations and has broadened the previous discourses to include the issues which had been left unanswered and unattended in the past (Cooper, 1993; Jones and May, 1995 and Ife, 1997).

For example, one previously neglected area had been covert organisational matters. Although attention had been paid to major organisational issues, too little had been paid to such things as the inherent tensions among the professionals working in this area (Dingwall et al., 1983; Parton, 1985; O'Hagan, 1989; and Baglow, 1990). Furthermore, covert issues between agencies could have seriously contaminated the formal problem solving activity of the whole multiagency system (Dale and Davies, 1985 and Scott, 1997).

In order to achieve effective and efficient interagency coordination and collaboration professionals need to be aware, not only of their own organisation's perspectives, but they need also to be acquainted with the perspectives of other agencies as well as the broader influences of environmental and social factors.
4.4 Problems of interagency coordination, collaboration and cooperation

The coordination and collaboration between services had become a catch phrase of modern welfare services (Challis, et al, 1988), and the multidisciplinary interagency working together appeared in theory to be an optimum way of working. However, this method of working has not been without its critics, as discussed previously in Section 2.6.3. Behind many of these criticisms are the multiple tensions stemming from arguments centered on the rights of children and parents and state intervention into family life. Opposite views express the opinion that coordination and collaboration are necessary, not only for the appropriate delivery of services to the children concerned, but also as a source of strength and security for the practitioners in their dealings with stressful work (Molin and Herskowitz, 1986; Baglow, 1990 and Hallett, 1995).

Hallett and Birchall (1992) provide an extensive review into the problematic nature of coordination and collaboration and the difficulties that are evident when there is a lack of these organisational mechanisms and procedures. Major problems stem from conflicting expectations, differing agency priorities and legal mandates, as referred to in Section 3.2 of the previous chapter. In addition, Hallett and Birchall (1992) describe the need to avoid reification of the concepts of coordination and collaboration by investing in them the capacity to act and to achieve without there being substantive commitment in all levels of personnel to enact an agency's policies. In the discussion of 'coordination', Hallet and Birchall (1992, p. 23) quote Weiss (1981) in referring to the symbolic importance of coordination in accounting for its popularity as a policy goal despite the lack of evidence about its efficacy. They include reference to the idea that 'coordination' had become one of the golden words of our time. Hallett (1993, p.150) has exemplified this axiomatically by saying, 'Given a choice, few of us would prefer to be uncoordinated.'
Alaszewski and Harrison (1988) provided an historical account of the popularity of coordinated, collaborative services. They pointed out that after World War Two governmental attempts to deliver comprehensive welfare packages had been criticised because of their failure to provide coordination. Thereafter, the 1960s and the 1970s were said to be marked by administrative reforms to improve coordination and this was accepted almost universally and uncritically (Challis et al. 1988). In England, central government placed a duty or administrative requirement on local authorities to coordinate and collaborate, and this has been put in place by circular and guidance rather than by statute (Parton, 1985 and Hallett, 1993). In Australia, individual States have separate autonomy in these matters (Rayner, 1995). Australia comprises six States and two Territories. Four of the States have mandatory reporting laws and the remainder, that includes Western Australia, have reciprocal guidelines in regard to managing child protection work.

The organisational style of 'working together' has been based upon the premise that coordination and collaboration are preferred and easily achievable. Paradoxically, while collaboration among diverse institutions and professionals has been identified as necessary it has remained a difficult part of intervention in treating child abuse and especially child sexual abuse (Bander, et al., 1982; Lyon and Kouloumpos-Lenares, 1987; Skaff, 1988 and Baglow, 1990). One of the reasons has been that it seems that insufficient thought has been given as to how this is to be achieved in practice (Stevenson, 1989a; and Miller and Evans, 1992).

Examples of lack of coordination and collaboration are on record. Inquiry reports investigating the deaths of children in cases of child abuse tragedies in the United Kingdom stand as testaments to this lack of coordination and collaboration among professionals (Parton,
The Cleveland Report (1988), for instance, represents an analogous examination into the breakdown of coordination among agencies in relation to sexual abuse (O'Hagan, 1989 and Haslam, 1991). Moreover, there is some evidence that the lack of coordination and collaboration among professionals not only fails to help those it seeks to help directly, but also indirectly, it has led to confusion as to the credibility of reports of child sexual abuse (Risen and McNamara, 1989). This is because an accurate evaluation of suspected abuse often requires information from many different disciplines, and without coordination between them confusion about the credibility of the allegation may result (Hutchison, 1993 and Scott, 1997).

The difficulty remains as to how to gain the cooperation between different professionals and agencies. People and agencies will not necessarily cooperate just because someone tells them to work together (Hallett, 1993). As identified by Parton (1991, p. 145), when discussing various governmental inquiry reports into child abuse, it is '...not sufficient to see the solution in terms of the law alone.' The literature has revealed that the mandatory reporting system has not been without its difficulties. The following section reviews some of the major problems inherent in the mandatory reporting system.

4.5 Mandatory reporting

Mandatory reporting laws of child maltreatment first originated in the United States following the medical recognition of the problem of child physical abuse in the late 1940s (Pfohl, 1977; Hutchison, 1993 and Lindsey, 1994). Mandated reporting of suspected child abuse had been introduced initially in the United States with the view to reducing the incidence of child mortality (Lindsey, 1994). Unforeseen problems arising from the lack of coordination and collaboration became evident where mandated reporting was introduced. As previously

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mentioned, the mandatory reporting of child abuse cases also exists in four of the eight States and Territories in Australia. The Australian States that continue to have non-mandatory arrangements are required by legislation to ensure coordination and collaboration between child care and welfare agencies. Previously, child welfare systems had a wide brief that included providing for the basic physical necessities of life with lesser focus upon the detection and monitoring of abusive situations. The introduction of mandatory reporting, in an effort to protect children from harm, helped to transform the child welfare practices in Australia into the protectionist model. Child abuse and allegations of abuse have now been subjected to criteria established by the state.

Hutchison (1993, p.57) has provided the following assumptions that underpin the rationale of mandatory reporting laws. They are as follows:

1.) children cannot use protection of law for themselves and therefore need others to act for them which assumes that parents themselves will not voluntarily seek help nor will non-familial sources come forward without mandatory reporting; and

2.) that mandatory reporting will lead to the early detection of symptoms and prevention of more serious injuries.

The second assumption has within it two further suppositions. Firstly, that the professionals involved have the technology to engage in early detection and subsequent prevention.

Secondly, that the State would allocate funds for increased services required for the increased reporting (Hutchison, 1993).

Once mandatory reporting laws had been introduced, there was an expansion of the definitions of abuse and an increase in the number of those required to report such cases (Faller, 1985;
Besharov, 1987; Kalichman, et al., 1990 and Gough, 1996). Originally, in the United States, the requirement to report cases of abuse had been limited to physicians and this was later extended to include social workers, teachers, psychologists, nurses, counsellors and the public in general (Lindsey, 1994). Australia soon followed the same procedure.

An unintended consequence of mandated reporting soon became apparent. It was discovered that sometimes more harm could be done to families and children by intervening where cases of abuse were reported and where no corroborative evidence was present. This particular difficulty may have occurred for a number of reasons such as, the family was successfully able to cover up the incident, the worker may have lacked specific training and skills required for the work, or simply because the allegation was false (Faller, 1985; Kalichman, et al., 1990 and Powell, 1991).

As a result of mandatory reporting, the increased number of families and professionals now involved in the process forced agencies to shift limited resources. The more traditional goals of supporting families with education and practical assistance had to give way to child abuse investigations that could be quite conflictual. Unfortunately, it was most often the lower socioeconomic groups who found themselves the main focus of these agency investigations. The criteria for decision-making in regard to reporting cases of abuse, as well as removal of children from the home were often found to be associated with employment status and unstable income source (Dingwall, et al., 1983 and Lindsey, 1994).

As the definitions of abuse widened, and the number of people reporting them increased, there were the concomitant increases in the rates of both over-reporting and under-reporting (Powell, 1991 and Hutchison, 1993). Professional noncompliance to mandatory reporting
soon became a matter of some concern. Among the reasons for this noncompliance have been listed: the fear of therapeutic disruption; fear of legal proceedings; fear of liability if the case is not substantiated; seeing no benefit to the client and perceiving that the state's intervention might be harmful as in the removal of a child from the home (Faller, 1985; Kalichman, et al., 1990 and Hutchison, 1993).

Staff cut-backs in child protective services have meant that workers often have only time to investigate cases and thereafter could offer no further therapeutic intervention or practical assistance. Hutchison (1993) went on to point out that child protection work has been structured so as to focus intervention upon the short termed, crisis style; long term intervention appeared to be the exception. Many of the families who were found to be in need of help after suspicions of abuse had been confirmed were then left without therapeutic treatment and were made subjects to be monitored by the protective services.

It was suggested that a cost benefit analysis of mandatory reporting would be necessary to support it as a mechanism for child protection (Hutchison, 1993). Some of the costs are intangible and therefore difficult and in some cases impossible to calculate. For example, the costs to professionals for not reporting cases has left them exposed as unethical practitioners and lowered their status in the eyes of clients. In addition, there have been costs to children and families in terms of the possible harm of false allegations and the ensuing amounts of stress generated. In some cases where actual abuse had not been substantiated, there is the human cost of continued maltreatment.

Because professionals have seemed to be reluctant to report cases and many families who appear to have been in-need have not been receiving appropriate services due to decreased
resources, it would seem that a review of the mandatory reporting system appears to be needed. Both the mandatory and the non-mandatory reporting systems have had to deal with increased referrals due to the expansionist nature of the social construction of child abuse. Without increased funding the extra costs that this entails can only be absorbed through a reduction of services in the overall resource delivery. Both systems continue to employ the positivistic paradigm in the pursuit of investigating these child abuse referrals. As discussed in Chapter Two, the challenges to the system now seem to indicate that it is timely for a reappraisal of the child protection discourse. A more subjectivist and reflexive approach to the assessment of children referred who are considered to be 'at risk' would result in more accurate assessments. The positivistic approach to the pursuit of child abuse decontextualises the children and their families. Moreover, this procedure is time consuming and often wasteful of limited resources.

The need for interagency coordination and collaboration remains, despite the criticisms of the system, and whether it is applied within a mandatory or a non-mandatory framework, and whether operated from a subjectivist or objectivist standpoint. Interagency coordination and collaboration between different professionals is assumed today as being the optimum method of managing the problems of child abuse and child sexual abuse (DOH, 1991b).

It has been accepted that more than any other condition adversely affecting the health of children, child sexual abuse requires close co-operation and exchange of information between services, agencies and different types of professionals who are concerned with the overall well-being of children (DHSS, 1988, p. 2). Following these views and noting the criticisms of interagency coordination and collaboration, as well as the different methods of operation, many authors have claimed that there is a strong case for the evaluation of service delivery
(Anthony, et. al., 1988; Skaff, 1989; Stevenson, 1989a and Ife, 1997). As discussed in the sections above, there are various methods of service delivery in operation. In order to evaluate them it would be necessary first to identify the underlying key mechanisms of interagency service delivery. This process provided the one of the main features of the research reported in this thesis. This has been achieved firstly, through my personal experience working in Australia and England as a senior manager and practitioner in child protection for an accumulated twenty years. Also, it was considered essential to conduct a review of relevant child protection literature, descriptions of service delivery, governmental directives, and child welfare legislation. The following is a description of how this was achieved.

4.6 The need to identify key interagency mechanisms and procedures

It was decided to identify in the literature those organisational mechanisms and procedures found in the practice of agencies. From this compilation of mechanisms and procedures those considered to be of primary importance were operationalised in order to sample the opinions of child protection practitioners in Australia and in England about the processes of coordination and collaboration. Also, through an analysis of this sample it was hypothesised that it should be possible to establish whether any coordinating mechanisms and collaborative procedures had cross-cultural support. The full details of the experimental design and methodology used are outlined in Chapter Five.

Currently, accepted interagency treatment models take their form and structure from various underlying organisational mechanisms. Although there are a number and variety of models in use it seemed reasonable to suggest that there could possibly be core elements of underlying coordinating mechanisms and collaborative procedures. Support for this came in part from
the observation that most services operated under similar legislative mandates, had similar goals and functioned with a core of similar combinations of different professionals including social, medical, legal, and educational personnel.

The literature on interagency coordination and collaboration describes a variety of organisational and management mechanisms and procedures to enhance coordination and collaborative work. Although the conceptual framework for interagency work is well grounded in the literature (Baglow, 1990), there has been little empirical evaluation of those mechanisms and procedures that best promote coordination and collaboration among dissimilar organisations such as those involved in the management of child sexual abuse (Skaff, 1988; O'Hagan, 1989 and Hallett and Birchall, 1992 and Birchall and Hallett, 1995). Recognition has been given to the need for different agencies to work together on child abuse treatment, but comparatively little has been written about the ways different agencies achieve better working relationships (Scott, 1997).

While there has been research conducted on the subject (Birchall and Hallett, 1995; Cleaver and Freeman, 1995 and Scott, 1997), there has been little of note in the literature regarding the workers' evaluation and recommendations regarding the structures that are now in the work place. Furthermore, no study has made an international study of the practitioners' opinions regarding methods of enhancing coordination and collaboration. During the selection of primary mechanisms and procedures other, often used, coordinating and collaborative processes that were not considered to be essential were also incorporated in the study. Many of these other procedures require the key mechanisms to be in place before they are able to enhance the collaborative process. For example, a combined research project or a public relations media campaign would require an established network of working relations to be
effective. One example of this occurred during my experience working as a senior manager at the Children’s Hospital in Western Australia when hospital social work staff combined with colleagues from the Family and Children’s Service to form a panel that provided public lectures on child abuse management.

The literature review revealed a number of organisational mechanisms and procedures and it was found that these could be grouped under the headings of coordination and collaboration. Following a detailed consideration of these structures and processes, it became evident that the human factor also needed to be included in the equation. It was clear that in the research literature review the personal perspective was usually commented upon, but rarely operationalised. It did not appear to have been included as a variable in reported research.

The assumption appeared to be that the human factor was an unvarying constant, when it was clear from practice that individuals were likely to vary not only in demographic characteristics, but also in their attitudes and opinions and were far from being a homogeneous group. It was not unreasonable to assume that different personal characteristics and attitudes of practitioners would influence the degree of interagency cooperation achieved.

Following consideration of this apparent omission of the human element in recorded empirical research, it was decided to include a third category in the research reported in this thesis, and this was to be named the ‘personal perspective’. This personal perspective was later to become an essential integrating mechanism in the model proposed following the research findings as discussed later in the thesis. Thereafter, three separate categories were formed. The first category was concerned with the organisational mechanisms to be coordinated under the heading of coordinating mechanisms. These referred to the structural and policy statements that needed to be enacted. The second category, collaborative procedure referred
to the joint activities agencies share. The third category, the personal perspectives represented the practitioners themselves and included demographic factors, and practitioners' personal perceptions of themselves and their attitudes towards other professionals. The three groupings appeared to be a useful theoretical categorisation at this stage, although recognising that in practice there was some degree of overlap between them. The mechanisms, procedures and the personal perspectives that were chosen and the rationale for their inclusion in the research are delineated in the following sections of this chapter.

4.7 Coordinating mechanisms

An agency's coordinating mechanisms are the structures that give shape and maintain direction to the organisation in order to attain its objectives. They constitute the infrastructure; the underlying organisational mechanisms that need to be coordinated, mainly within an agency and sometimes between agencies, before collaboration can take place. The literature, further supported by my own professional experience, revealed the following mechanisms as required for effective coordination.

4.7.1 Agency structure and written policy guidelines

Clear and up-to-date guidelines provide the structure in which good practice can take place and develop. Guidelines are seen as the essential elements of effective and efficient practice (Anthony, et al., 1988). Carefully planned intervention rests upon comprehensive guidelines and procedures on matters relating to child abuse to ensure that staff in England are clear about the actions that are required as in the Working Together: Inter-Agency Child Protection Procedures (DOH, 1991b).
These procedures are distributed in England by Local Authorities to all agencies who are members of the Area Child Protection Committee. In their survey investigating coordination in child protection in the United Kingdom, Birchall and Hallett (1995) have noted that almost every social worker have their own copy of procedural guidelines. The question to be asked is whether the guidelines contain formal rules and procedures for communication with other agencies.

Government documents and reports need to be translated into working documents that bridge the gap between practice and policy. Guidelines, such as these, are not meant to provide rigid rules concerning professional practice, but are there to encourage and support interagency cooperation. The *Working Together* procedures in England, and the *Child Protection Policy Handbook* (*FACS*, 1998) in Western Australia, are examples of organisational mandate and policy put into practical suggestions. Several authors have drawn attention to this need for organisations to provide sufficient resources for written statements on procedures for the investigation and treatment of child abuse (Mrazek, Lynch and Betnovim, 1983; DOH 1991b; Birchall and Hallett, 1995 and Jones and May, 1995). Such guidelines need to be monitored and to be kept up-to-date to be effective (Anthony et al., 1988).

An additional value in having written guidelines is that it provides an aid to reducing possible personal conflicts. While few would disagree with the need for guidelines (Birchall and Hallett, 1995), Howe (1992) warns that an overabundance of prescriptions can alienate clients and so have negative and self-defeating effects on the practitioners. Guidelines would therefore be expected to be exercised *in situ* and backed by professional judgement.
4.7.2 Implications for interagency coordination

A further aspect of the necessity of such guidelines is the need to establish and implement procedures for the management of the initial stage of report investigation and possible action thereafter.

The initial phase of intervention in the management of child sexual abuse is regarded as a crucial step (O'Hagan, 1989 and Baglow, 1990). Initial intervention is also seen as the beginning of the treatment process (Furniss, 1983; Dale and Davis, 1985; Anthony, et al., 1988; Haslam, 1991 and Howitt, 1992). The careful planning of this stage is essential, not only in the interests of close collaboration between agencies, but also in the interests of the child whose safety must always come first (Anthony, et al., 1988; O'Hagan, 1989 and DOH, 1991b). The essence of a joint approach is a full sharing of information and details of agency agreed-upon procedures so that the action of one does not prejudice the other (Anthony, et al., 1988 and Orkney Report, 1992).

There is another side to the necessity for clear policy in the initial phase of case management. It is known that some clients find themselves being passed from one agency to another without being able to be successfully engaged by any of them. The passing on of these clients has been referred to as 'the agency waltz', commented upon first in Gelles (1987) and later by Hallett and Birchall (1992). An example of this had occurred in my role as a manager in the Child Sexual Abuse Clinic in the Children's Hospital in Western Australia. A mother, whose daughter confided to her that she had been sexually abused, told of the desperation and sense of loss of control as she repeatedly sought help for her daughter. The woman was battling not only her own emotional upheaval that her child had been abused, but also had to struggle to find help. She recounted the story of visiting three or more offices ranging from her general practitioner to a psychiatrist to a voluntary agency. All of these services passed her on to
another agency they thought might better handle the problem and throughout this time no help was organised. Eventually, five days after her child had disclosed the matter to her, and five days of seeking help and receiving none, a social services representative came to her home to say that their service had heard about the alleged abuse and asked her why she had not done anything to help her daughter. The woman recounted the story saying that she had 'a strong drowning feeling' of being accused as a bad parent and she thought that she might lose her child. She then had to justify her apparent 'in-action' by recounting how she had tried and had got nowhere. The disservice to that family was considerable. In situations such as these, one agency will suggest that another agency is a more appropriate service to begin intervention and treatment and the client becomes lost. The practitioner must be aware of these possible difficulties when consulting with other agencies at this initial referral stage.

There have been numerous references made in the literature that one of the problems in interagency collaboration, such as the one discussed above, is due to the fact that different agencies often have different priorities in the way a case should be managed (Dingwall, et al., 1983; Lyon and Kouloumpos-Lenaes, 1987; Challis et al., 1988; DOH, 1991b; David, 1994; Hallett and Birchall 1992 and Birchall and Hallet, 1995).

4.7.3 Need for planned coordination policy

Collaboration problems are more than simple personality, class or power conflicts. Definitions of abuse may vary among professionals, each definition requiring a different type of intervention (Nagi, 1977; Giovannoni and Becerra, 1979 and Gelles, 1982). Legal and ethical mandates from different organisations may be in conflict with each other. Most of these issues need to be worked out at policy level so those requests from other agencies will be met promptly and appropriately. If this is not done the difficulties are heightened by the
often horrendous situations encountered in families where child sexual abuse may occur (Lyon and Kouloumos-Lenares, 1987). Inquiry reports have emphasised the need for a response that is planned and is timely (DOH, 1991b). A cautious and planned intervention is sought based upon an assessment of risk for the child as well as an intervention that minimises stress and trauma for the child concerned. Presumably, the requests from other agencies would be met promptly, provided that these conditions are fulfilled.

'The extent to which agencies will work well together has often been at the mercy of human frailty (David, 1994, p. 6). Undoubtedly, the professionals involved in the multiagency network present a vast array of personal experience, skills, confidence, values and so on. As often quoted there can be conflict when expectations about the roles and organisational priorities are not shared. The working knowledge of another agency and what their procedural documentation sets out as their role can aid communication considerably. Such knowledge underpins the action and management of a carefully planned programme of coordination. When difficulties arise between professionals from different services, informal exchanges in respect of agency mandates and roles can often lead to a mutually satisfactory solution. It also needs to be remembered that, in contrast to many other professionals in the child protection network, the work of child protection is the main occupation of the statutory child protection worker. As discussed in Chapter 3, some agencies' main role may be far removed from child protection. In such cases, the professionals in those agencies may be unfamiliar with the practice of their own procedures even though they have read what is expected of them. At such times, the opportunity for a helpful and supportive interchange from other more experienced workers is valuable.

Payne (1982) has referred to the necessity of joint discussions and the sharing of
documentation which he calls the concept of 'interchange'. The *Working Together* manual, in England, and the *Child Protection Guidelines* (1998), in Western Australia's Family and Children's Service, are both such procedural handbooks that set out the expected responses for the different agencies involved in child protection. In addition, as Jones and May (1995) have pointed out, if a practitioner is not aware of the interagency relations that influence organisational functioning and effectiveness their actions are likely to have unintended, and often undesired, consequences.

4.7.4 Clear working definition of child sexual abuse

Despite the problems surrounding definitions, as discussed previously in this thesis, most child protection services contain a clear working definition of what constitutes sexual abuse along with other forms of abuse, as described and defined in Sections 1.3 and 1.4. The definitions used for child abuse and child sexual abuse are the ones attributed to Schechter and Roberge (1976), and frequently quoted and used in government reports and official documents both in Australia and England. As stated in *Chapter One*, and repeated here for ease of reference, child sexual abuse defined as '... the involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend and to which they are unable to give informed consent or that violate the social taboos of family roles' (Schechter and Roberge, 1976, p. 129). However, even with this working definition, matters remain problematic for the practitioners who need to implement the meaning of the definition.

Archard (1999) had referred to the definition quoted above as an 'orthodox narrow definition'. As such, the orthodoxy of the definition refers to the fact that in theory they represent episodes of objectively serious forms of maltreatment. However, real episodes of sexual abuse are
seldom this clear-cut. Although practitioners require a clear working definition they need to
be helped to understand that identifying child sexual abuse has to be made in more subjective
terms and within a 'risk assessment' framework. The discussion of the difficulties in defining
the problem of evolving construction of child sexual abuse, as it relates to practice as well as
to research comparability, incidence, and prevalence, was made in Chapter One.

In practice, there are different cultural interpretations and contemporary blended familial
structures and interactions that continually present new questions. However, it is generally
felt that the definition of child sexual abuse should acknowledge the abuse of power and trust
that is carried out by an adult for their own sexual gratification and that children cannot give
full and informed consent to sexual acts with an adult. Such definitions do need to be broad
enough to cover cases of cultural variations (Cooper, 1993). As discussed in Chapter One, no
matter how precise a definition may be, cases will always exist that defy classification and
will stimulate disagreement (Berger, et al., 1989). It is not uncommon to find that the term of
'sexual abuse' is used in reference to a wide range of behaviours, for example, exhibitionism,
general manipulation, intercourse, voyeurism, child pornography and child prostitution
(Theunissen and Lusnats, 1993). As recorded in the Introduction to this thesis and as
discussed while conducting the 'in-depth interviews,' as reported in the research in this thesis,
it is not unusual for child welfare services to receive telephone calls from the public asking for
advice regarding certain types of behaviour, wondering if they may be sexually abusive or not.
Abuse may come in many different forms and we need to understand how priorities for action
are selected (Cooper, 1993). It is here that the roles of supervision and consultation need to be
reflexively employed to contextualise concerns to empower their workers and their clients to
come to a responsible, situated decision in regard to such questions.

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With regard to interagency concerns about a clear working definition, a shared recognition of a problem and a working consensus between agencies about the definition of what constitutes child sexual abuse, would seem to be a starting point (Morrison, 1993). The lack of consensus over the definition of child sexual abuse need not necessarily complicate working relations, as long as each agency is clear about the scope of their definition and makes this clear to the other agencies with whom they are working. Although different professional groups may not have consensual definitions, they do need to become aware of their differences in order to communicate and thus increase the possibility of improved outcomes (Haugaard and Reppucci, 1988). While differing definitions appear to be inevitable, given the different professional frameworks, this does not obviate the need for clear working definitions within each agency.

4.7.5 Need for policy regarding the exchange of information

In England and Western Australia the child protection officers have a statutory role for the protection of children. As discussed earlier in this Chapter, neither of these two locations are there laws for mandatory reporting of child abuse and child sexual abuse. However, agencies in these two countries are mandated to act collaboratively by government circular (Child Sexual Abuse task Force Report, 1987 and Hallet, 1993). Also, as previously described in this Chapter, organisations do not necessarily communicate effectively or efficiently merely by being mandated to do so (Faller, 1985; Molin and Herskowitz, 1986; Kalichman et al., 1990; Hutchison 1993 and Parton, 1985). Effective communication within the interagency context requires that each agency has clear policies about access to confidential information, not only to clients, but to other agencies as well. Normally, confidentiality in regard to clients is regarded as of paramount consideration by human service organisations (DHSS, 1988). However, agency agreements allow for exceptions to be made in respect of the notification to
statutory agencies of children thought to be at risk. It is accepted that no one agency has the exclusive province of dealing with child abuse (Cooper and Ball, 1987). It is the expectation that any one agency may initiate a referral. In addition, agencies agree to share information with the statutory body about a child if there is an assessment of risk. This means, in practice, that the exchange of information is dependent upon trust and confidence between professionals working in different agencies (Parton, 1991).

Unfortunately, this method of exchange of information is not always successfully achieved. There are many reasons for this such as some professionals fear of losing their relationship with the adults involved, fear of becoming entrapped in legal proceedings, fear that no substantiation will be made and that such action will be of no benefit to the family (Hutchison, 1993). The hierarchical nature of some organizations, as well as an ignorance of each other’s roles, may also cause problems with regard to the exchange of information (David, 1994).

Professionals’ attitudes towards class, gender and ethnicity have been shown to be important factors in the identification and reporting of child abuse so that some may not see the need for exchanging the information (Cooper and Ball, 1987; Stevenson, 1989a and Kalichman et al., 1990). ‘Anxieties about passing on information which may be used in proceedings over which one has no further control can also create a climate of mistrust’ (David, 1994, p.12). The exchange of information is generally regarded in the literature, as well as in practice, to be of paramount importance in the management of child sexual abuse (DHSS, 1988). Information is said to be a critical resource to organisational life (Jones and May, 1995). For this reason it would benefit agencies to have a policy for obtaining permission for such information exchanges and also a policy for the information exchange when prior permission is not available. In these instances, each agency has to have a clearly stated objective regarding the
purpose of their intervention. If these differ between agencies, collaboration is minimized, as when one agency's objective is the welfare of the child, and another the welfare of an adult, as for instance, between a child welfare agency and a maternity hospital. Provided both are able to be clear about common objectives, chances are that senior management would more easily come to an agreed upon policy for the exchange of information.

4.7.6 Policy objectives as outcomes for clients

Policy objectives, as desired outcomes for clients, are concerned with demonstrable behaviour, as opposed to general management and organisational policy. The Children Act 1989, in England and The Child Welfare Act 1989, in Western Australia, lay down clearly stated principles upon which objectives should be based. Amongst these would be that the child's interests are paramount and that the child's wishes, feelings and views need to be taken into account when any decision is to be taken. Parental responsibility needs to be recognised and supported. Families are considered to be the most appropriate environment for children growing up. An effective interagency network of services should be developed in the interests of helping and supporting children and families.

Although this thesis has been written in respect of issues to enhance interagency coordination and collaboration amongst professionals, the main reason for helping children and families ought not to be forgotten. Interagency coordination and collaboration is not an end in itself, but a way of helping protect children and helping families who are experiencing problems. Policy objectives should include a statement of value that reconceptualizes the 'gaze' of surveillance to include help and empathy for those managing in contexts of poverty, deprivation and discrimination (Parton, 1991; Thorpe, 1994 and Leonard, 1997). Social workers should not lose sight of the main objective of their intervention in child sexual abuse,
namely, the welfare of the child and the family. Agreement on the provision of clear objectives should go a long way to ensuring this.

4.7.7 *Clear role statements*

Clarity about roles, responsibilities and priorities in relation to professional and legal duties to the child whose welfare is in question is essential (Anthony, et al. 1989; Stevenson, 1989a; Baglow, 1990; Morrison, 1990 and David, 1994). Such clarity ought to be agreed upon by managers before the same can be expected from professionals at the front line (Morrison, 1990). It has been discussed in the Section 4.5 that mandated coordination and collaboration are not always successful. As Stevenson (1989a) has pointed out, in addition to the role ascribed to a worker in a multidisciplinary service, the personal attitudes and feelings of the workers are involved. Stevenson added that the morale of the worker is a key factor in their capacity to relate to other agencies. Stevenson's view is that a combination of explicit role definition to liaise, as well the motivation or impetus to implement it, would be required to produce collaboration. Once again, support is given for the need to include the *personal perspective* in interagency cooperation.

4.7.8 *Role of keyworker or case manager*

*Working Together* (DOH, 1991b) makes a number of significant recommendations and strategies aimed at improving interagency collaboration (David, 1994). One of these recommendations with regard to furthering the concept of explicit role definition has been the clarification of the role of the key worker as the person in charge of the case coordination. Originally, the term *keyworker* was introduced in England to denote any one worker in the child protection network who would coordinate and manage the casework with children and
families (DHSS, 1986). There had been some debate over which of the professionals might be nominated for this role, as happened with Health Visitors in the United Kingdom (Cooper and Ball, 1987). The role has now been set; it is the local authority's social worker who is charged legally with responsibility with child protection.

In England, once a child's name has been placed on a child protection register, the keyworker has responsibility for coordinating interagency activity (Parton, 1991). The keyworker may not have the same active contact with the child and family as does the case worker. The main role of the keyworker is to develop a multiagency plan and so assume a leading role in the coordination network and long time planning. In Western Australia, if a child has been made the subject of a 'Care and Protection Order' under The Child Welfare Act 1989, then a social worker with the statutory role is nominated for a similar role and as such is designated as the 'case manager'.

Having a clearly nominated person is an aid to interagency communication as reports and messages are directed to one person to manage and coordinate. This role is sometimes supported by sharing it with another person who is said to 'co-work' the case. Not only do support workers take some of the practical tasks of the case, but they are also available for consultation and added perspective. The implementation of protection services often requires an attention to detail and a refinement and categorisation of information coming from diverse agencies such as education, health, police and legal services that one person is best suited to manage. It is also an aid to children and families that they are aware that one person has been nominated as coordinator of their case in relation to all other agencies in the network.
4.7.9 Other coordinating mechanisms

There are other coordinating mechanisms that are included in *intra-agency* programmes. Although *intra-agency* coordination is not the main topic of this thesis, these coordinating mechanisms are included here for two reasons. Firstly, they are included in order to illustrate a total picture of the organisation. Secondly, they are included as they have an effect on an organisation's *interagency* processes. The main *intra-agency* programmes may include some of the following:

- induction programmes;
- team meetings and staff meetings;
- programme instructions;
- case presentations;
- journal clubs;
- informal meetings as in morning tea breaks;
- policy manual, procedure handbooks and training videos;
- policy working party; and
- computer based information.

The next section discusses some of the main collaborating procedures to be found in a child welfare or child protection agency.

4.8 Collaborative procedures

The collaborative procedures refer to the actual joint activities that agencies can share. These activities may occur in a number of areas which include personnel, consumer services, joint planning committees, funding and administrative endeavours. One example of these activities
is contained in May and Jones (1995) reference to Lauffer's (1978, pp. 187-238) description of a repertoire of collaborative behaviours in human service organisations. These authors summarised the behaviours into five areas. This type of clarification of collaborative activities could possibly also be applied to the management of child sexual abuse in relation to its multi-agency collaborative activities. The Jones and May (1995, p.140) summary is presented as follows.

1. Joint funding arrangements among service providers such as pooling of resources, purchase of services, and combined funding applications.
2. Joint administrative arrangements between services in a similar field or locale. Examples are joint sponsorship of studies or research, combined publicity and public relations, integrated record keeping, combined premises and administrative support.
3. Linkages regarding sharing or exchange of personnel. Examples are staff transfers, out-stationing of staff, combined staff training, and the use of volunteer bureaus.
4. Linking of consumer services, such as case conferences and co-ordination, joint projects and multi-purpose centres;
5. Participation in joint planning and co-ordination mechanisms. For example, participating in local welfare councils, the planning activities of local, State and Commonwealth Government, Councils on the Ageing, and so forth.

While Lauffer's categorisation of collaborative activities for organisations can be usefully applied to many of the agencies managing child sexual abuse, a further review of the literature, together with personal experience revealed other more specific activities recommended for the enhancement of collaboration. The classification of collaborative activities is developed further in this chapter and also in Chapter 8 as part of a proposed
4.8.1 Local child protection committees

Joint planning and interagency coordination and collaboration are generally recognised processes in child protection work. In order to develop and foster these processes local authorities, in England, were encouraged to establish area based committees. Initially, included amongst the functions of the committees were: to provide advice on local practice and procedures; to approve written guidelines and aid in their distribution; to review the work of case conferences; to ensure education and training in child protection matters in various agencies; to provide a forum for consultation for all involved in the management of the problem; and to prepare reports on the work done in the area. Other functions were included on an *ad hoc* basis as the local area needs arose.

The term, 'Area Review Committee', first came into currency following the DHS Memorandum LASSL (74)13/CMO(74)8 (Dingwall, et al., 1983). This policy document mandated coordination and included a strong recommendation for the Area Based Committee, which was renamed in 1988 the Area Child Protection Committee (ACPC).

In the 1970s in Western Australia there had been the establishment of the *Advisory and Consultative Committee on Child Abuse* (ACCCA), which had been set up to coordinate services in respect of children's welfare and to advise the government. This committee was disbanded in the early 1990s as part of the State Government's overall review of welfare service organisation and funding. Since then local advisory committees have been established in regional areas to fulfill the same function of reviewing and coordinating services. These local committees also advise the government Minister for Child and Family Services on the...
needs of children and families in the different regions of Western Australia. Of particular significance has been the establishment of the new *Western Australian Child Protection Council* (WACPC), set up in May, 1998 (FACS, *Annual Report*, 1998). This Council has the membership from five government organisations and six community representatives. The purpose of the group will not only be to advise the Minister on matters pertaining to child protection, but also to improve coordination and collaboration between relevant government and non-government organisations. As with the ACPCs in England, this Council in Western Australia is seen to be vital in fulfilling the government's commitment to responding to child abuse.

The ACPC's, in England, have grown and expanded in size and also in the activities in which they participate. They have grown from simple forums about policy to being major avenues through which the government implements policy and promulgates guidelines (Evans and Miller, 1992). Many ACPC's are now involved with the practice of quality assurance and training. Unfortunately, their expanded role has not been accompanied by specific funding. Users and practitioners have objected that ACPC's do not respond to complaints and are not effective in passing information to higher management and programme levels (Wilson and Steppe, 1994). The question of who should chair these committees has been a matter of debate (Stevenson, 1989a and DOH, 1991b). These criticisms and debates have been long-standing and new strategic management plans to seriously reconsider the role of the ACPC have been discussed (DOH, 1991b and Evans and Miller, 1992). Clearly, there is a need to enhance the role and status of these committees so that these criticisms can be met. Despite the criticisms of *Inquiry Reports*, where shortcomings and failures to collaborate are placed on the area-based committees, they do remain the most common mechanism for the regulation of relationships between agencies. In addition, the work of the area-based committee has a
vital role to play as the middle tier between different agencies and their respective government department through facilitating communication between both.

4.8.2 Regular meetings

Equally important, is the interagency communication that is vital to the collaborative process. While agencies may be mandated to work together in theory, whether this is achieved in practice will depend ultimately on the quality of interpersonal relationships displayed. The act of bringing people together from different backgrounds to share information has both the formal and informal aspects to enhance communication flow.

Collaboration is needed at all levels of organisational life and some recommend that it is vital to have a local forum for case discussion as an aid to reducing conflict and accommodating change into practice (Morrison, 1990 and Jones and Bilton, 1994). As systems are dynamic and changing, the information generated may be put to use for an enhanced service to consumers as well as for professional development.

Interagency meetings, such as professional training, contact lunches, and multiprofessional case conferences, with experienced workers from other backgrounds provide a potential source of support (David, 1994). Regular meetings also serve as an aid to the general enhancement of coordination between the professionals as each begins to learn more about one another's roles.

Obstacles to regular meetings can occur owing to different work load priorities as well as different values about sharing information or even the need to do so. Major concerns about confidentiality, professional rivalries and some worries about excessive familiarity blurring
the roles and generating duplication of functions between agencies are sometimes mentioned. Apart from these possible difficulties, if professionally well managed, the benefits of regular meetings to aid communication remain.

Argyle (1997) shows how prejudices are reduced when people meet regularly on a personal and equal status footing. Baglow (1990) has expressed the view that family's benefit when they see that there is unity amongst the professionals. Also, the benefits to the morale of the professionals concerned through mutual support gained at these meetings should not be underestimated. It would not be unreasonable to suggest that stress upon child protection practitioners is likely to be lessened when not all of their work is directly client centered and is balanced through regular attendance at professional development meetings.

4.8.3 Case conference

The case conference is a specialised meeting, recognised in England and Australia, as essential for achieving interprofessional cooperation in the management of child sexual abuse. 'Case conferences have an interest in the presence of everyone with a face-to-face knowledge of every salient member of the family, plus their supervisors when appropriate and also agency representatives with power over resources' (Hallett and Birchall, 1992, p. 281). The prime reason for holding a joint case conference is to decide upon the registration of a child, but discussions will also lead to an action plan and a contract between the professionals, their agencies and the family. They have been recommended in the United Kingdom government circulars and inquiry reports. Parton (1985) has described the Tunbridge Wells Study Group which had emphasized the importance of the case conference that formulated a plan for each case and provided an arena within which to discuss the appropriate roles and tasks for all of the professionals involved.
In England, the present system was inaugurated with the DHSS Circular LASSL (74) 13 CMO (74)8, 22 April 1974 (Parton, 1991). According to *Working Together* (DOH, 1991b, p.31) the child protection conference is '...the prime forum for professionals and the family to share information and concerns, analyse and weigh up the level of risks to the children and make recommendations for action.' The possible margin for errors in risk assessment decisions was commented upon in Section 2.7.3. The literature has discussed the possibility that some decisions in a group setting, such as in a case conference, may result in individual members lowering their thresholds of the criteria of risk (Janis, 1975 and 1982 and Houston and Griffiths, 2000). In such cases, the process of decision making is open to what the literature refers to as 'statistical fallacy', as in missing true cases or, of making false accusations.

The number of participants at a case conference needs to be limited so that they do not become unwieldy and so result in being unproductive. The logistics of time, place, administrative backing for producing, collating and distributing the minutes of these meetings represent a considerable use of resources. Not all professions involved need to be present at a case conference, although their reports are usually requested. There are also administrative structures, which need to be developed in respect of storing these confidential files, and their distribution to the relevant people who are involved with the child's protection.

At the time of conducting the research reported in this thesis, no child protection register existed in Western Australia comparable to the one that operated in England. Instead, case conferences were held in this State for the purpose of bringing together relevant agencies together with children and families for planning intervention and programmes for children who were deemed to be at risk. Case conferences were also held for the planning of
interventions for those children who had been made 'Wards of the State' through court applications following substantiated incidences of abuse. Since completing this research, plans have been circulated, in February 1999, in Western Australian child protection agencies with a view to establishing a register.

Case conferences are not without problems. Most of these relate to non-attendance of invited participants, lack of time to attend case conferences, professional conflicts, to name a few (Hallett and Birchall, 1992 and Birchall and Hallett, 1995). It has been suggested that some practitioners tend to favour the partnership with parents to the detriment of the child and in these situations 'the rule of optimism' overlooks some of the abuse that has been presented (Dingwall, et al., 1988). Case conferences are noted for being emotionally charged and the stresses that they generate relate to the practitioners as well as to the clients. The concept of 'mirroring' the anxiety of the family may result in powerful defences of denial and projection (Dale and Davies, 1985 and Baglow, 1990). For these reasons, the chairperson for these groups will need to be trained and experienced in case conference management. Ideally, the chairperson's training will be set in a multidisciplinary context.

4.8.4 Joint training

The procedure of 'joint training' is seen as vital to interagency collaboration and has, in England, become a governmental directive. As written in Working Together (DOH, 1991b, p.54). 'Interagency training is essential if interagency procedures are to function satisfactorily.' The emphasis on the importance of joint training for interagency collaboration is widely supported in the literature (Mrazek, Lynch and Bentovim, 1983; Anthony, et al., 1988; Haslam, 1991; Hallett and Birchall 1992; David, 1994; Jones and Bilton 1994 and Birchall and Hallett, 1995). In addition, the publication of governmental guidelines to
encourage interagency training in England has represented a major effort to establish and

Anthony et al. (1988) have pointed out that for effective collaboration at every stage of
diagnosis, investigation and management of child sexual abuse, it is of vital importance that
there be trust and respect amongst the professionals and that this can be facilitated by
interagency training. Hallett and Birchall (1992) have likewise pointed to the importance of
trust and respect which need to be fostered amongst the essential but diverse staff involved in
child protection. They go on to say that the process issues are at least as important as the
technical content of procedures. In this sense, the training is thought to bring to life what is
written in the pages of guidelines. Morrison (1990, p.24) has put this same emphasis on joint
training by noting that '...beyond the promotion of a shared knowledge base, it should provide
the opportunity at all levels to explore values, clarify roles, build networks, rehearse
collaborative working and identify and resolve conflicts.' David (1994) has pointed to the fact
that such joint training is not just to learn about each other's separate roles, but also to give the
person a chance to 'try on' the membership of working collaboratively.

4.8.5 Collaboration with the police

The range of possible contacts for collaboration in the child protection network is immense.
Lists comprising up to forty-two different professionals who may have been involved in a
single case have been noted in the literature (Reder, et al., 1993). Birchall and Hallett (1995)
in their study of interprofessional contacts in child protection work discovered that of all the
professionals involved, police officers interact most often with other professionals. In their
study, 96% of police regularly communicated with social workers. It is well known that the
police and social services form a strong working partnership and are encouraged to perform joint assessments (Mrazek, Lynch and Bentovim, 1983; Cooper and Ball 1987; Anthony et al. 1988; Blagg and Stubbs, 1988; Parton, 1991; Wattam, 1992; David, 1994 and Humphreys, 1996).

This strong working relationship between the police and social services in England has led some to begin to talk of a two tier system of interagency management with social services and the police being in the first tier and other agencies being in the second tier (Evans and Miller, 1992). This may have been due to the Home Office Circular in 1988 recommending social workers and police work together in joint investigations and interviews and also in the sharing of information and providing specialist facilities (Parton, 1991). Initial investigations became the province of the police and social services, with medical personnel assuming a secondary role. Guidance for the interviewing of child witnesses in a legally acceptable manner is contained in the Memorandum of Good Practice, Home Office, 1992 (Wattam, 1992).

In England and in Australia, child sexual abuse is a criminal offence. If such an act is known to have been committed the police are to be informed. Interagency guidelines, in Western Australia state that, where there are no protective issues in criminal cases, they should be referred directly to the police (FACS, 1998). As child sexual abuse is a criminal matter which may lead to prosecution, the timing of interviews and the collection of possible forensic evidence all need to be coordinated with minimum trauma for the child and the family. The involvement of the police, at an early stage, is needed as initially it is not known if a crime has been committed. Such policy needs to be worked out first at senior level with regard to the sharing of information and role ascriptions.
The various models of police specialist response to child protection matters are also the subject of current research in Australia where Humphries (1996) has suggested the need for evaluation and monitoring of a range of models. Currently undergoing evaluation in New South Wales, Australia, is a model in which the police and social workers are trained and work together. The need to develop a working model between social services and the police is crucial and is of primary importance in the collaborative process. This is taken into account when suggesting the model arising out of the research reported later in this thesis.

4.8.6 Collating statistics

As previously stated in this thesis, there has been a significant rise in child sexual abuse notifications since the 1980s. This has led to the proliferation of services as those described above in relation to the police and social workers. In turn, this has led to the need for accurate statistics regarding the numbers referred and managed by agencies. The keeping of records in any organisation is essential for purposes of planning, budgeting staffing, development of services, research purposes, quality assurance and accountability. The ability to monitor and report accurately the numbers of cases that are being seen and their seriousness need to be part of a proactive management and supervision programme. Agency accountability should seek to protect workers' morale and the client's services by keeping written records and accurate statistics. Intra-agency records are a matter for organisational coordination, but they can also reflect the collaborative process when the clients are shared between agencies.

If it is accepted that all the agencies in the child protection network keep their own statistics concerning child sexual abuse, the question remains how do they coordinate these numbers to give an accurate picture of the problem without a system of joint collation? The collection and collation of non-identifiable objective data had been the work of The Advisory and
Coordinating Committee on Child Abuse (ACCCA) in Western Australia during the 1980s. The work of collating such statistics in Australia has been ascribed to Welfare Statistics, a subcommittee of 'The Standing Committee of Social Welfare Ministers and Administrators', (WELSTAT, 1987), that was set up to enhance existing information systems.

Cooper (1993) registered surprise that despite the concern about child abuse in the United Kingdom, it is only since 1988 that the government began to keep national statistics. These are collected from local authorities and represent the number of children on child protection registers, and as such measure official concern, and so do not present a picture of incidence (Parton, et al, 1997). The issues of incidence, prevalence and epidemiological studies, as discussed in Chapter One, are vital to addressing the broader discourses of gender and power. Kaul (1983) has noted that abused children are not an organised group. Their needs can be overlooked, therefore, it is important to have an accurate picture of the numbers involved, as well as their characteristics. The epidemiological information relating to children, who are abused, helps to create a knowledge base for practitioners to improve practice (Finklehor, 1993). This information is also valuable to design prevention programmes that are responsive to different age sets, geographical localities, cultures and classes.

With regard to the shape and design of services, when there are limited resources, there is strength in providing combined numbers to represent societal trends in abuse, granted that absolute numbers may never be available. It will not be up to any one single agency to present a case for prevention and improved services in the management of child sexual abuse.

4.8.7 Attendance at conferences

Throughout this thesis there has been the emphasis on professionals working together to create
better systems of delivery not only for the clients but also for themselves. 'The nub of successful interdisciplinary work lies in sharing knowledge from different perspectives to provide a picture on which assessment and hence intervention can be based' (Stevenson, 1989a, p.37). Joint attendance at conferences further enhances this process as feelings of refreshed enthusiasm to face the tasks of child welfare work are engendered. Conferences are a forum for the pooling and sharing of ideas and work practices gathered from experience in the multiagency network. Research findings are presented, discussed and published at these meetings. The range of people who present their work may vary from world famous experts to individuals who are prepared to share what occurs at the local level.

While the merits of conferences may be self-evident, the act of securing the backing of an agency to attend is yet another matter. Ideally, the organisation should have a policy of professional development which is supported with sufficient funding allocated specifically for conference attendance. Along with this, there should be an equitable system for the allocation of these funds so that all have opportunity to attend. By being able to attend, a participant is able to view the wider context of their everyday practice in this often highly intensive congress.

There is the trend for consumer groups to attend such conferences to present their points of view which is critical to the further development of standards of excellence. Conferences are also able to focus press attention upon that which is positive about working for the welfare of children and families (ISPCAN Conference, Dublin, 1996).

A further benefit of attendance is the opportunity for mutual support both formal and informal, which many authors consider to be necessary in view of the increasing stress levels amongst
the professionals working in child protection. Increased levels of stress, burn out, low morale and high attrition from the field for child welfare practitioners are well documented (Lynch, 1986; Berger, 1989; Gibson, McGrath, and Reid, 1989; Stevenson, 1989a; Baglow, 1990; Morrison, 1990; Haslam 1991; Parton 1991; Hallett and Birchall 1992; Rickford, 1993 and Ife 1997). As a chosen representative of an agency, a worker is charged with a new role which demonstrates the value that the organisation places on them. This can help enhance self-esteem and thereby increase morale.

Attendance at conferences; at local, national and even international levels present lively and informative forums for professional development. The need for quality assurance and evaluation of services has been reinforced throughout the thesis. The overwhelming need for research in this area has been discussed. Conferences are a natural forum for the presentation and sharing of research findings. The essence of collaboration and sharing information was said to be needed at all levels of an organisational structure; conferences are one level at which this can be encouraged.

4.9 Personal perspectives

Although it is theoretically possible to identify the underlying mechanisms of coordination and collaboration as described above, their implementation in practice is going to depend upon the personal characteristics and attitudes of the workers. As Hallett and Birchall (1992, p. 42) remind us, referring to Perrow (1979), '...organisations cannot act, people do.' The workers' professional identity, their personal understanding of others' perspectives and their own unique personality characteristics will all affect their commitment toward the
collaborative process and their capacity to actively engage in it. Also, under the heading of 'personal perspectives' would be placed multiple social factors such as the cultural setting, geographical location, gender, ethnicity, years of experience and the legal mandate of the employing agency as they contribute to a worker's professional identity. All of these variables combine to shape and influence the quality of the workers' responses, their own self-concepts, their morale and their job satisfaction.

4.9.1 Stress and 'burn out'

Lack of job satisfaction has been a major factor in social workers leaving the profession (Greenwood and VanWagtendonk, 1988). Several authors have referred to staff 'burn out' and the high incidence of stress amongst professionals working in this difficult area (Lipsky, 1980; Lynch, 1986; Berger, Rolon, Sachs and Wilson, 1989; Baglow, 1990 and Morrison, 1990). Child abuse inquiry reports have also commented upon the high levels of stress among the professionals involved (Rickford, 1993). Interpersonal conflicts between professionals can also be a major source of stress (Kahn, Wolfe, Quinn, Snoek and Rosenthal, 1964; Gustafsson, Lagerberg, Larsson and Sundelin, 1979 and The Cleveland Report, 1988). In addition, the nature of the child protection work itself is stressful because of inherent paradoxes of the self-referential systems that are involved (King, 1997). This was discussed in Chapter Three. For instance, social workers have to deal with the paradox of having to make situated moral judgments while at the same time being expected to justify their decisions in the defensible language of a scientific paradigm (King, 1997). The anxiety of making a possible error is an inevitable aspect where judgments of risk have to be made. The sanctions applied to such errors are heavy and they are usually directed at the individual believed to be responsible, as illustrated in the numerous inquiry reports (Reder, et al., 1993 and Parton 1998). The stressful nature of the work has regularly been cited as a major cause
of staff turnover (Mayhall and Norgard, 1983).

As discussed in Chapter One, there has been attention paid to organisational issues, but too little on the inherent tensions between the professionals working within the network (Parton, 1985; Lynch, 1986; Berger, et al., 1989; O'Hagan, 1989 and Baglow, 1990). It has appeared from what had been referred to as 'turf fights' (Lyon and Kouloumpos-Lenares, 1989) that the individual and group behaviour often manifested itself in the classic anxiety responses; 'fight, flight or freeze'. The presence of hostility and competition amongst professionals is nominated as a factor in dangerous practice which would be likely to contribute to stressful relationships (HMSO, 1988).

Organisations and their relevant actors are interdependent upon each other when they provide each other with feedback and resources. Clear communications, therefore, are essential as they engender mutual understanding, trust and confidence (Kahn, et al., 1964 and Skaff, 1988). As commented upon in Baglow (1990, p.390), in extreme cases where there is poor communication between agencies and where cases are not satisfactorily managed one of them is likely to feel that '...a case has been dumped on them'. Such bad feelings can generalise to the treatment process itself.

4.9.2 Equality of status

Relations between individuals, groups and agencies are about communications that have official channels, as well as informal ones, through which information can flow or be impeded. Where communications have been unsatisfactory and the flow of information has been impeded negative stereotyping of workers may occur. Although such stereotyping may occur through any form of interaction, the telephone consultation which is often the first
contact with an agency can be a gauge of this phenomenon. Workers can often perceive the status in which they are held by the quality of the conversation with the other professional to whom they are speaking. Also, it is not uncommon for some workers to be unable to speak directly to the desired professional without having established a prior working relationship.

The multidisciplinary approach works well when each of the participants has equal status and problems have frequently been seen to inhibit relationships (Hallett and Birchall, 1992). Unfortunately, for historical reasons some professions have a traditional hierarchical organisation. For example, the medical profession's hierarchical organisation is such that unless recognised it may inhibit effective communication (Cooper and Ball, 1987). In addition to the hierarchy between different professions, status in a multiprofessional group may also be influenced by others' perceptions of gender, race, class, disability, personal qualities and whether the work base is a statutory or voluntary agency (David, 1994). The subordinate status traditionally ascribed to women and also ethnic minorities in society also has to be acknowledged (Smart, 1990 and O'Hagan and Dillenburger, 1995). Although an equal status model may be a desirable goal, this may not always be possible to achieve, particularly during the early stages of contact between different professionals in different agencies.

Effective communication would value an equal status model so that all of the contributors can share their perspectives in an uninhibited manner without the domination of any particular person or profession. The perceived status of a worker affects their professional credibility and this status is often judged by length and breadth of training. Unfortunately for social workers, their training often is shorter and with a less scientific approach to practice than some other professions in the collaborative process such as the medical and legal professions.
However, as social workers have been given the legal mandate in child protection matters other professionals usually defer to them in the decision making process. As a result of having been given the professional status in decision making they can be left feeling unsupported by colleagues from other professions who often leave them to bear the responsibilities of taking appropriate action. In an equal status model this difficulty would be minimised.

Workers' self perceptions, their personal attributes and their capacity for coping with stress, as well as their perceptions of other professionals, clearly influence the collaborative process. Attention to the 'personal perspectives' therefore is seen to be crucial for the optimum operation of the key mechanisms outlined in regard to coordination and collaboration.

4.10 Towards an integrated organisational model

It was found to be possible to divide current interagency multidisciplinary treatment models into recommended structures and processes as illustrated in Section 4.6. Having identified key coordinating mechanisms, collaborative procedures and personal perspectives contributing to successful interagency cooperation, it would not be unreasonable to suggest that if validated they could be integrated into an interagency organisational model.

A model is defined in the Oxford Dictionary (1984, p.650) as a simplified description of a system to assist calculations and predictions. The use of the term 'model' in social work refers to a set of practice procedures based upon accepted theory and validated as reliable tools for intervention (Reid and Epstein, 1972). The above definitions of a model are employed in this thesis to describe a set of key organisational mechanisms and procedures that would predict effective interagency coordination and collaboration.
Cross-culturally many different models of interagency coordination and collaboration have been and are in use for the management process of child abuse and child sexual abuse. These models range from the loose and informal to the highly structured and formal (Skaff, 1988 and Epstein, 1990). Organisational theories often polarise such models on a continuum between rationalist structured on one end to the 'laissez-faire' at the other. In between these two extremes, other approaches have been identified and the models systematically reduced into identifiable stages of action and interaction, for example, Baglow's (1990) multidimensional model, for the treatment of child abuse, as illustrated in Chapter Three. The model proposed in this thesis would also have identifiable stages of interaction, but in addition it would incorporate structural mechanisms to underpin the interactions and include the dynamic influences of the personal perspectives. This model would be unique in its depiction of an integrated dynamic organisation that incorporated the three aspects of coordination, collaboration and personal perspectives. Before this model could be presented and graphically displayed it was necessary to empirically validate the key coordinating mechanisms, the collaborative procedures and the personal perspectives as identified and discussed in the preceding sections. The methodology and experimental design used is described in the following chapter.

4.11 Concluding comments

It is generally agreed that the successful professional management of child sexual abuse involves interagency coordination, collaboration and cooperation. While it is generally recognised as a desired activity and a difficult one to achieve, little has been written about how best it could be achieved in practice. Before addressing this problem, it was considered essential to define the terms and give them a precise meaning, as coordination collaboration
and cooperation have often been used interchangeably in the literature, as if they meant the same thing.

Theoretical perspectives of why people cooperate in typical inter-organisational activities are described in the literature in various ways. These range from voluntary cooperation, power dependency, exchange theory, mandated legislative, professional ethics, rational and humanistic perspectives. All of these perspectives apply at various points in the child protection discourse. In order to achieve effective and efficient management these different perspectives have to be acknowledged together with the underlying tensions and covert issues that can exist between agencies. Before agencies can work effectively together they need to develop an awareness and a sensitivity to areas of difficulty in order to minimize their negative effects.

In this chapter the key mechanisms and procedures of operation underlying the different organisational perspectives were identified, described and categorised from a review of the literature and personal experience. It was suggested that the underlying key organisational mechanisms and procedures could be placed into the three categories of coordinating mechanisms, collaborative procedures and personal perspectives.

The review of the existing research revealed little empirical research into the practitioners' evaluation of the organisational work practices and their underlying mechanisms and procedures. Until 1994, the date at which the research reported in this thesis was begun, there was no large-scale investigation into the opinions and attitudes of the practitioners who implemented organisational policy and procedures, although several authors recommended it (Parton, 1985 and O'Hagan, 1989). It was decided in the research reported in this thesis to
address this need for research into the underlying mechanisms and procedures of interagency cooperation.

It was noted also from the literature review that while reference was made to the human or personal perspective, it did not seem to be included as a variable in the research into the underlying coordination and collaboration mechanisms of interagency cooperation. In the light of this, together with my personal experience as a practitioner and as a manager, it was decided that the inclusion of the ‘personal perspective’ was needed in a categorisation of the underlying mechanisms. The current discourse regarding the value of developing and including a more subjectivist paradigm has also been given further support to this inclusion.

In summary, it was decided to investigate the three key underlying structures and processes of coordinating mechanisms, collaborative procedures and personal perspectives as described in this chapter. The opinions and recommendations of practitioners in Australia and England were to be sampled as part of an empirical evaluation of these key constituents of interagency coordination and collaboration. It was suggested that if the three categories could be validated it might be possible to integrate them and so provide a dynamic model of operation for efficient and effective interagency cooperation.
CHAPTER FIVE: METHODOLOGY

5.1 Introduction

The previous chapter outlined the underlying organizational mechanisms and processes contributing to coordination and collaboration together with the personal perspectives that influenced their operation. This chapter will discuss the development of the methodology used to evaluate the mechanisms. This will include the operationalisation of the constructs identified to form the initial questions, followed by a review of the process of refinement leading to the final design of a questionnaire. In addition, the selection of the sample surveyed and the practical and ethical implications involved in the administration of the questionnaire will also be discussed.

The rationale underpinning the design of the survey method, postal administration, personal in-depth interviews and the use of comparative methodology, will also be discussed in this Chapter. A demographic description of the surveyed population will be presented. A description of the quantitative analysis using the Statistical Package for Social Science (SPSS) (Norusis, 1988) will also be included, together with an account of the method of qualitative analysis employed. This combination of quantitative and qualitative analysis, sometimes known as methodological eclecticism, will also be incorporated, as it ensures greater reliability and validity as the subject is considered from a variety of perspectives. This will also allow for possible greater generalisation of results as well as a detailed description of data. The chapter will conclude with a statement of the underlying philosophy of the research.
5.2 The survey design

The survey design employed in this study used a combination of quantitative and qualitative techniques. This combination is sometimes known as 'methodological eclecticism' (Hammersley, 1997, p.167). Qualitative data is sometimes regarded as being able to provide major detailed and accurate information about a small number of cases, while quantitative research provides the basis for a generalisation of the results to a larger population (Hammersley, 1997).

A quasi-experimental design using the survey method was chosen to evaluate the attitudes of professional social workers to practice based child protection work. This method is generally recognised in sociological research as the most appropriate method when investigating a large population (Babbie, 1983 and Kidder and Judd, 1986). It was decided to operationalise selected variables discussed in the literature and gleaned from personal experience that were required for successful interagency coordination and collaboration in the management of child sexual abuse in Australia and in England, as discussed in previous chapters of this thesis. These were then transposed in questionnaire form based on the literature and personal experience as discussed in Chapter Four.

The questionnaire investigated attitudes of child protection workers to coordinating mechanisms, collaborative procedures, and personal perspectives in reference mainly to the initial phase of the management process. This initial management stage was recognised as not only a crucial phase of intervention, but also as an area of practice that was under evaluated in the literature (O'Hagan, 1989, p.17). Respondents were also requested to provide non-identifiable demographic information on each questionnaire.
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The main hypothesis was that the organisational mechanisms as identified in the previous chapter would be considered to be the key components necessary for interagency coordination and collaboration. A subsidiary hypothesis was that there would be no practical difference in the values placed on these key components amongst practitioners in two different countries.

A comparative analysis of the responses to the questionnaire was ordered for statistical analysis using the following variables: England and Australia; basic grade worker and manager; years of experience; metropolitan and non-metropolitan; gender; statutory and non-statutory agency mandate. This information is presented in Section 5.2.5. Qualitative analysis investigated the influences of ethnicity, status, gender and years of experience.

After analysis of the survey results, in-depth interviews were organised in both England and in Australia. This was done to obtain a fuller understanding of the results. The in-depth interviews added a third dimension. Triangulation has become an accepted means of increasing reliability and validity (Lincoln and Guba, 1985 and Hammersley, 1997).

Methodological difficulties affecting comparative sociological research are well documented in the literature (Armer and Grimshaw, 1973). For example, strategies such as sampling methods, measuring techniques, analysis procedures, and data collection methods may be appropriate in one culture, but not in another (Armer, 1973). These would have to be considered. The problems of conceptual and contextual equivalence and contextual definition have received attention in sociological literature (Merton, 1963). There may be times when total equivalence cannot be achieved and allowances may be needed to take this into account.

A cross-cultural study between England and Australia would be less likely to be subject to the
above difficulties as the two societies do share major cultural and historical ties with similar legal and parliamentary institutions. In addition, the two countries have the same language apart from some minor colloquial differences. The units of comparability that were to be the opinions of teams of child protection workers and their managers share a common professional language.

The subsidiary hypothesis was that the two countries would have similar agreement about the key underlying organisational mechanisms necessary for interagency coordination and collaboration despite any differences in service delivery. If this hypothesis could be substantiated, a framework of key organisational variables could be postulated with applicability in both countries. This would provide them with added validity precisely because they were considered to be of significance in cross-national settings.

As stated, the basic unit of comparability was a random sample of basic grade workers and their managers who work in the management of child sexual abuse in England and Australia. In each country, this unit was further subdivided into demographic sub-categories for more in-depth and cross-analytical comparisons. These comparisons are discussed and displayed in Chapter Six. A practical consideration in conducting the survey was to be able to gather the opinions of as many of the identified population as economically as possible in regard to time and costs.

The initial plan for the administration of the questionnaire was to interview forty respondents face to face in England and Australia, respectively. Permission to interview an English sample had been obtained, but due to organisational constraints approval for an Australian sample was unobtainable at that time. The research methodology then had to be reconsidered.
Thereafter, the plan was to retain the questionnaire and suitably modify it for postal administration. In addition, the size of the sample was then increased in order to obtain a sufficiently large and representative population to validate the survey.

5.2.1 Development of survey instrument

The organisational mechanisms and principles identified in the literature and discussed in the previous chapter were operationalised to form a questionnaire to sample workers' attitudes. A fundamental problem in survey research is that attitudinal responses usually have to be regarded as approximate indicators only with regard to the concepts surveyed. This can reduce their validity to some extent. Such problems of validity in social survey research are well documented in the literature (Moser and Kalton, 1973; Kidder and Judd, 1986 and Babbie, 1989). The specific problem of achieving validity in qualitative research is also discussed in Styles (1993) and Henwood and Pigeon (1992). One of the problems discussed by these authors is the need for functional and conceptual equivalence.

The need for functional and conceptual equivalence in the design of a questionnaire for a cross-cultural study was recognised in this research. Even when both countries have English as a common language sometimes equivalence cannot be achieved. In regard to conceptual equivalence, all respondents were professionals who were specialising in the management of child sexual abuse, so they shared a common professional language. Therefore, the question of instrument translation was not deemed to be a problem. In regard to functional equivalence, differences in operational models were allowed for and were acknowledged in the statistical analysis. An example of this is seen in the instance where the English operational system employs routine case conferences while the Australian system does not.
5.2.2 Key organisational mechanisms

Initially, the key constructs of organizational mechanisms, as outlined in the previous chapter, were summarised under the following seventeen categories:

1. clear agency guidelines allowing free communications with other agencies;
2. clear role definition and key worker designation;
3. social contacts as well as work contacts;
4. other agencies welcome your contact;
5. equal status with other agencies in meetings;
6. exchange of information with other agencies;
7. prompt response to other agencies;
8. formal, written procedures for communicating with other agencies;
9. shared decisions regarding initial referrals;
10. interagency joint training and professional development at conferences;
11. awareness of other agencies functions;
12. clear definition of child sexual abuse;
13. clear policy with regard to collaboration with police;
14. regular scheduled meetings with other agencies at all staff levels;
15. clear objectives regarding child protection;
16. regular case conferences; and
17. keeping joint statistics with other agencies;

This list was then operationalised, refined and expanded into twenty questions to form a questionnaire (see Appendix 5.1). This provided the basis of the survey instrument.

The survey instrument so far described consisted of a semi-structured questionnaire. A Likert-type rating scale (Likert, 1932) was added to each question. A request for a series of
demographic details was also included on each questionnaire. The constructs operationalised in each question formed the independent variables to be assessed for later statistical analysis. The demographic details represented the dependent variables.

The questionnaire was designed to be self-administered in the form as discussed in Babbie (1989). Each question had the same basic format with each representing one independent variable, as stated above. Responses to each question were divided into three sections. The first section asked for a 'Yes/No' response. As a closed-ended question, this provided for greater uniformity of data collection and would be easily processed for computer analysis. The second section gave a three-line space and invited written comment. This allowed for the collection of qualitative data. It also took into account the need to avoid double-barreled questions, that is, a response that would neither agree nor disagree (Babbie, 1989). The third section asked for a numerical rating response on a ten-point scale. The rating scale provided an additional quantitative data collection method to assess the values assigned to each independent variable as reflected in the question. The questionnaire was coded in accordance with SPSS guidelines (see Appendix 1).

Two additional open-ended questions were added at the end of the questionnaire that came after the pilot study results discussed below. The first invited respondents to add any organisational aid to facilitate interagency collaboration that they felt may have been omitted from the questionnaire and to state those mechanisms they considered being of particular importance. The second question asked if four particular demographic factors might have influenced the quality of their interagency communication: these factors were gender, status, ethnicity and years of experience.
At the end of the questionnaire a full list of non-identifiable demographic details were requested from each respondent in respect of gender, years of experience, employment status, employment location (metropolitan or non-metropolitan) and legal status of employing agency (statutory or non-statutory). Information on these demographic features was sought in order to test in the statistical analysis for their possible interaction effect. It would not be unreasonable to expect that different demographic details might skew the results of any major comparative analysis and so would need to be taken into account.

The ease of administration had been considered in the design of the questionnaire. As it was to be self-administered the questionnaire needed to be easily interpreted, uncomplicated and quick to complete. This took into account that social workers were likely to have a busy schedule and this would be asking an additional commitment from them.

This same questionnaire was used to structure the in-depth interviews that are discussed in Section 5.3 in this Chapter. The questionnaire is presented in Appendix 5.1.

5.2.3 Pilot run

The first draft of the above survey instrument was distributed for comment to six of the staff members of the Social Work and Social Administration Department at the University of Western Australia. All of these were also senior practitioners, as well as lecturers apart from the Professor of Social Work who was also a qualified psychologist. The draft was also distributed for comment to six social work staff at the University of Plymouth. It was important to have the basic design scrutinised for clarity and ease of administration.

Valuable comments were obtained recommending minor alterations to the wording. Also,
recommendations to widen the scope of the questionnaire were made. As a result of this pilot study, two open ended 'Further Information Questions' were added to the end of the questionnaire allowing respondents to enter any other ideas about collaboration that they might wish to contribute. Apart from these additions, there were no further criticisms of the instrument's structure and design. In addition to the comments from the University staff in England and in Australia, two Senior Social Workers from Cornwall agreed to pilot the interview procedure. These respondents completed the questionnaire without hesitation or criticism. Both commented that they felt that the topic had been thoroughly covered and that the questions were concise and clear. This had also been an opportunity to practice the interview procedure with a tape recorder. No changes were indicated.

5.2.4 Selection of samples

The purpose of the study was to gather and analyse the attitudes of a representative sample of professional workers engaged in the practice of interagency cooperation in the management of child sexual abuse. The practical advantages of sampling are money, labour and time as opposed to complete coverage (Moser and Kalton, 1973). The main criterion is to be able to obtain a sample from the total population that is as representative as possible with regard to the parameters under investigation and to avoid bias in the selection procedure. This was attempted through both purposive or non-probability sampling and through random or probability sampling.

Purposive sampling (Babbie, 1989) was used to provide subjects and locations to be sampled. These were based on personal employment experiences as described in the Introduction of this thesis. The initial plan, in late 1994, had been to interview social workers in England and Western Australia for evaluation and comparative analysis. The English population was to
comprise social workers from the County of Cornwall. As they were my employers, permission from this county was more easily obtained. The request for permission for personal interviews with social workers in Western Australia in 1995 was refused due to restructuring of their services. Consequently, it was decided to modify the research plan by widening the sample and conducting a postal survey in both England and Australia.

Accordingly, it was decided to approach additional Local Authorities in England, and also to include the Programme Directors of Child Protection services in all States in Australia as well as three major children's hospitals. A description of this sample is presented in Section 5.2.5.

The local authorities in England were chosen using the probability method of random sampling. A table of random numbers was used to choose page references in the *County Council Yearbook* (1995), selecting metropolitan and non-metropolitan regions in equal number. The process of random selection ensures, as far as possible, that a representative population is obtained (Thorndike and Hagen, 1969). In total twenty-four local authorities had been chosen in this manner. Telephone calls were subsequently made to obtain the names of Senior Child Protection Managers as appropriate personnel to contact to obtain permission for the survey. Letters to these managers in Australia and England, introducing the research, outlining its aims and objectives and requesting permission to conduct the survey, were sent from the University of Plymouth's Social Policy and Social Work Department (see Appendices 2.1 & 2.2). Four local authorities that had not replied after initial written contact were included in a second posting.

A complete listing of all counties contacted in England is included in Appendix 3.1. The list includes the dates when they were contacted, their replies and the dates of their replies.
A national resource directory (Advisory and Consultative Committee on Child Abuse, 1994) was used to select the Australian sample in 1996. This directory provided the names and fax numbers of relevant personnel to whom formal permission to conduct the survey would be directed. A research assistant was nominated in Australia for the purpose of contacting these agencies and for the distribution and collection of questionnaires. Contact was directed to those government agencies whose legal mandate most closely resembled the English sample, that is, the statutory child protection agencies in each state. In addition, three major children's hospitals whose legal mandate was non-statutory were also included. Letters to senior managers inviting participation in the survey, as in the English sample, were posted from the University of Plymouth to those agencies that had responded or requested further information before agreeing to participate.

After these contacts in 1996, the Western Australia's Child and Family Service offered its entire social work service for participation in the survey. This State offered an approximately equal number of metropolitan and non-metropolitan workers comparable in number to the English sample. Two children's hospitals in South Australia and one in Western Australia also agreed to participate. A complete list of the child protection agencies and children's hospitals contacted in Australia with dates of contact and their replies are to be found in Appendix 3.2.

The four steps outlined below were taken to obtain the final sample in both England and Australia:

- Step 1: Identify child protection agency;
- Step 2: Phone/Fax for name of contact person;
- Step 3: Post official written requests to obtain agency permission to participate; and
Step 4: Post required number of questionnaires to agencies for distribution to staff.

All of the Counties in England, the State of Western Australia and Hospitals in Australia who agreed to participate were included in the final sample.

5.2.5 Description of samples

A detailed description of the final total sample from England and Australia is outlined below in Tables 5.1 to 5.9.

<table>
<thead>
<tr>
<th>Location</th>
<th>England</th>
<th></th>
<th>Australia</th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metropolitan*</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>267</td>
</tr>
<tr>
<td>Non-Metropolitan*</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>140</td>
</tr>
<tr>
<td>TOTALS</td>
<td>272</td>
<td>66.8%</td>
<td>135</td>
<td>33.2%</td>
<td>407</td>
</tr>
</tbody>
</table>

This is the official terminology used by Government in Australia and Local Authorities in England but sometimes, in practice, the terms 'urban' and 'rural' are preferred.

<table>
<thead>
<tr>
<th>Positions</th>
<th>England</th>
<th></th>
<th>Australia</th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managers, Supervisors</td>
<td>75</td>
<td>42.4%</td>
<td>102</td>
<td>57.6%</td>
<td>177</td>
</tr>
<tr>
<td>Team Leaders / Seniors.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Grade Workers</td>
<td>197</td>
<td>86.7%</td>
<td>33</td>
<td>13.3%</td>
<td>230</td>
</tr>
<tr>
<td>TOTALS</td>
<td>272</td>
<td>66.8%</td>
<td>135</td>
<td>33.2%</td>
<td>407</td>
</tr>
</tbody>
</table>

270
Table 5.3
Total number of questionnaires (n=407) posted in England and Australia by State or County Child Abuse Reporting Laws: Mandatory & Non-Mandatory

<table>
<thead>
<tr>
<th>Reporting laws</th>
<th>England</th>
<th></th>
<th>Australia</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td></td>
</tr>
<tr>
<td>Mandatory</td>
<td>0</td>
<td>0</td>
<td>18</td>
<td>100</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Non-mandatory</td>
<td>272</td>
<td>69.9</td>
<td>117</td>
<td>30</td>
<td>389</td>
<td>407</td>
</tr>
<tr>
<td>TOTALS</td>
<td>272</td>
<td>66.8</td>
<td>135</td>
<td>33.2</td>
<td>407</td>
<td></td>
</tr>
</tbody>
</table>

Table 5.4

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Metropolitan</th>
<th>Non-metropolitan</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedfordshire</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Birmingham</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Cornwall</td>
<td>0</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Devon</td>
<td>5</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Essex</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>TOTALS</td>
<td>17</td>
<td>11</td>
<td>28</td>
</tr>
</tbody>
</table>

Table 5.5
Total number of questionnaires posted (n=272) in England to Metropolitan & Non-Metropolitan workers by Local Authority

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Metropolitan</th>
<th></th>
<th>Non-metropolitan</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td></td>
</tr>
<tr>
<td>Bedfordshire</td>
<td>26</td>
<td>83.9</td>
<td>5</td>
<td>16.1</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Birmingham</td>
<td>70</td>
<td>100</td>
<td>0</td>
<td></td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>Cornwall</td>
<td>0</td>
<td></td>
<td>55</td>
<td>100</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>Devon</td>
<td>72</td>
<td>72.7</td>
<td>27</td>
<td>27.3</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>Essex</td>
<td>11</td>
<td>64.7</td>
<td>6</td>
<td>35.3</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td>179</td>
<td>65.8</td>
<td>93</td>
<td>34.2</td>
<td>272</td>
<td></td>
</tr>
</tbody>
</table>

Table 5.6
Total number of questionnaires (n=272) posted to English Care/ Team Managers, Senior Practice Social Workers & Basic Grade Workers.

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Care/Team Managers</th>
<th>Senior Practice Social Workers</th>
<th>Basic Grade Workers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Bedfordshire</td>
<td>4</td>
<td>12.9</td>
<td>6</td>
<td>19.4</td>
</tr>
<tr>
<td>Birmingham</td>
<td>7</td>
<td>10.0</td>
<td>14</td>
<td>20.0</td>
</tr>
<tr>
<td>Cornwall</td>
<td>6</td>
<td>10.9</td>
<td>12</td>
<td>21.8</td>
</tr>
<tr>
<td>Devon</td>
<td>7</td>
<td>7.0</td>
<td>11</td>
<td>11.1</td>
</tr>
<tr>
<td>Essex</td>
<td>3</td>
<td>17.6</td>
<td>5</td>
<td>29.4</td>
</tr>
<tr>
<td>TOTALS</td>
<td>27</td>
<td>9.9</td>
<td>48</td>
<td>17.6</td>
</tr>
</tbody>
</table>
Table 5.7
Participating Australian services (n=28) and office locations: Metropolitan & Non-Metropolitan.

<table>
<thead>
<tr>
<th>Service</th>
<th>Metropolitan</th>
<th>Non-metropolitan</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.) Family &amp; Children Western Australia (FACS)</td>
<td>10</td>
<td>15</td>
<td>25</td>
</tr>
<tr>
<td>2.) Princess Margaret Hospital for Children Western Australia (PMH)</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>3.) Flinders Hospital South Australia (FLNDS)</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>4.) Women's &amp; Children's Hospital South Australia (W&amp;CH)</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>TOTALS</td>
<td>13</td>
<td>15</td>
<td>28</td>
</tr>
</tbody>
</table>

Table 5.8
Total number of questions (n=135) posted in Australia to Metropolitan & Non-metropolitan workers.

<table>
<thead>
<tr>
<th>Service**</th>
<th>Manager **</th>
<th>Casework **</th>
<th>Team Leader **</th>
<th>Senior Worker **</th>
<th>Basic Grade Worker **</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n</td>
</tr>
<tr>
<td>FACS</td>
<td>25 24.3</td>
<td>21 20.4</td>
<td>32 31.1</td>
<td>12 11.7</td>
<td>13 12.5</td>
<td>103</td>
</tr>
<tr>
<td>PMH</td>
<td>1 7.1</td>
<td>0 0</td>
<td>2 14.2</td>
<td>4 28.7</td>
<td>7 50.0</td>
<td>14</td>
</tr>
<tr>
<td>FLNDS</td>
<td>1 14.3</td>
<td>0 0</td>
<td>0 0</td>
<td>1 14.3</td>
<td>5 71.4</td>
<td>7</td>
</tr>
<tr>
<td>W&amp;CH</td>
<td>1 9.1</td>
<td>0 0</td>
<td>1 9.1</td>
<td>1 9.1</td>
<td>8 72.7</td>
<td>11</td>
</tr>
<tr>
<td>TOTALS</td>
<td>28 10.7</td>
<td>21 15.6</td>
<td>35 25.9</td>
<td>18 13.3</td>
<td>29 24.5</td>
<td>135</td>
</tr>
</tbody>
</table>

**Abbreviations of Services in Table 5.7**

Table 5.9
Total number of questionnaires (n=135) posted to Australian Managers, Senior Caseworkers, Team Leaders/Seniors & Basic Grade workers.

<table>
<thead>
<tr>
<th>Service**</th>
<th>Manager Senior</th>
<th>Casework Supervisor</th>
<th>Team Leader</th>
<th>Senior Worker</th>
<th>Basic Grade Worker</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n</td>
</tr>
<tr>
<td>FACS</td>
<td>25 24.3</td>
<td>21 20.4</td>
<td>32 31.1</td>
<td>12 11.7</td>
<td>13 12.5</td>
<td>103</td>
</tr>
<tr>
<td>PMH</td>
<td>1 7.1</td>
<td>0 0</td>
<td>2 14.2</td>
<td>4 28.7</td>
<td>7 50.0</td>
<td>14</td>
</tr>
<tr>
<td>FLNDS</td>
<td>1 14.3</td>
<td>0 0</td>
<td>0 0</td>
<td>1 14.3</td>
<td>5 71.4</td>
<td>7</td>
</tr>
<tr>
<td>W&amp;CH</td>
<td>1 9.1</td>
<td>0 0</td>
<td>1 9.1</td>
<td>1 9.1</td>
<td>8 72.7</td>
<td>11</td>
</tr>
<tr>
<td>TOTALS</td>
<td>28 10.7</td>
<td>21 15.6</td>
<td>35 25.9</td>
<td>18 13.3</td>
<td>29 24.5</td>
<td>135</td>
</tr>
</tbody>
</table>

**Abbreviations of Services in Table 5.7**
5.2.6 Organisation of postal survey

The basic method of data collection in England and Australia was to be through a self-administered questionnaire delivered and returned by post. Postal surveys are recognised as having poor rates of return (Moser and Kalton, 1973). Therefore, in the interests of ensuring a high response rate it was recognised that attention was required to personalise the first contact. Accordingly, it was decided that the self-administered questionnaire would be individually addressed and accompanied by a letter introducing myself as a doctoral student and explaining the purpose of the study (see Appendix 4). The letter, addressed to colleagues, also outlined the importance and value of their personal contribution. The anonymity of their response was also ensured in this letter. A cover note of instructions for questionnaire completion was affixed to each questionnaire (see Appendix 5).

A self-addressed, stamped envelope for returning the questionnaire was also attached to each questionnaire. The option of using the University of Plymouth's prepaid, 'Free-post', for the English sample, proved more costly and difficult to administer than the purchase of stamps from a post office. A home address was used for the return address as an additional emphasis on personal value of each questionnaire.

The assembling and posting of the aforementioned items was conducted in Australia by the Research Assistant based at Murdoch University, Perth, Western Australia. An Australian, local home address, was used for return purposes. Upon receipt, all responses were opened, scanned and given an identification number. In addition to providing a time sequence frame for returns (Kidder and Judd, 1986 and Babbie, 1989), the identification numbers provided an index for reference in regard to both the qualitative and quantitative data recording. The
Australian returns were posted to England for identical processing and analysis.

5.2.7 Ethical considerations

In addition to scientific considerations, when planning research there are also ethical issues and codes of practice that need to be considered. This research aimed to conform to the standards outlined in the Australian Association of Social Workers Code of Ethics (1988) and those set out by the University of Plymouth, Faculty of Human Sciences Research Committee (1996).

A major consideration when using questionnaires is that people are asked to reveal personal information that may be of a sensitive nature. In general terms, this is why participation in the survey method of research should be voluntary. However, by asking for volunteers in social surveys, such a process can mitigate against obtaining a representative sample. It is not unreasonable to assume that a representative sample has been obtained in the research outlined in this thesis for the following reasons. Firstly, there was an incentive to participate in this research; they were made aware that their replies ultimately would be of benefit to their profession. The value of their personal opinion as a contribution to the study had been highlighted. Secondly, there was the promise of the return of analysed results. The report would be an important part of personal feedback to them to appreciate their role in respect of colleagues in their own country and abroad. Thirdly, there was the promise of anonymity. The results would be totally anonymous so as not to risk any professional embarrassment.

Participants had been informed in their letter of introduction that permission to participate in the survey had been obtained from their 'Principle Officer in Charge' and that total anonymity would be preserved. There was complete freedom of consent for participation.
5.3 Underlying philosophy

This research adopted the underlying philosophy of the humanistic approach to social work as exemplified by the critical perspective as discussed in Chapter 3. That is, a value-based approach which holds in esteem the intrinsic worth and dignity of the individual. This philosophical position extends to the belief that the well-being of one person is inextricably bound up with the well-being of others. Mutual respect and development of human potential cannot be achieved where exploitation and injustice exist. Clear communication and discussion is vital to achieve these ends.

The problem of child sexual abuse in the family and in society has emerged as a symbol of unwanted exploitation. Political, emotional, legal and social forces are all involved in having brought this problem into the mainstream of social issues. Societal regulation has dictated that something be done to correct this imbalance. Organisational plans and patterns have emerged to address the problem of child sexual abuse. These have included the establishment of a multidisciplinary network of services requiring interagency cooperation to manage the problem.

The research reported in this thesis focuses on the factors involved in interagency coordination and collaboration through assessing the attitudes of the practitioners involved in this work. In line with the underlying philosophical stance, it is believed that the enhancement of interagency cooperation is best achieved when all of those involved are given the status and opportunity for legitimate expression that is their right. Successful management of child sexual abuse takes account of the views and the problems faced by frontline workers. The enhancement of coordination and collaboration should be an objective of each agency's own
scrutiny and in so doing provide a model for the families they serve. The evaluation of practice in the pursuit of excellence is primarily for the benefit of the children and families whose well being should be the major concern of an agency.

5.4 In-Depth Interviews

Initial analysis of the completed questionnaire indicated positive and enthusiastic response with child protection workers valuing the opportunity to express their views. It was clear that they greatly appreciated that their opinions were being considered as providing essential information in the enhancement of their profession. As such, it became apparent that replying to the questionnaire was a morale boosting exercise for the workers, judging from regular comments of positive regard and keenness to be informed of the results. This overwhelmingly positive response precipitated the decision to conduct a further in-depth investigation of topics that seemed to require further examination. This would also provide further information essential for the triangulation process (Babbie, 1989). As a result, it was decided that the researcher would conduct in-depth interviews with ten participants from Australia and also ten from England.

Five participants from metropolitan and five from non-metropolitan areas in Australia and England were selected at random. This was a semi-structured, guided interview, the basic format being taken from the study's questionnaire. An open ended conversational style was adopted, but with questions of a more direct nature as required to ensure coverage of the topics mentioned in the questionnaire (Atkinson, 1979). This procedure also provided material for analysing the results using a discourse analysis approach (Potter, 1997, p.125).

It was important to note that interviewing skills were required to establish rapport and trust
with the interviewees (Banaka, 1971 and Cannell, Miller and Oksenberg, 1981). In this instance there are many parallels with this information gathering and a counseling situation as outlined by E. King (1997). While in the research interview the participant is there to assist the researcher, E. King (1997, p.182) points out that the knowledge and use of counseling skills enhances the researcher's sensitivity to themselves as research instruments, their reflexive accounts, analysis and the decisions they make in the process of the interview that gives it a particular direction. Ethical observation was accorded as per Section 5.2.7 preserving anonymity. The interview method runs the risk of interviewer bias; that is, the respondents providing what would appear to be socially and professionally acceptable replies. The interview was felt to have been managed sensitively and professionally with the aim of limiting this effect. Acceptance, genuineness and empathy were required in order to encourage open communication (Rogers, 1951). The interviews were tape-recorded and then transcribed verbatim (Appendices 6.1b and 6.2b).

5.5 Methods of analysis

The data obtained from the postal questionnaire results could be divided into both quantitative and qualitative data and therefore required two different methods of analysis. The quantitative data was transcribed onto coded data sheets and thereafter entered into the computer for quantitative analysis using the Statistical Package for the Social Sciences (Norusis, 1988; Kinnear and Gray, 1995 and Sutton and Dawson, 1996). The transcription and the entering of the data was completed by one person in order to minimize the risk of error. The raw data was coded before analysis along the recommended principles of the SPSS Programme (Norusis, 1988) and a copy of the code is presented in Appendix 1. For simplicity of reference the main variables in the questionnaire are summarized in Appendix 1.1 and are entitled Questionnaire Key Code at a Glance.
As stated earlier in this chapter,

*The main hypothesis is that the organisational mechanisms as identified in the previous chapter would be considered to be the key components necessary for interagency coordination and collaboration. A subsidiary hypothesis was that there would be no significant difference in the values placed on these key components amongst practitioners in two different countries (Australia and England).*

Both of these hypotheses were tested through the SPSS using a series of t-tests and cross tabulations and chi-square. Frequency tables of 'Yes' or 'No' responses and the Likert-type ratings were obtained following an initial collation of the data.

The qualitative data was analysed using the discourse analysis' approach (Potter, 1997 and Gill, 1997) in an attempt to identify any regular themes in the responses. In contrast to the usual statistical analysis of quantitative data, the discourse analysis approach focused on analyzing text or conversations with a view to a qualitative examination of data. It is one of many constructionalist approaches used to analyse data qualitatively (Potter, 1997). In this research, the discourse analysis aimed at identifying regular patterns or themes in the material under examination. As this was analysed in conjunction with the quantitative, data it also provided an extra source of validation to the results.

The analysis of the qualitative data was divided into English and Australian written comments. Each of these two categories was subdivided into Metropolitan and Non-metropolitan classifications. A further category of division was the 'Yes' and 'No' responses.
The respondents' written comments under these categories were used for the later discourse analysis. The first phase of the discourse analysis consisted of a search for common patterns in the data. The second phase related the findings to the main hypothesis of the study.

5.6 Concluding comments

This chapter began with a restatement of the impetus for the study and the need to develop a survey instrument to assess the opinions of child protection workers regarding previously identified organisational mechanisms in the management of child sexual abuse. The organisational mechanisms were operationalised to form a questionnaire to be used as the survey instrument. The survey method used was described, as well as the rationale for choosing a quasi-experimental design. The main hypothesis and its subsidiary were outlined. The design of the survey instrument to obtain both quantitative and qualitative data was discussed. The pilot study that was conducted in England and Australia amongst social work practitioners and university staff was described. The methods of selecting the sample together with the statistical techniques using the Statistical Package for the Social Sciences to analyze the data were also presented. The reasons for the modification of the survey method that necessitated the organisation of a postal survey in England and Australia were outlined together with a presentation of the final sample. The ethical considerations of conducting a survey were discussed in reference to professional codes of conduct for research, as outlined by the University of Plymouth and the Australian Association of Social Workers.

The organisation of a series of in-depth interviews was described. These had been added to the investigation following the initial positive postal survey results. It was considered that they would be likely to provide further useful information. The methods of analysis of the quantitative and qualitative data were described. It was planned to test the original hypothesis
and its subsidiary using a series of t-tests, cross-tabulations and chi-squares through the use of
the Statistical Package for Social Sciences (SPSS) and discourse analysis.
CHAPTER SIX: SURVEY RESULTS

6.1 Introduction

This chapter begins with a presentation of the number of questionnaires posted and their response rates. The demographic information of the respondents is also recorded in table form. Tables representing the total sample are presented according to the categories of gender, years of experience, employment position, metropolitan and non-metropolitan work location, and the organisational mandate of the employing agency. The same information is also presented in reference to a further subdivision of Australia and England. The remainder of the chapter comprises tables and discussion of the results of the survey and of the in-depth investigations. A statistical analysis of the results is outlined examining the significance of the differences between England and Australia. These are presented in the tables and are discussed in relation to the subdivisions mentioned above. A discourse analysis of the qualitative results and their significance is also recorded.

6.2 Response rates

<table>
<thead>
<tr>
<th>Country</th>
<th>Posted</th>
<th>Returned</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>272</td>
<td>84</td>
<td>30.9</td>
</tr>
<tr>
<td>Australia</td>
<td>135</td>
<td>85</td>
<td>61.5</td>
</tr>
<tr>
<td>Total</td>
<td>407</td>
<td>167</td>
<td>41.1</td>
</tr>
</tbody>
</table>

The return on this postal survey represents an overall response rate of 41%, which is well within normal expectations for a postal survey study (Kerlinger 1975, and Kidder and Judd, 1986). Overall, just under half of the postal questionnaires were returned. It is encouraging to
record that this response rate was even higher for certain subgroups. For instance, there was a
77% return from the Australian non-metropolitan sample. The response rates for the various
sub-groups are reported in the Tables 6.2, 6.3 and 6.4 below.

### Table 6.2
Number of questionnaires posted (n=407) & response rates:
Metropolitan (n=267) & Non-Metropolitan (n=140)

<table>
<thead>
<tr>
<th>Country</th>
<th>Metropolitan</th>
<th></th>
<th>Non-Metropolitan</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Posted</td>
<td>Returned</td>
<td>%</td>
<td>Posted</td>
</tr>
<tr>
<td>England</td>
<td>179</td>
<td>32</td>
<td>17.9</td>
<td>93</td>
</tr>
<tr>
<td>Australia</td>
<td>88</td>
<td>47</td>
<td>53.4</td>
<td>47</td>
</tr>
<tr>
<td>Totals</td>
<td>267</td>
<td>79</td>
<td>29.6</td>
<td>140</td>
</tr>
</tbody>
</table>

An interesting phenomenon is that the overall response rates from the Australian sample were
higher than those from the English sample. Also of interest is that the response rates in both
countries were higher from the non-metropolitan regions than from the metropolitan regions.
The reasons for these differences had to remain a matter for conjecture at this stage. It was
hoped that the in-depth interviews might provide some insight into this.

### Table 6.3
Number of questionnaires posted (n=407) & responses (n=167): by employment position

<table>
<thead>
<tr>
<th>Employment position</th>
<th>Number of questionnaires</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Posted</td>
</tr>
<tr>
<td>Manager/Senior/Supervisor</td>
<td>177</td>
</tr>
<tr>
<td>Basic Grade Worker</td>
<td>230</td>
</tr>
<tr>
<td>Totals</td>
<td>407</td>
</tr>
</tbody>
</table>

It is clear that the response rate is higher from the managerial group as opposed to the basic
grade worker group. It is possible that as a result of the former group having more years of experience they are more confident and assertive to be able to express their opinions.

Table 6.4

Number of questionnaires posted & response rates: by country and employment position

<table>
<thead>
<tr>
<th>Country</th>
<th>Manager/Senior/Supervisor</th>
<th>Basic Grade Worker</th>
<th>Sum totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Posted</td>
<td>Returned</td>
<td>%</td>
</tr>
<tr>
<td>England</td>
<td>75</td>
<td>34</td>
<td>45.3</td>
</tr>
<tr>
<td>Australia</td>
<td>102</td>
<td>61</td>
<td>59.8</td>
</tr>
<tr>
<td>Totals</td>
<td>177</td>
<td>95</td>
<td>53.7</td>
</tr>
</tbody>
</table>

Although, once again there is an overall higher response rate for the Australian sample in respect of both the managerial and basic grade worker positions. It is interesting to note that the rate of return for the Australian basic grade workers is higher than that of the managerial workers, whereas the reverse situation applies to the English sample. There is a higher response rate from the managerial staff in the English sample. Overall, the basic grade response rate percentage is lower when Australia and England samples are combined.

6.3 The respondents

The following tables represent the demographic data of the returned total sample.

Table 6.5

Distribution of gender: total sample

<table>
<thead>
<tr>
<th>Gender</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>38</td>
<td>22.8</td>
</tr>
<tr>
<td>Females</td>
<td>129</td>
<td>77.2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>167</td>
<td>100</td>
</tr>
</tbody>
</table>

As reflected in Table 6.5 females out-number the males, representing 77% of the total sample.
This is not surprising and represents the general population of child care work in which it is recognised that females generally outnumber males (O'Hagan and Dillenburger, 1995).

### Table 6.6

<table>
<thead>
<tr>
<th>Gender</th>
<th>England</th>
<th>%</th>
<th>Australia</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>20</td>
<td>23.8</td>
<td>18</td>
<td>21.7</td>
</tr>
<tr>
<td>Female</td>
<td>64</td>
<td>76.2</td>
<td>65</td>
<td>78.3</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>100</td>
<td>83</td>
<td>100</td>
</tr>
</tbody>
</table>

Once again, for the reason referred to above, the representation of females is much higher in both England and Australia with males and females in roughly the same proportion for each country.

### Table 6.7

<table>
<thead>
<tr>
<th>Years</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-9</td>
<td>115</td>
<td>68.9</td>
</tr>
<tr>
<td>10-19</td>
<td>41</td>
<td>24.6</td>
</tr>
<tr>
<td>20-29</td>
<td>11</td>
<td>6.5</td>
</tr>
<tr>
<td>Totals</td>
<td>167</td>
<td>100</td>
</tr>
</tbody>
</table>

It is interesting to note that the far greater proportion of the sample is in the earliest of the three categories. Several possible reasons for this could be related to the rapid staff turnover, low job satisfaction and a high attrition from the field due to the stressful nature of the work (Mayhall and Norgard, 1983). In addition, Hallett and Birchall (1992) quote Kempe and Schmidt (1978), who highlighted the physical and emotional fatigue that overcomes child protection workers after only one or two years practice. The reason for this might be a subject for further research.
Table 6.8

<table>
<thead>
<tr>
<th>Years of experience</th>
<th>England</th>
<th>Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>1 - 9</td>
<td>67</td>
<td>79.8</td>
</tr>
<tr>
<td>10 - 19</td>
<td>12</td>
<td>14.2</td>
</tr>
<tr>
<td>20 - 29</td>
<td>5</td>
<td>6.0</td>
</tr>
<tr>
<td>Totals</td>
<td>84</td>
<td>100</td>
</tr>
</tbody>
</table>

It can be seen from the above Table 6.8 that the group with the smallest years of experience still contains the highest number of respondents, even when the sample is broken down between England and Australia.

Table 6.9

<table>
<thead>
<tr>
<th>Position</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Grade</td>
<td>72</td>
<td>43.1</td>
</tr>
<tr>
<td>Manager/Senior/Supervisor</td>
<td>95</td>
<td>56.9</td>
</tr>
<tr>
<td>Total</td>
<td>167</td>
<td>100</td>
</tr>
</tbody>
</table>

It can be seen from Table 6.9 that the total sample is almost equally divided between basic grade workers and managerial staff with the slightly higher proportion in the latter.

Table 6.10

<table>
<thead>
<tr>
<th>Position</th>
<th>England</th>
<th></th>
<th>Australia</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Basic Grade Worker</td>
<td>50</td>
<td>59.5</td>
<td>22</td>
<td>26.5</td>
</tr>
<tr>
<td>Manager/Senior/Supervisor</td>
<td>34</td>
<td>40.5</td>
<td>61</td>
<td>73.5</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>100</td>
<td>83</td>
<td>100</td>
</tr>
</tbody>
</table>

It is to be noted from the above Table 6.10 that the English sample contains a greater number
of basic grade workers than managerial staff in contrast to the Australian sample. The greater number of respondents in the Australian sample is contained in the managerial category. This may reflect the different management structure in Australia where child protection workers are often designated 'team leaders' and so come under the managerial category.

<table>
<thead>
<tr>
<th>Location</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metropolitan</td>
<td>79</td>
<td>47.3</td>
</tr>
<tr>
<td>Non-Metropolitan</td>
<td>88</td>
<td>52.7</td>
</tr>
<tr>
<td>Total</td>
<td>167</td>
<td>100</td>
</tr>
</tbody>
</table>

It should be noted that the terms metropolitan and non-metropolitan are as designated by the Local Authorities in England and by the local government designation in Australia. In Practice, these are usually equivalent to urban and rural districts. The Table 6.11 above indicates that the sample was almost evenly distributed between the two locations as planned by the sampling procedure.

<table>
<thead>
<tr>
<th>Location</th>
<th>England</th>
<th>%</th>
<th>Australia</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metropolitan</td>
<td>32</td>
<td>38.1</td>
<td>47</td>
<td>56.6</td>
</tr>
<tr>
<td>Non-Metropolitan</td>
<td>52</td>
<td>61.9</td>
<td>36</td>
<td>43.4</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>100</td>
<td>83</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 6.12 shows that overall the sample is fairly evenly distributed between metropolitan and non-metropolitan regions as referred to in Table 6.11. However, there is a minor difference between England and Australia with a slightly larger number of practitioners in the non-metropolitan population in the English sample.
Table 6.13
Statutory & non-statutory agency mandates (n=167): Total sample

<table>
<thead>
<tr>
<th>Mandate</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statutory</td>
<td>147</td>
<td>88.0</td>
</tr>
<tr>
<td>Non-Statutory</td>
<td>20</td>
<td>12.0</td>
</tr>
<tr>
<td>Total</td>
<td>167</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 6.13 indicates that the vast majority of the responses were received from child protection workers who work for government agencies with a statutory mandate.

Table 6.14
Statutory (n=147) & non-statutory (n=20) agency mandates: England & Australia

<table>
<thead>
<tr>
<th>Mandate</th>
<th>England</th>
<th>Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Statutory</td>
<td>84</td>
<td>100</td>
</tr>
<tr>
<td>Non-Statutory</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 6.14 indicates that while all of the child protection workers in the English sample are employed by a statutory agency, approximately one quarter of those from the Australian sample are employed by non-statutory agencies. This could be explained by the fact that, in Australia, children's hospitals have a child protection function operating in a multidisciplinary framework but without a legal mandate.

6.4 Quantitative results and comparative analysis

The raw data from the individual questionnaires was coded and transcribed onto a spreadsheet and this was held in a separate Data File (Data File provided upon request to author). The collated information was put onto disc using a programme from the Statistical Package for Social Sciences (Norusis, 1988). The first computer print-out of responses and frequency
scores is also contained in the Data File. An index of these responses and scores, entitled, 'Response and Frequency Scores - Subject Index', was made. The responses and complete frequency scores to each question are also summarised and are also in the Data File. They are summarised individually under the four headings of: total sample; English/Australian; metropolitan/non-metropolitan; and base grade worker/manager.

A statistical comparison of the independent variables for examining the main hypothesis and its subsidiary are summarised and presented in the Tables below.

6.4.1 Total sample 'Yes/No' responses

The first presentation of the analysed data is presented in reference to the total sample. The total sample is presented in reference to the 'Yes/No' percentages. This examines the percentage agreements between the respondents regarding the hypothesized key mechanism.
Table 6.15
Percentages of 'Yes/No' responses to all questions:
total sample

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>83.8</td>
<td>13.8</td>
<td>2.4</td>
</tr>
<tr>
<td>2</td>
<td>82.6</td>
<td>15.0</td>
<td>2.4</td>
</tr>
<tr>
<td>3</td>
<td>56.9</td>
<td>42.5</td>
<td>0.6</td>
</tr>
<tr>
<td>4</td>
<td>90.4</td>
<td>7.20</td>
<td>2.4</td>
</tr>
<tr>
<td>5</td>
<td>62.3</td>
<td>33.5</td>
<td>4.2</td>
</tr>
<tr>
<td>6</td>
<td>80.2</td>
<td>19.8</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>73.1</td>
<td>26.3</td>
<td>0.6</td>
</tr>
<tr>
<td>8</td>
<td>70.7</td>
<td>28.1</td>
<td>1.2</td>
</tr>
<tr>
<td>9</td>
<td>83.2</td>
<td>16.8</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>87.4</td>
<td>12.0</td>
<td>0.6</td>
</tr>
<tr>
<td>11</td>
<td>63.5</td>
<td>36.5</td>
<td>0</td>
</tr>
<tr>
<td>12</td>
<td>91.6</td>
<td>7.80</td>
<td>0.6</td>
</tr>
<tr>
<td>13</td>
<td>97.0</td>
<td>1.18</td>
<td>1.2</td>
</tr>
<tr>
<td>14</td>
<td>71.3</td>
<td>27.5</td>
<td>1.2</td>
</tr>
<tr>
<td>15</td>
<td>83.2</td>
<td>13.2</td>
<td>3.6</td>
</tr>
<tr>
<td>16</td>
<td>81.4</td>
<td>18.6</td>
<td>0</td>
</tr>
<tr>
<td>17</td>
<td>44.3</td>
<td>35.3</td>
<td>2.4</td>
</tr>
<tr>
<td>18</td>
<td>70.7</td>
<td>22.8</td>
<td>6.5</td>
</tr>
<tr>
<td>19</td>
<td>79.0</td>
<td>13.2</td>
<td>7.8</td>
</tr>
<tr>
<td>20</td>
<td>62.6</td>
<td>35.9</td>
<td>1.2</td>
</tr>
</tbody>
</table>

The total sample percentage responses in Table 6.15 would support the main hypothesis which is that, the twenty identified organisational mechanisms would be acknowledged by the respondents as key components in interagency coordination and collaboration. There is an overall total response in a positive direction to each of the twenty questions. However, there is some variation in the magnitude of the responses between particular questions. This could be accounted for by an interaction effect of the other variables of country, work location, employment position, gender, years of experience or agency mandate. This total sample was subdivided into these categories for further statistical examination in the following sections to test for their significance.
There are three questions that attain over 90% of agreement that are particularly worthy of comment. This is a significant finding for the research as these three variables, assessed by the practitioners as most highly supported, represented one of the three hypothesised categories of coordinating mechanisms, collaborative procedures and personal perspectives. These were the three categories that were identified following a review of the literature and in the context of my own personal experience.

The highest score (97%) was Question 13, a collaborative procedure, in response to whether or not respondents felt that their agency had a clear policy in regard to collaboration with the police. Earlier in the thesis reference was made to concerns about the closeness of social service relationships with the police. Cooper (1993) has commented that not much specific research has been done in this area. The high degree of agreement to this question appeared to indicate how well the organisation has made policy to facilitate this relationship. It also needs to be said that child sexual abuse is against the law and the current manner of identification and prosecution of offenders is the populist manner of managing the problem.

The second highest, Question 12 (91%), a coordinating mechanism, asked whether the respondents felt that their agency had a clear definition of child sexual abuse. Despite the difficulties of obtaining a consensual definition that has plagued the research (see Chapter One) it would seem that agencies have adopted a clear working definition.

The third highest mark of consensus went to Question 4 (90.4%), a personal perspective that asked if the respondents thought that other agencies welcomed their contact. Their impression of being welcomed was gratifying and somewhat surprising in the light of the history of
negative criticism from the media and from official inquiries.

The two lowest positive responses are also worthy of comment. The lowest (44.3%) is in reference to Question 17 that inquired if their agency kept joint statistics. The response to this was not surprising and the possible reasons for this will be discussed in Section 6.5 in the qualitative analysis. The next lowest (56.9%) is in reference to Question 3, asking whether the respondents have social as well as work contacts with other agencies. This low positive response may not necessarily be of concern when considering the workload of practitioners. However, in the light of the need to achieve harmonious relationships, it will be discussed in the next section in reference to the rating that this question achieved and which will also be under the qualitative response Section 6.5.

The high positive response to Question 6 (80.2%) requires explanation. This question asked if practitioners had a problem with the exchange of information with other agencies; clearly they did. This was of particular concern, as the exchange of information is often essential in the interests of children’s rights and provision of appropriate responses for children’s well being. How the practitioners perceive this problem will be further discussed with regard to Table 6.16 in relation to the rating of responses. The possible reasons for the problem of exchange of information may become clearer in the discussion of the qualitative data and the in-depth interviews in the following sections in this chapter.

6.4.2 Total sample ratings

Having related the data to the major hypothesized factors associated with interagency coordination and collaboration for the management of child sexual abuse, the next task was to examine the value assigned to each of the mechanisms. The table on the following page
presents the results of this examination giving the mean ratings and standard deviations.

<table>
<thead>
<tr>
<th>Question</th>
<th>Mean</th>
<th>S D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9.21</td>
<td>1.35</td>
</tr>
<tr>
<td>2</td>
<td>9.19</td>
<td>1.29</td>
</tr>
<tr>
<td>3</td>
<td>8.50</td>
<td>2.76</td>
</tr>
<tr>
<td>4</td>
<td>9.71</td>
<td>1.95</td>
</tr>
<tr>
<td>5</td>
<td>9.27</td>
<td>1.12</td>
</tr>
<tr>
<td>6</td>
<td>9.03</td>
<td>1.26</td>
</tr>
<tr>
<td>7</td>
<td>8.57</td>
<td>1.74</td>
</tr>
<tr>
<td>8</td>
<td>8.25</td>
<td>2.11</td>
</tr>
<tr>
<td>9</td>
<td>8.43</td>
<td>1.17</td>
</tr>
<tr>
<td>10</td>
<td>8.91</td>
<td>1.54</td>
</tr>
<tr>
<td>11</td>
<td>9.22</td>
<td>1.41</td>
</tr>
<tr>
<td>12</td>
<td>9.60</td>
<td>0.80</td>
</tr>
<tr>
<td>13</td>
<td>8.34</td>
<td>1.72</td>
</tr>
<tr>
<td>14</td>
<td>9.15</td>
<td>1.59</td>
</tr>
<tr>
<td>15</td>
<td>8.83</td>
<td>1.66</td>
</tr>
<tr>
<td>16</td>
<td>8.15</td>
<td>2.09</td>
</tr>
<tr>
<td>17</td>
<td>8.34</td>
<td>2.12</td>
</tr>
<tr>
<td>18</td>
<td>8.91</td>
<td>1.71</td>
</tr>
<tr>
<td>19</td>
<td>8.80</td>
<td>1.45</td>
</tr>
</tbody>
</table>

The values assigned to all of the organisational mechanisms, apart for item 3, were scored above 8 on a scale of 1 to 10. It is important to note also that the standard deviations closely clustered around the mean indicating little variation between respondents to each question. Approximately 95% of the distribution lay within two standard deviations away from the mean indicating a normal distribution. The highest mean rating (9.60) was given to Question 13 which asked practitioners how important they would rate having a clear policy in regard to collaboration with the police upon initial referral. This Question also received top score in the percentage of positive responses in Table 6.11 asking if they had such a policy. As commented upon in reference to Table 6.11, the policy for collaboration with the police was in place and the practitioners support for this relationship was high. This response probably
reflected the statutory context of their work. As discussed earlier in this section, this did reflect the adherence to the law and the populist manner of societal regulation of the problem. The strength of this response recognised the shift in society's perception of the problem from a medico-social phenomenon to a socio-legal one, as discussed previously in this thesis.

The second highest mean rating (9.27) went to Question 6. This question asked respondents to rate the importance of the exchange of information. As previously discussed, concern was expressed that 80.2% of the respondents reported that they had a problem in regard to the exchange of information with other agencies. The fact that they valued the exchange so highly and yet had a problem with it is worthy of further comment. This will be discussed further in the section on qualitative responses.

The lowest mean rating was in reference to Question 3 (5.05) that asked how important did the practitioners feel it was to have social contacts with other agencies. It is of note that in Table 6.15, just over half of the total sample (56.9%) agreed that they had these social contacts. The possible reasons for this rating will be explored further when considering the various subdivisions in the Tables below, as well as in the sections on qualitative responses and in the in-depth interviews.

### 6.4.3 England and Australia compared

The total sample was divided into England and Australian samples for examination of possible differences in 'Yes/No' responses as well as in the percentage ratings from the two countries. Differences were then analyzed statistically for their significance. This data is presented in the tables below.
Table 6.17

England and Australia: 'Yes/No' responses & significance test using Chi-square

<table>
<thead>
<tr>
<th>Question</th>
<th>England</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>England</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Australia</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Sig (* p = &lt;.05)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>85.7</td>
<td>13.1</td>
<td>81.9</td>
<td>14.5</td>
<td>0.74875</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>82.1</td>
<td>16.7</td>
<td>81.9</td>
<td>13.6</td>
<td>0.63973</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>39.3</td>
<td>59.5</td>
<td>74.7</td>
<td>25.3</td>
<td>0.00002*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>89.3</td>
<td>8.3</td>
<td>91.3</td>
<td>6.0</td>
<td>0.84621</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>54.8</td>
<td>44.0</td>
<td>69.9</td>
<td>22.9</td>
<td>0.00269*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>79.8</td>
<td>20.2</td>
<td>80.7</td>
<td>13.9</td>
<td>0.87608</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>71.4</td>
<td>28.6</td>
<td>74.7</td>
<td>24.1</td>
<td>0.49895</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>67.0</td>
<td>29.8</td>
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Although there was an overall positive agreement in support of the organisational mechanisms, there were some statistically significant differences in the responses between England and Australia. These differences have been starred above in Table 6.17. The significant differences in operation with regard to the nine organisational mechanisms require further discussion. Five of these differences were expected and probably reflected the cultural differences in methods of operation. For example, with regard to four of these, there was an operational bias in the English system that incorporated some activities as part of routine policy. Some of these have been practised in Australia, but have not been incorporated into policy. These have consisted of regular meetings, joint training, case conferences and the area review committee. In regard to the fifth question, Western Australia at one time regularly had kept joint statistics (Question 17), but this practice has been disbanded. The remaining four questions that demonstrated a statistically significant difference are in respect of questions...
about social contacts, equal status in meetings, clear objectives in the management of child
sexual abuse and attending national and international conferences (Questions 3, 5, 15 and 20
respectively). The possible reasons for these differences will be discussed later in this
chapter.

Despite the statistical differences between the two countries discussed above, it is important to
note that the differences had no practical significance as they were all rated highly, well above
the mean, apart from Question 3. Even this question had a mean rating of 5.05 and had the
highest standard deviation. Question 3 asked, 'Do you have social contact as well as work
contact with other agencies?'. Possible reasons for the differences noted will be discussed
below.

| Table 6.18 | England | Australia | 't'-tests (*p = <.05) |
| Question | Mean | S D | Mean | S D | |
| 1 | 9.25 | 1.42 | 9.03 | 1.16 | .963 |
| 2 | 9.13 | 1.39 | 9.11 | 1.04 | .035* |
| 3 | 4.47 | 2.86 | 5.55 | 2.47 | .426 |
| 4 | 8.70 | 1.88 | 8.16 | 1.40 | .303 |
| 5 | 8.61 | 2.10 | 8.60 | 1.67 | .0345 |
| 6 | 9.42 | 0.89 | 9.03 | 1.21 | .021* |
| 7 | 9.01 | 1.11 | 8.79 | 1.16 | .261 |
| 8 | 8.66 | 1.76 | 8.37 | 1.63 | .894 |
| 9 | 8.43 | 1.73 | 7.85 | 2.31 | .094 |
| 10 | 8.97 | 1.52 | 7.77 | 1.71 | .075 |
| 11 | 9.01 | 1.39 | 8.68 | 1.59 | .083 |
| 12 | 8.96 | 1.59 | 9.42 | 1.12 | .016* |
| 13 | 9.59 | 0.68 | 9.53 | 0.80 | .288 |
| 14 | 8.84 | 1.41 | 7.79 | 1.82 | .027* |
| 15 | 9.14 | 1.60 | 9.02 | 1.51 | .466 |
| 16 | 9.39 | 1.07 | 8.13 | 1.82 | .000* |
| 17 | 7.98 | 1.97 | 7.93 | 2.02 | .943 |
| 18 | 8.92 | 1.58 | 7.47 | 2.26 | .000* |
| 19 | 8.97 | 1.28 | 8.45 | 1.85 | .014 |
| 20 | 8.80 | 1.58 | 8.73 | 1.25 | .283 |

It is pleasing to note that the mean valuation scores for all questions was high (i.e. >7) apart
from the relatively low mean score of Question 3. It would appear that the subsidiary hypothesis, that there would be no practical difference between the two countries in the values placed upon the key mechanisms, has been substantiated. Question 3 asked if the workers had social as well as work contacts with other agencies. As the respondents rate this as of relatively lower value as a key mechanism in its role in interagency coordination and collaboration, it will be reviewed in regard to its position in the model postulated and will be discussed in the final chapter.

Although seven other questions show a significant mean difference in ratings, they are so small they are likely to be of little practical significance.

There were five questions that reflected no significant mean difference in the ratings although there had been a statistically significant difference in the 'Yes/No' responses. This meant that while both countries rated these key mechanisms highly they did not necessarily utilize them, as the following questions and responses indicated.

**Question 5**, *Do you feel that your agency has equal status with other agencies in meetings?* Both countries consider it important to have equal status, although more Australians (69.9%) consider that they have this status compared with the English sample (54.8%).

**Question 10**, *Does your agency participate in joint training with other agencies?* Despite the fact that both countries rate this question highly, Australians (78.3%) report having less of such training than England (96.4%). As previously mentioned, England has joint training as a matter of governmental directive.
Question 15, *Does your agency have clearly stated objectives regarding the management of child sexual abuse?* Both England and Australia ascribe a high mean rating to this concept; 9.14 and 9.02 respectively. However, Australia has a much higher consensus (91.6%) about having such objectives than England (75%).

Question 17, *Does your agency cooperate with others in the keeping of joint statistics?* Both countries provide an almost equally high value; with a mean rating of 7.98 and 7.93 for England and Australia, respectively. Australia (54.2%) had the largest amount of 'No' responses which may have been because the agency that kept those statistics had been disbanded in the early 1990s.

Question 20, *Does your agency support you to attend national or local conferences on child sexual abuse?* Both countries place an almost identical value on the need for assistance to attend conferences (8.80 and 8.73 mean ratings for England and Australia respectively). Despite this only 48.8% of the English sample say that they have support and Australians report 77% support.

Further exploration of these differences will be examined in reference to the qualitative responses and the in-depth interviews. The printouts of individual tables for the cross-tabulations and chi-square values and t-tests of ratings are contained in the separate *Data File* (available upon request to the author).
6.4.4 Metropolitan and Non-metropolitan responses compared

It was decided to investigate a possible interaction effect on the results of metropolitan and non-metropolitan responses. The methods of service delivery and resources often varied considerably between city and country districts. Certainly, the common language of workers freely used this dichotomy as a major impact on their professional roles, attitudes and relationships. Therefore, it was of much interest to see if there would be any statistically significant differences between the responses of these two groups of practitioners in relation to their organisational mechanisms, as set out in Table 6.19.

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The percentages and mean ratings for the two groups are remarkably similar. A statistical analysis of the Metropolitan and Non-Metropolitan samples showed that there was no
significant differences between the two groups on any of the questions, apart from one which is Question 11 (p = .00876 and .012 for responses and ratings respectively). This question asked, "Are you fully aware of the procedures of other agencies in respect of the initial management of child sexual abuse?" The Non-Metropolitan sample stated that they were more aware of other's procedures (72.2%) than the Metropolitan sample (52.2%). A mean rating of 9.03 was given by the non-metropolitan sample, and 8.64 by the metropolitan sample. Although statistically significant, this difference cannot be judged to be of any practical difference, as both groups clearly rated this question highly.

6.4.5 Basic grade worker and manager compared

It was decided to evaluate if there were any major differences on the questions in respect of the practitioners' employment status. For this reason, a comparison was made between those who were designated basic grade workers and those designated as managers as set out in Table 6.20.
The percentages and mean ratings again appeared to be similar. The analysis of the data revealed that there was a statistical significance between the percentage responses on two Questions; 8 (p = .028) and 18 (p = .004). There was also a statistically significant difference between the mean ratings for Question 8 (p = .001) only. See Data File (available on request from author) for full table of chi-square and t-tests results.

Question 8 asked, "Do you have formal written procedures for communicating with other agencies?" More managers have replied in the affirmative (77.9%) to this question and rated having such procedures more highly (8.79) than did their basic grade colleagues. The latter scored 62.9% affirmative and ranked this value at a mean rating of 8.14. In practical terms, the difference between the value of the mean ratings did not appear to be significant and that
the managers were more aware of their agencies written procedures and rated them highly.

Question 18 asked, "Does your agency participate in an area based committee which monitors policy and procedures?" Only 65.9% of managers said that their agency participated in such a committee compared with 89.2% of the basic grade workers. The reason for this may have been due to the assumption that this was a management activity and that this was being carried out.

6.4.6 Gender compared

Table 6.21 on the following page represents the comparison of the percentages of affirmative and negative responses and the mean ratings presented in reference to gender of the practitioner. See Data File for full table of chi-square and t-tests results.

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As can be seen in Table 6.21 there was an overall similarity of percentages and ratings between both sets of data. It is significant to note that the first 100% score was made by males in reference to Question 13. This question asked, "Does your agency have a clear policy in regard to collaboration with the police?" There was no significant difference between the genders on any questions, apart from Question 19 (p = .02869). This question asked, "Do you feel that the role of nominated key worker or case manager has enhanced interagency collaboration in the management of child sexual abuse?" It would appear that both males and females agreed on the value of the role of a key worker or case manager. However, it would also appear that more women than men believed this statement. Why this should have been so is difficult to explain.

Further analysis of the data has shown that there is a statistically significant difference between two of the questions in respect to their ratings; these are in respect of Questions 11 (p = .044) and 13 (p = .029). Although both sexes rated these questions highly, the women have rated these two questions slightly higher than the men. Question 11 asked, 'On a scale of one to ten how important do you feel it is to have...an awareness of the procedures of other agencies in respect of the initial management of child sexual abuse?' Question 13 was asked in reference to the importance of having a policy in regard to collaboration with the police upon initial referral of child sexual abuse. Although the differences between these two questions were statistically significant these differences were so small and the ratings in each case were so high that it is doubtful that they would be of any practical significance.
6.4.7 Years of experience compared

The range of years of experience of the total sample was from one to twenty-nine years. For the purpose of analysis this spread was collapsed into two groups: 'New', from one to three years and 'Experienced', from four years onwards. This division of years had been chosen as it has been commonly accepted in the profession that to apply to be a manager at least two years of experience is required. So those with more than two years of work experience have fallen into the 'experienced' category. Table 6.22 on the following page displays these categories.

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There appeared to be very little difference between the two groups on both responses and ratings. Statistical analysis confirmed this except for Questions 8 (p = .00179) and 20 (p = 0.3171). Question 8 asked, "Do you have formal written procedures for communicating with
other agencies?" A greater number of the more experienced workers replied in the affirmative which may have reflected their greater familiarity with their agencies' handbooks and manuals. Question 20 asked, "Does your agency support you to attend national or local conferences on child sexual abuse?" A greater number of new workers replied in the affirmative to this question. This could have reflected the agencies' willingness to advance the knowledge and develop their new staff's expertise. With limited funding it may be that priority had been given to new staff.

There was only one statistically significant difference between the two groups on ratings and this was in reference to Question 10 (p = .009). Respondents were asked to rate the importance of joint training. The mean rating for 'New' workers was 8.27 and an 8.48 for the experienced workers. Despite this minor difference, both groups rated this question highly so that this small difference cannot be seen to be of any practical significance. See Data File for full table of chi-square and t-test results.

6.4.8 Statutory and non-statutory agencies compared

Agencies involved in the management of child abuse were divided into either those who had statutory responsibilities or those who had not been so charged with legal powers. The table on the following page represents the responses and ratings to each question for these two groups. See Data File for full chi-square and t-tests results.
The responses overall appeared to be affirmative for most questions. Low responses were seen in areas that have been commented upon earlier and these will be examined for their statistical significance in the analysis that follows. While the ratings of the two groups were similarly high, it is interesting to note that the non-statutory agencies consistently marked their ratings somewhat below that of the statutory group for all variables.

Statistical analysis confirmed a significant difference between the groups on eight questions. This represented the largest identified number of significant differences between any two groups. The responses between the two groups showed a statistically significant difference on the following questions:

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**Question 2** (p = .00059) asked, 'Has your agency given you a clear role definition regarding liaison with other agencies?' More of the practitioners from the statutory agency gave this an affirmative reply. It may be that the organisational legal mandate sharpened the role definition for their practitioners. The focus of the non-statutory agencies did not have its primary role defined in terms of child protection and liaison with other agencies. The observed difference was not likely to be of any practical difference as in both groups there was a very high positive response.

**Question 5** (p = .03540) asked, 'Do you feel that your agency has equal status with other agencies in meetings?' Whereas just over half of the sample of the statutory group considered that it had equal status, a vastly greater majority of the non-statutory group stated that it had equal status. The reason for this discrepancy may been due to the fact that the non-statutory group contained hospital practitioners who were referred child abuse cases at a tertiary level. Hospital staff were consulted at this level for their expertise in these matters and so acknowledged this. Further clarification of this matter will be addressed in the next section on qualitative responses.

**Question 7** (p = .01350) asked, 'Are requests from other agencies met promptly by your agency?' More of the non-statutory practitioners made a positive response to this question. Perhaps again the seriousness and complexity of the cases with which they have dealt demanded this urgency of response. This was in comparison with the statutory group whose caseload may reflected a broader spectrum of management issues on possible child abuse cases as well as urgent ones. In practical terms, they both had high positive responses.
Question 13 (p = .03066) asked, 'Does your agency have a clear policy in regard to collaboration with the police upon initial referral?' Although the difference is seen to be statistically significant, as both groups' positive responses were extremely high, this difference would not have been of any practical significance. Any difference that is observed could be accounted for in organisational terms, as it was the legal duty of the statutory group to have a close liaison with the police. The non-statutory group worked within legal requirements, but not necessarily in close liaison and so demonstrated a slightly different organisational perspective.

Question 14 (p = .04601) asked, 'Does your agency participate in regular scheduled meetings with other agencies?' The difference again is negligible in practical terms as both responses were highly positive. In this instance, the non-statutory group appeared to have more meetings probably because of their specialism and the requirement to communicate their findings. It may also be that they needed to communicate more about their functions and systems to enable others to utilize their services.

Question 16 (p = .04389) asked, 'Do you attend regular case conferences with other agencies?' The statutory practitioners' group clearly gave the greater affirmative response to this question although the non-statutory groups' response was well over one-half positive. The difference here was likely to be accounted for by the fact that the role of the 'case conference', amongst the statutory workers, probably reflected their legal responsibility to hold case conferences with other agencies.

Question 17 (p = .00013) asked, 'Does your agency cooperate with others in the
keeping of joint statistics? While the majority in both groups stated that they did not, a vastly greater majority of the non-statutory group gave a negative reply despite the fact that both groups rated it highly. It appeared that this is an area where not much action has been implemented and may be one factor that contributed to the lack of consensus reported in the literature as to the size of the problem. It would appear that there would be benefits for joint statistics to be kept, not only for work management and planning services but also for the construction of a clear epidemiological presentation of the problem as discussed in Chapter Two.

**Question 18** (p = .00816) asked, 'Does your agency participate in an area based committee which monitors policy and procedures?' The statutory groups clearly participated in these committees more than the non-statutory groups. This may have reflected the organisational difference between the perspectives of the two groups regarding their relative involvement in the community and their spheres of primary activity.

There were three questions in this section that displayed a statistically significant difference with regard to ratings. These were as follows:

**Question 5** (p = .029) asked, 'How important do you feel that it would be to have such equal status?' The statutory group rated it slightly higher than the non-statutory group. This may have been because the non-statutory group reported having this already. In practical terms there appeared to be very little difference and both rated the concept very highly.
Question 9 (p = .004) asked, 'How important do you feel it is to share such...initial referrals...management decisions?' The statutory group considered it to be more important to share these decisions than did the non-statutory group. Perhaps this reflected the traditional relative self-containment of the hospital practitioners who comprised this group. It may have been that confidentiality was more of an issue for the non-statutory group. The organisational tasks for the non-statutory group were more narrowly defined than that of the statutory group who had to collaborate with a broader spectrum of agencies. However, it is worth noting that both groups did rate this practice above the median.

Question 13 (p = .038) asked, 'How important do you regard having a clear policy with respect to collaborating with the police upon initial referral?' Although there was a statistically significant difference between the two groups on this rating, as both groups rated it extremely highly this could not be considered to be of any practical importance. The statutory group rated it more highly and this may also have corresponded with those reasons that were previously discussed in regard to their more positive affirmation to this question.

6.4.9 Summary of analysis of quantitative results

The above analysis has given support to the main hypothesis that the twenty key organisational mechanisms assessed in the questions would be considered by child protection workers to be essential components in interagency collaboration. The second hypothesis that there would be little difference with regard to the importance placed on these mechanisms by the sample of practitioners between England and Australia has also been confirmed.
A possible interaction effect from the other variables examined was statistically analysed. While there seemed to be a minor degree of interaction effect between the variables under examination, the differences were so small that they cannot be considered to be of any practical significance apart from the statutory/non-statutory comparison. Here the differences were quite marked. Three possible reasons likely for the differences were discussed. These were the mandatory role of the statutory agency, the tertiary level or the specialist role of the non-mandatory sample which was from hospitals, and finally, the non-statutory sample which was one hundred percent Australian.

The results and the discussion of the qualitative analysis and the in-depth interviews are presented on the following pages of this Chapter.

6.5 Questionnaire qualitative results and discussion

As described in Chapter Five, the respondents to the questionnaire were invited to add their comments at the end of each of the twenty questions. Also, two extra questions were added at the end of the questionnaire to give respondents opportunity to amplify their comments.

These questions were:

*Further Information Question One:* Would you please nominate any additional item or items which you feel have not been mentioned but which you would regard as enhancing interagency collaboration in the management of child sexual abuse.

*Further Information Question Two:* Do you feel that the quality of your communication with other agencies is affected by issues of gender, status, ethnicity or years of experience?
A 'Directory of English Qualitative Responses With Questionnaire Code Number' was made for each question in respect of the English sample and a 'Directory of Australian Qualitative Responses With Questionnaire Code Number' for the Australian sample. These 'Directories' are contained in Appendices 7.1 and 7.2. An analysis of the data was conducted using the Discourse Analysis procedure as outlined in Chapter Five. Transcripts of 'English Qualitative Responses' and 'Australian Qualitative Responses' were collated into positive and negative responses and also into thematic clusters and these are contained in the Data File, Section 5. Tables containing a summary of the Australian and English comments, following the discourse analysis, are held in the Data File available from the author. The following is a discussion of these combined qualitative summaries. The general importance and interest of each individual comment was acknowledged as having worth in itself; the comments were a testimony to the dedication and professionalism of the practitioners in this often difficult and stressful field of work.

The comments have been analysed and presented as trends or specific themes. In this instance, three or more comments will be regarded as a trend or theme. It will be seen that some of these trends reveal locality issues; some highlight different cultural and organisational perspectives.

**Question 1**

While 83.8% of the total respondents agreed that their agency had clear guidelines and rated them highly (mean = 9.21) two issues have been identified for further discussion. These are:

1.) 'Confidentiality' was mentioned as a problem in communication for many workers in both countries. Although guidelines were rated as obviously useful they were
not in themselves sufficient for optimum communication. Whatever the
guidelines, unless agencies felt able to exchange information appropriately there
seemed to be a barrier to communication.

2.) The English respondents referred to their 'guidelines' as laid out in 'Handbooks'.
The Australian respondents referred to its 'reciprocal policies', but no reference to
a general handbook. This probably reflected a cultural difference of organisation.

Question 2
Again, where the vast majority of the respondents said that they had a clear role definition (82.6%) and rated it highly (mean = 9.19) the English respondents referred back to their
'Handbook'. The Australian respondents made reference to the clarity of their statutory role,
protocols and guidelines without reference to a particular document. It was known that in
Western Australia the child protection statutory agency had been recently reorganised. Brief
reference was made in the responses to new guidelines being written.

Question 3
This question had revealed a statistically significant difference between England and Australia
in the 'Yes/No' responses. It would appear that a greater proportion of the Australian
respondents reported having social as well as work contacts. In contrast, a majority of the
English respondents did not report having such contacts. The entire sample reflected a rather
neutral rating for this concept (mean = 5.05). The English sample (mean = 4.47) rated it
below that of the Australian sample (mean = 5.55). The difference here was seen to be
statistically significant. The major trend in the Australian written responses was that social
contacts were a reality in rural and remote areas. Geographically the two countries
represented vast differences of population density and distances between such populations.
Both countries shared the sentiments that social contacts were occasional and were with some agencies, but not all. Three of the English respondents made a note that they had social contacts with police.

**Question 4**

Both countries showed high agreement (90.4%) that other agencies welcomed their contact and rated the concept highly (mean = 8.50). The responses showed that the English respondents nominated difficulties to a greater extent particularly with general practitioners. There were a number of comments from the Australian respondent that the degree of welcome they felt was determined by the nature of the contact; that is, it depended on whether they were being given cases or if they were requesting complex information from others.

**Question 5**

The 'Yes/No' responses to this question demonstrated a statistically significant difference between England (54.8 %) and Australia (62.3%). Both rated this question highly (mean = 8.71). Seventeen of the English respondent reported that they had more status, as they were the lead agency. This may have appeared to account for an equalising trend and so minimised any differences between the two countries. However, there were seventeen similar statements from the Australian respondents who expressed the feeling that they too had more status due to their statutory role. Among the English respondents there were some that felt that they did not have equal status with doctors and consultants whom they described as 'trying to exercise superior status'. Three of the English respondents also nominated the police as 'trying to take over' and reducing their status in meetings. Three of the Australian respondents commented that they received appropriate respect for their expertise.
Question 6

There was no statistically significant difference between the two countries with regard to their 'Yes/No' responses to problems encountered in the exchange of information with other agencies. Both had problems with this issue, the importance of which they rated highly (mean = 9.27). The main source of the English respondent's problems appeared to have been with doctors and other agencies, particularly Education and schools. The Australian respondents had some difficulties with health and medical departments and with agencies of different organisational and philosophical perspectives. They cited the problems of 'confidentiality' and 'ethics' as the main reasons preventing the exchange of information. An additional trend from the Australian respondents was a problem regarding 'incoming and outgoing' information. Accuracy and logistics of message taking appeared to be a problem that emerged from the English respondents, but was not mentioned at all by the Australian respondents.

Question 7

Although there were no statistically significant differences between the two countries on this question and its rating, more than twice as many respondents made comments amongst the Australian respondents as opposed to the English ones. The largest number in both samples said that they prioritised according to urgency and the needs of child protection issues. The Australian respondents made more comments regarding the shortage of resources and the pressure of caseload work as factors that may have prohibit them from a prompt response.

Question 8

There were no statistically significant differences between the two countries in regard to this question. Once again the Australian respondents had a greater and wider range of comments than the English ones. Both countries referred to either their 'Handbooks', or the 'Reciprocal
Guidelines' as they were referred to in Australia. In addition, the Australian respondents commented that they had guidelines for some, but not all agencies and so appeared to work on an ad hoc basis.

Question 9
There were no statistically significant differences between the two countries on this question and its rating. The English respondents referred to sharing this process with the police, whereas the Australian respondents said they share decisions 'when appropriate'. The English respondents referred to the fact that the statutory agency took the lead. The Australian respondents commented that they would 'share decisions once made'. This had the same import and tone that decisions were shared after they had been made.

Question 10
There was a statistically significant difference between the 'Yes/No' response between England (96.4% = Yes) and Australia (78.3% = Yes). Both rated the importance of joint training highly. The major trend from the Australian comments was that joint training was rare and did not occur often enough and that they would welcome more of it. Although joint training is part of the organisational policy in England, the two main trends showed that they do have joint training for child protection work, but they would have welcomed more.

Question 11
No significant differences were revealed between the two countries. Respondents in both countries said that they were aware of procedures with some, but not all agencies, and once again, the English respondents referred to their 'Handbook' as reference. The English respondents commented that other agencies could be inconsistent despite having procedures.
Question 12

Although both countries highly rated the concept of having a clear definition of child sexual abuse, there was a statistically significant difference in the ratings given to this question between England (mean = 8.96) and Australia (mean = 9.42). The English respondents quoted that their definition was to be found in their written procedures. They also comment that their definition could be made clearer. Although there were thirteen comments made by the Australian respondents, these were all individual and no trend emerged.

Question 13

This question which asked if their agency had a clear policy with the police received the highest positive response and rating of all of the questions evaluated. The English respondents commented that they consulted the police before they made a visit for the initial investigation of child sexual abuse. No trend was identified amongst the Australians.

Question 14

There was a statistically significant difference in the responses between England (82.1% positive) and Australia (60.2% positive). Although both groups rated this question highly, the English (mean = 8.84) seemed to regard regular meetings with other agencies as of greater importance than did the Australians (mean = 7.79) and this difference was statistically significant. The strength of the response from the English respondents was reflected by the large number of comments referring to the Area Child Protection Committees. In contrast, the Australian respondents reflected a greater number of individual comments and a trend towards meeting only on a 'needs' basis. This response pattern may have reflected the fact that they had recently disbanded such an area based review committee in Western Australia.
addition, a number of the English respondents commented that such meetings tended to occur at management level.

**Question 15**

A greater percentage of Australians (91.6% positive) than English (75.0% positive) considered that their agencies had clearly stated objectives in regard to the management of child sexual abuse. There was a statistically significant difference between these responses, but not with regard to the ratings. There was only one small trend of note made from the English respondents who commented that the objectives were located in their *Procedure Book*.

**Question 16**

There was a statistically significant difference between the groups in response to their attendance at case conferences. A greater percentage of the English respondents (97.6%) gave a positive response compared with the Australians (65.1%). Perhaps this was not surprising as this practice is part of the English management procedure whereas it is not so in Australia. This was reflected by the major trend of comments amongst the Australian respondents stating that they attended case conferences only when the need arose. There also appeared to be another trend in the Australian sample towards case conferences being initiated by the statutory agency.

**Question 17**

There was a statistically significant difference between the two groups in regard to the 'Yes/No' responses on the keeping of joint statistics. A far greater proportion of Australians (54.2%) did not believe that their agencies kept joint statistics compared with the English respondents (16.7%). The Australian additional comments displayed a trend towards
uncertainty in regard to this procedure. Another trend reflected the changes being implemented to their systems with the introduction of a newly created Child Abuse Register. The English respondents’ comments indicated a trend towards referring back to their Area Child Protection Committee.

**Question 18**

There was a statistically significant difference between the two groups for both the 'Yes/No' responses and the ratings. The vast majority of the English respondents (95.2%) said that they had an area based committee that monitored policy and procedures whereas less than half of the Australian respondents (45.8%) agreed. Perhaps this was not surprising as the area based committee that had existed in Western Australia had been disbanded in the previous year. The Australian respondents rated the concept as highly: in Australia the mean = 7.47 and in England the mean = 8.92. Some Australian comments relayed that their committee no longer existed. Another small number referred to the 'Head Office' as monitoring policy. In addition, there was an uncertainty about whether such a committee existed as reflected in the major trend expressed by the Australian respondents. The English system that did have the organisational mechanism of 'Area Child Protection Committees' also formed the largest English theme in their comments.

**Question 19**

There was no statistically significant difference between the groups in regard to the 'Yes/No' responses meaning that both groups acknowledged that the role of a key worker or case manager had enhanced interagency collaboration. The ratings, although statistically different, did not imply any practical significance, as both were rated highly, namely, in England the mean = 8.97 and in Australia the mean = 8.45. The English respondents’ main trend
demonstrated that the key worker was always a social worker. The 'key worker' role in England was given a greater organisational status. The main cluster of Australian comments was 'do not know', as this role was not given the same status as in England.

**Question 20**

There was a statistically significant difference between the groups in regard to whether their agency supported them to attend local and international conferences on child sexual abuse; the proportions were: in Australia (77% positive) and in England (48.8% positive). Both groups rated this concept highly; namely in Australia the mean = 8.73 and in England the mean = 8.80. A vast majority of the English respondents gave 'lack of money' as the reason and the Australians did not refer to money as a problem, but seemed to focus on attending local conferences.

**Further Information Question One**

The English responses demonstrated clusters of responses in a number of areas which they may have wished to highlight or may wish to add that would enhance interagency collaboration. The largest number of responses referred to the need for more joint training. The second referred to better communication with General Practitioners. A third one referred to the need for post child sexual abuse intervention treatment. The final cluster referred to the need for initial counselling for the nonabusing-carer. The Australian comments clustered around the following themes. As with the English respondents, the largest number of comments related to the need for more joint training. The specific areas that they considered to be in need of this were nominated. The second largest cluster referred to the need for their agency to enhance or establish more collaborative procedures with other agencies. The third category referred to the need for their agency to clarify guidelines and roles, (see Table 7.2.21.
Further Information Question Two

This question asked if the quality of communication was affected by gender, status, ethnicity or years of experience. The largest cluster from the English respondents reflected that all of these factors did affect communication, although, a smaller number said that they did not affect communication. The second largest cluster referred to experience which led to increased knowledge and so enhanced the quality of communication. Similarly, years of experience formed the largest cluster amongst the Australian comments. The second largest grouping in the Australian sample referred to at least one of the nominated variables as affecting communication. Finally, the third largest cluster referred to the variables of ethnicity and Aboriginality as important factors affecting communication. There were eight responses, amongst the Australian respondents, who said that none of these variables affected their work, (see Table 7.2.22 in the Appendix for the English responses and Table 7.1.22 in the Appendix for the Australian responses).

6.6 In-depth interviews: England and Australia

In-depth interviews were conducted with a randomly selected group drawn from the total sample used in the survey. The main purpose of this procedure was to serve as a method of triangulation. It also served as a means of further examination of specific issues previously identified in the analysis of the quantitative results as requiring further clarification. The in-depth interviews were recorded verbatim, classified and categorised into English and Australian responses for comparison. Each category was further subdivided into metropolitan and non-metropolitan.
The analysis of these results gave further confirmation of the hypotheses that the twenty organisational mechanisms would be desirable components for interagency coordination and collaboration and that both countries would value them highly. All participants positively supported and rated highly the key mechanisms measured by the twenty questions apart from Question Three that once more drew a mixed reaction. This question related to a personal perspective and so variations in responses were not unexpected. The transcripts of the Australian and English in-depth interviews are contained in the Appendices 6.1b and 6.2b.

The responses to seven questions, identified in the previous sections, required further exploration. These questions were Numbers 3, 5, 6, 10, 15, 17 and 20 respectively. In addition, from the analysis of the data already discussed, two other issues appeared to require further exploration. The first of these related to the high rates of response from the non-metropolitan sample. The second related to the high proportion of returns from workers in the 1 to 9 years of work experience category. The data in response to the seven questions together with the two issues were then subjected to a discourse analysis. From the analysis it was found possible to place the material under broad categories of affirmatives, negatives, gains, difficulties, rationale and location variations. A summary of this discourse analysis is contained in the Appendix 8. The conclusions drawn from this analysis are presented below.

Question 3: 'Do you have social contacts as well as work contacts with other agencies?'

A significantly larger proportion of the Australian respondents, than amongst the English sample, reported that they do have social as well as work contacts. Overall, both populations agreed that having social contacts was not essential to getting the job
done. They asserted that it was often a matter of personal preference. The research into personality traits would support this, as extraverts appear to seek and value social contacts more than introverts (Eysenck, 1980). Maybe the difference between the English and the Australian sample was a function of cultural differences. There was some evidence that cultural differences have been noted on this particular personality characteristic (Cattell, 1965).

There appeared to be no other obvious fact for this discrepancy except that the Australian non-metropolitan respondents reported that informal contacts happened quite spontaneously in rural districts where population is sparse. It was commented upon that relationships in rural areas were more readily formed outside working hours due to the frequency of spontaneous, informal meetings, for example, in local stores, pubs, sporting events, etc.

The English respondents stated that they have occasional social gatherings and that they would have liked more. However, judging from the comments from the English group, it would seem that time constraints, the volume of work and their highly structured day prevented many social contacts.

In contrast, the Australian group said that it was important to have formal structures to work well, but that networking and developing an informal rapport went hand in hand with good working. Despite the differences in the responses to this question, both countries agreed on the nature of the perceived benefits. Under the broad heading of 'Gains' both countries expressed many advantages of having informal and friendly meetings with people from other agencies.
Question 5: 'Do you feel that your agency has equal status in meetings with other agencies?'

Both countries rated having equal status in meetings as important. Comments from both said that sometimes they felt that they had more status accorded to them as they had the statutory role. Despite this, overall, the Australians felt that they have more status than the English. There appeared to be many possible reasons for this. A major reason was likely to be the apparently higher status in Australia given to the profession generally. While the Australian respondents referred to their strong knowledge base and training with strong links with the university, the English respondents felt that they were considered to be poorly trained and historically linked to Inquiry Reports concerning past mistakes that had been highly reported. Additionally, the English respondents felt that the medical profession devalued their role. Also, reference was made to age and gender as factors contributing to lower status. My own experience working in England and Australia would endorse this view.

Question 6: 'Do you encounter problems regarding the exchange of information with other agencies?'

The overall positive response to this question indicated that approximately 80% of the respondents considered that they had a problem with the exchange of information. Moreover, there was no significant difference between the two countries with regard to this issue. The main reason for this would seem to have been the same in the two countries. Respondents in both countries nominated that adult centred services had not yet decided to put children’ rights on a par with adults' civil rights to confidentiality. The English respondents appeared to have a particular problem in relation to medical
and health professions. The problem seemed to be lessening in Australia as their
respondents referred regularly to new policy directives for working in partnership with
parents for the exchange of information. The English respondents also indicated that
the situation was improving, citing particularly the improved relationships with police,
health visitors and general practitioners due to the establishment of child protection
area based committees.

Question 10: 'Does your agency participate in joint training sessions with other
agencies?'

A significantly higher proportion of the English respondents reported that they
participated in joint training sessions with other agencies compared with the Australian
respondents. The comments from the English respondents suggested that this was
likely to be because of the governmental directive to do so on a routine basis. They
reported that the training was on a multilevel basis concerning different topics of child
protection, multiagency work and special work with the police. There were difficulties
reported in so far as attracting a representative mix of agencies and professionals of
different levels of experience was not easily achieved. There appeared to be a
particular difficulty regarding the attendance of general practitioners, paediatricians
and sometimes teachers. In Australia, there was no governmental policy directive for
interagency joint training, although training and professional development
programmes were organised as required. Both countries reported the advantages of
joint training and reported that it gave strength to interagency collaboration. It was
clear that the Australian social workers considered it to be invaluable and it would be
useful to have routine interagency joint training.
Question 15: 'Does your agency have clearly stated objectives regarding the management of sexual abuse.'

There were a significantly higher proportion of the Australian respondents who replied in the affirmative to this question compared to the English sample. One-fifth of the respondents in the English sample reported that they did not have clearly stated objectives. Unfortunately, the in-depth analysis did not suggest any reasons for this discrepancy. The English respondents reported that the rights of the child were paramount and that they worked in partnership with parents as directed in the Children Act 1989 and in their policy handbooks.

Question 17: 'Does your agency cooperate with others in the keeping of joint statistics?'

The keeping of joint statistics was rated highly in both England and Australia. Despite this, less than half of the respondents in both countries reported that they did not participate in this collaborative procedure. A possible reason for the Australians' non-participation was likely to be due to the restructuring of Western Australia's child protection agency involving a change of definition of child abuse. Amongst other new initiatives the setting up of a Child Protection Register was thought by many to replace an older method of collating joint statistics. There seemed to be some lack of awareness from the English respondents regarding whether joint statistics were kept and, if so, where did they keep them. Many think that their county kept them for their own agency. It was notable that the Australian respondents spontaneously listed many advantages of keeping such statistics and looked forward to seeing if the Register would have given them a statewide picture particularly for future planning. In contrast, the English respondents seemed reticent on the subject asserting that they
did not know, had not heard of any and could not say that they would be important.

Question 20: 'Does your agency support you to attend national or local conferences on child sexual abuse?'

A far greater proportion of the Australian respondents replied in the affirmative compared to the English, where less then half stated that their agency supported them in conference attendance. Both countries appeared to value conference attendance highly, recognising the need to keep informed of professional developments and the importance of disseminating information. The main constraints cited by both countries regarding conference attendance related to the lack of time and money. It would appear that this was a greater problem amongst the English sample, hence the discrepancy.

Issue One: Higher rate of postal return from non-metropolitan samples in both England and Australia.

Table 6.2 indicated a return rate of 56% from the English non-metropolitan respondents compared with only 18% from the metropolitan sample. A return rate of 77% from the Australian non-metropolitan respondents compared with 53% from the metropolitan sample. Comments from the Australian non-metropolitan respondents suggested that the reason for the discrepancy might have been related to the fact that they experienced less work pressure. For example, it was striking that many report being more relaxed at work and under less pressure in contrast with the opposite views reported by the metropolitan sample. It may be that this relaxation allowed them some greater disposable time to respond to such surveys.
Judging from the comments made by the non-metropolitan sample in both England and Australia, morale and job satisfaction would appear to have been higher in the rural areas. They both reported that staff turnover was low in the country and as a result they could develop trust more easily due to the longer-term relationships. In marked contrast, the metropolitan staff from both countries reported stress caused by rapid turn-over of staff and the absence of continuity in case management. They reported the insecurity this caused and this applied not only in their feelings towards colleagues, but to the clients as well. One example of this was given in an in-depth interview conducted with a senior non-metropolitan worker in Australia. The comment was made that after attending a seminar for Health Visitors in the city, when they were asked to name colleagues at their local social service office, not a single name could be reported. In marked contrast, it was said that Health Visitors, working in the country, could name all the social service workers in their local office and, indeed, conducted business on first name basis.

An example of relaxed and creative use of the survey instrument reported the use of the survey questionnaire being used as a discussion paper for a staff meeting in a country office. In Australia, a senior officer who was based in the city, but visited the country offices regularly commented that the sense of isolation created by the remoteness of some offices was such that they welcome the contact from outside professionals. So, overall, the motivation to complete the questionnaire for the non-metropolitan sample was probably higher.

**Issue 2: 'Higher proportion of rate of returns for the 1 - 9 years of experience in child protection work.'**
The possible reason for this relative inequality of response rates was difficult to determine. This may reflect the high attrition rate discussed in the literature due to high incidence of 'burn-out'. It may also have reflected that after a number of years of experience workers took on a managerial role without direct client contact. None of the in-depth interviews could offer any possible reasons for this discrepancy. It was not known whether this distribution was representative of the general population. Only further research can determine this.

6.7 Concluding comments

This chapter contained the quantitative and qualitative results together with their statistical analysis. The chapter began with a demographic description of the returned sample in terms of nationality, gender, years of work experience, employment positions, work locations, and organisational mandates. The results of the in-depth interviews in relation to previous questions that required further exploration were presented and discussed. The main hypothesis that the twenty organisational mechanisms would be considered to be essential components for interagency coordination and collaboration was substantiated. The subsidiary hypothesis that there would be no practical difference in the values placed on these components amongst practitioners in two different countries was also substantiated. The practical and theoretical implications of these results will be discussed in the next chapter.
CHAPTER SEVEN: THEORETICAL FRAMEWORK FOR A MODEL OF
COORDINATION AND COLLABORATION IN THE MANAGEMENT OF CHILD
SEXUAL ABUSE

7.1 Introduction

Chapters Four and Five outlined the identification and categorisation of the key mechanisms
and procedures of interagency cooperation, their operationalisation and the method used for
their evaluation. Chapter Six presented an analysis and discussion of the results of the survey.
Having identified, tested and evaluated the data, this chapter continues the research plan with
a discussion of the theoretical framework for a suggested model of the management of child
sexual abuse. This chapter begins with a restatement of the version of critical theory that was
discussed in Chapter Three and forms the basis of the model. As critical theory incorporates
the personal and the political perspectives, it is considered to be the most appropriate
integrated theory for the underpinning of the model for the management of child sexual abuse
to be presented in Chapter Eight. The chapter concludes with a discussion of the survey
responses concerning the evaluated organisational components that form the basic structures
of a proposed model for the management of child sexual abuse. They are discussed under the
three broad categories that were supported by the research. These are the coordinating
mechanisms, collaborative procedures and personal perspectives.

7.2 Critical theory

As previously discussed in Chapter Three, there are many versions of critical theory of
organisations. The model postulated in this thesis is based on a specific form of critical theory
that emphasizes the interactive process between the personal and the political. This integrative approach recognises the empowerment of both client and worker. As such, it comes to represent an integrated and holistic perspective that focuses upon the link between theory and practice. This version is compatible with the version of critical theory as delineated by Ife (1997, p.133) who states that,

The critical approach incorporates a view of the direction of desired change, based on an articulation of social justice, human liberation, or some other high level account. The structural analysis involved in a critical approach will typically involve the components of structural oppression, such as class, race, gender, ethnicity, age, disability, sexuality, and so on.

The theoretical framework of the model is therefore based upon this integrated, holistic view that emphasizes the humanistic perspective that takes into account the attitudes and experiences of all involved in the human service organisation. It adopts a social interactionalist perspective and, in addition, seeks to include a directional aspect to accommodate action and change based on normative patterns. While this may appear to reject the postmodern perspective it does not do so completely. This approach rejects the strictly positivistic paradigm and takes as it starting point the need to interpret the meanings people attach to their actions in a particular context. With regard to the specific area of the management of child sexual abuse, the views and opinions of the frontline workers need to be taken into account. This is not only for the benefit of the agency and the welfare of the workers, but it is also in the interests of the families they serve and to whom they will provide models of empowerment.

The identified *coordinating mechanisms, collaborative procedures, and personal perspectives* validated by the research are now discussed in relation to their integration into a proposed model of interagency cooperation.
7.3 Coordinating mechanisms

The key coordinating mechanisms that were discussed in Chapter 4 and surveyed in this research are discussed below.

7.3.1 Clear guidelines and role definitions

Two of the primary coordinating mechanisms relate to having clear agency guidelines and role definitions. Having clear agency guidelines and a clear role definition are obviously important in the coordination of services. It is of note that these were overwhelmingly supported in this survey with 83.8% reporting the importance of having clear guidelines and 82.6% who gave positive approval for clear role definition. The Additional Comments, as reported in Chapter 6, gave further support to these mechanisms. In addition, 100% of the respondents to the ‘in-depth’ interviews reinforced the sentiment that guidelines are the essential building blocks upon which their practice is based. Even with this level of approval, it is as well to note that the implementation of guidelines would not be possible without interprofessional communication skills and many respondents highlighted this. After all, it is the people who act and not the organisation (Hallett and Birchall, 1992). This highlights the need for attention to be given to the personal perspectives of any model of interagency coordination and collaboration.

7.3.2 Formal written guidelines

Many of those respondents who in the Additional Comments said that they relied upon their agency guidelines chose to refer to their Handbooks by name. The overall approval rate for written guidelines was 70.7%. Guidelines may be informal and not written but known and accepted as negotiable in the complex culture that exist in and between organisations. This
does not negate the fact that some guidelines need to be written for credibility. As discussed previously in Chapter 4, although guidelines are advocated as safeguards for operation they need to be made accessible to a variety of practitioners as reference. In what is capable of becoming high profile work where practitioners are often open to criticism, which may be unwarranted, the provision of written guidelines is essential for their own protection as well as in the interests of clients (DOH, 1991a). For example, written policy and guidelines concerning confidentiality and the exchange of information between agencies may be combined to protect the civil rights of clients and enhance professional communication.

The value of having a combined and up-to-date multiagency handbook that describes each agency's mandate is considered to be essential (Anthony, et al., 1988 and DOH, 1991b). The variety of practitioners' needs covers the spectrum from the new inexperienced workers to the more experienced senior members; the handbook needs to be accepted as a central reference from which to proceed for all.

7.3.3 Agency priorities

The question of being able to meet requests from other agencies promptly was a measure of agency response planning in the first instance. Ideally, agencies should be able to safeguard their employees by standardising responses to referrals with regard to procedures and protocols. If this is not done, too much individual responsibility could be assumed for the volume of workload; this is often quoted in the literature (Rees and Rodley, 1995) as a factor in stress and 'burn-out' as was discussed in The Introduction. Happily, most practitioners (73.1%) felt that priorities had been established in this regard. Although accepting of their priorities some speculated that other agencies might wonder or disagree with their assessment of promptness but many delays were due to staff and resource shortages.
7.3.4 Knowledge of others' management plans

In the combined English and Australian sample 36.5% of respondents replied that they were unaware of all other agencies' procedures. This was qualified with the comments that they were aware of the procedures of the major agencies. Many respondents referred to reading the others' procedures in their joint Working Together Handbook or in their Reciprocal Guidelines.

This underscores the importance of these documents as a major reference point for all agencies. Child protection is not the main role of many agencies involved with children; teaching may be seen as an obvious example. However, it should be incumbent on the Heads of all agencies likely to be involved in child protection matters to ensure that their staff is aware of these procedures. While 63.5% of respondents agreed with the importance of being aware of others' procedures many said that they would do so on a 'need to know basis' so presumably it would be useful to have a ready reference available as required.

7.3.5 Clear definition of child sexual abuse

It is encouraging to note that the vast majority of practitioners (91.6%) in both England and Australia expressed that they had a clear definition of child sexual abuse from their agency and rated it highly (9.22 mean rating). Societal recognition of the problem has defined the parameters of what is acceptable and this definition is the basis upon which the practitioner operates. It is of note that research on the topic of child sexual abuse may focus upon a particular segment of the broad spectrum of possible abuse and thusly employs a restricted definition. This can be confusing for the practitioner unless aware of the reasons for the narrow definition that was employed. The restriction of definition also makes it difficult for
the practitioner to generalise the results to other situations. To illustrate this, research may focus upon an intrafamilial sample of child sexual abuse excluding those where the alleged perpetrators may be stepparents. Further to this, it is difficult to obtain true incidence and prevalence of the problem when different studies have highlighted differing types of abuse as well as focusing on different stages of intervention as discussed in Chapter 2. The categorisation of abuse for epidemiological studies has implications for practice, planning, intervention and prevention. Included in this process ought to be the collection and collation of statistics not only for the previously mentioned reasons, but also for the purposes of quality assurance, supervision, and accountability.

7.3.6 Guidelines with regard to shared decisions

Decision-making in the initial phase of the management of child sexual abuse is undertaken ideally jointly with other agencies. The necessity of having this phase pre-planned is most crucial as the literature indicates that the first contacts with children, their families and other agencies are likely to have a bearing on the final outcome of a case as discussed in Chapter 3. How well this stage is managed has been said to be a major factor in the long-term success or otherwise of the treatment of the child and the family. This was endorsed in the findings for England (88.1%) and Australia (78.3%). Both confirmed that they did have shared decision management plans. This reinforces the hypothesis that the adoption of a shared decision making procedure exemplifies a coordinating mechanism. From a client's perspective it means that they are more likely be successfully directed to the appropriate agency for professional help at the outset without the risk or uncertainty of misdirection.
7.3.7 Objectives regarding management of child sexual abuse

The importance of having clear objectives in any organisation is self-evident. However, the multiplicity of agencies involved in the management of child sexual abuse is a potential source of risk that needs to be minimised at organisational level. Many agencies have different goals and objectives because they have different remits, not solely involved with child protection matters. There can still be difficulties when agencies have the same goal owing to the fact that there can be a duplication of efforts. It is necessary therefore for agencies involved in collaboration in child sexual abuse to negotiate jointly over their objectives in order to make a clear statement that is in the best interest of the child and family. This negotiation should have occurred at a senior management level prior to any intervention and management.

As mentioned earlier, there needs to be good communication at every level in order to achieve meaningful interagency coordination and collaboration. Negotiated objectives are not static and need to be reviewed as part of an ongoing process to either reaffirm or to improve them. Clearly stated objectives should reflect agency policy and be a statement of the goals of the organisation and reflect primary values. For example, in England, the main message of the Children Act 1989 is that the rights of children are paramount and a child's needs are best served within the family. This legislation reflects the values of nonviolence or exploitation and a spirit of wanting to work in partnership with parents. In this survey, 75% of the English sample reported in this thesis that they had clear objectives in the management of child sexual abuse compared with a 91.6% of the Australian sample. In the light of the English legislation, it is surprising that the respondents did not report a higher figure as in Australia. While it is not entirely clear why this should be so, it might be because Western Australia's newly restructured Family and Children Services has recently revised and updated departmental
guidelines which begin with departmental objectives concerning the welfare of children.

Perhaps this points some way to the need for updating and maintaining policy objectives for the inculcation of new staff, as well as refresher courses for the more experienced.

7.3.8 Role of keyworker or case manager

One of the functions of the case conference is to nominate the keyworker as the person allocated with the special responsibility for a particular child. Both countries in the survey gave high ratings (8.97 mean rating in England and 8.45 mean rating in Australia) to the importance of this coordinating mechanism. The keyworker, or Case Manager as they are referred to in Western Australia by the Child and Family Services Department, is seen as enhancing interagency collaboration as well as being of value for continuity with the child and family. The intention is that the practitioners from other agencies are able to develop a relationship with a keyworker to whom they regularly direct their communication. The keyworker role has now developed in England and is being accorded special training and support so that they have become the focal point in the network of multidisciplinary professionals. The success of the keyworker role will depend to a great extent on the interpersonal communication skills of the practitioner concerned. Therefore, organisational support and training for this person's role is desirable.

7.4 Collaborating procedures

The key collaborating procedures that were discussed in Chapter 4 and surveyed in this research are discussed below.
7.4.1 Collaboration with the police

As child sexual abuse is contrary to the laws in Australia and England, it is not surprising that the major state social welfare agencies would have a clear policy with regard to working with the police in this matter. However, as discussed in Chapter 3, simply because people are mandated to work together does not always mean that they will do so. In this survey, the total sample response to their agency having a clear policy with regard to collaboration with the police at the time of the initial referral was 97.0% agreement. This was the highest percentage agreement in the survey and it also received the highest rating (9.60). This appears to be an example of certitude in an area where subjectivity and uncertainty may otherwise prevail. No doubt it also reflects the mandate by which the practitioners who are predominantly employed by statutory agencies operate.

In England, most Local Authorities have special police units to work directly with the professionals in the area Social Service Departmental offices. This contrasts with Western Australia where there is one specialist Police Child Abuse Unit only. This Unit is located in Perth and works with all of the Family and Children Service offices in the metropolitan area. The Police Department seconds a number of police officers to work full time, for two to three year periods, in the Child Abuse Unit. They are then rotated back into regular service so that this ensures that a broad spectrum of police gain experience in the field of child sexual abuse. Country areas have access to the local police and Central Investigation Bureau. Both of these groups may then have representatives who have been through the specialist unit. There appears, judging from the data, to be respectful and cordial relationships, judging from the survey and the in-depth interviews of all involved in both England and Australia. One Australian non-metropolitan, in-depth respondent, commented that as the country police did not have a high turn-over of staff that the police developed a high level of expertise in child
sexual abuse interagency management.

The differing organisational perspectives of the police and social workers have led to some conflicts in the past as reported in *The Cleveland Report* (Butler-Sloss, 1988), but these now appear to have been resolved. This research seems to give further support to this view. Comments from the in-depth interviews ranged from, 'we have no problems with the police', to, 'we have excellent interagency collaboration with the police'. It was noted that these respondents added that as professionals they respected each others' boundaries. Others commented that while there were clearly written reciprocal policies, over and above this they had good relations with the police and this led to a relaxation whereby they could ring the police for advice if they were uncertain about any issue. Goals appear to have been clarified and there is agreement in priorities. There appears to have been forged a combined community response to a social/legal problem as currently defined by society. The 'In-Depth' interviews were unanimous in upholding the conclusion that there is a clear recognition of separate but complementary roles. In fact, one English respondent commented that they both did the same job, but they each operated on 'a different side of the same coin'; the police looked after the prosecution and child protection services, the social side. In both Western Australia and in England the reporting of child abuse is not mandatory. Despite this, consultation with the police is seen by social services in both countries as a primary task.

7.4.2 *Exchange of information*

Although respondents generally reported clear reciprocal guidelines with regard to collaborating with the police, this was not the case when collaborating with other agencies. In the *Further Information Section* of the questionnaire, many of the English sample referred to the need for better communication with general practitioners. It is of concern that respondents...
in both countries gave strong affirmation to the fact that they experienced difficulties in the exchange of information with many other agencies, particularly with the medical profession, health departments and schools. Issues of client confidentiality, ethics and differing philosophies were mentioned as the blocks to communication.

It was expressed that the focus of adult centered agencies often prohibited the flow of information as these agencies did not always give priority to the rights of children. It would appear that in these instances there was no recourse to the Children Act 1989 in England that defines the rights of a child or in any proposed children's rights charter in Australia. The Children Act 1989 and general good practice does highlight working together in partnership with parents, so written consent may facilitate the exchange of information. However, the strength of expression of feeling that there is a problem (Total Sample, 80.2% affirmative) would suggest that this is not likely to be the only reason for it. Clearly there is a need to resolve these communication difficulties between professionals as well as between the agencies. A fuller appreciation of each other's roles, procedures, assumptions and perspectives might go some way to resolving these difficulties.

Ideally, a problem regarding the exchange of information, should receive attention as it arises and then be discussed in supervision and presented to management sources for its solution. The high positive response to this question (80.2%) indicated that this did not appear to be happening. It gives strength to the view that further research is required in this area, particularly as the results of the research reported in this thesis indicate an unusually high value (mean rating, 9.27) placed by child protection practitioners on the exchange of information.
7.4.3  Area child protection committee

An area based committee on child abuse matters is seen to have a valuable role (mean rating, 8.34). Both England and Australia have these committees, although the English committees are more highly specified by governmental directive. The Australian system has no central directives of this nature. However, a new multiagency Child Protection Council for Western Australia has been established during the writing of this thesis by that State's government (FACS, 1998). This Council has been set up to advise the Minister for Family and Children's Services on matters pertaining to child protection across the State.

Workers are often content with the collaboration that they have established with other Agencies, but also need to know that there is an interagency committee monitoring the work at a senior level. Child protection work is dynamic and as it changes it requires scrutiny to ensure progress is being made. The role that such a committee has includes adjudicating in cases of possible conflict, but its main functions should include the identification of training needs, the monitoring of performance, policy discussion, planning and report compilation. Most importantly, with their overview of the entire network, new initiatives can be introduced to improve existing services. Evidence is that funding to provide adequate resources to support such committees is scarce, but as the functions of these committees are so extensive and have such a strong impact on an entire network some priority of funding should be given. Under current arrangements, each agency allocates resources from its own budget, whereas a more efficient and useful procedure would be for each committee to have it's own budget, perhaps centrally funded (DOH, 1991b).

A feature of this particular research is that the attitudes and opinions of the practitioners were assessed. Practitioners are not normally members of the area based committee as their
function is at a casework level. Most often, members of the area based committee are of necessity senior representatives of their agency. It has been recommended in the literature that area based committees delegate work to groups and working parties at local level (DOH, 1991b). Some support for this comes also from the research reported here. On the basis of a number of insightful comments reported, there would seem to be a clear case for committees to monitor the views of practitioners particularly when major policy decisions are reviewed. It might also be useful for practitioner representation at the area based committee.

7.4.4 Regular meetings and case conferences

The literature generally indicates that regular meetings are considered to be organisational mechanisms which can improve or hinder collaboration and communication (Argyle, 1997; David, 1994; Jones and Bilton, 1994 and Baglow, 1990). As Jones and May comment,

If an organisation and its participants are not aware on the inter-organisational relations that influence organisational functioning and effectiveness, their actions are likely to have unintended, and often undesired, consequences (1995, p.117).

If there is organisational approval and encouragement for groups to come together, there is a broadening of focus and a lessening of the burden for individuals to be the constant and lone source of interagency contacts. Some of these meetings are formalised around crucial joint stages in management and planning and their recognition is set forth in organisational structure. The case conference is an example of such a structure.

In England there had been governmental recommendation of case conferences for placing a child on the 'at risk register'. The assembly of relevant personnel from agencies involved with a child and family to assess this risk and implement a care management plan is the
responsibility of the Social Services. A more informal and *ad hoc* system applies in Western Australia, although that State has recently introduced a child protection register (FACS, 1998).

The multiagency case conference has come to represent the community response to cases of perceived child abuse. The danger of any one professional or a single agency making what may prove to be a misguided decision which affects the life of a child and their family is more likely to be avoided. The rights of children and families are protected with the multiagency conference. Shortcomings and problems in child protection case conferences may exist, but with a specific agenda and agreed parameters for discussion the multiagency conference is a fairer and a more equitable system of review.

As far as this research is concerned, there does not appear to be argument regarding the value of the case conference (mean rating, 8.83) although, the in-depth interviews revealed that more attention should be paid to the preparations and logistics of the conference both for families and professionals. The training and guidance for the chairpersons and other regular professional participants, as advocated in the literature (DOH, 1991c) was supported by several of the English in-depth respondents who refer to the benefits of having had such training.

### 7.4.5 Joint training

While in England and Australia joint training exists it is clear from the respondents that they would like more. This was demonstrated particularly by the English responses to the 'Further Information Question' referred to in Table 6.43, in *Chapter 6*. The problematic areas that suggested the need for improvements uncovered by the survey questionnaire would provide ready made topics for joint training. Foremost amongst these would be the need to clarify the
procedures regarding the exchange of information: 80.2% of the total sample indicated that this was a problem. The research also suggests that agency guidelines, role definitions, professional assumptions, philosophies and organisational priority setting would similarly be useful areas to discuss. The opportunity for professionals to familiarise themselves in joint training sessions with staff from other agencies rather than in a real life case discussion would be a valuable exercise. This was a repeated theme demonstrated by respondents in England and Australia in the in-depth interviews. In addition to the value of the formal components of joint training, there would be incidental benefits, perhaps of no lesser importance such as the opportunity for different professionals to learn more about each other’s roles and functions. This might also have the added result of reducing the tendency to form a hierarchical structure as spoken about by some respondents in the survey as an impediment to communication. The informal meeting of colleagues from different disciplines helped to humanize the work, as it reduced the inclination to stereotype, as reported by the majority of the English and Australian in-depth respondents.

The act of organising joint training that is tailored to the specific needs of a group also demonstrates a management awareness and sensitivity to the needs of the workers. This would be likely to have a morale boosting effect by facilitating an organisational system where not all advice was from the 'top-down'. Perhaps the feedback from such meetings might be used to provide valuable information on improving an agency’s collaborative procedures.

7.4.6 Sharing and collating statistics

Cooper (1993) comments on the fact that despite the concern about child abuse it is only relatively recently that the government has begun to collect national statistics. It was no
surprise, therefore, to discover that less than half of the practitioners in both countries said that their agency cooperated in the collection of joint statistics: England 48.8% and Australia 39.8% respectively. This may not necessarily mean that joint statistics are not kept, but simply that the remainder of the participants were not aware of any joint collation of information. The collection and collation of statistics as an area of agency responsibility may need to be given more recognition. Individual practitioner workloads are monitored through the use of statistics. Moreover, the overall picture represented by a collection of a group or a team's statistics would have an influence on group solidarity. Individual caseload is made more meaningful in reference to other colleagues in the team. It could be argued that the analysis and presentation of group statistics would have a positive effect on group morale. If individual agencies are able to monitor their statistics as an appropriate measure of organisational output it would seem reasonable to pool these statistics for an overall presentation. A more accurate account of the incidence and prevalence of child sexual abuse in society generally would be made available. There would be clear implications from this for alternative legal and therapeutic treatments, planning and prevention.

7.4.7 Support to attend national and local conferences

The value that an organisation can accord to its members is ideally demonstrated financially, professionally and personally. Support in terms of time, money and encouragement to attend conferences would be an example of this. This could be done on an agreed and equitable basis for all staff. The development of an expertise in a field of endeavour is best fostered and acknowledged in tangible form by an employer. Attendance at conferences is one aspect of professional development. Conferences provide a venue for the dissemination of research done at local level and practice reviews gleaned from service evaluations.
In addition to providing opportunity for professional enhancement, attendance at conferences also provides mutual support for colleagues working in an equally demanding job. The broadening of a worker's perspective to the overall implications of their job is often first gained at such conferences. When an agency chooses a practitioner to represent their agency, they become an ambassador of that agency. This can have a morale boosting effect that should invigorate their day-to-day work and be a model to others upon their return. The enthusiasm engendered at the conference can carry over and is not easily dissipated.

Less than half of the English sample (48.8%) said that their agency supported their attendance at such conferences. Lack of money was generally cited as a reason for this nonattendance. Although there was some mention of problems of funding in Australia it was not to the same extent as in England. In addition, the Australian tax laws allowed for a professional to claim a rebate on conference fees and travel costs. This would be an important industrial issue for professional associations in England to pursue.

7.5 Personal perspectives

The key personal perspectives that were discussed in Chapter 4 and surveyed in this research are listed below.

7.5.1 Social contacts and agency contacts

The matter of having social contacts as well as work contacts was the only question that received a fairly ambivalent response; the total sample response was 56.9% affirmative. A significantly larger proportion of the Australians reported (74.7%), as compared with the English sample (39.3), that they did have social contacts with other agencies. This may have
reflected cultural differences, as discussed in Chapter 6, Section 6.6. The reason for the inclusion of this question was to evaluate the quality of the interpersonal contacts as there is some evidence from previous research that this is a factor that accounts for the lack of tension between colleagues (Baglow, 1990 and David, 1994). However, as this question invoked the greatest statistical standard deviation amongst all of the questions there would appear to have been a strong variety of opinion as to its importance in fostering collaboration. The fact that coordination and collaboration were rated so highly despite social contacts being deemed less important suggested that it was not an essential mechanism for collaborative working.

In short, it had been expected respondents would report that social contacts were useful in promoting harmony and trust. However, it is clear from the high proportion of respondents in England and Australia (total sample 90.4%) who said that they felt other agencies welcomed their contact, that the harmony existed, but this did not necessarily depend on social contacts. Respondents in both countries rated receiving a welcome from other agencies very highly (mean rating, 8.50) that seemed to reflect a sense of high self-worth about their professional role affected in part from the way others responded to them.

7.5.2 Equal status

There was a positive response (62.3%) to having been asked the question if they had equal status in meetings with other agencies. Both countries rated this similarly; the mean ratings for England and Australia being 8.61 and 8.60 respectively. Almost one-quarter of the respondents (21%) indicated they felt they had more status due to the statutory role they were accorded. However, they did not welcome this ascription, as they felt that there should be an equal status model in operation especially in case conferences. The question of equality of status was important as it related to presenting and accessing information and being able to
share in decision making as discussed earlier in *Chapters 4 and 6*.

### 7.6 Concluding comments

This chapter began with the description of a suggested theoretical basis for a model for interagency coordination and collaboration. A version of accepted critical theory was considered to be the most applicable integrating the personal and political perspectives within a humanistic framework. The validated key organisational mechanisms were grouped into three categories: coordinating mechanisms, collaborative procedures and personal perspectives. The placement of the key components into these three categories was supported by the research findings. Their relative significance was discussed in relation to a proposed model for interagency coordination and collaboration for the management of child sexual abuse. The model and its possible applications are discussed in *Chapter 8*. 
8.1 Introduction

The key components of coordination, collaboration and personal perspectives in the management of child sexual abuse which have emerged during the research programme are presented as the main parts of a suggested practical model, for successful interagency cooperation. These components are integrated in the model with other intra-organizational activities. When combined, these activities form a dynamic and integrated ideal model, which can be used to assist in planning and assessing the quality of interagency coordination and collaboration. The model is presented graphically and broken down into a taxonomy for amplification in Sections 8.3 and 8.4. Following these sections, the functions of the suggested model are presented. The chapter concludes with suggestions for applications of the model.

8.2 The Interagency Coordination and Collaboration Model (IACC Model)

The following IACC Model is based upon an integrated, critical perspective of organizational theory and is meant to represent the ideal form. The IACC Model graphically demonstrates an ideal organization for the management of child sexual abuse as suggested by the research. It represents the integration of the key coordinating mechanisms, collaborating procedures and personal perspectives associated with an agency within its total ecological context. The IACC Model is presented diagrammatically on the following page.
A Model for Interagency Coordination and Collaboration (IACC)

This Model represents the dynamic relationship between the three categories, identified from the research reported in this thesis. These categories are referred to as the coordinating mechanisms, collaborative procedures and personal perspectives as defined in Chapter 4. They are represented by three circles that combine to represent the organization in its coordinating and collaborative activities with clients and other professionals in other agencies. The point at which the three circles overlap represents the satisfactory outcomes of successful integration of the mechanisms and this is referred to as the 'Nexus', defined in the Concise Oxford Dictionary (1984) as a 'bond, link' or 'connection'. An agency's organisational environment is the dynamic ecological context within which an organisation operates. Therefore, the organisational environment simultaneously represents not only the environmental context, but also the target of the agency's services.
The amplification of the *IACC Model* is presented below.

### 8.3 Amplification of the *IACC Model*

The *IACC Model*’s three key interlocking areas are amplified further in Figure 8.2 outlined below.

![Venn Diagram](image)

**Figure 8.2 The amplified IACC Model**

The areas identified in Figure 8.2 are described below.

1 = **Coordinating mechanisms** - the foundations of an agency’s structure
   - Clear objectives
   - Up to date written guidelines
   - Role definitions / job specification
   - Keyworker / case manager designation
   - Communication guidelines for contacting other agencies
   - Literature on other agency's child protection management plans
   - Clear definitions of abuse
   - Priorities of action on referral
Guidelines with regard to shared decisions

2 = Personal perspectives – characteristics of practitioners
   Good will demonstrations and perceptions
   Informal/formal role contacts
   Professional status
   Age
   Gender
   Years of experience
   Racial issues

3 = Collaborative procedures – shared activities with other agencies
   Enacting joint case management with statutory bodies / police
   Exchange of information
   Regular meetings
   Area Child Protection Committees
   Attending case conferences
   Sharing and collating statistics
   Multiagency / multidisciplinary child protection conferences
   Joint training

4 = An agency's organisational environment – the context and the target
   Clients: children / parents / families / households
   Other agencies and organisations
   Cultural ethos
   Societal mores
   Geographical location
   Political / legal / economic milieu
   Technological and scientific capabilities
   Historical setting
   Media influence

The nexus = ideal outcomes
   Job satisfaction
   High self-esteem
   High morale
   Optimum level of motivation
   Client satisfaction
   Enhanced interagency coordination and collaboration
   Positive interagency feedback

The letters 'a', 'b' and 'c' in the IACC Model indicate other common activities of an agency.

Although these were not assessed in the survey reported in this research, which focused exclusively on the key mechanisms involved in the process of interagency coordination and collaboration, they are included to complete the picture of an agency's organisation. Those...
designated 'a' and 'c' illustrate the method whereby the mechanisms of interagency collaboration are integrated and adapted into the organisation. Letter 'b' represents additional collaborative procedures that agencies may sometimes conduct, although these were not considered by the literature or the research to be essential activities.

8.4 A taxonomy of the IACC Model

A taxonomy of the IACC Model illustrating the integration of an agency's organisational activities is depicted in Figure 8.3. This taxonomy represents the dynamic 'Nexus' of the organisation.

<table>
<thead>
<tr>
<th></th>
<th>a</th>
<th>b</th>
<th>c</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>a</td>
<td>b</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>b</td>
<td></td>
<td>c</td>
</tr>
</tbody>
</table>

Figure 8.3 Taxonomy of the IACC Model

Legend for Figure 8.3:

1 = Coordinating mechanisms
2 = Personal perspectives
3 = Collaborative procedures

a = In-house information programmes
b = Other collaborative activities (not-key functions)
c = Quality assurance and policy development

The following is a descriptive explanation of 'a', 'b' and 'c':

a = In-house information programmes
   Inductions
   Team meetings and staff meetings
   Programme instructions
   Professional reading materials and library time
   Case presentations
Journal clubs
Informal meetings as in morning and afternoon tea
Professional ethics, mission statement, role statement
Policy documents, procedure handbooks, training videos
Working committees
Computer based information

\[ b = \text{Other collaborative activities (not-key functions)} \]
Shared research
Local welfare councils
Combined public relations publicity campaigns
Working lunches
Informal professional contact
Exchange of personnel

\[ c = \text{Quality assurance programmes and policy development} \]
Report and record reviews
Planning meetings
Individual and group supervisions
Peer reviews and performance appraisals
Clinical audits
Routine audits
Consumer evaluations and surveys
Programme evaluations
Publications

It can be seen from the taxonomy that the operations of an agency can be classified into six functions. The three key systems that are the subject of this research, coordinating mechanisms, personal perspectives and collaborative procedures, are described in terms of structure and process. The three subcategories of 'a', 'b' and 'c' represent additional organisational operations. The function of those designated 'a' and 'c' is to evaluate, adapt and integrate the three key systems and the non-key procedures which are designated 'b'.

8.5 \textbf{Functions of the IACC Model}

The Model of Interagency Coordination and Collaboration (IACC) is meant to be a description of a single agency's ideal organisation in the management of child sexual abuse. It depicts the activities of coordination and collaboration in its interaction with other agencies and the
organisational environment. The IACC Model is a dynamic representation as all of the operations depicted in the circles have permeable boundaries. External influences can enter at any one point in the system or at all points together. This means that coordinating mechanisms, collaborative procedures, personal perspectives and the organisational environment act in a reflexive fashion, having the capacity to affect and influence each other.

For example, a reduction in funding (organisational environment) may mean that contingency plans to operate with reduced staff need to be conceived and implemented (coordinating mechanisms). These actions could then have an effect on staff morale (personal perspectives). Further to this, it could mean a reduction in interagency meetings (collaborative procedures). There would be numerous permutations possible on the above example.

A particular feature of the IACC Model is that personal perspectives are given equal weighting with the other two key functions. This is the human element in child protection work as discussed in Chapter 4. Further support for including the perceptions and feelings of practitioners comes from many sources (Parton, 1985; O'Hagan, 1989; Goddard and Tucci, 1991 and Parton, et al., 1997). Goddard and Tucci have asserted that the...

Factors which require consideration include the worker's personality, the family's influence on the worker, the stresses and pressures which influence the social worker's relationships with clients and which can lead to questionable decisions, and even the misrepresentation of those decisions in case records (1991, p. 9).

The other two key organisational functions in the IACC Model, the coordinating mechanisms and the collaborative procedures are dependent on the personal perspectives for their effective implementation. Each of these functions will be discussed in turn.

8.5.1 Personal perspectives

The personal perspectives, as referenced by number '2' in the IACC Model, are the unique
personal characteristics and attitudes of individual practitioners including demographic factors, all of which contribute to the professional identity of the worker. The personal perspectives of the individual practitioner have the capacity to influence the process of coordination and collaboration at any point. The practitioner needs to be aware that his/her own gender, status, ethnicity and years of experience may influence both the perceptions of their clients towards them and their own attitudes towards the clients. As an illustration of this, one respondent in the in-depth interviews recalled that as a mature-aged student she attended a case conference with her supervisor who was a younger person from a different ethnic group. This produced unanticipated feelings of self-consciousness as other professionals wrongly assumed that the student was the supervisor and deferred to her. It became necessary for the supervisor to correct the misapprehension before appropriate communication could take place. Without the correction being made this error could have had an adverse effect on the outcomes. As illustrated in the NEXUS, self-esteem, job satisfaction, morale, motivation and even the working on behalf of the client could all be affected adversely, particularly if this were to happen regularly. Provided that the practitioner is aware of these personal perspectives the kind of bias and misinterpretation referred to above would be minimized. On the other hand, there may be some instances where the professional recognition of differences cannot be ameliorated. For example, a practitioner may express an ethnic or gender prejudice. The practitioner will still have to work with clients, despite their prejudice and even though they may not feel comfortable doing so. This would be an occasion where the agency would need to confront the prejudice in the practitioner. The practitioner would normally have revealed such an issue at a supervision meeting for presentation and review. It may be that such matters, once brought to supervision or a peer review, may highlight the need for personal and professional development training. The expression and utilisation of personal feedback in this way is an illustration of the reciprocal
flow of information that is necessary for the successful integration of the three perspectives, as depicted in the *IACC Model*.

### 8.5.2 Coordinating mechanisms

An agency's *coordinating mechanisms*, are referenced as *number 'I'* in the *IACC Model*, are the structures that give shape and maintain direction to the organisation in order to attain its objectives. Before interacting with clients and other organisations the practitioner will need to be aware of the functions of their own agency. They will need to be informed of and helped to understand the coordinating mechanisms of the agency. They need to know their agency's mission statement, aims and objectives. Usually this first occurs during an induction programme. This information providing mechanism would come under *letter 'a'* in the *IACC Model*. During the induction programme, the practitioners are given guidelines and procedures to read in order to familiarise themselves with the agency. They are given a role statement or job description to enact as a representative of that agency. In addition to client centered work, the day-to-day work experience is scheduled with staff meetings and other information exchanging in-house activities. The practitioners, at this point, are involved with their inculcation within the agency. Normally, they will have opportunity to express personal questions and ask for greater detail of the activities and this illustrates once again the reciprocal flow and the integration of the perspectives in the *IACC Model*.

The quality assurance programmes and policy development of an agency, as described in *letter 'c'* of the *IACC Model*, review the methods of operation to ensure that high professional standards are met and maintained. *Personal perspectives*, of clients as well as the practitioners, may be integrated to become part of new and updated *coordinating mechanisms* in this planned, reflexive and rationalised system of adaptation.
An agency will need to review their coordinating mechanisms with regard to agreements and reciprocal policies with other agencies. Once these mechanisms have been accepted as necessary, and are recorded as a matter of policy, then procedures for enacting them need to be instituted. This further interactive process requires working together with other agencies and is described in the IACC Model as the collaborative procedures.

8.5.3 Collaborative procedures

The collaborative procedures, as referenced by number '3' in the IACC Model, are the joint activities that agencies share. They may occur in a number of areas where practitioners interact with other organisations in individual or group settings. These interactions normally occur over the entire spectrum of the interagency communication process and at all professional levels as required. This is achieved primarily through regular meetings, area child protection committees, shared case management procedures, joint training and professional development as specified in number '3' of the IACC Model.

In addition to these prime or key collaborative procedures, there are other less essential collaborative activities which agencies may often develop and these are referenced as letter 'b' in the IACC Model. These combined activities may include shared research projects, attendance at local welfare councils, combined public relations publicity campaigns, working lunches as well as other combined work and informal gatherings. A respondent from the in-depth survey had commented that a formal legal meeting was followed by a wine and cheese social gathering as an example of the latter collaborative procedure. A further example under letter 'b' was the suggestion made by a respondent in the survey to arrange the exchange staff so as to give practitioner's greater insight and understanding of each others' agency.
The scope and type of collaborative activities in human service organisations is wide, as discussed in Chapter 4 (Lauffer, 1978 and May and Jones, 1995). However, such activities will be dependent on the function and objectives of the agency involved. The activities referred to above and listed under letter 'b' in the IACC Model were limited to those mentioned by respondents in the survey.

8.6 Applications of the IACC Model

The Model of Interagency Coordination and Collaboration (IACC) that is presented in this chapter represents an ideal organisational model for use as a tool for the development and review of interagency child protection services. The IACC Model has a variety of applications and could be used both for the purpose of review of a single agency's operations as well as for the review of multiagency services. The IACC Model could be used to survey the operations of any professional organisation such as the police, health department and education and any others who may be involved in the work of child sexual abuse management. In addition, it might be used in England by an Area Based Child Protection Committee, or a similar regional body in Australia. These groups might wish to initiate a review of combined service outcomes (The Nexus) as outlined in Section 8.3. The following are suggested as the IACC Model's main applications.

8.6.1 Planning and establishing new child protection services

As highlighted in the Introduction, there are occasions when a group of agencies may require information concerning the establishment of a child protection service. The details of establishing a new service will depend largely upon local conditions. However, the IACC
Model would provide them with the necessary framework as the mechanisms of coordination, collaboration and personal perspectives should form the basis of the new service.

8.6.2 Planning and establishing regional divisions

Children's welfare services have statutory duties and responsibilities that need to be implemented across a variety of regional areas. For example, an agency such as the Family and Children’s Service in Western Australia has a duty to coordinate certain statutory functions across a State of vastly different terrain and populations. Although having to work within the constraints of the law, the IACC Model emphasises the phenomenological aspect of situated interagency functioning. The protocols for the effective coordination and collaboration of these between the professionals may need to vary according to geographical areas and will present different logistical challenges to service delivery. In order for effective cooperation to be achieved, an ethnographically sensitive survey would be needed so that the personal perspective would be included and the suggested plans would be placed into the appropriate context.

8.6.3 Planning and establishing other interagency services

The three key functions of coordinating mechanisms, collaborative procedures and personal perspectives should apply to other agencies, although the specific functions under the headings would vary according to the type of organisation. As the IACC Model would provide the agencies with a shared framework, it would not be unreasonable to suggest that their interagency coordination and collaboration would be enhanced.

Examples of such interagency work might include the police, probation service, education and Social Services juvenile justice department. Currently, several local authorities in England are
establishing working relations with these respective departments with the common objective of reducing juvenile crime. A further example was cited by a respondent to the in-depth interview who described an interagency programme to assist juvenile sex offenders. The IACC Model may also be used for new initiatives in interagency programmes where agencies with shared objectives wish to establish new programmes.

8.6.4 Identifying and resolving problems

It is clear from the survey results that agencies involved in child protection have established procedures for working in coordination and collaboration with one another, in both Australia and in England. However, it is also evident from the research findings that some areas need improvement and others may require adjustments. It is a major contention of this thesis that the precise areas in interagency coordination and collaboration that may require adjustment in a particular agency can be identified through the application of the IACC Model.

As the Model has the capacity to separate policy from process, attention can be focused upon those areas where feedback indicates the need. For example, the survey revealed that apart from their work with the police, there was a major problem in the exchange of information between social work practitioners and professionals in other agencies. Eighty percent of respondents in the total sample from Australia and England said that there was a problem with this collaborative activity. As the value of exchanging information was rated highly in the survey, 9.27 on the 10-point scale, it would appear that there is a need to review interagency policy in regard to this exchange of information. In the Australian sample, several respondents had said that they were expecting an improvement in this area as they were now implementing new policy guidelines. A second administration of the IACC Model would enable a re-assessment to evaluate the outcome of any subsequent changes in policy.
8.6.5 Conflict resolution

The administration of the IACC Model, when attempting to resolve an identified conflict in interagency cooperation, provides a frame of reference for action. Its focus on particular aspects of agency functioning minimises the possibility of ascribing personal blame to particular teams. This phenomenon occurred while I was working as a manager in the Children's Hospital in Western Australia. The protocols for collaboration with the police in the Child Sexual Abuse Clinic were administratively clear and as straightforward as is possible for the management of this phenomenon. Protocols for collaboration with the police in regard to physical abuse were less definite, due to the varied presentations of this problem within the hospital. The police had reported difficulties with the social workers in the child physical abuse team who did not seem to them to be as cooperative as those who worked in the Child Sexual Abuse Clinic. At one point, the police suggested that new workers be employed for the physical abuse team who would be more cooperative, like the sexual abuse team. They had thought that there were two distinct groups and were incredulous when told that the same people worked in both teams. This was an example of an apparent conflict between professionals where one group made a personal judgement of another when, in fact, the problem was a policy deficit affecting interagency collaboration. The hospital did need to set up more practicable collaborative procedures for the child physical abuse team. In this instance, although the IACC Model was not in operation at this time, the interplay of personal judgements, lack of collaborative procedures and conflict became apparent with a focus on procedures and not on interpersonal relationships. If other less readily identified conflicts of a similar nature, or general criticisms of an agency occurred, reference to the IACC Model, might save some time and effort in identifying the source of the conflict and resolving the matter. There is the tendency to assume that conflicts in interagency communication are of
personal origin. However, as pointed out by Scott (1997) conflicts need not be of personal origin but can be traced to structural or procedural processes. Once this can be identified the conflict becomes depersonalised. As the blame becomes diverted from individuals, conflict resolution becomes more manageable. Analysis of the situation using the *IACC Model* would assist in identifying the source of the conflict.

In *Chapter Three, Section 3.2.2*, the literature review revealed that some areas of repeated conflict were identified between professionals in interagency coordination and collaboration. In these instances, reference to the *IACC Model* would identify the areas that required action and suggest possible solutions through a constructivist assessment of the situation, without the attachment of personal blame.

### 8.6.6 Quality assurance

As developments in the area of child sexual abuse have gone beyond the immediate crisis Intervention, and now include accountability to clients and employees, the more general use of the model might be for quality assurance and internal audit purposes. The *IACC Model* would allow an individual agency to systematically review the organisational mechanisms that they have in place as part of a quality assurance programme.

As referred to earlier, when a senior manager of an Area Child Protection Committee was asked how they knew they were doing a good job, the reply was set in a negative manner as ‘Our name is not in the newspapers’. The need for a standard to estimate performance and provide useful feedback is required. The *IACC Model* could be used in this manner to establish performance indicators. Working with child sexual abuse is recognised to be highly emotive and potentially stressful with plaudits for good work seldom given. The *IACC Model*
could be used as a framework of a morale boosting exercise. For example, the survey results in this research reported that there was good policy and good working relations between the social work practitioners and the police. Not all individuals would necessarily be aware of this and using the *IACC Model* the information could be promulgated throughout an agency.

As a quality assurance tool, the value of the *IACC Model* is that the quality of interagency coordination and collaboration can be represented visually. Any observed weakness in the service can be depicted visually by varying the extent of overlap of the circles. This would alter the size of the *Nexus* and result in a loss of equilibrium in the Model, as depicted in Figure 8.4. The smaller the *Nexus* the less effective the interagency coordination and collaboration. An example of this might be where there is little attention paid to the supervisory and peer review processes. This might be expected to be accompanied by high stress levels amongst the practitioners. In this instance, *Section 'c'* of the Model would be displayed as smaller, so reducing also the size of the *Nexus* and the Model would be in a state of disequilibrium as depicted in Figure 8.4 below.

![Figure 8.4 IACC Model in disequilibrium](image-url)

Figure 8.4 *IACC Model* in disequilibrium
The *IACC Model* and the questionnaire administered in the survey could be used as the basis of a discussion at a child protection staff meeting to inform staff of their procedures in relation to their own agency and others.

### 8.6.7 Education, joint training and professional development

The *IACC Model* could be presented for discussion at a professional development training session. A graphic display of organisational operations would focus attention on overall functioning and then be narrowed to focus upon areas of specific concern or relevance. The *Model* could also be used in the more formal setting of a university training course in Social Work to display the functions of a typical organisation involved in interagency work in both Australia and England.

The original questionnaire administered in the survey that was used as the basis of the Model could be used in joint multidisciplinary training. It could provide the basis for a discussion or administered as an exercise into interagency joint training amongst a network of professionals from the different agencies working in a particular area. It is suggested that this exercise could raise awareness and also contribute to the enhancement of interagency coordination and collaboration amongst the professionals involved.

### 8.7Concluding comments

This chapter outlined a Model of Interagency Coordination and Collaboration (*IACC*) for the management of child sexual abuse. The *IACC Model* was depicted graphically and explained through amplification of the organisational operations contained in the *IACC Model*. An explanation of the function of the *IACC Model* was given through a taxonomy containing
further possible organisational mechanisms to promote interagency coordination and collaboration. Applications of the IACC Model for child protection services, as well as other services, were suggested. Other uses of the IACC Model for education, joint training, professional development and quality assurance purposes were recommended for use in Australia and England.

The thesis is concluded in the following chapter where further issues arising from the development of the IACC Model, impacting on both child protection practice, as well as the wider implications of the research on the child protection discourse, will be discussed.
CHAPTER NINE: SIGNIFICANCE OF THE RESEARCH FOR THE THEORY AND PRACTICE OF CONTEMPORARY CHILD PROTECTION

9.1 Introduction

The previous chapters in this thesis have traced the development of an integrated model of interagency coordination and collaboration for the management of child sexual abuse. This Model, now referred to as the IAAC, was graphically presented in Chapter 8, along with its taxonomy. These descriptions were followed by suggestions regarding its functions and uses as a practical model for child protection practice. This final chapter of the thesis focuses on the implications of the research for child protection practice. These are discussed in relation to the contemporary challenges to the organisation of child protection services. The Chapter begins with recommendations for child protection practice, and follows with the implications of the research for contemporary child protection discourse. The wider implications of the research for future child protection practice follow. Suggestions for future research are made and this final chapter concludes with a tribute to the respondents who willing cooperated in the research.

9.2 Recommendations

The following recommendations are a composite of the main themes that have arisen from the results of the research. Both the survey and the in-depth interviews revealed topics that needed to be taken into account in the interest of improvement in interagency cooperation.
9.2.1 Need for managers to be aware of the personal perspective

A feature of this research has been that the practitioners' opinions and experiences have been evaluated, i.e., the personal perspectives were assessed. The personal perspectives were incorporated in the IACC Model with the coordinating mechanisms and collaborative procedures, thus integrating the personal and the political perspectives of social work policy and practice. This is in accordance with the particular version of critical theory that formed the theoretical framework for the research as discussed in Chapter Three. The written comments and the in-depth interviews from both the English and Australian sample revealed that they valued highly being asked their opinions. As discussed in The Introduction to this thesis, greater reflexivity needs to be built into the practice scenario in order to combine the personal and the political. There needs to be agency acknowledgement that although every communication usually has some common elements, each personality is unique and no two situations are alike in every respect. Agencies need to establish clear guidelines that would encourage a circularity of communication between clients, practitioners and the management. This implies openness to creative thinking, as opposed to being constrained within the bureaucratic regime of an agency. Openness to creative practice presupposes that the hierarchy of an agency would see that part of its purpose is the development of the potential of the staff and clients. The desirability of welcoming this open discussion and dynamic interaction between practice and policy issues would need to be acknowledged and supported at all levels of the organisation.

The readiness of an agency for the practitioners to participate in its decision-making process reflects the worth placed on the practitioners by that agency. An agency that encourages this practice is not only likely to enhance the self-esteem of the practitioner with the obvious benefits that would entail, but it would also result in the release of creativity from the
practitioners that might provide valuable insights for the development of the agency. The topic of creativity has been researched in psychology since the 1960s (Fontana, 1981) with the general conclusion that creative thinking occurs more readily in a relaxed atmosphere that encourages personal participation and free expression.

In order to encourage this creativity, managers would need to take account of the issues and tensions of the frontline workers in order to maximize their positive contribution to practice. In addition to the valuable feedback concerning outcomes of organisational policies and procedures to be obtained from practitioners, the consultation with practitioners could be also an exercise to enhance morale and self-esteem of the workers by encouraging their collegial cooperation and good will. After all, collaboration cannot be guaranteed merely by instructing workers to do so. Cooperation would be more likely to be obtained or enhanced through including the practitioners in discussions on the methods of collaboration and its evaluation. More specifically, feedback from the practitioners would enhance their locus of control. That is, their feelings of being able to have influence on their own circumstances would be enhanced. There is some evidence that job satisfaction and motivation is related to the extent to which people have control over their circumstances (Phares, 1976).

9.2.2 Need for clear policy on the exchange of information

The survey revealed that a significant majority of practitioners experienced difficulties with regard to the exchange of information. The exchange of information is essential in the effective management of child protection services. As one of the in-depth interviewees remarked, 'Without information we are nothing.' There were a number of reasons cited for the difficulty and these included those who resorted to rigid confidentiality, resistance from adult centered services, and professional hierarchies. However in some cases, respondents reported...
that other agencies gave them too much information and then asked that they not be identified and no longer be involved. In view of these difficulties in exchanging information, it is recommended that agencies have a clear policy on confidentiality, professional ethics and rights of children and parents. In addition, it would be recommended that organisations have survey strategies in place to regularly review staff operations in regard to their satisfaction with existing policy. This type of staff evaluation, based on the questionnaire used in the research, might provide the basis for conducting such an investigation.

The methods of promulgation of agreed policy would also need attention to ensure that professionals in all agencies involved are equally informed and kept up to date concerning these matters. Ultimately however, no matter what policy is agreed upon, its practice will depend on interprofessional trust and respect for each other's roles.

9.2.3 Need for routine interagency training

A suggested use of the IACC Model recommended in the previous chapter was for its presentation in interagency training. The results of the research seem to indicate the need for such training as many of the respondents expressed the wish for such training. These respondents repeatedly commented that although some training took place they expressed the wish for more opportunities for regular participation in interagency training. They appreciated the formal and the informal contacts with other professionals. Among the benefits they reported were the increased knowledge of each other's roles and functions and the 'humanising' effect of meeting each other that eventually led to increased trust and improved communications. Clearly some priority should be given to facilitate the regular coming together of different professions not only for the promulgation of policies, but also to increase job satisfaction.
The variables concerning the personal backgrounds of some practitioners in both Western Australia and England were cited in the research as factors that influenced their communication with other agencies. With this finding in mind, a further aim of joint training should be the raising of the awareness of the impact of a professional's age, ethnicity, years of experience and gender on interagency communication. One of the conclusions to be drawn from the results of this research is the importance of an agency being made aware of their practitioners' difficulties working with other agencies in regard to the variables of age, years of experience, ethnicity and gender differences. The comments were that these variables affected their perceived status. This was particularly experienced when communicating with agencies with a traditional hierarchical organisation such as the medical profession. Also, the practitioners should be helped to become aware of the impact of these variables both on themselves and on the professionals with whom they work in interagency communication.

The English sample in the research made a concerted recommendation for more joint training and also for better communication with general practitioners. Difficulties in communicating with the medical profession in both Australia and England, but particularly in England, was a major finding from the research. It maybe that the traditional hierarchical organisation of the medical profession was a factor in this reported difficulty. Also, it had been commented by several respondents that the medical profession had developed solitary work practices and so often found it difficult to work in a team. This is a clear area where some joint training could begin at the undergraduate level to encourage the familiarisation of medical and social work students to each other's roles. Joint training in the work place is another excellent opportunity to achieve this goal. It may be necessary to ensure that the doctors have adequate opportunity to attend training and perhaps this would need some political backing.
A major finding from the research was the importance of the personal perspective and the need for a more subjectivist approach to practice. It seemed that social workers valued the interpersonal relationships both towards colleagues as well as to clients. However, with the emphasis on the positivistic paradigm, contemporary work has tended to focus less on the therapeutic aspects of the work with clients as well as neglecting interpersonal relationships within and between agencies. This may have been that as a relatively young profession, social work in its anxiety to portray an image of scientific respectability, has all too readily adopted the positivistic paradigm, but is now beginning to acknowledge the need for the reintroduction of the subjectivist paradigm. The value of the therapeutic relationship as a core factor in the work with clients appears to be recognised from the results of this survey. This has clear implications for social work education and training. The inclusion of modules in education that focus on the development of the self and training exercises in counselling skills should form an essential part of social work professional development.

9.2.4 Need for increased funding, statistics and publicity

The need for increased funding regularly appeared in the research results, both as a factor in improving resources and increased staffing and also in the areas of further training and attendance at conferences. Increased funding is an area where social services departments have little control. Funding for local government departments depends largely on the political climate of the day and child protection can appear as a low priority area in competition with issues that others may consider being more important. Perhaps a more assertive campaign to lobby for funding is needed. Accurate and meaningful statistics, thorough research and an accountable service description all need to be assembled to lobby successfully for funding. It had been a research finding that respondents in both Australia and England rated the keeping
of joint statistics highly, although less than half in both samples said that they actually participated in this activity. The observation was made from the Australian sample that agencies needed to make a commitment to gather uniform statistics.

The use of the press and other public media is often an untapped resource for raising a positive public profile of an organisation in order to attract more political support and eventually more funding. The media are often only informed after an error or tragedy has occurred, thus reinforcing negative images of social work. Even if well versed in the circumstances surrounding the event, and blameless, whoever has to reply to such an event is often seen as offering excuses or an apology. It is recommended that a routine working relationship be made with the press. The appointment of a public relations and press officer would be of great value in this instance. Over and above this routine, working relationship, it is recommended that an agency be mindful that their public profile does need to be enhanced in positive and public ways. Public displays in shopping centres, participating in annual county shows, television and radio appearances and displaying the functions of interagency cooperative projects in the media at all levels of the organisation would all help to raise public awareness about the service and enhance the agency’s public profile. These recommendations were supported in the research from several comments made by respondents in the Australian sample that they felt that the status of the agency in the eyes of the public was an important factor in their community role.

9.2.5 Need for clear objectives

Written mission statements with objectives clearly outlined should form part of an agency's list of priorities and be made available to service users and other agencies as well as to the practitioners. While it appeared that, in Australia, this is generally done, the research revealed
that, in England, a quarter of those sampled reported that they did not have such objectives. This is surprising in the light of the *Children Act 1989* and the promulgation of official guidelines in England. Those participating in the in-depth interviews could offer no explanation for this deficit in England. A major recommendation for managers of all agencies must be to ensure that the existing guidelines are made clear to their staff.

By being sensitive to a pluralistic perspective, whatever can be done to enhance the circulation of guidelines in an agency will be welcomed. Once again, this raises the need for managers to be aware of the personal perspective in their organisation and to develop a sensitivity to the understanding that their staff hold regarding organisational objectives. This will mean exhibiting concern for the personal welfare of the workers and their clients. It will also help maintain the morale of the organisation, as well as provide a model for their clients. The adoption of the *IACC Model* by an agency would be one way of ensuring that an agency would be sensitive to their practitioners' perspectives in this regard.

It could be argued that organisations that are committed to safeguarding the welfare of children and families would benefit by developing a culture of a responsive and responsible agency. The status and respect accorded to employees will empower them and this may be perceived as such by clients. This organisational perspective would need to be accepted at every level of the agency's administrative structure with political endorsement as well. Clarity of mutually shared objectives, and active commitment to them, will have implications for resources, training and organisations' allocation of funding with the ultimate aim of improved service delivery.
9.2.6 Need to adopt a reflexive practice

A major feature of the IACC Model is the inclusion of the personal perspective for the effective and efficient coordination and collaboration of interagency functioning. This would accord with the recommended shift in the child protection discourse from the objectivist to a more subjectivist paradigm. This shift to a more subjectivist paradigm is seen also in regard to risk assessments in child sexual abuse, where it is now recommended that practitioners engage in a process of what is referred to by Parton, et al. (1997) and Parton (1998) as making a 'situated judgement'. This reflexive approach towards assessing risk would not only involve gathering objective facts, but also would involve the feelings of both client and practitioner. It is the inclusion of the feelings that reflects the recommended shift in paradigm in risk assessment that is also emphasised in the research reported in this thesis with regard to the management of child sexual abuse and child abuse in general. It would be appropriate that this shift in practice toward clients ought also to be reflected in a more reflexive approach to practitioners in the organisational setting. Ironically, child protection agencies in the past have tended to operate within a strictly bureaucratic, hierarchical, objectivist framework that has often underestimated the human element in the organisation. One example of this attitude arose during the request for permission from an agency in England to distribute the survey questionnaire for the research reported in this thesis. Permission was denied on the grounds that, 'the opinions of social work practitioners are not necessary, they are not involved in policy and simply carry out instructions'. Moreover, this illustrates the tendency in social work to make a sharp distinction between policy and practice that in effect denies that the personal is political. This denial of the value of the personal contribution to policy in an organisation might well be a major reason for the high attrition rate from the profession.

The Children Act 1989 recommended working in partnership with parents. As discussed
earlier in this thesis, it is difficult to envisage how this can be achieved without a commitment to the reflexive/phenomenological approach at all levels of an organisation and with political approval. The circularity of this reflexive approach would depend on the readiness of the organisation to accept feedback in respect of service delivery from the practitioners and the community. This is not to imply the uncritical acceptance of the feedback. While the organisation would be open to feedback, a critical appraisal of this information would have to be made in reference to the overall aims, objectives, and resources of the agency. This would involve the establishment in the organisation of appropriate receptors to process this information.

The research reported in this thesis indicated that there was a marked difference in response rates between metropolitan and non-metropolitan districts. In both Australia and England there was a higher response rate from the non-metropolitan regions. This was discussed in Chapter Six and several possible reasons were offered for the discrepancy. Judging from the subsequent in-depth comments together with the argument above in relation to the release of creativity it may well be the case that practitioners working in the more rural areas are more relaxed and therefore more forthcoming. Relationships were more easily established in the less densely populated and more socially stable areas. There appeared to be a higher degree of trust expressed in the non-metropolitan areas and peoples were more likely to know one another personally on a formal and informal basis. The operation of the reflexive approach and the making of situated judgements come more readily in these circumstances in direct contrast to the practitioners operating in the more formal metropolitan regions. The less reflexive, more formal operations of the metropolitan areas were also reflected in their expressions of stress and rapid staff turn over.
The challenge of shifting to a more subjectivist paradigm in child protection practice would need to be implemented at the organisational level in respect of the practitioners as well as with any change of paradigm in the work with clients if the reflexive approach is to be effective. If a broader phenomenological perspective were to be developed in respect of the welfare of children and families then management would need to acknowledge the value of practitioners operating within this same frame of reference. It is doubtful if it would be possible to develop this phenomenological approach without the practitioners also working within this framework. For this reason, the personal perspective is included as a key factor in the IACC Model.

9.3 Future directions for child protection services

The specific recommendations and further implications of the research made in the previous sections raise other, wider issues, which have implications for child protection services.

9.3.1 The need for a broader welfare perspective for children and families

Debate has been introduced in the child protection discourse concerning the need to reconceptualise child protection practice within a broader welfare perspective (Thorpe 1994; Parton, 1998; Houston and Griffiths, 2000 and Spratt, Houston and Magill, 2000). The broader perspective suggested by these authors appears to have been reflected in the changes that have been implemented by the Family and Children’s Services in Western Australia. This is known as the New Directions Programme and stems from the evaluation of child protection practice conducted by Thorpe (1994). This programme was introduced in an attempt to broaden this focus to include a more welfare-based perspective to offer services to all children in need. Child welfare services in the remainder of Australia and also in England continue to
be focused primarily on child protection and the assessment of risk. It appears that in these areas the welfare of children continues to prioritise the child protection residual model, with its resources focused on the identification of abuse and assessment of risk and a consequent neglect of other children in-need.

This challenge to the residual model of child protection with its emphasis on the identification of individual psychopathology in cases of child abuse continues to be a matter of debate. The evolving social constructions of abuse and of childhood, together with the increasing number of referrals, have led to problems of service delivery and to the questioning of the system's efficiency. There is some evidence, for instance, that only a minority of those cases investigated reach prosecution (Wattam, 1992) although much time and many resources are devoted to the investigation of cases of possible child abuse. Too many cases continue to be seen unnecessarily under the 'child protection' umbrella when their needs might be better met with improved family support provision.

Past efforts to overcome problems in the child protection service were couched in a continuing positivistic framework. This led to a proliferation of guidelines recommended by official inquiries and governmental reports, but without any consequent improvement in the accurate assessment of risk. The inability of this increased bureaucracy to solve the problems, together with the ever-increasing number of referrals, have been additional factors in the need for a reappraisal of the present residual model of service delivery.

If the broader perspective were to be adopted for child welfare services there would be direct implications for training of practitioners and their managers. A major finding from the research reported in this thesis was the value of the practitioner participation in policy
evaluation and decision-making. Any suggested change in policy direction would need to locate the practitioner in the process. The use of the IACC Model could have a place in this training, as was discussed in *Chapter Eight*. Practitioners would need to be helped to understand the value of working within a more reflexive and subjectivist paradigm.

The evolving social construction of the phenomenon of child abuse, of childhood as a sociological category, as well as the suggested broadening of child welfare perspectives, all have pointed to the need for a move away from the mainly objectivist perspective of the practitioner to one that focuses more on the subjective perspective. The humanistic approach to social work practice was a continual theme in the research reported in this thesis. The need to listen to practitioners' views and opinions was a major finding from the survey. Many of the respondents to the survey and to the in-depth interviews made special note of their appreciation of having had the opportunity to participate in the survey, to express their professional opinions and to have had occasion to discuss the processes involved.

The need for a broader perspective to include a more generalist approach is further supported by the research evidence for a correlation between incidences of child abuse and socioeconomic circumstances as discussed in *Chapter Two*. The traditional view that focuses on the psychopathology of the individual may need to change to take into account the stresses created by adverse socioeconomic factors as likely causes of child abuse. The research reported in this thesis, particularly with regard to the identification of paradoxes inherent in the present child protection system, would also support the need for a more generalist welfare perspective for children and families. The nature of the positivistic framework in the assessment of child abuse denies any negative environmental circumstances with its emphasis on the acquisition of forensic evidence when there may be more pressing socioeconomic
needs to be addressed. The encouragement of a more generalist welfare approach would be more likely to result in the identification of the total needs of the family. Moreover, the positivistic approach inhibits the development of a therapeutic relationship. The adoption of a subjectivist and more reflexive approach would be possible in a generalist welfare system as described in the following section.

9.3.2 Child welfare services and the preventative approach

Under the present method of operation, child protection practitioners generally become involved in the family only when there is a crisis referral. A preventative policy towards child welfare would involve child protection practitioners in a more proactive role. Ideally, the practitioner would provide a primary service and become more involved in parent education, parent support and in the provision of appropriate resources to enable and empower families. The findings in the research that practitioners felt the need to humanise contacts, whether with colleagues from other agencies or with clients, would seem to suggest that practitioners would welcome this more proactive role.

A preventative approach is a supportive one and so would operate without the stigma some families now feel through having to ask for help once a crisis stage has been reached. The aim would be to establish a support service that would be accepted as an accepted institution in society to which families would go as a matter of routine. Such an institution would be locally based and cover a wide range of services addressing the needs of all families and not just those considered to be 'failing'. Attendance would be voluntary and encouraged through appropriate advertising and possibly operated in interagency cooperation with other services involved with child welfare. This goal of working more closely in partnership with parents, that is also recommended in the Children Act 1989 in England, would necessitate the need to
adopt a reflexive role that does not narrowly decontextualise the family within a punitive perspective as it is presently structured in the child protection discourse. The adoption of the proactive role with families would involve a complete reordering of priorities and a reallocation of resources.

9.3.3 Need for Minister for Children

While some changes recommended above for future child welfare services might be a matter of internal reorganisation and commitment to a new method of working, their introduction would also require political support to achieve the transitions. This is a matter over which social workers do not have direct control. It is curious to note that although there has been tacit agreement by successive governments in England of the value of social service work, reflected in numerous reports and Acts of Parliament, there is no Minister for Children or Minister for Families. Although in Western Australia there is now a Ministerial Department for Children and Families, as yet there is still no Minister for Children who would be able to influence government policy directly. A Minister for Children would be a direct representative for children, who would then be accorded recognition as a social group with attendant rights.

Often gaps in services for children disadvantage those who have no voice with which to make their dissatisfaction heard. For example, the disassembly of Health and Education continues to hinder the multidisciplinary approach, the view given voice by the British Psychological Society questioning the difficulty of integrating these services into a single comprehensive one for children with special needs (Lestor, 1995). Lestor argues convincingly that the appointment of a Minister for Children would be in a position to influence positively not only the lives of children but also that of their parents. Another advantage of such an appointment
would be the opportunity to gather reliable statistics about children’s lives that would have a powerful influence on government policy with regard to child welfare services generally. The findings from the research reported in this thesis would give strong support for the value of collating reliable statistics.

9.4 Proposals for future research

The following three proposals are made for possible future research. The first two proposals are based upon the IACC Model and the final relates to the results of the survey.

9.4.1 Evaluating the outcomes (The Nexus)

The satisfactory outcomes of an agency's successful interagency coordination and collaboration can be evaluated in relation to the mechanisms contained in the IACC Model. An example of this might be an assessment of clients' satisfaction, the measuring of stress levels amongst the workers, self-esteem levels, and their job satisfaction. These variables could then be examined in relation to the organisational components listed in the model through individual interviews with the clients and workers concerned. The same method could be applied to each of the separate items as listed in the Nexus.

9.4.2 Replications of the survey

The research reported in this thesis identified and validated desirable organisational mechanisms for interagency collaboration in Australia and England using the survey method. It is suggested that the survey be replicated using a sample of social workers drawn from other parts of Australia and the United Kingdom. A successful replication would increase the
Further to this replication it is suggested that the survey be administered to other professionals working in agencies other than Social Service Departments such as the police, health, education and other child welfare organisations.

Another suggestion would be to replicate the study within a local authority's multidisciplinary child protection service such as that covered by an Area Child Protection Committee.

9.4.3 The relationship between years of experience and stress

The sample had been asked to state their years of experience in child protection work. The results were placed into three categories of 1-9, 10-19 and 20-29. The survey revealed a significantly higher number of respondents in the 1-9 bracket of years of experience (69%). There could be many reasons for this uneven distribution. As the research indicates, a relationship between the incidence of stress and high attrition from the field this may be a major reason. A study investigating a possible correlation between years of experience and levels of stress might provide the answer to this.

9.5 Tribute to the respondents

An outstanding impression left from this research is that despite the problems of coordination and collaboration, well documented in official inquiries, practitioners in Australia and in England clearly wished to nominate their support for existing mechanisms and willingly offer suggestions and ideas for improved services. The response to the survey was particularly encouraging, especially when considering the high volume of the workload of the

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respondents. Their commitment to the welfare of children and families was evident by the number of those who completed and returned the questionnaire and even more so by those who chose to spend extra time to make added comment. There was the overwhelming impression of people making considered responses in an attempt to personalise organisational procedures in the service of individuals. Their dedication to the services of children and families stands as a testament to their professionalism.

The results of the discourse analysis of the total sample's additional comments were made in a positive vein and reflected a professionalism that was unreservedly thoughtful and constructive. These impressions were strongly reinforced in the in-depth interviews. The in-depth interviews also elicited the sentiment of a 'Thank you,' as many said that they had enjoyed the challenge of reviewing their own agency's work in a systematic manner that allowed them time to reflect upon their collaborative practices. The same sentiment had been also expressed on a number of questionnaire responses.

There was evidence that people appreciated giving time to completing the questionnaire and thinking through these issues. Many freely expressed personal well wishes for good fortune with the research, expressed their keenness to see the results and commented that they had enjoyed being asked to give their opinions. Some had said that they had used the questionnaire as a joint discussion document between several workers and others had used it as the basis of a group exercise at a staff meeting. Some emotion was expressed by a number of respondents in their desire to register their concern over issues of gender, race and employment status.
9.6 Concluding comments

This research was conducted and organized within the author's personal underlying philosophy of the humanistic approach to social work that holds in esteem the intrinsic worth and dignity of the individual. Intrinsic to this philosophy is the belief that the well being of one person is inextricably bound up with the well being of others. Therefore, in accordance with this philosophy the research has emphasised the value of the personal perspective of both clients and practitioners in successful coordination and collaboration in the management of child sexual abuse.

The impetus for the research stemmed mainly from the personal experience of the author as a manager and practitioner working in the area of child sexual abuse in both Australia and England. As a result of this experience, together with a review of the literature it has been possible to identify key components in the management of child sexual abuse and to demonstrate their viability to form an integrated model, underpinned by a form of critical theory.

Application of the IACC Model should lead to the enhancement of coordination and collaboration in the pursuit of excellence. This would not only be for the benefit of the worker, but also of ultimate value to children and families whose well being should be their major concern.
### APPENDIX 1: SPSS Código KEY FOR ALL VARIABLES

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<th>COLUMNS</th>
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<td></td>
<td>Manager - 2</td>
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<td></td>
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<td>Non-Metropolitan - 2</td>
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<tr>
<td></td>
<td></td>
<td>* NO - 2</td>
<td></td>
</tr>
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<td></td>
<td></td>
<td>* Do not know - 3</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>* No response - 4</td>
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<td>13-14</td>
<td>** 01-10</td>
<td></td>
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<td></td>
<td>** Do not know - 11</td>
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<td>** No Response - 12</td>
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<td>46.</td>
<td>Rate 20</td>
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* Codes for All Questions
**Codes for All Ratings
### APPENDIX 1.1: QUESTIONNAIRE KEYCODE AT A GLANCE

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<th>Variable</th>
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<td>[years of experience]</td>
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<td>[social worker - manager]</td>
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<td>MET_NON</td>
<td>[metropolitan - non-metropolitan]</td>
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<td>STAT_NON</td>
<td>[statutory - non-statutory]</td>
</tr>
<tr>
<td>CLGUIDL</td>
<td>[clear guidelines]</td>
</tr>
<tr>
<td>ROLEDEFI</td>
<td>[role definition]</td>
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<td>SOCALCON</td>
<td>[social contacts]</td>
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<tr>
<td>WELCOME</td>
<td>[welcome contacts]</td>
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<td>PROMPT</td>
<td>[prompt replies]</td>
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<td>[written procedures]</td>
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<td>[share decisions]</td>
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<td>[definition of child sexual abuse]</td>
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<td>[collaboration with the police]</td>
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<td>REGMEETS</td>
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<td>CLOBJCSA</td>
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<td>[national and international conferences]</td>
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APPENDIX 2.1: REQUEST FOR PERMISSION TO CONDUCT STUDY (AUSTRALIA)

Dear ________________

I am writing to request your cooperation with a research project being conducted by one of my PhD research students, Mrs. Anne Lawrence. Mrs. Lawrence is the former Deputy Chief Social Worker, Princess Margaret Hospital for Children, Perth, Western Australia. She obtained her Postgraduate Bachelor of Social Work at the University of Western Australia in 1976 and was employed as a social worker in Perth until 1993. While continuing with her studies Mrs. Lawrence is also employed part-time as a social worker with the Education Department, Psychological Services, for the Cornwall County Council.

The project for which I seek your assistance involves the distribution of a questionnaire concerning interagency collaboration in the management of child sexual abuse. Mrs. Lawrence has devised a semi-structured questionnaire for this purpose and needs to obtain the views of qualified social workers/caseworkers working in this area of child protection. The survey is designed to canvas the views of a randomly selected sample of these workers and their managers in rural and urban areas in England and in Australia.

Mrs. Lawrence's study is an information gathering exercise to establish commonly agreed upon components for successful interagency collaboration. For this reason it is necessary to include at least two separate countries whose systems of management and legislation also differ. Mrs. Lawrence has chosen to use England and Australia as she has worked in both and it is her hypothesis that the organisational needs of practitioners are the same in both countries. Mrs. Lawrence has now distributed over 400 questionnaires in England and has had a good acceptance rate from many Local Authorities who have agreed to help with her study.

A copy of the questionnaire, accompanied with a draft letter of introduction from Mrs. Lawrence, is attached for your information. Replies to the questionnaire will remain confidential and anonymous. We are aware that child protection staff have busy schedules and the questionnaire has been designed to take no longer than 15 minutes to complete. A self-addressed, stamped envelope will be provided with each questionnaire.

The process of the study will involve distributing the questionnaires to the workers in your area. Mrs. Lawrence will use an Australian postal address for the return of the questionnaires. A Research Assistant for Mrs. Lawrence in Australia will then forward the completed questionnaires to her.

We would be extremely grateful if your permission could be given to allow us to distribute the questionnaire in your service to those who deal with child protection matters. We would be only too pleased to liaise with whom ever you might nominate in order to assist with the matter of the distribution. In addition, we shall be pleased to provide you with a copy of the survey results once they have been analysed as they may be of value in assisting you with your own quality assurance programmes.
If you should wish for any further details concerning this project we shall be pleased to provide you with further information.

Thank you for your attention to these matters.

Yours sincerely,

George G Giarchi

Head of Community Research
APPENDIX 2.2: REQUEST FOR PERMISSION TO CONDUCT STUDY (ENGLAND)

Dear-----------------

I am writing to request your cooperation with a research project being conducted by one of my MPhil/PhD research students, Mrs. Anne Lawrence, who is a qualified and experienced social worker. The project for which I seek your assistance involves the distribution of a questionnaire concerning interagency collaboration in the area of child sexual abuse. Mrs. Lawrence is attempting to identify those areas of concern commonly encountered by social workers in their dealings with other agencies. She has devised a semi-structured questionnaire for this purpose and needs to obtain the views of qualified social workers working in this area of child protection. The survey is designed to canvas the views of a randomly selected sample of social workers and their social work managers in rural and metropolitan areas in the England and Australia.

It would be appreciated if your kind permission could be granted to those social workers and managers in Child Protection In-Take Teams in your District. It would be extremely helpful if you could provide Mrs. Lawrence a list of the names of the social workers and managers in these teams as well as their respective office addresses for this purpose.

A copy of the questionnaire, accompanied with a draft letter of introduction from Mrs. Lawrence, is attached for your information. Replies to the questionnaire will remain confidential and anonymous. The information sought in this study will be non-identifiable objective data. We are aware that child protection staff have busy schedules and the questionnaire has been designed to take no longer than 15 minutes to complete. A self addressed, stamped envelope will be included for the return of the questionnaires. The process of the study will involve distributing the questionnaires to the social workers in your area for their completion.

If you have any further queries about the project Mrs. Lawrence or I would be only too pleased to answer them. We shall be happy to let you have a copy of the survey results once they have been analysed.

Yours sincerely,

Dr.George G.Giarchi

Head of Community Research Centre.
## APPENDIX 3.1: LIST OF ENGLISH LOCAL AUTHORITIES CONTACTED

### REQUESTS TO LOCAL AUTHORITIES IN ENGLAND FOR ASSISTANCE

TOGETHER WITH REPLIES

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Date Posted</th>
<th>Outcome</th>
<th>No. questionnaires sent</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Yorkshire</td>
<td>1.6.96 &amp; 1.12.96.</td>
<td>No reply</td>
<td>nil</td>
</tr>
<tr>
<td>Newcastle</td>
<td>1.6.95</td>
<td>No reply</td>
<td>nil</td>
</tr>
<tr>
<td>Dorset</td>
<td>1.6.95.</td>
<td>To refer to D.S.S.</td>
<td>nil</td>
</tr>
<tr>
<td>Sheffield</td>
<td>1.6.95. &amp; 31.7.96.</td>
<td>No reply</td>
<td>nil</td>
</tr>
<tr>
<td>Hackney</td>
<td>1.6.95.</td>
<td>No reply</td>
<td>nil</td>
</tr>
<tr>
<td>Devon</td>
<td>19.7.95.</td>
<td>Positive reply 31.7.95.</td>
<td>99</td>
</tr>
<tr>
<td>Doncaster</td>
<td>19.7.95.</td>
<td>No reply</td>
<td>nil</td>
</tr>
<tr>
<td>Essex</td>
<td>19.7.95.</td>
<td>Positive reply 21.8.95.</td>
<td>12</td>
</tr>
<tr>
<td>Bradford</td>
<td>19.7.95. &amp; 31.7.96.</td>
<td>No reply</td>
<td>nil</td>
</tr>
<tr>
<td>Buckinghamshire</td>
<td>19.7.95.</td>
<td>To refer to D.S.S.</td>
<td>nil</td>
</tr>
<tr>
<td>Bedfordshire</td>
<td>19.7.95.</td>
<td>Positive reply</td>
<td>31</td>
</tr>
<tr>
<td>Birmingham</td>
<td>19.7.95.</td>
<td>Positive reply 21.8.95.</td>
<td>70</td>
</tr>
<tr>
<td>Somerset</td>
<td>14.7.95.</td>
<td>To refer to D.S.S.</td>
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</tr>
<tr>
<td>Cornwall</td>
<td>30.6.95.</td>
<td>Positive reply</td>
<td>55</td>
</tr>
<tr>
<td>Newcastle</td>
<td>12.95. &amp; 12.96.</td>
<td>No reply</td>
<td>nil</td>
</tr>
<tr>
<td>Kent</td>
<td>12.95.</td>
<td>No reply</td>
<td>nil</td>
</tr>
<tr>
<td>Barking, Essex</td>
<td>12.96.</td>
<td>Positive reply</td>
<td>5</td>
</tr>
<tr>
<td>Camdon, London</td>
<td>12.96.</td>
<td>No reply</td>
<td>nil</td>
</tr>
<tr>
<td>Uxbridge, Middlesex</td>
<td>12.96.</td>
<td>No reply</td>
<td>nil</td>
</tr>
<tr>
<td>Dulwich, London</td>
<td>12.96.</td>
<td>No reply</td>
<td>nil</td>
</tr>
<tr>
<td>Manchester</td>
<td>12.96.</td>
<td>Reply neg: work pressure</td>
<td>nil</td>
</tr>
<tr>
<td>Sunderland</td>
<td>12.96.</td>
<td>No reply</td>
<td>nil</td>
</tr>
<tr>
<td>Barnsley</td>
<td>12.96.</td>
<td>No reply</td>
<td>nil</td>
</tr>
<tr>
<td>Catford, London</td>
<td>12.96.</td>
<td>No reply</td>
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</tr>
</tbody>
</table>
## APPENDIX 3.2: LIST OF AUSTRALIAN CHILD PROTECTION AGENCIES AND CHILDREN'S HOSPITALS CONTACTED

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>Date Posted</th>
<th>Outcome</th>
<th>No. Q's sent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family and Children's Services</td>
<td>4/8/95</td>
<td>Positive reply</td>
<td>103</td>
</tr>
<tr>
<td>East Perth, Western Australia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Children, Youth and Family Services</td>
<td>&quot;</td>
<td>No reply</td>
<td></td>
</tr>
<tr>
<td>Canberra, ACT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Sexual Abuse Counselling Service</td>
<td>&quot;</td>
<td>No reply</td>
<td></td>
</tr>
<tr>
<td>Queensland</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Family, Youth and Children's Services</td>
<td>&quot;</td>
<td>No reply</td>
<td></td>
</tr>
<tr>
<td>Northern Territory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Field Services Support (2)</td>
<td>&quot;</td>
<td>No reply</td>
<td></td>
</tr>
<tr>
<td>Adelaide, South Australia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Family Services Branch</td>
<td>&quot;</td>
<td>No reply</td>
<td></td>
</tr>
<tr>
<td>Hobart Tasmania</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Adelaide Women's &amp; Children's Hospital</td>
<td>&quot;</td>
<td>Positive reply</td>
<td>11</td>
</tr>
<tr>
<td>Adelaide, South Australia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Flinders Medical Centre</td>
<td>&quot;</td>
<td>Positive reply</td>
<td>7</td>
</tr>
<tr>
<td>Adelaide, South Australia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Princess Margaret Hospital for Children</td>
<td>&quot;</td>
<td>Positive reply</td>
<td>14</td>
</tr>
<tr>
<td>Perth Western Australia</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 4: LETTER INTRODUCING SELF & PURPOSE OF STUDY

Dear Colleague

I have been granted permission from (name of director and the service), to ask for your co-operation in a study to assess the quality of interagency collaboration in the management of child sexual abuse. Accordingly, I should be most grateful if you could find the time to complete the attached questionnaire and return it to me at the above-mentioned address. A self-addressed, stamped envelope is also enclosed for your ease and convenience of returning the form.

I am currently enrolled in a PhD in Social Work research programme at the University of Plymouth, Devon. I am also employed as a social worker, part-time for the Psychological Services of the Education Department in Cornwall, England. The purpose of my research is to identify common, salient organisational components of interagency collaboration between social work departments and other agencies. The value of this study lies in the collection and collation of the opinions of practitioners with regard to the initial management of child sexual abuse. This collective feedback should be useful to workers and managers alike who are engaged in this area of work.

I wish to emphasise that the information elicited by the questionnaire will be remain anonymous. The results of this survey will be sent to your office once they have been analysed.

Thank you for your assistance. Your help is greatly appreciated.

Yours Sincerely

Anne Lawrence
APPENDIX 5: INSTRUCTIONS FOR QUESTIONNAIRE COMPLETION

QUESTIONNAIRE INTRODUCTION

Thank you for agreeing to be included in this survey. I am enrolled in the PhD programme at the University of Plymouth. My research degree centres upon interagency collaboration in the management of child sexual abuse. I am attempting to compile a set of salient features which workers and managers see as important in communicating with other agencies. This will be your opportunity to say what you feel is important to achieve successful interagency collaboration.

There is room after each question for you to express freely what you think. Please state what you think is important in response to the questions listed on the following pages. I am also asking you to rate each item that is listed to estimate how important that subject is to successful interagency collaboration. I will ask you to do this on a one to ten scale with one being 'not important at all' and ten being 'extremely important'. For the purpose of analysis I have asked some basic demographic details at the end of the questionnaire. All results will be totally anonymous.

Thank you for completing this questionnaire.
APPENDIX 5.1: THE QUESTIONNAIRE

INTERAGENCY COORDINATION AND COLLABORATION IN THE MANAGEMENT OF CHILD SEXUAL ABUSE

Please answer each of the following questions in respect of your work in the area of child sexual abuse.

1. Are there clear guidelines in your agency which allow you to communicate freely with other agencies?  Yes.  No.

   On a scale of 1 to 10 how important do you feel such guidelines would be?
   1 2 3 4 5 6 7 8 9 10

2. Has your agency given you a clear role definition regarding liaison with other agencies?  Yes.  No.

   On a scale of 1 to 10 how important do you feel such a role definition would be?
   1 2 3 4 5 6 7 8 9 10

3. Do you have social contacts as well as work contacts with other agencies?  Yes.  No.

   On a scale of 1 to 10 how important do you feel this to be?
   1 2 3 4 5 6 7 8 9 10

4. On the whole do other agencies welcome your contact?  Yes.  No.

   On a scale of 1 to 10 how important do you feel this to be?
   1 2 3 4 5 6 7 8 9 10

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5. Do you feel that your agency has equal status with other agencies in meetings?
   Yes. No.

   On a scale of 1 to 10 how important do you feel it would be to have such equal status?
   1 2 3 4 5 6 7 8 9 10

6. Do you encounter problems regarding the exchange of information with other agencies?
   Yes. No.

   Please rate the importance of the exchange of this information on a scale of 1 to 10.
   1 2 3 4 5 6 7 8 9 10

7. Are requests from other agencies met promptly by your agency?
   Yes. No.

   How important do you regard such promptness of response to be on a scale of 1 to 10?
   1 2 3 4 5 6 7 8 9 10

8. Do you have formal written procedures for communicating with other agencies?
   Yes. No.

   Please rate the importance of having such written procedures on a scale from 1 to 10.
   1 2 3 4 5 6 7 8 9 10

9. Do you share decisions regarding the management of initial referrals with other agencies?
   Yes. No.

   On a scale of 1 to 10 how important do you feel it is to share such management decisions?
   1 2 3 4 5 6 7 8 9 10

397
10. Does your agency participate in joint training sessions with other agencies?  
Yes. No.

Please rate the importance of joint training sessions on a scale of 1 to 10.
1  2  3  4  5  6  7  8  9  10

11. Are you fully aware of the procedures of other agencies in respect of the initial management child sexual abuse?  Yes. No.

On a scale of 1 to 10 how important do you feel it is to have such knowledge?
1  2  3  4  5  6  7  8  9  10

12. Does your agency have a clear definition of child sexual abuse?  Yes. No.

How important do you feel this to be on a scale from 1 to 10?
1  2  3  4  5  6  7  8  9  10

13. Does your agency have a clear policy in regard to collaboration with the police upon initial referral?  Yes. No.

How important would you regard having such a policy to be on a scale from 1 to 10?
1  2  3  4  5  6  7  8  9  10

14. Does your agency participate in regular scheduled meetings with other agencies?  Yes. No.

How important do you regard such meetings on a scale from 1 to 10?
1  2  3  4  5  6  7  8  9  10
15. Does your agency have clearly stated objectives regarding the management of sexual abuse? Yes. No.

How important do you regard such objectives to be on a scale from 1 to 10?
1 2 3 4 5 6 7 8 9 10.

16. Do you attend regular case conferences with other agencies? Yes. No.

How important do you regard such meetings to be on a scale from 1 to 10?
1 2 3 4 5 6 7 8 9 10.

17. Does your agency co-operate with others in the keeping of joint statistics? Yes. No.

How important do you feel the keeping of such statistics to be on a scale from 1 to 10?
1 2 3 4 5 6 7 8 9 10.

18. Does your agency participate in an area based committee which monitors policy and procedures? Yes. No.

How important do you feel such participation to be on a scale from 1 to 10?
1 2 3 4 5 6 7 8 9 10.

19. Do you feel that the role of nominated key worker or case manager has enhanced interagency collaboration in the management of child sexual abuse? Yes. No.

Please rate the importance of this role along a scale from 1 to 10.
1 2 3 4 5 6 7 8 9 10.
20. Does your agency support you to attend national or local conferences on child sexual abuse?  Yes. No.  

How important do you consider it to be that an agency give such support?  
1  2  3  4  5  6  7  8  9  10

FURTHER INFORMATION

1. Would you please nominate any additional item or items that you feel have not been mentioned, but which you would regard as enhancing inter agency collaboration in the management of childhood sexual abuse.

2. Do you feel that the quality of your communication with other agencies is affected by issues of gender, status, ethnicity, or years of experience? Please comment.

DEMOGRAPHIC DETAILS

1. Sex

2. Number of years experience working in Children's Protection

3. Current occupational status: Basic Grade______, Senior______, Team Leader______, or Other (please specify)_________________

4. Your work location: Metropolitan______ or Non-metropolitan______

5. Child abuse reporting law in your state or territory: Mandatory______ Nonmandatory______

6. Organisational status of your agency: Statutory______ or Non-Statutory______
## APPENDIX 6.1a: INDEX FOR AUSTRALIAN IN-DEPTH INTERVIEWS

### AUSTRALIAN IN-DEPTH INTERVIEWS:
**FIVE METROPOLITAN & FIVE NON-METROPOLITAN**

**INDEX:**

<table>
<thead>
<tr>
<th>INTERVIEW NUMBER</th>
<th>Metropolitan</th>
<th>Non-Metropolitan</th>
<th>PAGE</th>
</tr>
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<tbody>
<tr>
<td>Interview One</td>
<td></td>
<td></td>
<td>402</td>
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<td>Interview Two</td>
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<td>Non-Metropolitan</td>
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<td>Interview Nine</td>
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<td>Interview Ten</td>
<td>Non-Metropolitan</td>
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<td>435</td>
</tr>
</tbody>
</table>
APPENDIX 6.1b: TRANSCRIPTS FOR AUSTRALIAN IN-DEPTH INTERVIEWS

AUSTRALIAN IN-DEPTH INTERVIEW ONE: METROPOLITAN

Question 1: Yes and No. We have clear guidelines with the children's hospital but not with others. There are problems that stem from confidentiality. It is not clear when we ring schools; the worker may not even identify themselves. They are very important and you can be in trouble without them. We are having some new ones drawn up. So we hope those will be good.
Rate 1. "10"

Question 2. No. The volume of work is high and there is a huge turnover of staff and there is a lack of experience in senior staff so you do what you can. There is no mandatory reporting so people do not feel that they have to talk to you. You really need to assert yourself to get information.
Rate 2. "9"

Question 3. No. In some areas we have disagreements; there can be hostility between the schools and the district office. The key to success is working together.
Rate 3. "9"

Question 4. No. This does vary. Schools varied, often they were afraid of saying the wrong thing; afraid of getting someone into trouble. It does take time to forge links and Joint Training Programmes can be a 'help' here. We need to work to clarify roles and what our jobs are.
Rate 4. "10"

Question 5. Yes and No. It is a situation that our agency is often seen as the bogey man; feared and revered. We can be berated for not doing what they expect us to do so there is some resentment and hostility. We are a busy agency and maybe do not have time to do all that is expected of us. We think that people are naive that they think we are so potent.
Rate 5. "9"

Question 6. Yes. Some people will give you nothing and others give you too much. You need to be clear about the information that you want. If it is a legal request with signed permission they will get the information and all they have to do is ask. It is most important in litigation cases to be careful about peoples' rights and children's rights in custody disputes. There are often so many accusations made by both parties you are on the horns of a dilemma.
Rate 6. "10"

Question 7. Yes. Most of the time. We have a system to prioritise cases so urgent cases are always dealt with promptly. That is the main role of our agency to provide protection to children.
Rate 7. "9"

Question 8. No. Mostly we do our work on the telephone. It is not so formal. We know what information we need and we then ask for it. It is especially important to have written down what we need to find out.
Rate 8. "10"
Question 9. Yes Sometimes, a Division takes on a case if it was serious and they might not speak to anyone else first. Depends on the nature of the referral. We would make a case-by-case decision. If there were any they would be verbal informal ones; verbal fact-finding. It is good to have this worked out well in advance with other agencies as we do with teenagers and managing cases. With the younger ones it is not so easy and the department has to make the decision to interview the child or not.
Rate 9. "8"

Question 10. No I went out as a Child Protection Worker to visit and talk to schools and to teachers. There needs to be more - especially with the schools. Often teachers have expectations that are too high about what we can do. They would then be disappointed that we didn't do what they wanted. It is extremely important.
Rate 10. "10"

Question 11. Yes I'm fairly aware of the procedures of other agencies. It could be better. We could have the Working Together book the way that they do in England. It was good to see a book like the English one; that there was an overall book of things that people are expected to do.
Rate 11. "9"

Question 12. Yes We have a very good one with lots of flexibility. Very serious and difficult CSA are seen as most damaging and get extra attention. We are fairly good with these. I don't know if they might have been so good in the past. Most important!
Rate 12. "9"

Question 13. Yes We do but with the changes in staff and new people our liaison could be better. On top of this there is the pressure of too much work. Police work is different from child protection and sometimes we could work better together if there was more joint training and clear direction. Resources are too limited to have more training.
Rate 13. "8"

Question 14. No. Service providers, private consultants, children's homes representatives, and school representatives come to case conferences. There should be more meetings especially to get to know each other's roles.
Rate 14. "10"

Question 15. Yes Protection of the child and keep family together. Do proper assessment and treatment process. Having said all that it is not easy to do but we are getting better at it. It has something to do with the fact that CSA is still a hidden issue. Some investigations do not go back far enough or broad enough and later you learn that other children in the family had been abused. Lack of resources and the pressure of work contribute to this as well. Also you can sometimes get the same family coming back time and time again. Some of the issues are very imbedded.
Rate 15. "10"

Question 16. No. We never get invited to others and if we ask others from outside the work is huge to organise one. We do have internal case practice procedures which are really good. and very useful. There are procedures for these and they have a clear role structure. The value and the philosophy behind these are very useful. Some meetings in the old days
could be circuses but we have improved. Our "Clients " are now "Customers" and we have tried to cut back on all the others who used to be involved.

Rate 16. "8".

Question 17. No. Our agency had been restructured after some research. We had a coordinating committee to keep joint statistics: but these figures, while they were probably most accurate, could be blown out of proportion. This in turn put pressures on workers. Calling everything an investigation into child abuse meant that we had very high figures. Now we re-categorise them, some poorly functioning parents are no longer seen as maltreating their children but in need of family support. With the new categories workers have a different time frame they have to respond to such referrals. You could ask if this change is part of a huge denial. What is the accuracy of these new figures meant to tell us for everyday work? Prevention and Education are definitely required but our resources do not stretch to cover these. Statistics are hugely important to get an idea to plan effectively.

Rate 17. "9"

Question 18. No. We now have reciprocal policies and a lot of work was done in cooperation in the past and these still seem to be OK; things are running well. But the sheer volume of cases these days really made it necessary to try to rationalise the process of referrals into a system of categories so as to allow the pressure to be reduced on workers. Some areas and districts are busier then others and, rougher, then others. It is not always safe to go out on your own. Sometimes you may worry that the referral is given a lower priority and you are allowed to go on you own but this does not feel safe.

Rate 18. "10".

Question 19. Yes. You cannot work without them but standards do vary. Before we had been restructured you might have as many as 60 unassigned cases. Now it is excellent to work in a good system. Unallocated cases stay in the name of the Team Leader; cases are allocated as soon as possible.

Rate 19. "9"

Question 20. No You do not get the total sense of this. You get to go to local ones. The department has to give you a certain amount of training per year and they would support you with "time away". Lots of people from the non-government section went to the Irish international conference this year.

Rate 20. "9".

FURTHER INFORMATION QUESTION ONE:

More "Joint Training" definitely. Our agency is insular. Never see anyone else. You feel the barriers when you do go out as others see you as an expert. Would like the training with Psychiatry, Health, Lawyers: anything to build networks. When you share things you get to know the integrity of others. You need more then a half day - more like two or three days. We did have some advanced Child Protection training. We had lawyers to speak to in a court room, we took the box, and got a good feel for things. Other wise you go to court untrained and make a fool of yourself. Learning by experience personalises things for you.

************************************************
FURTHER INFORMATION QUESTION TWO:
Experience and sensitivity. It is the duty of the professional worker to help people and enable them to see that the abuse should not have happened to them. Some people have had to carry this all of their life.

DEMOGRAPHIC DETAILS:
FEMALE
10 YEARS EXPERIENCE
METROPOLITAN
STATUTORY
AUSTRALIAN IN-DEPTH INTERVIEW TWO: METROPOLITAN

Question 1. Yes Our protocols are with the different agencies; that is, the children's hospital, Police, Disability Services; the major ones.
Rate 1. "8"

Question 2. Yes As a generic social worker I know what my role is. I know my position in the system and my powers. I know the extent I can use those powers under the Child Welfare Act and Departmental Policy. We are better off here then in other countries. Civil Rights and confidentiality have to be worked together and side by side. You have to be mindful of working within the law. We need to be able to balance rights and risk factors for children and their families. The question is how far do we go with that balance in terms of confidentiality.
Rate 2. "8"

Question 3. Yes Developing good rapport is being friendly. It is part of the role not just to have professional rapport but to be friendly too. It is about networking and getting to know other people over coffee. It is very important. You can have good working but this should go hand in hand.
Rate 3. "8"

Question 4. Yes When I think of the non-government agencies we do get a good response. There are no problems either with government agencies. Sometimes we do have difficulties there in terms of do we have the same purpose of working to protect children? For example, In terms of our police - our goals as a child protection agency is to try to balance the statutory and the non-statutory - if we need to call in the police we do. We substantiate that a child has been abused but better for the child to remain in the family. We can return and monitor the family's situation. If we call in the police, they deal with it and they charge them and they end up in jail. This does clash with what we are trying to do. The police and others do not share the training in human services. They apply the law and that's that. Our agency tries to look at the reunification of the family and alternative ways of treating the family. The father has now lost allot of money - may no longer be working. People are left frustrated and angry.
Rate 4. "8"

Question 5. Yes We are looked at as having power and resources. Some times we are looked at as all-powerful and capable of solving everything. We are seen as having higher status then others. Some believe that we have the power to solve everything. Education and Health look to us to for help with teenagers to help them sort out their problems. Realistically we do have the power and lots of experience.
Rate 5. "8"

Question 6. Yes We do especially with Social Security, a Commonwealth agency. They have strict confidentiality. Social Security deal with the the 14 -15 year olds who are living away from home. They have to refer these to our department. They want information from us to make their assessment but give nothing back in response. That is they want to know if they are at risk. The 15 to 18 year olds need to give consent before they contact our department.
You get delays with getting information from hospitals as well. There are bureaucratic systems. For example a child might get admitted overnight because the Mum was drunk. She is still covered by hospital confidentiality. Sometimes it feels that you want the information but the other one will no reveal it for fear of liability...cover you back...Don't get into trouble. But it is the Civil Rights issue too.

Rate 6. "10"

Question 7. Yes We are very aware of our responsibility as a statutory agency. The welfare and safety of children are paramount. We thereafter try to intervene in a manner to support the family and not to wait till things break apart. This needs to be done as a function of the agency.

Rate 7. "9"

Question 8. Yes We do have administrative structures and police books. You can also always go to senior staff and they will tell you the policy. If no one in the office can answer a concern and we cannot find it in the policy book; then, we ring Head Office and they will tell us.

Rate 8. "9"

Question 9. Yes We have a statutory role. We do liaise with others if they are involved as when and if we need to interview a child at school. Also, we need to communicate with hospitals. Once our investigation is finished and we need surveillance we do that work with them as well. We are a community agency and we need to work with the other agencies.

Rate 9. "8"

Question 10. Yes. We do get in-house training. Protection Core training. Others come to talk about their agency. It would be great to have a combined training with the police for us to discuss our roles, practice and philosophy. The exchange of this sort of information is vital to be able to relate to others such as the police. It would give you a feeling of, "I'll do my bit and you do yours." It is a bit mysterious what it is the police do. It would be good to know their processes. What they do. What are their norms?

Rate 10. "10"

Question 11. Yes With the major ones that I deal with like the children's hospital, education, the police, etc.

Rate 11. "10"

Question 12. Yes Definitely as the statutory agency we need to have this.

Rate 12. "10"

Question 13. Yes We do have reciprocal policies. Sometimes the police don't joint interview.

Rate 13. "7"

Question 14. No We just have our own meetings.

Rate 14. "7"

Question 15. Yes Very clear. The protection, counselling treatment and the specific funding to provided services needed and to pay for private counselling, both short and long-term. We also contract to employ private family therapists.
Question 16. No We do these on a needs basis. We would call them case discussions. We make our own assessment and then consult with others once that has been done. We ensure that the child is safe. If we need further information we will call a case discussion.

Rate 16. "5"

Question 17. No Not at the moment. This is an interesting question. We used to have a coordinating committee who did keep these statistics; they finished. There is another Child Protection Register, which has started. We don't know how effective that will be in telling us figures. I am expectant it will. Let's wait and see what happens. You do need the ability to see patterns and areas to deliver services. You need to be able to define areas where problems are happening. This is valuable information for planning.

Rate 17. "8"

Question 18. Yes We do. The Child Protection Workers meet with other area committees and with other agencies.

Rate 18. "8"

Question 19. Yes We have a public image to maintain. The way we deal with a case we are seen as the public representative of the department. We need to be seen to work well and positively with clients.

We are still seen as the "Welfare" and seen as the Child protectionist agency. This is how allot of people react when they hear we are involved. For Aboriginal people there are still allot of issues and a history they have had bad memories of. Still, we do have a statutory role and there is a community resistance to this.

We do need to have systems set up to channel messages and therefore respond appropriately and accurately so that it makes it easier for others to deal with us. Established processes are good not only for other agencies but for the general public as well.

Rate 19. "9"

Question 20. Yes Local - yes. Interstate - Fund yourself. Resources are low so you are asked to fund yourself. Sometimes there is funding and it seem that the first in get it. It would be better if there were a system to share this around and provide all with the opportunity and time to attend conferences.

Rate 20. "8"

FURTHER INFORMATION QUESTION ONE. Joint Training and Conferences. We need more of these to develop mutual understanding and to dissolve the isolation that we can all fall trap to. We need to come together to build better systems. We are too isolated from each other in our agencies. Would like to plan systemically to develop mutual trust and understanding.
FURTHER INFORMATION QUESTION TWO. Experience; this impacts on you confidence to be able to deal with allot of different matters. On some occasions, with out the experience, if you come across as hesitant, you have lost it.

DEMOGRAPHIC DETAILS:
MALE
4 YEARS EXPERIENCE
BASIC GRADE
METROPOLITAN
STATUTORY
AUSTRALIAN IN-DEPTH INTERVIEW THREE: METROPOLITAN

Question 1. Yes Reciprocal policies had been developed first with the children's hospital, the police and then with other hospitals. We have a case practice Manual but there is not allot of detail in that. We are updating some protocols now. It is difficult as protocols seem to get lost with the turn over of staff. You need broad policies and then to keep up to date you ask. There are always people to advise.

Rate 1. "6"

Question 2. Yes Very Clear. My Job Statement is clear. There had been lots of discussion about the role of the Child Protection Workers. As a group we got together to get a firm agreement from management. The child Protection Manual was very clear and gave me what I needed.

Rate 2. "10"

Question 3. No I am not aware of this.. At district level ; no. Maybe like this at Head Office. I think that the job is stressful and I do not want to socialise with any of the other agencies workers. There are no mergers of boundaries for me in this area.

Rate 3. "2"

Question 4. Yes The department is respected for its child protection work. There is the sense that our workers have more knowledge as that is our appropriated role. This is a logical conclusion as we do need to be seen as 'expert' in this field.

Rate 4. "8"

Question 5. No We have more status; child protection work has status. There is a medical hierarchy, which is an issue if you work in a hospital, that is not an issue here in the community. Occasionally we deal with the medical services and we respect that hierarchy. It is important to treat people with respect. It is important to have respect as well; as statutory body we do have higher status.

Rate 5. "8"

Question 6. Yes I think that this is a problem common to all workers. We are accused of giving no feedback and for not putting things in writing. Change of staff is a major problem as there is a high turn over of staff. Still, we do have problems with the exchange of information when we need written information. This is a difficult one to rank. There are certain agencies with whom we do exchange information informally. But there are problems when we need information from doctors when there is a child at risk.

Rate 6. "8"

Question 7. Yes This is done and it will depend on the status of the referral. Our New Directions Programme has Three categories or classifications of referrals. These are 1.) Child Maltreatment Allegation (CMA); these are the most concerning. 2.) Child Concerns Report: Low key contact with family and offer of service but no follow-up. And, 3.) Family Support. The family themselves ring in and ask for help. It still depends on the skills of the intake worker to ask for and get information from the caller.

Accountability for the decision to classify is taken by the casework supervisor. If there is a serious CMA the duty officer goes straight to the CP worker and the Casework supervisor and if the child is at risk now we act now - If not, the referral goes to a weekly intake meeting and is discussed and a classification is recommended. The classification given then and the
allocated worker given a specified time to act.
Rate 7. "9"

Question 8. Yes Feedback is not always written - it is mostly verbal. The children's Hospital and another hospital want written feedback. But this is not always adhered to. But we do have to have the written work if we are doing an apprehension. It is a mark of respect to provide written outcome but it is just not always done because of the pressure of time and work.
Rate 8. "9"

Question 9. Yes In some cases we would talk to the police. No CMA without it being discussed with several people and then we involve the different agencies. We conduct the investigation on our own but we gather information from others first.
Rate 9. "8"

Question 10. Yes That is being proposed. I attended a meeting last week and with some child care agencies and we are going to meet regularly. It is a good way to iron out problems and to discuss needs as they come to light. We do have regular in-house meeting but these are will be with the others.
Rate 10. "10"

Question 11. Yes We do have a broad understanding of most and generally we need to ensure that they are made aware of what we need to know.
Rate 11. "8"

Question 12. Yes It is any form of inappropriate sexual activity with a child or exploitation of a child. The definition is not usually a problem. Perhaps some new workers might have a problem.
Rate 12. "10"

Question 13. Yes If you are not 100% sure you can ring them and work it out easily enough. It is not difficult to straighten out if you are confused.
Rate 13. "8"

Question 14. No We don't. Out of Home and Alternative Care have them.
Rate 14. "8"

Question 15. Yes These are in the Child Protection Manual. The child's needs come first and the department views a child in the family. Our aim is to work with the child in the family.
Rate 15. "9"

Question 16. No Not regularly. This depends on the need. We would if we were working with a child who was also heavily involved in another agency. Our Department takes the total responsibility otherwise. We may ask for reports from other agencies who have only low key involvement.
Rate 16. "8"

Question 17. No We used to keep joint statistics with the police's Child Abuse Unit. We don't do it any more. With the review there came an upheaval and the preventative sides of
things have been stressed. This was all brought about be the *New Directions Programme*. I think new "Register" that has just come into being will somehow do this.
Rate 17. "9"

**Question 18. No** All policy and programmes come from Head Office and they liaise with others in regard to new reciprocal procedures. The Ombudsmen is the only source for addressing grievances or the Premier's Office. There is no other body as such.
Rate 18. "9"

**Question 19. Yes** There can be a problem with a high change over of staff. When you have a constant turnover cases can get passed round. It is best to have one person assigned until the case is closed as they will know the most about it.
Rate 19. "9"

**Question 20. Yes** In my immediate role, right now, I might get the time but not the money. You could go to a local conference but this might depend on what office you are in. Money is the problem. You can always ask but then resources are looked at and after all not every one can go.
Rate 20. "9"

**FURTHER INFORMATION QUESTION ONE:** Lack of resources is one thing. Another refers to the difference of priorities. Our time lines and others are not the same. For example, the police look for convictions and we look for protection: this will create problems as it will dictate how quickly they will respond. The children's hospital will hold children for 48 hours and it would be more helpful if this could be three days.

**FURTHER INFORMATION QUESTION TWO:** Professionalism is important, a combination of your experience and understanding. Your communication skills are important to be able to talk to people so that they give you the information that you need. Gender with some doctors is an issue. Doctors see themselves as superior. Ethnicity can be an issue. You can see that for cultural reasons some workers will not convey what they know to certain people in the department. Some workers cover-up issues and they are not that honest with the department.

**DEMOGRAPHIC DETAILS:**
FEMALE
4 YEARS EXPERIENCE
MANAGER
METROPOLITAN
STATUTORY
Question 1. Yes We have a departmental policy and this is an open policy. That is, if you assess that a child is at risk then you can talk to other agencies about that child. There are two perspectives of this issue. It is important to have policy and guidelines for training and learning for new workers. There is also the practice aspect wherein you can use your policy to negotiate with other agencies. In both instances the policy is broad and not a point by point form - no case of child sexual abuse fits perfectly into a rigid form. The clarity of a case needs to be developed. Often the events of a case are open to interpretation and this needs to be a professionally guided by policy and the actual guidelines.
Rate 1. "10"

Question 2. Yes There is a clear role. We are in the midst of creating a new system of child protection unit. There will be an intake team for the hospital for all cases of both physical and sexual abuse. Our department has a clear role for the social workers to liaise with outside agencies.
Rate 2. "10"

Question 3. No I choose not to go. We do get invitations to Christmas parties and then someone will go as a representative but I don't go.
Rate 3. "5"

Question 4. Yes & No to this one. Sometimes they do and then they don't. For example, with the statutory agency, it is not welcome when they have a different idea of what we should be doing. If we think that they should take the management of a case and they are not willing to do so. We need to negotiate. We had an example of sibling incest recently and inter familial abuse generally goes to the statutory body to manage. But in this case they said no as their agency has had a change of direction. I'm confused about what they are doing so I referred it to our Senior social worker to negotiate further and sort it out.

Sometimes they do appreciate our contact when we help them but not if we ask for something. This does vary with the office that you are dealing with.

With other community agencies I'd say "Yes" they welcome our contacts.
Rate 4. "8"

Question 5. Yes Although we seem to have less sit-down meetings then we ever had in the past. We do more telephone negotiations. The government agencies had seemed overwhelmed with work and had fewer resources. This has meant that they are stepping back from actively doing so many investigations and are happy then to see us do the work as the same thing that would have been done in the past.
Rate 5. "10"

Question 6. No It is clear what to do after we have seen a family. We do ask and normally obtain their written permission to discuss their case with the Police and the Family and Children Service (FACS) if we need to do so. If we assess that the child is at risk we will refer to the Family and Children's Service. We do not always get adequate information from FACS when they have referred to us. It would be good if we could get a formal written referral with a history and relevant information on it. Again, this does vary from office to office but often they do not exchange adequate information with us.
Rate 6. "10"

Question 7. A child can always be brought in to the hospital on the day if need be. The priority would be set by the medical need either for emergency care or for the collection of forensic evidence. It appears that the hospital does not get as many calls from the public as it once did. Most referrals come from FACS. People still have to wait up to two weeks for an appointment but we are aware of the histories of these and they are not medically urgent.
Rate 7. "10"

Question 8. No Reports are not written for all cases. Formal reports are prepared upon legal requests.
Rate 8. "5"

Question 9. Yes We often need to negotiate who is going to act first. FACS say to families if there is medical evidence you need to go straight to the hospital. As a rough guess in only about 30%, or a little higher, do you ever get medical evidence. It is usually the story of the child that you have to go on.
Rate 9. "8"

Question 10. No Not any regular ones. It is important to have joint training though. We used to have a regular part to play in the training sessions with FACS. I think that joint training is important on two levels. We participated in the FACS programme for the training of new workers and for their in-house routine sessions. We were able to go and explain our service. From our point of view we too need to hear what new initiatives are going on for them and how this may affect the way that we interact. You need to be made aware to be kept up to date.
Rate 10. "7"

Question 11. Yes Broadly speaking I know their procedures. I know the routines and how they assess, but the offices are all different. I would say that I know the system of management after a referral has been made but not all of the finer little points that leads them to a decision.
Rate 11. "8"

Question 12. Yes There is one and it is shared one that we have with other agencies from our Working Together Protocols. There is also a new one come out from the new Registry of abuse cases that has recently been set up. The Register is an independent service and not connected to FACS.
Rate 12. "8"

People still ring in to speak to the duty social worker to ask for help with "what is abuse type questions. They want help and wonder if some behaviour is inappropriate or not; for example nudity in front of children. You then get into the different value aspects that people have. You can never include all of these in a definition, so it is important to have a broad definition. Cultural values are another example of this issue.
Rate 12. "8"

Question 13. Yes We may not do so initially but we do have clear protocols that the parents sign for information to be freely exchanged with the police and the Family and Children's Service. Each case needs to be seen and assessed before any professional decision can be made about how to proceed. There is no mandatory reporting in Western Australia so
we are working within the law and we work incredibly closely with the police and the welfare services. If there was a case assessed that there was a risk to the child we would contact the child protection services immediately.

Rate 13. "9"

Question 14. No The Senior Social Workers go to meetings. These meetings are necessary for the maintenance of good relation; an umbrella to discuss what we need to share.

Rate 14. "9"

Question 15. Yes We have a clear role statement in our policy manual which we share with other child welfare agencies.

Rate 15. "10"

Question 16. No The volume of cases that we see would prohibit having a conference for all of them. We may do if it is a "tricky" case and then one might be necessary. So, only on a needs basis do we have them.

Rate 16. "9"

Question 17. No It would be good if we did to get an overall picture. We keep our own and those are meaningful to us.

Rate 17. "9"

Question 18. No We did have a committee that had done this work a few years ago. When they disbanded it was recommended that another such body be reformed to fulfil this sort of function. But I don't know what was the result of that. So, currently "no" we do not have one. I think that the Senior Social Worker goes to meetings over specific issues but this is not a regular happening. We don't have anything regular to review practice. There has been talk of another independent committee or group to look into such things as difficult cases or even deaths. The Child and Family Service have their own enquiries but not everyone is informed of the outcome of these. It would be good if there was an independent review body.

Rate 18. "9"

Question 19. Yes These types of cases need it. You need to know to whom to talk and not have to talk to three or four people. You can lose the the seriousness of a case if it is not given this sort of consistency. But, cases do seem to "float" if they have been closed and then get reopened. It would be good to have a clearer policy on that here in this office.

Rate 19. "10"

Question 20. Yes But as there is little money for wages let alone to go on these conferences. We do go and we take turns going. Conferences are always seen as "luxury" items and that is a pity really. It is good to go and get to see a broader picture of this area. As we are a children's hospital we see more cases than any one divisional office so we are also in the position of being able to present a good overview to others. Also, seeing so many cases we should keep ourselves informed to the highest degree. It is good to see how cases are managed in other states. You can get revitalised at a conference and they can give a great boost to your enthusiasm. You need that in this work.

Rate 20. "10"

FURTHER INFORMATION QUESTION ONE:
We would benefit from a clarification of roles and responsibilities as these can become vague
after a while. Sometimes, dealing with colleagues from other agencies is the most stressful part of the job and it shouldn't be that way. We may have the guidelines and the policy but it is still difficult. We need to have clarity to operate well and a commitment form workers to work within those policies.

FURTHER INFORMATION QUESTION TWO:
From the point of view of a worker I think that the years of experience count. These can be an advantage as it enhances your credibility and this enhances your communication with others. I can see that you get a sense of respectability with experience. I don't think gender or ethnicity have played a role or are issues to establishing a positive professional stance. Cultural and gender issues I can see as broader societal educational issues which need to be addressed.

DEMOGRAPHIC DETAILS:
FEMALE
10 YEARS OF EXPERIENCE
SENIOR
NON-STATUTORY
Question 1. Yes We have reciprocal agreements with the major child protection agencies and the police. Our state has non-mandatory reporting laws so we refer when necessary. Rate 1. "9"

Question 2. Yes This is well documented in the protocols that I have just referred to in question one. Rate 1. "9"

Question 3. Yes We do to some extent but these were mostly in the past when services were first being set up. You need formal structures and systems to work well together and we appreciate that there is a need to network as in the corporate world. People need to have professional standards for work and need to act in an accountable way. Friendship is fine in it's place. Rate 3. "6"

Question 4. Yes I think that we have a good reputation and are considered well. We are viewed by the community agencies as being rigorous and clear. Sometimes they may think that we are rigid but we do keep to definite standards which people therefore welcome. Rate 4. "9"

Question 5. Yes Definitely. As we are working for a hospital we are known for the fact that we do not rely on speculation but have a scientific base for much of our work. We try to base practise on research based evidence and training is up to date. Our links to the University are strong as there are joint appointments with the University in this a "Teaching" hospital. We also have strong quality assurance and evaluation systems not only within this department but also for our role within the hospital. Rate 5. "9"

Question 6. No I don't believe we do. There are certain child protection issues that all the major agencies agree upon and we can exchange meaningful information to that end. I don't think that there is abuse of this, no sloppy practice. Our own internal system also encourage working in partnership with parents with full and open discussion, gaining their consent for what is necessary for the welfare of their child and asking for their signed approval for the exchange of information. Rate 6. "9"

Question 7. Yes We have a duty system so that, in fact, calls are attended to as soon as they are received. An urgent child protection matter could be attended to immediately. Others, less urgent, are booked into a specialist clinic. There is now a joint intake assessment with a doctor and a senior social worker. The doctors have been surprised by the volume of work that comes through this office. We appear to have such a great number of cases due to the extreme range of calls. At one end you do get referrals for children molested in public parks and at the other end perhaps the more protracted access cases where people are really wanting to debate the standard of care their children are receiving. The latter are the ones that sometimes are a hunch and can go on to a truth; "Child unsettled after access - Is it possible...?". Sometimes bringing these "Standard of care" cases right into a Sexual Assault Clinic can lend too great a credit to what
may be spurious comments. We need to pay attention to the legality of these issues if we plan to improve our service.

Rate 7. "9"

Question 8. Yes We do in respect of confidentiality and obtaining signed approval of parents for exchanging information. Written reports are done in conjunction with Medical Administration and are done on an ad hoc basis. If one is requested we respond. It would be good if we could standardise these a bit more then they are today. The new Child Protection Register is just starting and that should formalise the process.

Rate 8. "5"

Question 9. Yes Some requests for decisions have been appropriate to refer to the hospital and a medical response was necessary. There is still some lack of co-operation and parents have been sent to the hospital and no medical report would have aided the family's situation. Medical examinations are not done unless warranted and even then often do not show evidence of abuse. The most important issue is to prioritise whether the child is at risk and therefore needs protection; true and essential medical emergencies are in the minority.

Rate 9. "9"

Question 10. No Not as much as we did once. The State's Child Protection agency has had some new guidelines so we may get involved again soon.

Rate 10. "8"

Question 11. "Yes" Certainly as much as we need to be with the ones with whom we regularly would need to interact. We rely upon them to keep us informed of changes and they do that. Others we do on a need to know basis.

Rate 11. "9"

Question 12. Yes It is in the Procedure Manual. We have to be aware of the legal, medical, and social definitions. We rely on physical evidence in many legal matters, that is, the severity of the symptoms. But, do severe cases come to light only because they can no longer be hidden? We have had five or six cases last year of children with gonorrhea and no other physical evidence. These were preschool aged children who had been referred for investigation of discharge. Legally not a sexual abuse that shows "penetration" but we know that something has happened.

Rate 12. "8"

Question 13. Yes We do not have mandatory reporting in this state but we do have reciprocal policies. That means that we have agreed to work together in accordance with the law that prohibits crimes against children. The hospital had worked out these protocols of the mutual agreement with the police during a period when our clinic for Child Sexual Abuse was first set up. These plans were also evolved with the State's statutory body for child protection as well. So in fact there is close agreement and co-ordination amongst the major agencies involved with child protection.

Rate 13. "9"

Question 14. No At this stage we meet with others on a needs basis. We do not do regular reviews.

Rate 14. "5"
Question 15. Yes We do this as a department in our Role Statement and as part of the State's Teaching Hospital we endeavour to maintain a standard of excellence to promote the welfare of children and their families and we share these objectives with the other major agencies operating throughout the State.
Rate 15. "8"

Question 16. No Again this would be on a needs basis or if we were asked.
Rate 16. "8"

Question 17. No. We do keep our own departmental ones. We hope that the new Register will be able to give a statewide picture. It has been useful in the past to look at the epidemiological picture; it is important to understand the instance and prevalence and that sexual abuse occurs more at certain ages and that it can occur across the board in areas and social groups. It had been useful to see across the state what was happening. But the, after a study, the state child protection agency changed and made only "substantiated" cases count. We will have to wait to see what the new Register will do.
Rate 17. "8"

Question 18. No Not as we once did. We have some linking meetings with the police. The feeling is that something is necessary and the Registration process is in its infancy and there is hope that this will fill the bill as it gets more underway and people get used to it. We have no specific representative going to any meetings now.
Rate 18. "8"

Question 19. Yes It always helps for the continuity of a case for the workers as well as for the clients.
Rate 19. "8"

Question 20. Yes Nominally we do. There are always the constraints of time and money. Not much of either lately. These can be especially important for the confidence of people who find that they need to go to court.
Rate 20. "8"

FURTHER INFORMATION QUESTION ONE: We have been thinking about this and one strategy we thought of was a work exchange. We would release a social worker to work in a community district office and they could be a link person for the two agencies. We also talked of having an open day when we would invite others to the hospital to see the clinic and where we interview people and how it all happens. Knowing this might aid there referrals. They should also see what else we do.

FURTHER INFORMATION QUESTION TWO: I believe that the professional stance is the most important thing. The others should not matter.

DEMOGRAPHIC DETAILS:
FEMALE
8 YEARS OF EXPERIENCE
TEAM LEADER
METROPOLITAN
NON-STATUTORY
Question 1. Yes Case Practice Manual. We have reciprocal policies negotiated between specific agencies, viz., the police education hospital and health services. In turn they also have their own guidelines. We have a Child Protection Manual. There is too, our New Directions guidelines which sets the tone for the way that we work with the community and families. Your operation on the ground is most important and this is set out by the philosophy. While there may be a set of policies it is how you are seen to operate that is in the eyes of the community. Guidelines are good if there is some problem and things are not working smoothly. Then, you can go back to the guidelines and negotiate your way out of any conflict.

Rate 1. "10"

Question 2. Yes As Senior Casework Supervisor my role is clear. With regard to CSA we are very clear. We have a role with both intra and extra-familial abuse if the child is at risk and no one in the family is providing protection. The police have the primary role in the extra-familial cases for prosecution but we have a role there as a support service and assessing if the child is at risk because of family circumstances.

Generally we have a strong role to play with child sexual abuse because of our statutory responsibility. Our New Directions is seen as contentious as some say that we are side-stepping our responsibilities. But I do not see it that way

Rate 2. "10"

Question 3. Yes Some people from other agencies I see but not regularly...not all of the time but casually. Maybe we are invited for dinner or drinks and this happens inside the agency as well. You begin to make friendships with some regular meetings. With the regular contact you begin to know and understand their values. This helps you to trust others and you understand them. Most people want to get away from work when relaxing so we do not discuss clients but just get to know each other a little better.

This does seem to happen more in the country as your contacts seem to be with the same people on a regular basis. I think that this builds a relaxed atmosphere and an informal rapport. From the client's point of view I can see that this might be an advantage. As a professional we must have the child, our client, and his family in mind. If we are relaxed about work relationships this can be made easier. It is by no means essential but it can be a help.

Rate 3.

Question 4. Yes I can say that they are welcomed on two accounts. The first example I can think of is with specific workers from other agencies. For example, education. Some teachers feel out of their depth with abuse issues and they value the perspective and the information that we can give to them. Secondly, in a general sense, people welcome communication that demonstrates that we are working together with them. As long as the contacts do not leave anyone feeling cut off or even dumped upon they are generally welcomed. The community is our primary source of information and it is important to strive for a good rapport.

Rate 4. "7"

Question 5. Yes We do but sometimes others may see us as having more power because
of our statutory role and our level of expertise. Others may want to debate this level. But as I see it we do have the assessment expertise commensurate with the role that we are empowered to do.

Rate 5. "8"

Question 6. No In the early days, years ago, our department had been criticised over its lack of passing on information. We are reminded in the New Directions that we cannot break the civil rights of clients but we are clear that if we need to exchange information for the rights of children to ensure their protection we do so.

Rate 6. "8"

Question 7. Yes Child sexual assault is seen as a high priority. Details thereafter about the case will then determine how quickly one has to act. That is if it is intra familial or extra-familial and the amount of risk to the child. We also need to review how the parents are reacting.

The cases have to be viewed in context of all of these events - somethings being important but not urgent - normally the time frame we work within is one to five days. Some of the risk to the child depends upon the access of the alleged perpetrator to the child. It is important not to act too quickly too in some instances.

Rate 7. "9"

Question 8. "Yes" we do have these in our Child Protection Manual and in the Reciprocal Guidelines between key agencies.

Rate 8. "8"

Question 9. Yes If the case is a multifaceted one you negotiate to try to co-ordinate things but in the end the decision is with our department. So, if it helps and it keeps everyone informed we do. As the statutory agency the decisions are ours and thereafter we need to communicate what has happened.

Rate 9. "7"

Question 10. No It would be good if we did have some across the board joint training with other key agencies. It would be helpful too get together with Community Health, education, etc, everybody. Our New Directions began with some community workshops by that were us telling others about the new service. For the country we have not had any joint training. Maybe in the Metro area they have more because they have more of the major agencies.

Rate 10. "8"

Question 11. No I am not fully aware but generally aware. This depends on the context of the abuse and whether it is intra or extra-familial. This is true of how others manage a report if an employee of their own service. These are not always apparent. Schools may have their own. Day Care centres have their own. I think that we should know what they are and have copies distributed to us.

Rate 11. "8"

Question 12. Yes Our definition does cover the whole context of sexual abuse of children.

Rate 12. "10"
Question 13. Yes We work well with the police. We have reciprocal policies in our Case Practice of Child Protection. Over and above this we have good relations with the police. We would like more training together to work together and so would they. They would also like more female officers to be involved in this area. We deal with the police at the regional centres and they are very good.

Rate 13. "9"

Question 14. No Not in this district. We do not have scheduled ones for policy or procedures but some general ones for case discussion. They still have some with key agencies at Head Office I believe.

Rate 14. "8"

Question 15. Yes This will be found in the manuals. The care and protection of the child is the ultimate concern. The strategies for this vary on a spectrum from the removal of a child to providing other services for the child while they remain within the family.

Rate 15. "9"

Question 16. No Not regularly. We would call this a case review and "conference" for considering "wardships". If a CSA case were new and there were others involved then they might attend a review or be asked to provide a report of their involvement with a child.

Rate 16. "8"

Question 17. No We have our own statistics. I haven't seen any for a long time. The new Child Protection Register will cover all statistics for child abuse. Any agency will be able to put a child's name on the register. The parents will be informed about all of this. If the categories are too broad they can become meaningless.

Rate 17. "9"

Question 18. No Not with regard to CSA. With the advent of New Directions some had felt that there would be a drifting away from the child protection role. They say that if you change the focus to emphasise working with families that you lose sight of the child. Perhaps an area committee could oversee if the policy did drift and the child was no longer the centre of things.

Rate 18. "8"

Question 19. Yes When a new allegation is made a caseworker is assigned and then they keep it. This is essential not just for the organisation and communication between agencies but it is essential for the child's well being. The key worker can get to know the child and then is in the best place to plan effectively. Cases of this nature would never be left in the "open" section of the filing cabinet; they need continuity of management for the child and the family.

Rate 19. "9"

Question 20. Yes I have not been to any but others go.

Rate 20. "7"

FURTHER INFORMATION QUESTION ONE: Understanding each others roles and accepting the limitations of each others roles. Being clear on the legal mandate that we have been given to protect children. We often have sufficient evidence to proceed on a with child protection cases but the police do not have enough sufficient evidence to go to court. This can cause anxiety for the worker involved. Some say that it is a breech of the legal system. It is
certainly a lot for a new worker to take on board. But, we do have our own legal advisers for such matters.

FURTHER INFORMATION QUESTION TWO: I think that all of those things are important as well as interpersonal skills. Gender - This will depend upon who you are talking to. Status - if you are seen as a lowly 'worker' as opposed to a manager, this will affect things. Years of experience will affect your credibility. Working in a multidisciplinary forum 'status' is important. Some workers who do not have children get the, "What do you know?" attitude. Ethnicity - yes, there are issues for both Aboriginal workers and non-Aboriginal workers working with Aboriginal people.

Working with Aboriginal families in child protection issues can open even broader 'race' issues. I would say that I am put under pressure about how to work with Aboriginal families. If we remove a child we are accused of doing what others in the past had done. The question is, should we in the department look for a different way of dealing with this sort of problem. If a child is maltreated we have to act. I will take the guidance from the Aboriginal community as to where to place the child. Where it is safe for the child to be.

We have as a department a problem in keeping Aboriginal workers. The department likes to have local people who know the local context to assist in these matters. But this is not always easy for them as if they are local they are bound to be 'family' and this can put them in a dilemma. It can be a major issue for them.

Sometimes I feel as if we are caught between a rock and a hard place.

DEMOGRAPHIC DETAILS:
MALE
15 YEARS OF EXPERIENCE
SENIOR
NON-METROPOLITAN
STATUTORY

423
Question 1. Yes We have guidelines with every major department who are involved with children. We have a series of protocols and a big wall chart which has a synopsis of how others manage their referrals. The children's hospital was one of the first to make one and over the years we have had them from Education, Health and now the latest is one from Disability Services.

Rate 1. "9"

Question 2. Yes From our point of view any officer can take a referral. It is the Casework Supervisor who will check the intakes. There is no formal number of checks to go through but this will be done on a need to know basis and it is often left to the skill of the worker to know who should be approached for information.

Rate 2. "8"

Question 3. Yes But that is a personal thing. I think that happens in the country quite a lot. That is because the community you live in is smaller and you get to know everybody personally. I went to a seminar for Health Visitors in the city recently. There was about twenty of them at the seminar. They were asked if they could name any of the departments officers who worked in their area. They could not even name one officer. But if they had asked country health visitors I am sure that they would all be able to tell you the local officers.

I think that you get to know them personally as you often have children at the same school and you will wind up talking to them while you watch your child playing soccer. I think that it is great to work this way. You cannot create this sort of thing artificially. It has to happen naturally to be real. You cannot write a policy about it.

There might be a disadvantage as there is no separation of powers but on the who most people recognise this and respect professional boundaries when they are engaged in work.

Rate 3. "10"

Question 4. Yes I think that if you don't have a good relation it is because you stuff things up. I think that if you do your job well then others respect that and welcome your calls. You need to be clear about your role. It is important to talk to people about your role to keep the boundaries clear.

Rate 4. "10"

Question 5. Yes We do as part of a community based multidisciplinary service we do have status and I believe that that is important.

Rate 5. "7"

Question 6. No Not often. Social Security are the most rigid about confidentiality: to an idiotic degree really. You cannot use Social Security to trace anyone no matter how serious it is.

Rate 6. "7"

Question 7. Yes Depends on who you get to talk to - if they get me it is done promptly. Some others are slower. I'm a great believer in a stitch in time.... The casework Supervisor is supposed to see to it that things move on time but there are always the slow workers. In a perfect world we would all be prompt but then its not a perfect word.
Rate 7. "10"

Question 8. Yes We do as we have discussed in the department's guidelines.
Rate 8. "9"

Question 9. Yes One of the first things I do when I receive a referral is to there and then
discuss what it is I am likely to do with the case. I do that to make sure that they agree with
that. If you don't do that there is a case that they might undermine what you have planned. It
is better that they too are on board and they are involved. If you haven't gotten them on side
then usually the whole thing won't work anyway.
Rate 9. "8"

Question 10. Yes We cooperate with other agencies with this a lot. It is not full police
but when we have new officers we send them to other agencies for training so that they get to
see a number of settings. Also we get asked to participate with others training. It seems up to
the individuals and that is how we do it. It is not part of a full-on conscious policy.
Rate 10. "6"

Question 11. Yes We have all of the charts that say what they do and we know what it is
that they do. Protocols often say what it is you 'should' do and that is not always what people
do. I can predict ahead of time how certain schools will react by knowing which school it is.
You develop a working knowledge of these things. You can get a broad experience of this in
the country just because you do get to know so many of the individuals.
We can use this information to structure what you do; I can ask for this person rather than
another because you know what the outcome will be.
Rate 11. "7"

Question 12. Yes Our definition is based on the law and this is clearer then on physical
abuse. There are some things that you are clearly not allowed to do with children. It
certainly makes it easy; all you have to do is to ask, "Are they breaking the law?".
Rate 12. "9"

Question 13. Yes These are in the Guidelines and they are very clear. They are mostly
met maybe some small exceptions but mostly.
Rate 13. "8"

Question 14. Only on a needs basis. Head Office I suppose may have the regular ones. We
used to have a group to review cases but that just made things worse rather then better so we
stopped.
Rate 14. "2"

Question 15. Yes We do and these are in the Protocols. I don't recall if they say that they
are objectives but they give a comprehensive picture as to what we do, why we do it and how
we do it.
Rate 15. "7"

Question 16. Yes We would call this a case 'discussion' and we would have one of these
before we made any significant action. We would meet with other agencies on a 'needs to
know' basis. Sometimes they are important and sometimes they are not.
Rate 16. "6"
Question 17. Yes Statistics are now centralised. Head office put all of the numbers together. It is important that they be kept. They are relevant to decision makers and educators and they are interesting just to look at to see the work that has been done. Our Team Leader can get them through the computer and we do print them out to look at.
Rate 17. "10"

Question 18. No Some do it as a peripheral thing. We used to have one but we ended it. It had no meaningful point anymore. It seemed to be only there to meet the needs of those who attended. They wanted to 'hear' what was going on and they seemed to have the need to be seen in public but there was no purpose to their meeting other than their own need.
Rate 18. "3"

Question 19. Yes It is important to have one officer appointed and one who will hopefully there for a long time. Again, this seems to be an advantage of living in the country; people seem to stay in post for years. When you ring the offices in the city you find that the case manager has changed every time. That is bad as the whole thing can seem to dissolve into 'Chinese whispers'.
There are new guidelines coming out about this. They say that cases should be assigned to someone who is going to be there for a while. It is a great idea, but I don't know how they are going to determine that.
I think that agencies should pay people more who have been in the department for a long time. My pay went through the normal rises for the first three years but has not changed for the past seven years after I reached the top. I think that you should be given pay for staying in one spot. I think that there is a definite advantage of staying in one spot like increased local knowledge. As Care Manager I have had children as wards that I have known for four or five years. You get to know them and they have the consistency of knowing the one person. You cannot get that if things are changing every six weeks. Kids must get really annoyed with that.
Rate 19. "10"

Question 20. No Not a lot. The costs are too great.
Rate 20. "5"

FURTHER INFORMATION QUESTION ONE: "Trust" is the greatest asset to effective working together with people and for people. This has been enhanced working in a smaller community. You have a heightened awareness of person and the area so you do know if something is an isolated incident.
I know a lot about a lot of people and families and if something happens you are more prepared to take a risk for that person. In doing the child protection work you may know a particular person and if they say they will show up you know that they will do what they say. If something like that happened in the Metro area you wouldn't have that degree of trust because you don't know them.
It has been since I have worked in the country that I realise how difficult it is to work in the Metro areas. I think that when you are in the metro area and you do not know the people you are likely to do something more precipitous. You take this action because you are less sure. I think that you find that people take out more Care and Protection Orders out in the Metro area because they find it more difficult to keep an eye on what is going on. Head Office may say
that it is because we are not doing our job that we take out less C&P orders, but I say it is because we are doing our job so well that we do not need to take out as man

FURTHER INFORMATION QUESTION TWO: I think that the whole welfare field had become over feminised and this influenced how we deal with people. I do not think that welfare has handled males or understood masculinity at all well as it should have.

For example, domestic violence: one of the reasons that it keeps going is that it is never viewed from the males' perspective and the victims role is not fully understood. While feminist issues were important in their day it is now important to look at things from a humanist point of view. With domestic violence we never fully accept it and use it and get people to refuse to become a victim. Few workers are prepared to face this with the person. What the general worker does will be to encourage the person to leave the relationship. But then that person goes away and finds another partner who will do the same again. The way out of this is to get them to sit down and ask themselves what is it they are getting out of this relationship.

When you hit someone you are demeaning your self and in fact you are giving the power to the other person. As soon as you hit them you give them the power. When I worked with perpetrators, when a male can see this, it was the quickest way to get them to stop. I think that it is the same with Child sexual abuse. I mean that there are lots of reasons not to sexually abuse children but one of them is that you stop being a parent and become their peer. This means you loose a huge amount of power. It is the same too for boys who go out with underage girls. They give them a huge amount of power. As soon as the boy does something that displeases the girl she'll say she will tell the police. That's the end of that relationship.

DEMOGRAPHIC DETAILS:
MALE
14 YEARS OF EXPERIENCE
SENIOR
NON-METROPOLITAN
STATUTORY
Question 1. Yes There are reciprocal policies and a clear mandate within the agency to communicate with others. When you get things set up correctly then the guidelines are a fall back. If you come up to any problems in communicating you can go back to your guidelines and then you can say, "this is what we are about and what we are aiming for."

I think that the guidelines are used less in the country because our links and our communication are good. The relative importance of the guidelines are different in the metro and the non-metropolitan setting. I have worked in both and I think they are very different. This office is unusual for the length of time people have remained in post - lots of staff has been here 10 to 15 years and they have very good links with the community. In the metropolitan area if you dealt with the key agencies you could get to know some of the people. Dealing with education and the police in the metropolitan area you might be lucky to see the same person twice. In the country you are fairly constant with the people you work with.

Rate 1. "8"

Question 2. No My agency has not given me a specific one but I have made one for myself. I have a clear job description as a Senior Casework Manager. You always need to adjust your work to what ever is needed at the local level and therefore over prescription seldom works. Over prescription in fact does not help, you need to give people an outline or a core role and then the responsibility is up to them as professionals to develop that role to their discretion.

Rate 2. "8"

Question 3. Yes We do as this town is a small enough for informal contacts. We go to a sundowner or have a contact lunch, that sort of thing to meet people informally. It helps to know the people that you are working within child protection work as human beings and not just their role. These meetings do help the work situation as child protection work does have its tensions. People from the other agencies do not feel so inhibited if they know you and trust you. The job would still need to be done with or without it so I’d have to rate it in the middle.

Rate 3. "5"

Question 4. No Not always. We do not have good relations with some schools. Generally we have very good relations with the police. When I first came there were some hang-ups from the past around. But generally things have been getting better over the years.

Partly because we have tried to present ourselves better to the public then we used to and there have been significant changes to other agencies. You might say that we have all grown more positive in our approach to child sexual abuse.

As an example, we had an officer come down to this office from Head Office to review past policy and circumstances. A question had come up about compensation for someone who had been sexually abused while in foster care about 15 years ago. The question was if the case had been handled properly; did we do the right thing. It was interesting to see that there was nothing at that time that described values, policies or procedures as to manage such a case. It was quite interesting to see that there was nothing there in 1980; practically no services. It was interesting to watch the officer trying to get back to that time. He was struggling trying to get a base line as nothing was written. Amazing how we have changed and are still changing.
from the past and the way that we are dealing with CSA.
Rate 4. "8"

Question 5. Yes We are all aware that we have a different role and there is respect for that.
Rate 5. "8"

Question 6. Yes I worked in the UK and it is amazing to see how close Australia and England are in this regard. Perhaps there are more restrictions on us in Australia and we always have to try to first get parental approval. But this is not a significant problem especially here in the country. There is the perennial problem of people contacting us wanting information, which we do give with permission. Our New Directions emphasis is now switched from investigation to assessment which is in keeping with working with parents.
Rate 6. "8"

Question 7. Yes Child protection matters are assessed and then dealt with as to the urgency required.
Rate 7. "8"

Question 8. Yes As described in the first question with our reciprocal policies and procedures.
Rate 8. "8"

Question 9. Yes We share the initial gathering of information from the referring agency or person and we thereafter contact others but the decision to act or not is ours as the statutory body. We are the decision makers. Practice has become a lot more open then in the past and we often now try to involve the parents and certainly try to gain parental consent.
Rate 9. "9"

Question 10. Yes We do a lot. We have had some major training at Head Office and recently we have had a two-day training course here in town and we invited other agencies to join us. There is not a lot happening but when there is we do share what we do. These shared experiences allow others to test their own agency against ours in a neutral way. It is "The" way of encouraging inter agency co-operation. This is often the sort of thing that you cannot do when you are in the middle of a case. Joint training is a great way to build inter agency co-operation.
Rate 10. "9"

Question 11. Yes Very much so. This is particularly useful when you are dealing with education and the teacher might be new and they are not familiar with this sort of work. If they get stuck it is easy to help as it is not the sort of job they do every day. I think that years ago other policies used to be held to be more secretive. I think that this was destructive. There is soon to be a manual coming out with all of the procedures in it. This will follow the set up of the register. It will be a good thing.
Rate 11. "8"

Question 12. Yes The definition is clear and these are written up in the Manuals and guidelines.
Rate 12. "8"
Question 13. Yes This is very clear. Each case is different and there are occasions where we interview together. It is very flexible here in the country and we negotiate what to do case by case. We routinely discuss each case with the police. There is not a specialist unit of officers in the country but then in the city where they do have that sort of unit they rotate every three years. So the people that we work with are experienced to a high degree so there is no problem. The police give the CSA a high priority, it is another crime to them and their response time is good.

Rate 13. "7"

Question 14. No Nothing regular. No planning or review panels in the area of CSA. We do not seem to need them these days.

Rate 14. "3"

Question 15. Yes We do in the Case Practice Manual. We also use the departmental mission statement for trying to develop the partnership of twin goals; supporting families and protecting children. The emphasis is on supporting to support children. Some would argue that we lost direction in supporting families but I do not accept that; I think that we are maturing.

Rate 15. "9"

Question 16. No These are done on an ad hoc basis; not done routinely. When many agencies are involved you may need a meeting to clarify the roles and responsibilities. That is very important. But, some CSA's we do practically everything ourselves. We would talk to others who might be involved, say a school for example, but we would not have to call a conference for that.

Rate 16. "8"

Question 17. Yes We do and these go onto the computer and they go up to Head Office. The Register will then collate all of these together when that is up and running.

Rate 17. "8"

Question 18. No There had been one in the early days of organising systems. Since then some attempts to set one up again have not been successful. There has also been resistance to having one again. It appeared that people could come to these for the wrong reasons. Such meetings were to be about policy but they weren't. I think that some people came for the wrong reasons. They came not to discuss and settle policy issues but to talk about their own pet subjects and to be seen doing this sort of thing. These sessions died a natural death.

At a policy level it is good to have something which pays attention to such matters and this is what the Register is meant to do today. It will contain a list of substantiated cases and it is these cases that we need to give our serious attention.

Rate 18. "8"

Question 19. Yes The continuity of personnel has been a bonus to the management of cases and this is across the board, for children and families as well as the staff from other agencies knowing who to contact. We do find that this has been helpful as the workers here in this office have been here for long periods of time.

Rate 19. "8"

Question 20. No Generally we rely upon information being circulated to us. It is
generally only the Head Office people who go to the Conferences. You can go to smaller conferences in Perth but you go at your own expense. So "Yes" we get time off to go but "No" to the money to attend.
I think that it is vital that someone go as it is important to see and hear what other people are doing in this area of work.
Rate 20. "9"

FURTHER INFORMATION QUESTION ONE: It would be excellent to see some work exchanges between agencies; a personnel interchange would I think be helpful. Not a formal structure but a free interchange for brief periods to help people to broaden their perspectives on how to manage work issues. More joint training. I think that you also need to remind your staff to take the time to talk to other others from different agencies. I would also like to see specialist services being built up so as to move people out of this central office and into other areas of the community. We have been doing some of this and as time progresses we are seen in a different light. Even the nomenclature is growing away from the old images, for example, people use our names and less often refer to the "Officer".

FURTHER INFORMATION QUESTION TWO: I think that they all affect and impact on this area of work. For example, this department has had a history now of poor relations with the Aboriginal people and what were the customs of the day removing children for no other reason then to place them somewhere they would be seen to be "better off". Now today that is just another barrier for us to get through to be able to work effectively with Aboriginals.

For that matter there are the same and more problems in the metropolitan areas. There have been numerous migration influxes of Vietnamese, for example: people who do have little experience of the English language and the culture that is now the dominant one in this country.

So often in my experience when you have new, young staff they always get the question "Do you have children?" and this is always difficult for them. So experience does count for a lot, not necessarily the having of the children yourself.

DEMOGRAPHIC DETAILS:
MALE
17 YEARS EXPERIENCE
SENIOR
NON-METROPOLITAN
STATUTORY
AUSTRALIAN IN-DEPTH INTERVIEW NINE: NON-METROPOLITAN

Question 1. Yes  Written protocols and we have a made clear our mandate so we are well established and clearly known by all of the other agencies. Guidelines are just the outlines. They are the signposts and they do allow room for professional judgement. You pick up strategies as you gain experience.
Rate 1. "9"

Question 2. Yes  We have the Guide to Practice which is specific and clear.
Rate 2. "9"

Question 3. Yes  I think that this is inevitable in a country town. You see each other at Clubs, etc. You often see people in this dual context working in the country. It does improve things as well as you do feel more comfortable in speaking to people that you know. I think that the closer and more informal relations facilitates information exchanges.
Rate 3. "8"

Question 4. Yes  We have mostly good relations with schools and teachers and can discuss concerns informally with them. I think this reflects a trustfulness and a colleague to colleague consultation need not be done formally and it is helpful to have a less formal forum to express ideas.
Rate 4. "8"

Question 5. Yes  On the whole I think that we are given equal status in meetings. Occasionally, people might not be interested in your opinions and they go straight to teachers or the police. In this line of work, ideally, each member should be valued as we all have our own area of work in Child Protection.
Rate 5. "9"

Question 6. Yes  Sometimes, Social Security is very tight with confidentiality. It is good that they protect clients but if the welfare of a child is at risk it does need some temperance of strict rules. Some people hide behind such rules as a way of making no decision. We do have general information from education, health, and the Community Health nurses. We of course try to engage the parents so permission is sought from them as a major factor.
Rate 6. "9"

Question 7. Yes  Quite a few other agencies do ring us for information on clients. If it facilitates the client's welfare we do provide general information. Certain information however needs the clients permission to release and we will seek this from them. If the calls are in reference to child protection work, yes, they need prompt reaction and you need to act quickly.
Rate 7. "9"

Question 8. Yes  As described in the first question we use our guidelines for this. Reports and other requests are replied to on an ad hoc basis.
Rate 8. "8"

Question 9. Yes  We do have inter agency meetings with others such as Disability Services, Community Health, GP's and then see the client thereafter. This has lots of value as it is necessary to try to clarify who is involved and why before you can get a good picture of
what may be going on for the family.

We do try to work along side of people and don't take a confrontational stance. We are improving the "Public Image" and go out to gain the co-operation from people.

Rate 9.  "8"

Question 10.  Yes  Some but probably not a lot. We do organise our own in-house meetings on specific topics an invite others to join. This information interchange is always valuable. It would be good to do it more as a matter of routine.

Rate 10.  "8"

Question 11.  Yes  We are well aware of these. I think that this is very important. We have the copies of others guidelines and know what their policies are. This is not everyone's daily work the way it can be ours so it is most helpful to see what it is there are expected to do and to have this as a discussion point or a starting point to facilitate the working together from both sides.

Rate 11.  "8"

Question 12.  Yes  The Guidelines and the Manuals all have the same definition.

Rate 12.  "8"

Question 13.  "Yes"  We work on each case as it comes. If there is a clear case of abuse then we ring the police straight away; sometimes you need to get the details. We enjoy a fairly good relationship with the police. We discuss cases, plan and even do joint interviews.

Rate 13.  "9"

Question 14.  No  I would not say regular. We do meet on an individual issue or case but these are 'as' and 'when' needed. They are important to have when you do need to attend or call one.

Rate 14.  "7"

Question 15.  Yes  Our policies and guidelines do stress the welfare of the child and to work for that welfare for the child inside of the family. Working with parents in a joint co-operative fashion has become the objective. We are much more open in these matters then we ever were in the past.

Rate 15.  "8"

Question 16.  Yes  But rare in this area of work. These are more reserved for wardships so that is a different matter. We rely more on internal consultation and discussions with the casework supervisor. So we have internal case conference and we do invite other agencies if this is appropriate. Even though they are few in number they are good to have as they are good for the inter agency relationships. If our department has to go to court and make some final decisions others can see and understand why and how we do these things.

Rate 16.  "9"

Question 17.  Yes  We keep our own statistics and then there is the new 'Register' which will soon have the number of substantiated cases from all of the agencies who have had cases to report. We are not sure how all this will work at the moment. The register will be independent from the Department but will be under it's auspices. It is important to look at the overall picture to see where are the problems and how many cases there are.
Question 18. No There had been one. It was the Regional Child Abuse Review Panel. They served the purpose of the day at a time when we had little and few services and a lot of people thought that this wasn't a problem area. Now we have the guidelines and the stress on the inter agency co-operation and there does not seem to be the need for one. They used to be quite strong. Now, if there is a problem with another agency, you'd refer it to the Senior Caseworker and that person would talk to their equivalent at the other agency. These cases are then dealt with as they arise and individually. I think that it works well as there are the social contacts in the country, that I mentioned before, and people seem to have a willingness to mend things and get on with work these days.

Question 19. Yes This is important. New cases get allocated to a case manager and sometimes you get a coworker assigned. We communicate this to other agencies so they know full well who is involved. There may also be a specific person from another agency to whom we direct our communications. It does work well between agencies and then ultimately for the child and family.

Question 20. Yes We do go and usually there is something good and something relevant. The department will pay, depending on the situation. You do get the time to go. In the country you can feel very isolated and for this reason it is very important to get out and find out what are some of the new trends.

FURTHER INFORMATION QUESTION ONE: Things are fairly good in the country. 'Socials' are good, more informal get-togethers would help. Anything that would break down the barriers between professionals and allow them to develop interpersonal contacts.

FURTHER INFORMATION QUESTION TWO: These do not present too many barriers, but there are some. I think that as a professional person years of experience and your integrity are a value. In other instances you have cases where some people simply prefer to speak to a female, for example. One of the biggest barriers we have is in respect of the past history working with Aboriginal families who still associate us with the 'Native Welfare'. They still see us as those who took children away and who had caused pain so why should trust anything we do now? You can try to explain that that was the past and that things are not the same. You can say it was in the 'culture' of that day to remove children. You can understand that they still have no trust in us and that is why we need to work with such families. I suppose in the past the way children had been removed had happened to others who for some other social reasons had their children taken away too; it happened across the board. We have moved on since those days and it's our job to demonstrate that.

DEMOGRAPHIC DETAILS:
MALE
20 YEARS EXPERIENCE
SENIOR
NON-METROPOLITAN
STATUTORY
Question 1. Yes We have protocols with other agencies. These need to be revisited from time to time usually because of the change over of staff in any of the agencies we deal with. As a matter of course, our staff need to know them. Also, for community education, because others are not familiar with what we do. For example, if a new member of staff at the regional hospital is not sure what abuse is they have a tendency to report everything. Many of the things they report as abuse may be due to social factors and are not abusive but require education on basic health and hygiene issues. There is often nothing we can do for these cases as they are better referred to perhaps it is a community health office. So there is a real need for community education for many of these issues and factors.

Rate 1. "9"

Question 2. Yes There is an industrial matter that requires that workers have a specified Job Description Form; it's called our "JDF". Our role definition does have an emphasis on "networking" with other agencies. It is certainly an idea to do this when you begin a job so as you introduce yourself. But, there are time constraints as to how much you can do. Agency visiting is encouraged. You can arrange to visit another agency, or key person in that agency, to discuss your role as a child protection worker. You say what you do and what you don't do. This is important because other people's expectations are often not realistic. If others are aware of your services this can save time because it becomes understood and there are less tensions from misunderstandings. It is important to do this when you begin a job but often you put it off because you are too busy. You think, "I will do that next week", but then you get snowed under.

A lot less time is wasted once you are involved in a case, if others are aware of your services before hand. There is less tension if they know ahead of time what you do. Once involved in a case it becomes twice as hard. Others want you to "fix things".

Rate 2.

Question 3. Yes It varies. From personal experience this does happen in small towns and it is often very helpful. Often you form friendships with other workers in a small town. In the bigger, metro area you are not so thrown together so this does not happen. The focus of work remains on the child and that child in the family. There are so many factors that influence this social aspect; both personal and the agency's approach. For one thing how you are seen and accepted can often be heavily influenced by the person who had preceded you in this same role. Your job can also be influenced by your predecessor's work! There are many people who prejudge you on the work done by the person who went before you.

You might have to put in "social" time to demonstrate that you are not the same as your predecessor. Because of these different factors that might motivate you I would rate this one in the middle. You make it what you want.

Rate 3. "5"

Question 4. Yes Generally, they do welcome your contact. I think I would prefer not to use the word "welcome" rather "they always show interest". They are not rejecting. Maybe they are being polite? I am sure that people in some agencies just do not know our role.

Rate 4. "7"

Question 5. "Yes". Yes, I think so. We do have equal status; a recognition of our
statutory child protection role. This is because of the legal mandate in these matters.
Rate 5. "9".

Question 6. Yes It depends on the agencies involved. If an agency rings our department and they are concerned and want information we need to check our files. We will make an informal, general response. But, for specific information we need signatures of permission to release information from the people concerned. The problems come from and depend upon which agency you contact. It is not as bad as it once was. Exchanging information is important especially for the best outcome. I think the more information the better but not every agency sees it that way.
Rate 6. "9".

Question 7. Yes Since our New Directions has come in we have a time frame for dealing with referrals. The duty officer will take an incoming referral and consults with the senior officer. This case is now on our system and then goes to an allocation meeting if it is not urgent. There are two classifications concerning referrals and these are made on the basis of "set indicators". The first is: Child Maltreatment Action (CMA) and, the second is: Child Concern Report (CCR). The system looks like this: REFERRAL > Duty Officer > Senior Officer > Intake > Allocation Meeting. Classification depends upon severity the indicators of the case referred.
Rate 7. "10"

Question 8. Yes We do have letters to provide outcomes. If people ask us we will provide reports. Normally we ask, "Do you want feedback?". Then we do it if they request it.
Rate 8. "5".

Question 9. Yes This depends on the circumstances of the case and the experience of the individual worker. It is done on a case by case basis.
Rate 9. "7".

Question 10. Yes We do this locally; time and money permitting. We look at specific topical issues such as protective behaviours. There is a local training network and lots of inter agency training available which our department funds.
Rate 10. "9".

Question 11. Yes Yes we have these written up and we do look at the protocols from different agencies. We have the "Reciprocal Policies" document and in there are the major agency's policies from whom we receive the bulk of our referrals. So we are pretty familiar with all of them.
Rate 11. "9".

Question 12. Yes We have a clear definition of CSA and it is culturally appropriate as well. We have a pretty good record in the community for doing the right thing in this regard.
Rate 12. "8".

Question 13. Yes If we have a notification of a CSA we contact the CIB . It depends on the circumstances of the case and the experience of the duty officer taking the information. I would probably do it differently then someone who was new to the service. We rely on the local police and sometimes they have not had a lot of experience but it all works well.
Sometimes there are unexplained injuries and these need investigation. If the information that we have is not specific enough to proceed we would have a team discussion and get back to the person who had referred the case. We do advise people when we feel that there is insufficient information to proceed.

Rate 13. "9"

Question 14. Yes There are regular set meetings but these are at the management level. Sometimes nominated representatives from different agencies all get together to review issues at these as well.

Rate 14. "9"

Question 15. Yes These objectives are in the Child Protection Manual. In 1991 the Department ratified the United Nations Rights of the Child and these are in the procedures.

Rate 15 "9"

Question 16. Yes We do this where and with whom as needed. We consult with other agencies before any big decisions.

Rate 16. "5"

Question 17. Yes We do centrally. I presume that they share these with other agencies. I am sure that we share some sort of percentages. These statistics help understand the size of the problem for the community. As we are in the country it is not done at this level and we do not see the figures. Well, I have not seen them.

Rate 17. "8"

Question 18. Yes Until recently there had been one in this area. It was recently disbanded. It was comprised of some community groups that were all involved in the area of child protection work. I think that it is a good idea as each locality does do things a little differently and it is good to review as a forum different questions, news and even difficult cases.

Rate 18. "5"

Question 19. Yes This role has been good for the reason of continuity and this is in respect of information gathering and exchange as well as for successful planning. It is good for the work and in the long run good for the child and families.

Rate 19. "9"

Question 20. Yes There are these days some funds available. Funding and the time away were always a problem. I don't go to them. Others do. In regard to the "national" conferences there are limited places so depending on the content and how much you want to go you can always ask and make a case to go. Who knows what the answer will be?

Rate 20. "8"

FURTHER INFORMATION QUESTION ONE: I think that it would be a good idea to have more contact lunches with people like the General Practitioners. We tried this recently and only two doctors came. I think that because of the size and scope of this agency's mandate it is up to us to keep trying to make these contacts. We need to be the ones to keep the doors open to breaking down isolation between the different professional who are all engaged in this shared area of work.
FURTHER INFORMATION QUESTION TWO: I think that all of these count but not to a major part of your role as professional. Certainly years of experience help to broaden and give depth to your insight into the role of your agency. As such I do believe that you can see racism and social typing that results in pre-judgments and unwarranted negative responses to certain people.

There seems to be a, ... racism - prejudgments and "What is the point?" attitude. For example, if we are talking about "Failure to Thrive", some agencies fail to refer because they cannot see how anything will ever be changed. Well, things will not change if they do not refer cases to someone. We need good statistics here to show that things can and do change.

Hospitals can be another example. Sometimes they only see the one side of the person - they make a statement and so this comment goes down as a fact. It is easy to be judgmental of some people. But from what we see and hear it is not always true. It is not always easy to communicate it back that they are not always right. I suppose that this can happen anywhere and in any setting. After you have been dealing individually with so many people for a long time you are struck by the fact that outside of work, there are people whose attitudes are so different. Sometimes I feel like a dinosaur.

DEMOGRAPHIC DETAILS:
FEMALE
20 YEARS OF EXPERIENCE
SENIOR
NON-METROPOLITAN
STATUTORY
## APPENDIX 6.2a: INDEX FOR ENGLISH IN-DEPTH INTERVIEWS

### ENGLISH IN-DEPTH INTERVIEWS: FIVE METROPOLITAN & FIVE NON-METROPOLITAN

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ENGLISH IN-DEPTH INTERVIEW ONE: METROPOLITAN

Question 1. Yes. We have a County Child Protection Handbook. It is the underpinning for our relationships. It gives us our defining features and our basis for interacting with other agencies. The guidelines clarify our roles. The basis of working well with others is to have a good relationship. It is not the guidelines that establish the relationship but they are the basis for the way that we do work and the basis for our net worth.
Rate 1 "10"

Question 2. Yes. We have clear role definitions from the Guidelines and this allows us to have clear lines of communication in our relationships with colleagues from other agencies.
Rate 2. "10"

Question 3. Yes. In this office we make quite an effort to get together with other agencies. We invite the Health Visitors over for a talk and a morning tea. We have the Christmas "do's" as well with a number of different agencies. Our liaison with others on a professional level is frequent and on a professional level; we feel free to ask each other advise on a need to know basis. Later, perhaps, we will share a case and then it is possible that you can work with a greater sense of realism because you know the other professionals individually. The individualisation of each case referred to you is important and if you already know the other professionals then you have more time to concentrate on assisting the family.
Rate 3. "9"

Question 4. Yes. If you have the good relationship it is not often that you get a cold response. We do have a duty system and a duty team in which we all participate and this way we keep the social workers in a holistic framework and they are fresh when they are doing their work so they reflect this and generally get a good response from others.
Rate 4. "9"

Question 5. Yes. On the whole, we do have equal status. In my role, I often chair meeting and it is often the case that it appears that we are the lead agency. For example we all have a vote concerning whether or not to put a child on "The Register". In some instances you can see that Education, schools, have a vote but they are not as familiar with the law and child protection practice. They naturally want to protect their role with the parents. So, quite often you can see that our statutory agency appears to take the lead and this can be a worry when you feel that others are not having their say. Others do want to sit back and have someone else make the decisions. You can see some teachers struggle with this and they find it difficult to come to a decision if a child should go on the register.
Rate 5. "9"

Question 6. Yes. Sometimes we do. We have the most difficulty with those working in the 'health' area. I believe that there are historical reasons here which are still present; they find it difficult to be open. They are quite unwilling to give information and work in a very isolated way. The problem with some in the medical profession is that they do not see why they should be involved. Historically they have an individualist culture and make decisions
on their own, they then find it difficult to attend meetings where a group decision is made. So often the General Practitioner does not attend for case conference. But then, we must also ask ourselves the question of why we run meetings that do not fit the doctors' schedule. We have to look at the way we work too and not just blame others.

Rate 6. "9"

Question 7. Yes. I hope that we do. A referral for child sexual abuse would be dealt with promptly. We also need to remember that these are not all emergencies. We also do need time to gather information. Frequently the issues may be non urgent and we have time to learn about the history gradually. Getting the background may also be very important.

Rate 7. "9"

Question 8. Yes. These are in the Child Protection Handbook. The agencies involved are identified at the time of the case conference, that is, the 'core group' is invited and attends the meeting to see if a child is going onto the register. Regular meetings are thereafter called for by Social Services in their role as Case Managers. The meetings do have a formal write up and these are distributed to all concerned. We always write to referrers and although it is a lot of work we do follow up all of these matters.

Rate 8. "9"

Question 9. Yes. Initially, if there is a clear referral of child sexual abuse we do call a joint meeting immediately. We have a "Strategy meeting to plan a child protection investigation with the police. If it is a complicated one we might even have an external person to chair and get advice. If it is a low level preliminary investigation we might visit to gather information and then have a joint meeting with the police and the family.

Rate 9 "9"

Question 10. Yes. We do have joint training. We have it on three levels; "Formal Joint Training", that happens perhaps once a year, then more local meetings with health visitors, welfare officers from education, schools, GPs that our office organises and then we have monthly practice issue meetings here in this office to which we offer invitations to other community based members of the multidisciplinary team. We try in this office to enhance our interagency collaboration by open to discussion and letting others know that we value them as colleagues. We do this as part of a rationale that believes that we need to keep open the doors of communication in order to build trust and good working relationships.

Rate 10. "10"

Question 11. Yes. As this can become an area of concern, we do keep ourselves up to date. We often refer to the handbook. For example, teachers often do not know what the regulations are for education and so we can read it to them to put them in the picture of what they need to do. People actually ring us for this sort of information. The medical profession is also in the guidelines but often they respond as if they are not. The doctors sometimes feel as though they can over rule our requests for information. They do need to be read the specifics of the information that they are required to provide.
I think that it is most useful to us to have this information. Everyone should it as well.

Rate 11. "9"

Question 12. Yes. When we work in child protection matters we begin with a wide starting definition. There is no broad cultural mix in this area so we are not involved in any cultural difficulties. We do often become involved in private matrimonial breakdowns.
this district we get many questions from reconstituted families. There are often allegations on codes of behaviour being scrutinised by x-partners. We do remind these families that they have to be aware that they are under scrutiny from x-partners and they may need to show some restraint. What might be all right in one house may not be in another if an x-partner sees fit to involve themselves. Workers are encouraged to talk about these issues and to come to an understanding of knowing their position.

Rate 12. "8"

Question 13. Yes. The police are included in our initial joint planning meeting. We seek their advise. We let them know of referrals and sometimes even get just verbal agreement and then see a family for more information. Thereafter, we give them more feedback and so it goes.

Sometimes the Police ask us to attend an interview with them if they have an adult who wishes to disclose abuse that occurred in the past. They ask us on the grounds that the disclosure may have larger implications that involve children at risk here and now. This relationship works well.

We work well with the special Police Child Protection Team. They have a Sgt who is the manager and other officers rotate through it. They are all good and the Sgt gives it that continuity. We feel that the rotation of officers through the unit is a big advantage because it increases the number of police who are familiar with child protection work. We believe training the police in child protection work is a good idea.

Rate 13. "10"

Question 14. Yes. These were described in question 10 on joint training.

Rate 14 "10"

Question 15. Yes. We do and most importantly in two ways: first, we have an Advocate system to help children who have to go to meetings and courts and secondly, we have a new project that helps with those children who have been seen to be abusing others. This project attempts a holistic perspective in dealing with these children and seeing what is most helpful for them.

Rate 15. "9"

Question 16. Yes. We do have case conferences as a matter of routine to manage initial referrals of sexual abuse allegations.

Rate 16. "9"

Question 17. Yes. The NSPCC operate our register of cases of children put on the register. We keep all of those statistics and we get a monthly call by the NSPCC to update the records but I am not sure I have ever heard of the police statistics or if we do any joint counting there.

Rate 17. "8"

Question 18. Yes. We have the ACPC. I believe that it is crucial to have people at the top to oversee the district. We have a regular Practice Supervisors meeting and through this our indirect line into the ACPC. We can flag issues and then they will become aware and deal with them as needed. These higher Child Protection Officers are the people with an overview of the issues and the district. What impresses me is that the offices in the district can differ in the services that they offer but we are still all tied together from the top.

Rate 18. "8"
Question 19. Yes. Absolutely. Sometimes there is a problem of allocation if one social worker is very busy. We have the same people work on in-take and long term cases, most workers like that system as it keeps their skills up in these two different areas. So it sometimes works out that the same social worker can keep a case from beginning right through to the completion of the matter. So that way our duty team can also have cases allocated to them. They can gain experience in acute situations as well as the long term and that creates a balance of skills for them. This works well for families and other agencies as well as they can keep contact with the same person and don't feel that they have to go back to the beginning each time they make contact with a worker.
Rate 19. "8"

Question 20. Yes. We have a supportive management for this. I have been to London for conferences.
Rate 20. "8"

FURTHER INFORMATION QUESTION ONE: Training is everything. And that training is for the individual and the service. We also need interagency training. Interagency training is vital especially with the other major agencies like Health and Education. Social Services should take the lead here. We survive best when people see that we are helpful.

An important part of our job is to be available to people. Sometimes I think we would get on better with people if we get rid of our statutory role. It certainly gets in the way when you are trying to link in with children.

FURTHER INFORMATION QUESTION TWO: I am sure that all of those issues affects your communication some way. It affects how people see you. People make assumptions about you. You need to individualise situations and try yourself to be objective. I see that the Medical profession and the status they carry is a problem; it allows them not to become involved.

DEMOGRAPHIC DETAILS:
UK
FEMALE
PRACTICE SUPERVISOR
6 YEARS EXPERIENCE
NON-MANDATORY LAWS
STATUTORY AGENCY
ENGLISH IN-DEPTH INTERVIEW TWO: METROPOLITAN

Question 1. Yes. We have these in our protocol book.
Rate 1 "10"

Question 2. Yes. Role definition is clear. So is regular supervision so that there is continuity and clear consultations. Role definitions are the 'ideal' and that is what has been set up.
Rate 2 "10"

Question 3. Yes. We try to set up contact lunches. You have to have a professional attitude, but it is also important to talk informally about your role. It eases communication. You have to try to get the balance right and maintain a human relationship as well. If there are formal aspects you need to sort out then you can meet formally. Some aspects are not that formal and can be sorted out later.
Rate 3 "9"

Question 4. Yes. Well, I hope so. It depends. People are cooperative. Once I worked in the country and one school refused to have anything to do with Social Services; they felt that it was shameful to have contact with us. It can be deemed a class thing. It is not that way when there is a child protection issue. It is a shame though that some people wait until there is a crisis before they contact us.
Rate 4 "9"

Question 5. Yes. This can vary however upon what the meeting is about. Health officials 'consultants' often devalue assessments made by social services. They want referrals to psychotherapists as they feel that social workers are not trained or skilled. More often social workers need to justify what they have said. Needs to have an outreach programme to advertise more about what we do.
Rate 5 "9"

Question 6. Yes. Health professionals are the most difficult with their history of confidentiality but this is the exception rather than the rule.
Rate 6 "9"

Question 7. Yes. I hope so. We do prioritise and decisions are made with shared supervision.
Rate 7 "9"

Question 8. Yes. This does depend on the case and often with each individual involved.
Rate 8 "9"

Question 9. Yes. Depends on referral. From previous experience if a child makes a disclosure then the police surgeon and the pediatrician examine and we consult with them. Sometimes it is difficult for workers and it's a balancing act.
Rate 9 "8"

Question 10. Yes. We have joint investigation training and multiagency training. Each role becomes clearer with joint training and your own role becomes more apparent.
Rate 10 "8"
Question 11. Yes. The ACPC draws up all of our procedures.
Rate 11. "9"

Question 12. Yes. In our child protection procedures and in our protocols.
Rate 12. "9"

Question 13. Yes. We discuss these with the child protection unit. We meet at strategy meetings and decide how to proceed. Police also get referrals and they are sensitively managed and they involve us to deal with these issues.
Rate 13. "10"

Question 14. Yes. We have practice meetings once a month."
Rate 14. "8"

Question 15. Yes. Child's rights are paramount. The power differential in trying to work in partnerships with parents is a difficult issue. It is not equal and we have to be upfront about that. You might say that in investigations we attempt to work with the hierarchy of partnerships and the Agency can make demands on them.
Rate 15. "10"

Question 16. Yes. I attend initial conferences and reviews.
Rate 16. "9"

Question 17. I don't know about this.

Question 18. Yes. The ACPC is a real mechanism for change. You need such a mechanism as things and your awareness of child sexual abuse changes.
Rate 18. "10"

Question 19. Yes. The person who coordinates child protection plan is the one people should talk to. They are the central point of communication.
Rate 19. "10"

Question 20. No. Not me personally. I don't know why I've never been to any.

FURTHER INFORMATION QUESTION ONE:
You need supervision as it's dangerous to work on your own. You need to have a checkpoint. It is good to have an intake team and that way one can learn a great deal by sharing it and seeing it as part of group development.

FURTHER INFORMATION QUESTION TWO:
Yes. Being realistic ethnicity affects expectations. If a black worker is talking to a white consultant there would be prejudice. People are prejudiced and maybe we have moved forward a little. Social work used to be seen like policemen. As a student I had an Asian
supervisor and I would be accorded senior status because I was white. To be professional with people who devalue you is very difficult. I think that women and black people are in a corner and need to fight. There is a need for an interpreter service. People have a right to have translators.

DEMOGRAPHIC DETAILS:
UK
FEMALE
PRACTICE SUPERVISOR
SIX YEARS EXPERIENCE
NON-MANDATORY LAWS
STATUTORY AGENCY
Question 1. Yes. In our handbook, *Working Together*"  
Rate 1. "10"

Question 2. Yes. This is in the Green Hand book.  
Rate 2. "10"

Question 3. Yes. Because you get to know people from other agencies better. You have to know them as a person and that way develop trust. Trust is very important.  
Rate 3. "9"

Question 4. Unable to answer a definite Yes or No. Depends on the individual with the other agency. It depends on how cooperative they are."  
Rate 4. "8"

Question 5. No. The health professionals consider themselves to be the lead agency. Social workers have ceased to be seen as expert witnesses. We used to be given more status but historically this has gone. I get less because of my age and gender; i.e.; young and female"  
Rate 5. "9"

Question 6. Yes. Other agencies often have differing views of what is child protection. Others have the fear of upsetting the parents. They fear giving you a call to discuss anything as they think we will take over. Teachers and even GP’s used to ring and ask for advice but the media view has I think changed their view of us. There is no slack now and no multi-agency training."  
Rate 6. "10"

Question 7. Not able to answer clear Yes or No. Depends on what they request is. It might be dealt with administratively. I think that professionals should give prompt responses.  
Rate 7. "8"

Question 8. Yes. In the child protection handbook, The Green Handbook and in *Working Together*. Intragency working is about relationships and having humour helps."  
Rate 8. "10"

Question 9. Yes. But sometimes this does depend on the referral so we do share. This can come down to personalities too."  
Rate 9. "8"

Question 10. Yes. Joint training for child protection matters. Teachers have a difficulty being freed up to attend. It is rare for GP’s and Paediatricians to attend."  
Rate 10. "10"

Question 11. Yes. It is really important to have an overall view of this. CSA is awful and must be done well. It may be that some might want to stop a child coming to notice, if the parents are middleclass so it is important that in another agency that the line manager knows what is expected of them.  
Rate 11. "10"
Question 12. Yes. The Child Protection Handbook. It has to do with the imbalance of age and power; the coercion and imbalance that causes. You have to think about this technically too when people want to know what is simple experimentation. If one child is 16 and female and the other 19 and a boy and they are both consenting?
Rate 12. "9"

Question 13. Yes. We have a clear policy with the police and meet at strategy meetings. We always first check with them and get advice. Maybe we will do a joint interview.
Rate 13. "10"

Question 14. No. There was only one of these of these we had with Health Visitors. It could be very helpful.
Rate 14. "10"

Question 15. Yes. Children's needs are paramount and we work with families to achieve this.
Rate 15. "9"

Question 16. Yes. We do as part of our regular policy and procedures; essential. The GP's and other medical people don't come very often even though it is important for them to share their information.
Rate 16. "10"

Question 17. No. I have not heard of these. I can see that they might be important and helpful.
Rate 17. "7"

Question 18. Yes. We have ACPC that monitors any policy change. Managers always attend and the agency is management directed from 'the top down'. Sometimes the views of practitioners are heard as when we wanted personal alarms; but most of the time it is a joke to think they would listen to anything we would say.
Rate 18. "8"

Question 19. Yes. This does help by having one person to communicate to. But it also depends on the manager and their personality.
Rate 19. "7"

Question 20. Yes. I have attended one. It is very important so that you don't go stale.
Rate 20. "10"

FURTHER INFORMATION QUESTION ONE:
Joint training is most important. Regular meetings and sharing information are as well. Job exchanges would be a good idea to have people see the situation from others' perspectives. I have gone out with the police and it would be good for the GP's to come here and see what we do. First line contact is so important. We need to be better at becoming part of the community so that they can approach our organisation.

FURTHER INFORMATION QUESTION TWO:
Years of experience. Sometimes people think you have more experience then you do and this
can work for you. The role of interagency collaboration is not valued as much as it should be. If good multiagency work is happening it is brilliant. You get good collaboration when there is no jealousy among the professionals.

DEMOGRAPHIC DETAILS:
FEMALE
BASIC GRADE WORKER
FIVE YEARS EXPERIENCE
NON-MANDATORY LAW
STATUTORY AGENCY
ENGLAND IN-DEPTH INTERVIEW FOUR: METROPOLITAN

Question 1. Yes We have a Child Protection Handbook. They are very important because they give people the total idea of what it is they need to do.
Rate 1. "9"

Question 2. Yes As Care Manager I have a clear role to manage the case. The phrase care manager is a new name for social worker. We are meant to be "care" managing cases now. When care management came in this role was created. Often there is a care manager who is responsible for managing a case and another person who is the same qualification, that is a social worker, who is assigned to jointly work with the case so you have two people sharing a case. We have quite a few cases like that. But we always have to have the one person who is the specifically named care manager. We have two people joint working a case and they share the role of liaising with certain agencies and the other worker with other agencies. The Care Manager has the ultimate responsibility. It works well especially if there are a number of children in the family and many things need to be done. They also make joint visits together. It divides the work out so that it is not too horrendous for one person.
Rate 2. "9"

Question 3. No Occasionally. It is not a big thing. We occasionally go out to lunch together because it is too difficult with families and things to get together.
Rate 3. "4"

Question 4. Yes Health Visitors and Health people are always pleased when we are involved and we have good liaison with them. They ring to discuss feelings and I believe that is a good thing in child protection cases. They may not have specific concerns but they ring with queries. And, I often contact them with queries about how they see a family and do they have a concern. We can be made aware of what direction to go and not necessarily a full child protection matter.
Rate 4. "10"

Question 5. Yes I have found that there has never been a problem. We have equal status in bring information into a meeting and sharing that information. As a statutory body we have the ultimate responsibility to make the decisions but our status as an equal in the meeting has been accepted.
Rate 5. "9"

Question 6. Yes Sometimes we do and this is generally with Learning Disability Teams. They have a tendency to be adult focused and not so aware of child protection issues. They see their role as upholding the rights of adults with learning difficulties to be parents and often they do not put the rights of protection for the child first. However, things there are improving. As we have had more joint training things have improved.
Rate 6. "9"

Question 7. Yes We do meet them promptly, but then you do need to consider where the case is in its management and just what the request is. If children are already on the register and someone rings in with something we know about we will add it to a list of items to be discussed at the next scheduled meeting. If it is a new referral you do have to take immediate action.
Question 8. Yes The Green Handbook has these written out and we use the NSPCC to manage all case conferences and their paper work. This is all organised and works well. The NSPCC organise all of the case conferences for this area. They invite all of the people, provide the minutes taker and they keep a store of all of the files besides distributing the minutes after a case conference. This has been an enormous help to Care Managers; having the NSPCC organise and send out the invitation relieves the pressure of Care Managers. The NSPCC are extremely good communicators and they really help to hold the whole process together. We use their offices for the conferences and it helps to have these held in neutral settings; it is a help to parents and to others invited to attend. Everyone knows where to go and the rooms are big enough to do the job comfortably. The NSPCC hold all of the records for years. I needed to see some minutes from a meeting held in ten years ago and they got them for me.
Rate 8. "10"

Question 9. Yes This is the nature of the work done by the In-Take Team. They respond to the initial referral and then ask the relevant questions to see if further action is required. The In-Take Team responds, visit, and ask relevant questions as needs be from others to see if matters are to be pursued further. We cannot do this on our own. We need to do it in combination with others.
Rate 9. "9"

Question 10. Yes We do have a lot of joint training. Most of this is organised by the NSPCC. Joint training is very important to make everyone aware of the issues of child protection and what sort of abuse exists. It is important to get together the doctors, police schools, learning disability teams and even the foster carers to discuss these issues. A lot of what is involved in child abuse begins with feelings and vibes that people pick up and is important to talk about these feelings.
Rate 10. "10"

Question 11. Yes These are in the Green Handbook. Usually Health ring us and ask what they are supposed to do and we tell them.
Rate 11. "10"

Question 12. Yes We have it in the Handbook and also printed out on this card. I like to call it a "potted" version of the Handbook. It can be a refresher for people to look at and remind themselves exactly what the definitions do say. The definitions are necessary for clear classifications.
Rate 12. "10"

Question 13. Yes We have a very good Child Protection Team. There seems to be a settled core of people there so they do not change a lot. It is really useful to have such close liaison with the police. They consult us if there is any question of what should happen where the alleged offender might be a child. That is if here should be a prosecution or not. We have a new programme for helping children who offend called the "CARA" project. It is jointly run be the NSPCC and Social Services and aims to help young people to not reoffend.
Rate 13. "10"

Question 14. Yes Not a lot, but we do have them as needed.
Question 15. Yes The Children Act upholds the rights of the child and this is repeated in the Green Handbook. And, like the CARA project we uphold the rights of children.
Rate 15. "10"

Question 16. Yes Essential
Rate 16. "10"

Question 17. Yes We cooperate with the NSPCC who keep all registers. Each month they send us a copy for us to check against our files and if there are corrections to be made we return them. Don't know if we do with the police.
Rate 17 "9"

Question 18. Yes Although, I do not have much to do with them. That is more in the role for the District Managers. It works well. They say it works. Things get filtered up to them. We are much better about communicating then we were years ago.
Rate 18. "9"

Question 19. Yes The role of the Care Manager (read as key worker) has improved things enormously. You become the point of referral and people begin to know you. You can then build up a relationship and you are accepted. After this point people will often tell you more then if they have just met someone the once. In the beginning you just get the facts and later when they can trust you they will share their feelings and their observations. I think that that is very important for everyone involved.
Rate 19. "9"

Question 20. Yes I have gone in the past. I am due to go on one next year. Time is the difficult thing to manage. This is especially true if you have court dates that conflict with a day's conference. New people have the freedom to attend with out the commitment to court dates.
Rate 20. "9"

FURTHER INFORMATION QUESTION ONE: More training for people who work with adults to look at child protection issues. We work closely and well with the NSPCC and the police Child protection teams and we could improve our working with those who are involved with the parents with learning difficulties.

FURTHER INFORMATION QUESTION TWO: I do not think that any of these issues are so important as long as the person can be clear and sure of what they are saying and what they are asking then the job will get done. It has to do with a person's personality. An inexperienced social worker may be self-assured and being that confident and clear will get a good response. There is always some sort of snobbery from some who will only speak to a
manager. They want to know that all of the procedures have been followed. Others do not care to whom they speak. I think all of those issues are overcome by a personality who can get their message over clearly and confidently. Being clear you will get a clear response.

DEMOGRAPHIC DETAILS:
FEMALE
PRACTICE SUPERVISOR
25 YEARS OF EXPERIENCE
NON-MANDATORY LAWS
STATUTORY AGENCY
ENGLISH IN-DEPTH INTERVIEW FIVE: METROPOLITAN

Question 1. Yes. Child protection procedures. These outline investigation procedures and everything we need to know up to the case conference procedures. You can't run without them.
Rate 1. "10"

Question 2. Yes. We have a clear role definition and everyone has a copy.
Rate 2. "10"

Question 3. Yes. But not as much as I would like. Someone retired from the police and I just didn't have the time to go. This is a difficult one. You just don't have the time as the volume of work is so high in the City. This may also depend on personality. Some are more private.
Rate 3. "8"

Question 4. Yes. This depends on the reputation you have as a worker and they get to know what sort of person you are, your value base, and again, your personality.
Rate 4. "10"

Question 5. This depends on the meeting. Our views are respected.
Rate 5. "9"

Question 6. No. I work on a need to know basis. The police know and share information. Health visitors are always good in sharing information. I am careful about what to say.
Rate 6. "9"

Question 7. No. Not always. Health visitors are very concerned and not without reason. Referrals can be pushed aside, but they are treated with due concern and treated in order of priorities. Sometimes others don't always see this picture.
Rate 7. "9"

Rate 8. "10"

Question 9. Yes. We do. We do our checklist for information. If I speak to a health visitor I tell them the course of action that is planned and what is joint work where possible.
Rate 9. "10"

Question 10. Yes. But not very often. One per year. Child abuse multiagency training (CAMAT training).
Rate 10. "10"

Question 11. Yes. Described in our handbook.
Rate 11. "10"

Question 12. Yes. This is in our procedures. We have a very homogeneous cultural population so we do not have too many problems in relation to culturally different practices.
Rate 12. "10"
Question 13. Yes. We have face to face planning meetings. We have joint visits and joint interviews. We have training for all of these. We think we are very lucky. The police are also there for our protection and they are a very good team. They are always helpful. If they are concerned about a family they will ring us and ask us to offer assistance.
Rate 13. "10"

Question 14. Yes. We have had a meeting once when many children were running away and it was very helpful for the community to be able to clarify our role. We would like more.
Rate 14. "9"

Question 15. Yes. We have strict guidelines concerning this and a clear supervision structure to see that they are observed.
Rate 15. "10"

Question 16. Yes. As part of our routine procedures.
Rate 16. "10"

Question 17. I have no idea. I'm not sure of any. It would be interesting to know if there were any.
Rate 17. "8"

Question 18. Yes. The ACPC.
Rate 18. "8"

Question 19. Yes. It helps to have just one person.
Rate 19. "8"

Question 20. No. No money. To go there is a long and tedious drawn out procedure for seeking funding. It does good to get out and look at ourselves and get a fresh look at things. You need to take a step back and ask why we do things and question what we do. Lots of people don't bother to go because they can't be bothered in asking.
Rate 20. "10"

FURTHER INFORMATION QUESTION ONE:
No further suggestions.

FURTHER INFORMATION QUESTION TWO:
People prove themselves by the way they work. The way I work proves that I am doing the job and am professional. Your worth and effectiveness become known and accepted. If you are ineffective with clients your reputation will precede you."

DEMOGRAPHIC DETAILS:
FEMALE
BASIC GRADE WORKER
3 YEARS EXPERIENCE
BASIC GRADE WORKER
NON-MANDATORY LAW
STATUTORY AGENCY

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ENGLISH IN-DEPTH INTERVIEW SIX: NON-METROPOLITAN

Question 1. Yes. We have *Child Protection Working Together*. This is regularly updated. We sign for our new copy and this is quite important; it is a county wide practice.
Rate 1. "10"

Question 2. Yes. This is part of the training. It is important to know your part and it is part of the interagency policy and procedures which are written for social worker, senior practitioner and team leader. This is written up and you can see whose who and what they do.
Rate 2. "10"

Question 3. No. Not as much as we ought to have. We are trying to set this up to have working lunches with the health visitors. There is no time. There have been some communication difficulties. Referrals came in and what happened is that we have become more structured so we have less time for social gatherings.
Rate 3. "10"

Question 4. Yes. We get good cooperation from others. We had some difficulties with GPs and doctors but not all the time. Some schools don't want to get involved and are reluctant to make referrals because they fear the loss of trust of parents and then they will lose the child. These days they are dependent on their numbers so they don't want to upset parents. We have excellent working with the police and part of this is the fact that they are a small team and you get to know them and to trust them. They know that we will not undermine them.
Rate 4. "10"

Question 5. Yes. We do have equal status in child protection meetings. When social workers act professionally and are clear and definite their opinion is respected. It does depend on the format of the meeting. If others are there doctors in particular don't respect social workers and that's across the board with psychiatrists and consultants. The profession of social work is not well respected. Social workers in the past had not done themselves any favours.
Rate 5. "10"

Question 6. No. It is a two-way process of sharing information. If people are open and forthcoming and work within the bounds of confidentiality you can gain their cooperation. Knowing how the information is to be used helps people overcome some reluctance. By sharing your concerns about a child I think that they might trust you and act responsibly. I think that there is research evidence that we are doing a good thing and that is what we need to communicate.
Rate 6. "10"

Question 7. This depends on the request. If it is important it will get priority. The number of referrals can be great. My role is to allocate them even if the request is to get a "no". The role is to do a bit of gate keeping and sift through the referrals. We will write letters and act responsibly and positively. If urgent an intake referral will be allocated on the same day.
Rate 7. "9"

Question 8. Yes.
Rate 8. "10"
Question 9. Yes. If we have a referral we follow through with our set procedure. We make enquiries and initially gather information. We need to be clear about whether to make an intervention or not. The joint working on a referral requires much planning. It is our task to gather information on our check list and that is our very clear role prior to any planning meeting."
Rate 9. "9"

Question 10. Yes. We lead them. The senior practitioners do all the joint training for an area twice a year. It is very important to have joint training. It is a great time to have a meeting with others. Very often people don't know why we don't act and become involved and in training this can come out and lead to a better understanding between agencies.
Rate 10. "8"

Question 11. Yes. Superficially but still we know what our role is and we are pretty sure of what the other agency needs to do.
Rate 11. "8"

Question 12. Yes. This is written in our Child Protection Handbook."
Rate 12. "9"

Question 13. Yes. As I mentioned earlier we have an excellent working relationship with the police.
Rate 13. "10"

Question 14. "Yes."
Rate 14. "9"

Question 15. Yes. Even though each case is different we do have an ultimate goal of stopping abuse and preventing it happening again.
Rate 15. "8"

Question 16. Yes. We have a case conference after an investigation. Parents are automatically invited. There are a few occasions when parents do not attend if there are risks to staff and the child. Reports are shared with all those who are attending. The child attends too if they are old enough and it is also important to give emphasis to the voice of the child.
Rate 16. "10"

Question 17. Yes. The joint consultative team does the statistics for every area. They include the child protection referrals and the same for multiagency group which covers health and social services. These are published ion an ACPC report.
Rate 17. "8"

Question 18. Yes. We have the ACPC that includes education, health, child protection, and the child and family services. They have a rotating chair. They have an overview of what is happening in the County and you can look up and read the minutes about policy and procedures. We have had in the County good practice with much openness and honesty amongst the agencies. Each agency owns their responsibility and we have been clear about this so people have become more professional.
Rate 18. "10"
Question 19. "Yes."
Rate 19. "8"

Question 20. Yes we do. I've been on conferences. It is cheaper in this county to invite
speakers here than to go out of the county. Specific conferences people might attend if it was
relevant to their job description, e.g. self-harm topics. Senior management make the decision
whether or not you can attend.
Rate 20. "8"

FURTHER INFORMATION QUESTION ONE:
Multiagency training is the real starting point. It's good for the new people to have opportunity
to better their practice and it's a great way to refresh experienced workers.

FURTHER INFORMATION QUESTION TWO:
I think that it's a matter of personal communication skills. Some people have greater
communication skills than others. I think it's in their character. Some are more willing to
share and some find this difficult. Some need to be taught better communication skills.

DEMOGRAPHIC DETAILS:
FEMALE
TEAM LEADER
SEVEN YEARS EXPERIENCE
STATUTORY AGENCY
ENGLISH IN-DEPTH INTERVIEW SEVEN: NON-METROPOLITAN

Question 1. Yes. For certain lines of communication it is extremely important to have these. When it is a matter of child protection most agencies are comfortable about using the guidelines. It is when you get off the topic of abuse that you have to make your own way. For example, a school might ring and say a child is acting in a peculiar way and what do you know about him. They may be looking for validation of a concern. Things are not as clear there. It is important that they exist and that you follow them.
Rate 1. "9"

Question 2. Yes. It is part of my remit to go out and build bridges with schools and try to make comfortable the pathways of communication.
Rate 2. "9"

Question 3. Yes. We do with the police. Social Services has a vested duty for child protection; it is our statutory role. The police are there to deal with the criminal investigation and we fulfill the concomitant social role. We form the two sides of the same function so it is natural that we work and get on well together."
Rate 3. "10"

Question 4. Yes. Agencies love us. We take the worries from their shoulders and they are often proud that they can get along with us well. It is something of a feather in their cap if they have good relations with us. I am not sure why, it may be that it validates that they have difficult work to do and having us involved somehow validates the seriousness of this level of work that they are doing."
Rate 4. "10"

Question 5. No. We have greater status than others as we are the lead agency. We bring more information to the meeting, take the lead, set the format for the meeting. Take these away and you would not have much left. This is true for case conferences but I am not so sure about other meetings. We may not be so powerful. So, to some extent it does depend on the meeting."
Rate 5. "10"

Question 6. No. This has been a long battle that the Joint Committee has fought and won for this county. We sometimes have some problems but these are unusual. Most GP's now willing to share information and those that do not are not protecting children. There is a cost of sharing information and the cost is the loss of confidentiality. If they do not cooperate they may find the issue referred to the Area Health Board. I believe that some did not share as it lowered their status. We are nothing without information.
Rate 6. "10"

Question 7. Yes. This is a qualified 'yes' as we cannot always respond to the requests that we get. The requests may be out of our remit. They need to be viewed individually by the Team Leader and then acted upon. This usually happens within twenty-four hours of receiving a request. So we do reply but it may not be what they have asked for.
Rate 7. "8"

Question 8. Yes. In certain circumstances.
Rate 8. "8"
Question 9. Yes. We do this with the police for example when it is a child protection issue. If we need to decide how quickly to act we need to consult with others and when the action will involve others we do.
Rate 9. "10"

Question 10. Yes. I cannot rate this one too highly. It pays off again and again. It is what gives strength to interagency collaboration. It is unbelievable how important this can be. You may come across someone that you trained with and because of the personal contact you had you can negotiate what is best to do on the spot. You gain trust and insight into how others behave and this forges the joint sharing of the work. In this county faces do not change so fast so you can build relationships.
Rate 10. "10"

Question 11. Yes. These are in our Handbook and all you have to do is to look them up if you want to. I'm familiar because of the training that I do as well.
Rate 11. "10"

Question 12. Yes. This too is in the handbook. In this county we have a very homogeneous white European population so do not get a range of cultural differences as you might in some urban areas. I have heard stories of some Northern cities where it may be that you do not approach the family in the first instance but another elder of the community. We do not have anything like that.
Rate 12. "10"

Question 13. Yes. We get the police apologising if a referral is made on the weekend and they need to take action without us. We have close interagency collaboration with the police.
Rate 13. "10"

Question 14. Yes. We only meet them to do our job. We don't meet them to see how we are getting on. We get invited to 'going away dos' at other agencies but that's informal contact. We do participate in scheduled meetings.
Rate 14. "10"

Question 15. Yes. From the procedure Handbook.
Rate 15. "10"

Question 16. Yes. Regular part of procedures.
Rate 16. "10"

Question 17. Yes. Our office has a definite system and we look at the statistics at the end of the month. We also get a print-out of all the children in the County on the Register. People are too busy to pay much attention to them though. People don't need to be told how busy they are.
Rate 17. "10"

Question 18. Yes. The ACPC is a legal requirement written in Local Government circulars. It is Government policy. A Local Authority would be in deep trouble if they did not have one. I think the members need to have commitment to interagency working and they also need to be fairly senior. The members need to have clout in their own agency because
they need to implement the policies.
Rate 18. "10"

Question 19. Yes. The keyworker is important and it is even more important that the skills of this person be of a high professional quality.
Rate 19. "10"

Question 20. No. Not for national or international conferences. People from the ACPC organise local conferences and we attend these.
Rate 20. "10"

FURTHER INFORMATION QUESTION ONE:
I believe that continuing training would enhance interagency collaboration. It is amazing how few GPs come on training but how enthusiastic those who do attend become. They want to know when they can come back. I believe in an extension of training for all levels. I think secondments to other agencies would be a great practice. As senior practitioner I must have seen over 100, what we called 'baby police', to explain our policy and procedures as part of their induction. So well planned inductions with agency visits and 'time' to talk to others should be given greater recognition.

FURTHER INFORMATION QUESTION TWO:
Status certainly does affect communication. It oils the wheels. It is sad and it should not be the case but I think that it does happen. Years of experience helps as you learn how to collaborate with others and you know how you can join with them to use information and to communicate effectively.

DEMOGRAPHIC DETAILS:
MALE
TEAM LEADER
TWENTY YEARS EXPERIENCE
NON-MANDATORY LAW
STATUTORY AGENCY
ENGLISH IN-DEPTH INTERVIEW EIGHT: NON-METROPOLITAN

Question 1. Yes. We have the County Handbook; it is a book of procedures. It is in need of some updating at the moment. That is always something that needs doing. The problem is that there are a number of people involved and we really need to get the information out there to them so that they are familiar with it. We have training courses and these are heavily subscribed from education but the GP's do not attend as well as others such as the teachers. There is a general system in schools for one person to be the identified child protection contact which is good but the other side of that is that others no longer see it as their job to know about child protection. It is sad if others do not see it as part of their job and something that they need to be aware of.
Rate 1. "10"

Question 2. Yes. We are the lead agency in a child protection investigation and we follow a prescribed statutory role.
Rate. 2 "10"

Question 3. Yes. But this is on occasion only. We have some social contacts as an agency when we have a lunch with another group, e.g., with Health Visitors. We do this to improve liaison and make communication easier. It is easier to deal with someone that you have met before. I think that it is an important part of the multi-agency scenario, that is, we meet not just about policies but as personalities. We had a recent seminar with solicitors, barristers, judges, and the Health Department staff. Half of this was business and useful and the other half was social with wine and cheese. Such a mix was worthwhile as it helps to explode the myths and stereotypes in the thinking on both sides.
Rate 3. "8"

Question 4. Yes. I do feel that we are and also I feel there is another half that you hear that wishes that we would leave well enough alone. Certainly Head Teachers and some GP's give you that impression; that you should just leave it or that they will decide what to do themselves. Recently there was a sexual abuse case between cousins and a 19 year old male and a 7 year old girl. The support was on the side of the youth from the CP and this did make an impact on the community. They both needed help really.
Rate 4. "8"

Question 5. Yes. On the whole I do. Some feel that their view is the only one - for example, GP's and consultants from hospitals. I think that there should be an equal sharing in these matters.
Rate 5. "10"

Question 6. Yes. This is on occasion with the Health staff on confidentiality. This divides into various difficulties, e.g., adult services sometimes lack the understanding and see us as there to take children away. At another level, sometimes GP's understand but they block you from getting through to asking. Sometimes they use their secretaries to block you.
Rate 6. "10"

Question 7. Yes. As promptly as possible. Sometimes it is difficult to get back to a person. Promptness is important. We can sometimes take a few-days to reply over a CSA cse as we sometimes have more time and things are not urgent. When it is less critical you do not need to reply so swiftly.

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Question 8. Yes. There is a Code of Practice; a set of standards. They are contained in the County Handbook.

Rate 8. "9"

Question 9. Yes. We do when we get a referral. Not all the time. We do the checks and we ring all of the other agencies involved. We would talk about how we were going to proceed.

Rate 9. "10"

Question 10. Yes. The training coordinator is responsible for training. We have special training with the police and in total have 8 training days a year. I am not sure how we could manage without this training. The senior Practitioners help the training coordinators. Lots of people from education come but it is difficult to get a mix and people from Health are sometimes under represented. It also becomes difficult to rotate the old and newer staff. It is difficult to get a mix of people and sometimes it is just like pot luck who comes. There is scope for doing more.

Rate 10. "10"

Question 11. Yes. They are part of the same Handbook and our procedures book. The Handbook is central; a very important document.

Rate 11. "10"

Question 12. Yes. If you ask individuals sometimes this definition could vary. But, after you have done the checks and you look at the referral and refer back to Section 47 of the Children Act you are pretty clear.

Rate 12. "9"

Question 13. Yes. We have a memorandum for Social Services and the Police and the Memorandum of Good Practice. Sometimes it seems as if the police do their own thing. The criminal investigation is sometimes set up for an interview to take place without checking to see if someone from Social Services can do it. This sometimes happens and we have to deal with it on an individual basis.

Rate 13. "10"

Question 14. Yes. There are a number of core group meetings. We also have a meeting set up with two team leaders with the child and family service to look at the management of our referrals.

Rate 14. "10"

Question 15. Yes. The protection of children with the minimum of damage to the child.

Rate 15. "9"

Question 16. Yes.

Rate 16. "10"

Question 17. Yes. We get printed statistics. Compilation of statistics is important because we get cases of general child care and custody disputes. But I'm a bit skeptical about how important they really are.
Question 18. Yes. The ACPC has representatives from all agencies. There is a case review secondary committee and they are accountable to the ACPC. It is necessary to review prevention programmes. We receive memos from them about matters of concern and the ACPC will review cases if an agency raises an issue where they might believe that someone has acted inappropriately and it needs to be checked out.

Rate 18. "10"

Question 19. Yes. This is a key role and in certain cases the key worker gathers all the information. In the past there had been special training for this post but now you have to demonstrate certain competencies. It is very important to have an overview such as this.

Rate 19. "10"

Question 20. No. Not really. It is very difficult to get funding. If it is given here in the County Yes we go but if it involves money to go away it is most unlikely.

Rate 20. "10"

FURTHER INFORMATION QUESTION ONE
Interagency training and meetings.

FURTHER INFORMATION QUESTION TWO
Years of experience and ethnicity are important, the workers' ethnicity, that is. Sometimes language can be a bar to collecting information if you have different perspectives. Years of experience gives you confidence managing cases and in knowing what information you will need. For example, if you ring a GP and you are an inexperienced worker you may ask only one question. A more experienced worker will ask more refined questions. Some newly trained people are also very good but experience does count for a lot.

DEMOGRAPHIC DETAILS.
FEMALE
SENIOR GRADE
NINE YEARS EXPERIENCE
NONMANDATORY
STATUTORY
ENGLISH IN-DEPTH INTERVIEW NINE: NON-METROPOLITAN

Question 1. Yes. We have interagency procedures from the County in our Procedures Handbook and I believe that they are crucial.
Rate 1. "10".

Question 2. Yes. Absolutely. The team leader has to be very clear about his role and there are guidelines for this.
Rate 2. "10"

Question 3. No. The odd one or two perhaps but it is very rare. You have got to have a life outside and I certainly don't talk shop outside. It is certainly something you don't do when you are dealing with professional issues.
Rate 3. "0".

Question 4. Yes. But this is hard to say on one level because they are glad that we are interested but on the other hand they know if we are on the phone there must be something wrong in someone's family. It is a double-edged sword. They are glad to know that we are there but the down side is that the family has problems.
Rate 4. "10".

Question 5. No. Probably not. We have the higher status because we are the lead agency. It should be an equal status model. We should not necessarily be the lead agency but that's the way it works. I think that it should be crucial that we are all equal.
Rate 5. "10"

Question 6. Yes. We have difficulties with the medical profession giving information and with adult psychiatric services divulging information. I do not think that they think about the child. If we don't have information the whole system just does not work. There is also a problem getting the other agencies to admit they gave us information as they would like to tell us things and them to remain anonymous.
Rate 6. "10"

Question 7. Yes. But this can also depend on the referral. It may depend upon the priorities of the day. The general approach is "yes" we can do it providing that we have the time
Rate 7. "10"

Question 8. Yes. We can refer back to the Guidelines for this one.
Rate 8. "10".

Question 9. Yes. Providing that we get a clear referral we sometimes need to ring other agencies to make it clearer. We do discuss relevant referrals with other agencies.
Rate 9. "10".

Question 10. Yes. This is very important. It started about ten years ago. It has done wonders for working together. Since it has been going it has been seen as something which is essential.
Rate 10. "10".

465
Question 11. Yes. The procedures for other agencies are in our Working Together document.
Rate 11. "10".

Question 12. "Yes."
Rate 12. "10"

Question 13. Yes. We have a pre-investigation meeting with the Police. Sometimes they wish to act faster than we do but the trust is there and we get along very well.
Rate 13. "10"

Question 14. "Yes. We do have regular meetings with schools, with the probation and with the police and now with child and family services. But we do not have regular meetings with all of them not with Health Visitors on an organised basis.
Rate 14. "10"

Question 15. Yes. This has come through to us from legislation and in our procedures exactly how we should manage a case. There is difficulty in some cases to get a person to believe that abuse has occurred.
Rate 15. "10".

Question 16. Yes. We have meetings and conferences regularly such as Section 17 meetings to discuss a child in need as well as case conferences.
Rate 16. "10"

Question 17. Yes. There are statistics put out for circulation. These are signed and distributed and I believe that they are important base for such things are resources and for management.
Rate 17. "10"

Question 18. Yes. The ACPC. Information goes to them via the Team Leader to an Operations Manager. There is a secondary review committee which looks at cases and Reviews cases if an agency has concerns about the way it was managed. They may wish to review a number cases of a particular sort, e.g., 'neglect'. Information is then returned about what has been said about them. It is essential to have these meetings. We do not always see the results but it is always essential to have people at a high level to thrash things out.
Rate 18. "10"

Question 19. Yes. In my own view this is the situation. Social Services always takes the key worker role and then the key worker and supervisor take on the responsibility for the case. They get people to do what they are supposed to do. They have to see what had been agreed gets done rather than letting it go. They have to have some push.
Rate 19. "10"

Question 20. No. I don't know really. We are supported and encouraged to attend meetings in the South West Region but not at a higher level. The social work consultants attend at the higher level. Probably this is for a greater dissemination of information. But the lower levels don't get to go. It is very important that some of us go.
Rate 20. "9"
FURTHER INFORMATION QUESTION ONE:
We need to target interagency training. We are doing a fairly good job at sharing information. The procedures help and with the best will in the world you are always going to get some who don't want to cooperate but we are doing all we can. There does need to be more education for other agencies on what we can and what we can't do. It is important that we work in partnership with parents. Some agencies say, "Don't tell the parents who told you this." People don't want to get into trouble. Things have improved quite a bit from the past and it is becoming more rare these days for people to make comments like that. I think that it is a reflection of good training that people are becoming more honest.

FURTHER INFORMATION QUESTION TWO.
Bound to be. We are not always aware of it. I should think it depends on the worker. I think years of experience is the most important factor. It is important to get relevant information and to get better information. You can see that inexperience affects communication more than other factors.

DEMOGRAPHIC DETAILS:
MALE
TEAM LEADER
FIFTEEN YEARS
NONMANDATORY
STATUTORY
ENGLISH IN-DEPTH INTERVIEW TEN: NON-METROPOLITAN

Question 1. Yes. We have the use of our Handbook. We go back and get it out when we need to look up something. I am not sure how it is updated. I know that if a specific agency changes their methods they will send you the relevant documents.
Rate 1. '10'

Question 2. No. You have to look this up yourself. My role has changed as we have introduced a new system of an 'Access Service'. Our team does all of the initial work on a case; we make the assessment and recommendations. Case then goes to the manager for allocation, perhaps, to a longer-term team. We are supposed to have three level three social workers and a social work assistant in each Assessment Team. We are short staffed in social work so have to do with out them. Ideally you get helped to learn your role in supervision but that is an ideal. You wind up just grabbing someone to talk to about a case and that is supervision.
Rate 2. '9'

Question 3. Yes. We go out socially with the police 4 or 5 times a year. This has been very helpful to get to know them as people. We do a lot of work together and this just makes the working life easier. Sometimes the Education Welfare officers join in with us. When the police ring for information or to discuss a case they are friendly and ask you how you or how someone else in the office is getting on or, ...are you busy, or what ever; that sort of thing. This is a difficult question because there are some agencies we'd never go out to lunch or to go bowling with. It is rather a personal thing in relation to how you work with some agencies. Others we couldn't do it with; couldn't do it with the Child and Family Service or the JCT. It goes along how the working relation is at the beginning. Some agencies have clerical and administrative staff that give you the message, 'You are not getting past me'. It is as if we can't get past their procedures and get them to respond in a spirit of working together. They cling to a procedure and won't talk or they talk down to you. It seems to be determined upon how the working relationship is determined at the beginning. We can join with some but others we don't.
Rate 3. '2' It is nice to have it with some but there are those with whom you would never mix socially.

Question 4. Yes. Some are great and others retreat to procedures and they are that way that you dread ringing them. We have to do our service on a day to day basis; if people shut the door and give you a refusal you dread contacting them and need to summon your strength to even ring them. Maybe it is a status thing. We have had a 14 year old who has been on medication and has not been seen by one of the specialist for further review for over a year. When we ring for an appointment for a review and we are told that they have closed the case. Maybe they are busy. We are busy too. We should all be working and together and not just ringing saying how busy we are. It is the child's welfare that is at stake.
Rate 4. '10' We should all be working together.

Question 5. No. Social Services is seen as the lead agency and people work around that. We are perceived as the leaders and the status is 'higher' than the other agencies. Someone has to take the lead and that is what we do. It is not like that when we go to a legal meeting. But as before, it does not do to have a 'we are better that they are attitude' as we are there to work together. We should all be equal.

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Rate 5. '8' We should be equal.

Question 6. Yes. We have done the telephone checks with certain schools for 5 and 6 year olds and the schools say that they are fine. But the children have been beaten in the past. They know that the Mum has problems but they didn't want to say. Other agencies do not like to be seen as the 'baddies'. They also say that they have no problems in the school like bullying - many of the kids say that they are bullied. Some just go quiet to protect their own patch. They say that the rest are OK and that that was a one-off but we do see it repeating itself. We need information and the service is nothing without it.
Rate 6. '10'

Question 7. Yes. If there is a child protection matter at issue. If it is something else "No". Any response we make should be planned, thought through and metered.
Rate 7. '4' Depends on the need.

Question 8. Yes. We do in respect of the initial checks that we do. Otherwise it is more informal and dependent upon the case and situation. For instance we have just had written memorandums that we can no longer pay for fees for play group referrals and that will affect how we communicate with other agencies.
Rate 8. '10'

Question 9. Yes. Definitely we do this. We often do this while we are in the process of the checks, and once these are done and presented to the manager than a decision can be made if we can help or not. It is really important to have others know our management decisions.
Rate 9. '10'

Question 10. Yes. But not as often as I would like to. In the last three years I have been to 2. You can put your name forward but because of the work you do not always get to go. I think that it is very important as it helps you to get to know others and you can see where they are coming from.
Rate 10. '8'

Question 11. Yes. These are in the Handbook that we are given. You just have to pick it up and look at them. As we do this job all of the time it gets easy for us to know them. But, for some, like teachers, it may be difficult for them as there are not so experienced in this work.
Rate 11. '9'

Question 12. Yes. We do have a clear definition as it is written in our procedures it is clear. Practice is not always the same though. A lot of people just ring to ask for information. There may be cultural differences among families about the ages that children are allowed to do things but on the whole circumstances do not vary a lot.
Rate 12. '8'

Question 13. Yes. We work well with the police. Well, you have got to be clear about this. We do talk and liaise to have a smooth investigation and really to do so with a minimum of damage to everyone.
Rate 13. '10'

Question 14. Yes. We have monthly meeting with the Child and Family Services, Housing 469
and the Youth Panel. These are great as you can cut through the red tape and get information and responses directly from the people involved.

Rate 14. '10'

Question 15. Yes. These are in the procedures. I think that there is a whole chapter on it. This is a very difficult one because things often do not work out the way that you had hoped. You can get the suggestions right of what to do but sometimes you feel that the outcome is not quite as it might be. It is very difficult. Sometimes the family may be so difficult that you can only get to see them through so far.

Rate 15. '7'

Question 16. Yes. The case conference is very important to us. It is important for the safety of the child and to establish some clear guidelines for all of those involved. We can share where we are and where we want to go. This can also be very difficult if the young person is sitting there. It is important for them to hear this information but you can see that it is traumatic at the same time for the child. You need to be somewhat selective the way that you phrase things. It is also difficult to have the parents there, but necessary. I always go through my report with them before the meeting so that there are no surprises. I then give my report and the Chair repeats it. But I sometimes wonder how much they do grasp and what the implications of this means to them. There seems to be a lot of denial about what is happening.

Rate 16 '8'

Question 17. Yes. The management does this; the team leader gets special reports that include domestic violence and children in-need and also how many on the register.

Rate 17. 6

Question 18. Yes. There is a Joint Consultative Committee at County Hall. They do review cases amongst other things. If there has been a high profile case you may get a letter turning up that gives you a list of suggestions upon what alternatives there may have been to the management. It has become a jovial point, in the office, to say to someone that you maybe getting a letter from County Hall about this one. We do have an internal auditor who goes through case files and then we had an external audit too. It is at those times that you can see if standards have slipped and it is important to maintain things so that the standards remain high.

Rate 18. 10

Question 19. Yes. This does help but in reality because we are so short staffed a case can go to conference and there is no one to nominate. The posts are there but they can't fill them. In an ideal world this would be a good thing but we have had a lot of people off because of stress. There are so many off with stress that, the others of us who are working have longer and longer hours. How long can we go on doing that? No one really wants to work in our area and that is why they cannot get the replacements. I have 66 hours time in lieu for overtime but when can I take it?

Rate 19. 9

Question 20. No. You hear about them but there is no money to send anyone. There is no money for training unless it is in-house. It should be better then this.

Rate 20. 9

FURTHER INFORMATION QUESTION ONE:

No. Nothing to add I think that everything has been covered.
FURTHER INFORMATION QUESTION TWO:
Yes, I think that years of experience count. When I first started no one would listen to me. Qualifications also count. I am respected in my office where people know me but outside where there are more qualified people around others do not show the same respect.

DEMOGRAPHIC DETAILS:
FEMALE
SOCIAL WORKER
9 YEARS EXPERIENCE
STATUTORY
APPENDIX: 7.1 DIRECTORY OF AUSTRALIAN QUALITATIVE RESPONSES WITH QUESTIONNAIRE CODE NUMBERS

QUESTION ONE. Are there clear guidelines in your agency which allow you to communicate freely with other agencies?
31 Written comments on the following questionnaires.
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QUESTION TWO. Has your agency given you a clear role definition regarding liaison with other agencies?
23 Written comments on the following questionnaires.
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QUESTION THREE. Do you have social contact as well as work contacts with other agencies?
21 Written comments on the following questionnaires.
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QUESTION FOUR. On the whole, do other agencies welcome your contact?
25 Written comments on the following questionnaires.
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QUESTION FIVE. Do you feel that your agency has equal status with other agencies in meetings?
33 Written comments on the following questionnaires.
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QUESTION SIX. Do you encounter problems regarding the exchange of information with other agencies?
36 Written comments on the following questionnaires.
86 100 107 118 127 141 153 167
94 103 108 119 129 143 154
95 104 114 120 133 144 155
97 105 116 121 134 146 162
99 106 117 122 138 151 165

QUESTION SEVEN. Are requests from other agencies met promptly by your agency?
42 Written comments on the following questionnaires.
84 100 107 120 131 142 151 157 166
86 102 113 122 133 143 152 158 167
92 103 117 123 134 144 153 162
95 105 118 124 135 146 155 163
97 106 119 129 139 149 156 165

QUESTION EIGHT. Do you have formal written procedures for communicating with other agencies?
37 Written comments on the following questionnaires.
84 96 107 122 133 144 155 163
85 98 113 123 134 146 156 165
86 99 118 124 140 149 157
94 100 120 127 141 153 160
95 105 121 129 143 154 161

QUESTION NINE. Do you share decisions regarding the management of initial referrals with other agencies?
36 Written comments on the following questionnaires.
84 100 108 123 133 143 160 167
85 102 113 124 134 144 161
86 103 116 127 136 146 162
89 105 117 129 138 151 163
99 107 120 131 141 153 165

QUESTION TEN. Does your agency participate in joint training sessions with other agencies?
29 Written comments on the following questionnaires.
84 100 117 129 140 160
86 106 118 131 144 161
92 107 119 134 146 163
95 113 120 138 153 167
99 116 121 139 155
QUESTION ELEVEN. Are you fully aware of the procedures of other agencies in respect of the management of sexual abuse?
28 Written comments on the following questionnaires.
86 106 122 129 153 161
95 107 123 138 155 163
100 114 124 140 157 165
102 117 125 143 158
103 120 127 146 160

QUESTION TWELVE. Does your agency have a clear definition of child sexual abuse?
13 Written comments on the following questionnaires.
95 119 125 129 146 155 167
107 120 127 138 153 161

QUESTION THIRTEEN. Does your agency have a clear policy in regard to collaboration with the police upon initial referral?
12 Written comments on the following questionnaires.
86 105 138 145 158 161
95 118 144 146 160 167

QUESTION FOURTEEN. Does your agency participate in regular scheduled meetings with other agencies?
27 Written comments on the following questionnaires.
84 107 117 127 144 153 161
86 113 118 129 145 155 165
95 114 119 130 146 156 167
100 116 122 142 152 160

QUESTION FIFTEEN. Does your agency have clearly stated objectives regarding the management of child sexual abuse?
9 Written comments on the following questionnaires.
84 95 107 119 167
86 106 118 161

QUESTION SIXTEEN. Do you attend regular case conferences with other agencies?
33 Written comments on the following questionnaires.
84 102 114 120 134 150 162
86 103 116 121 139 155 165
92 107 117 122 143 158 167
95 108 118 127 144 160
96 113 119 129 146 161

QUESTION SEVENTEEN. Does your agency cooperate with others in the keeping of joint statistics?
25 Written comments on the following questionnaires.
86 103 128 144 160
87 116 131 145 161
92 117 134 146 162
100 120 142 155 163
**QUESTION EIGHTEEN.** Does your agency participate in an area based committee which monitors policy and practice?
26 Written comments on the following questionnaires.

| 87 | 102 | 119 | 130 | 143 | 167 |
| 89 | 107 | 120 | 132 | 146 |
| 95 | 116 | 123 | 134 | 153 |
| 97 | 117 | 124 | 140 | 155 |
| 99 | 118 | 127 | 142 | 161 |

**QUESTION NINETEEN.** Do you feel that the role of nominated key worker or case manager has enhanced inter agency collaboration in the management of child sexual abuse?
24 Written comments on the following questionnaires.

| 89 | 107 | 129 | 143 | 157 | 161 |
| 102 | 113 | 131 | 146 | 158 | 165 |
| 105 | 120 | 134 | 154 | 159 | 167 |
| 106 | 121 | 142 | 155 | 160 |

**QUESTION TWENTY.** Does your agency support you to attend national or local conferences on child sexual abuse?
30 Written comments on the following questionnaires.

| 85 | 107 | 119 | 128 | 143 | 154 |
| 86 | 113 | 121 | 129 | 144 | 155 |
| 95 | 116 | 122 | 132 | 146 | 161 |
| 100 | 117 | 123 | 139 | 149 | 165 |
| 102 | 118 | 127 | 142 | 153 | 167 |

**FURTHER INFORMATION QUESTION ONE:** Would you please nominate any additional item or items which you feel have not been mentioned but which you would regard as enhancing inter agency collaboration in the management of child sexual abuse.
26 Written comments on the following questionnaires.

| 85 | 100 | 113 | 129 | 146 | 157 | 163 |
| 86 | 103 | 117 | 133 | 154 | 158 | 165 |
| 90 | 104 | 123 | 134 | 155 | 160 |
| 95 | 108 | 128 | 138 | 156 | 161 |

**FURTHER INFORMATION QUESTION TWO:** Do you feel that the quality of your communication is affected by issues of gender, status, ethnicity or years of experience? Please comment.
53 Written comments on the following questionnaires.

| 85 | 91 | 97 | 104 | 114 | 119 | 126 | 132 | 140 | 151 | 160 |
| 86 | 92 | 98 | 106 | 115 | 121 | 128 | 133 | 144 | 153 | 163 |
| 87 | 94 | 99 | 107 | 116 | 123 | 129 | 135 | 145 | 154 | 167 |
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Appendix: 7.2 DIRECTORY OF ENGLISH QUALITATIVE RESPONSES WITH QUESTIONNAIRE CODE NUMBER

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**QUESTION SIX.** Do you encounter problems regarding the exchange of information with other agencies?

40 Written comments on the following questionnaires.

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**QUESTION SEVEN.** Are requests from other agencies met promptly by your agency?

19 Written comments on the following questionnaires.

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**QUESTION EIGHT.** Do you have formal written procedures for communicating with other agencies?

13 Written comments on the following questionnaires.

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**QUESTION NINE.** Do you share decisions regarding the management of initial referrals with other agencies?

27 Written comments on the following questionnaires.

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**QUESTION TEN.** Does your agency participate in joint training sessions with other agencies?

24 Written comments on the following questionnaires.

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QUESTION ELEVEN. Are you fully aware of the procedures of other agencies in respect of the management of child sexual abuse?

11 Written comments on the following questionnaires.
11 31 57
18 36 63
25 41 71
28 44

QUESTION TWELVE. Does your agency have a clear definition of child sexual abuse?

19 Written comments on the following questionnaires.
2 23 49 64
4 28 51 65
10 32 57 69
11 33 61 83
15 40 63

QUESTION THIRTEEN. Does your agency have a clear policy in regard to collaboration with the police upon initial referral?

10 Written comments on the following questionnaires.
4 53 71 78
23 62 74
28 69 75

QUESTION FOURTEEN. Does your agency participate in regular scheduled meetings with other agencies?

17 Written comments on the following questionnaires.
2 28 58 83
10 31 59 23
11 36 69
20 41 71
22 44 79

QUESTION FIFTEEN. Does your agency have clearly stated objectives regarding the management of sexual abuse?

5 Written comments on the following questionnaires.
15 23 28 32 53

QUESTION SIXTEEN. Do you attend regular case conferences with other agencies?

4 Written comments on the following questionnaires.
8 15 20 28

QUESTION SEVENTEEN. Does your agency cooperate with others in keeping joint statistics?

6 Written comments on the following questionnaires.
17 28 40 64 58 79
QUESTION EIGHTEEN. Does your agency participate in an area based committee which monitors policy and procedures?
15 Written comments on the following questionnaires.
4 17 28 53 67
8 23 35 55 71
15 25 36 63 83

QUESTION NINETEEN. Do you feel that the role of nominated key worker has enhanced inter agency collaboration in the management of child sexual abuse?
18 Written comments on the following questionnaires.
2 23 26 43 56 73
20 24 28 54 63 79
22 25 32 53 71 83

QUESTION TWENTY. Does your agency support you to attend national or local conferences on child sexual abuse?
29 Written comments on the following questionnaires.
8 20 32 40 63 73
10 21 34 44 64 74
11 22 35 46 68 75
13 28 36 56 69 79
15 26 38 60 71

FURTHER INFORMATION QUESTION ONE: Would you please nominate any additional item or items which you feel have not been mentioned but which you would regard as enhancing inter agency collaboration in the management of child sexual abuse.
37 Written comments on the following questionnaires.
1 6 26 34 54 64 73
2 10 28 36 58 66 75
3 11 29 38 59 67 82
4 20 30 39 60 69 83
5 23 33 53 61 71

FURTHER INFORMATION QUESTION TWO: Do you feel that the quality of your communication with other agencies is affected by issues of gender, status, ethnicity or years of experience? Please comment.
36 Written comments on the following questionnaires.
1 14 26 38 51 61 77
2 15 27 40 52 63 78
3 16 28 41 53 64 81
4 17 29 42 54 66 82
5 19 30 43 55 67 83
6 20 31 44 56 69
8 21 32 46 57 71
10 23 33 47 58 73
11 24 34 49 59 74
13 25 36 50 60 75

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APPENDIX 8: SUMMARY OF DISCOURSE ANALYSIS: English & Australian in-depth interviews to questions 3, 5, 6, 10, 15, 17 & 20

QUESTION 3: English in-depth interviews

AFFIRMATIONS:

where...
~Local activity for this office
with whom...
~With Health Visitors (2) Legal staff Health Department
~With the police.
what sort...
~Xmas parties
~Contact lunches, lunches
~Meetings that are half business and then have a social side afterwards.
~Not as much as I would like to do; volume of work is so high in the city you just don't.

GAINS:
~Helps us to relate on professional level to others; ring each other for advice
~Helps to sort out informal aspects of work.
~You have to have professional attitude but, it is important to talk informally about your role.
~Greater sense of realism when you know each other personally.
~Helps to humanize the relationships. (2)
~You get to know the other people in different agencies better.
~You have to know them as a person and that way develop trust.
~Trust is very important.
~Helps to get the balance right and maintain a human relationship.
~Individualizing cases is important and if you already know the professional involved you have more time for the families you are there to help.
~It is easier to deal with people that you have met before.
~Eases communications. (2)
~Improves liaison
~Diminishes stereotypes on both sides
~The police deal with the criminal side and we deal with the social; we are two sides of the same function. Natural for us to work and get on well.

NEGATIVES:
~Occasionally (2)
~Maybe we go out to lunch.
~Rarely.
~Not as much as we ought to.
~Need life outside of work and never talk shop outside of work.
~No time. We have become too structured with less time for socializing.
~Referrals always interrupt you.

Question 3: Australian in-depth interviews

AFFIRMATIONS:
~We do to some extent but this was mostly in the past when we were setting up the service.
~You need formal structures to work well.
~Friendship is fine but in it's place.
~I think that it is a personal thing.

Country Location determination:
~This does happen more in the country.
~We do this in a small town.(2)
~It does happen a lot in the country.
~It is inevitable in a small town.
~I see others casually quite regularly.(2)
~We go to lunch or the pub.
~Our children are at the same schools.
~We see each other informally in the country.
~You form friendships with the others in a small town.

RATIONALE:
~Developing good rapport is being friendly.
~It is important not to have only professional rapport.
~You can have good working relationships but social contact should go hand in hand,
~It is important to network in the corporate world.
~It is about networking and getting to know people over coffee.
~Many factors can influence this social aspect; both the personal and the agency perspective. Your predecessor may have influenced how others now view you and you may have to put in 'social ' time to demonstrate your own personality.

GAINS:
~After meeting regularly you begin to understand them and their values.
~It helps to know professionals as human beings and not just their role.
~This helps you to trust others.
~I believe that it creates a more relaxed atmosphere.
~Other workers are less inhibited if they know you and trust you.
~People from different agencies in the country know each other personally and can name each other.
~You feel more comfortable talking to people that you know.
~From client's point of view I think that it is an advantage that as professional we have them in mind and are relaxed about our working relationships.
~There might be a disadvantage if there were no separation of powers but I don't think that that happens but people do respect professional boundaries.
~Close relations and more informal contacts can facilitate information exchange.
~The focus of work remains on the child and that child in the family.

Degrees of Necessity:
~It is by no means essential but it can help.
~Job would still need to be done with or without it.
~Has to happen naturally and cannot be a matter of policy.
~You make it what you want.

Negatives: (3 all from Metro)
I choose not to go. It is a personal thing.

Not at this district office.

I think that this job is stressful and I choose not to socialize with other agencies workers. There are no merging boundaries for me.

In some area there are too many disagreements.

The key to success is working together.

Question 5: English in-depth interviews

AFFIRMATIONS:
~We are often the lead agency as the statutory body at conferences.
~As statutory body we have the ultimate responsibility to make decisions but, we are accepted as equal.
~We have the status to bring and share information.
~Others are not as familiar with the law and child protection practices.
~Others want to sit back and not decide.
~Others find it difficult to decide and struggle with decisions.
~When we act professionally we are respected.
~There should be.

VARIATES:
~Varies with what the meeting is about.(3)
~For the most part - varies

EXCEPTIONS:
~Consultants devalue social services; they feel that social workers are not trained.
~Where doctors, consultants and psychiatrists are concerned we are not well respected.
~Doctors and consultants feel that their opinion is the only one that counts.

RATIONALE:
~Social work in the past had not done itself favours.

FEELINGS:
~Social workers have to justify all that they say.

NEGATIVES:
~We have higher status as we are the lead agency.(2)
~I think that it is crucial that it should be an equal status model but it isn't: that is not the way that it works.
~Historically, we used to have more.
~Health considers themselves the lead agency.
~Social work has ceased to be expert witnesses.
~Personally, I get less because of age and gender, ie, young and female.
Question 5: Australian in-depth interviews

AFFIRMATIONS:
~We are seen as having the power and the resources.
~Some see us with more status because of our statutory role and our level of expertise.
~We are seen as having more status than others.
~Realistically we do have the power.
~We are aware of our statutory role and there is respect for that.
~On the whole we are given equal status. (2)
~It is a recognition of our statutory child protection role.
~Ideally in this multidisciplinary work each should be valued as we all have our own area of work in child protection.

~Definitely. We work from a strong knowledge base and our training is up to date.
~Our links to the University are strong.
~We have a strong quality assurance and evaluation programme
~I believe that we have assessment expertise commensurate with the role we are empowered to do.

~As part of a community based, multidisciplinary service we do have status and that is important.

NEGATIVES:
~We have more status
~It is also important to have respect.
~As statutory body we have respect.

AMBIVALENT:
~Our agency can be seen as the 'bogey man'; we are feared and revered.

Question 6: English in-depth interviews

AFFIRMATIONS:
With...
~Medical profession
~Adult psychiatric services
~Health professionals.(3)
~Learning Disability teams as they tend to be adult focused and are not aware of CP issues. They uphold the rights of adults and do not put the child's rights first.
~Adult services.

How do you know...
~They do not think about the child.
~Some like to tell us things and then remain anonymous.
~Some of the medical profession don't see why they should be involved.
~The medical profession has an individualist culture and make their own decisions.
They don't like attending meetings where a group decision is made.
~GPs do not often attend case conferences.
~GPs understand but they still block you from getting through by using their secretaries.

**What causes this...**
~Historical reasons in health that are still present.
~Health profession has history of confidentiality.
~Other agencies have different opinions of what is child protection.
~Other agencies fear that we will take over.
~Others feel that they will upset the parents.
~GPs once rang and asked for our advise but, they don't now because the media view of social work has changed this.

**POSSIBLE CORRECTIONS:**
~We must look to the way that we work and not just blame others. For example, 'Why do we run meetings at times that do not suit GPs schedules?'

~Multiagency joint training is needed.(2)

~Knowing how the information will be used helps some to overcome reluctance.

~By sharing your concerns about a child others might trust and act responsibly.

~There is research evidence to show that what we are doing is a good thing and that is what we should communicate.

**NO PROBLEMS:**
*Why...*
~Our joint Committee in this county has fought for us and won. So problems are unusual.

~Most GPs share well. If they do not the issue may be referred to the Area Health Board.

~Work-style is important. Information is a two way process. You need to gain others cooperation.

~Work-style...I work on a need to know basis.

~Police and Health Visitors share well.

~Things are improving.

**RATIONALE:**
~We are nothing without information.
Question 6: Australian in-depth interviews

AFFIRMATIONS:

Who...
~Social Security refuse to share information sometimes makes it difficult as they are dealing with 14 - 15 year olds.
~Social Security is very strict about confidentiality.
~Social Security is most rigid about confidentiality. Idiotic really.
~We are accused of not giving feedback and written reports.
~There is a problem when we need information from doctors about a child who may be at risk.
~Depends upon the agencies involved.
~If an agency rings us with concerns and wants information we will check our files and make an informal general response.

General reasons:
~Some give you nothing & others too much
~It is good to protect their clients but if the welfare of a child is at stake some temperance of strict rules is in order.
~Some people hide behind such rules as a way of making no decision.

Partnership with Parents:
~If permission is there we give the information.
~We now work with parents as our new directions has changed from investigation to assessment.(2)
~For specific information we need the signatures of permission to release information from the people concerned.

Locality based:
~I worked in the UK and it's amazing how close Australia and England are in this regard.
~I think that we have more restrictions on us here in Australia and we always have to try to get the parental approval first.
~It is not a significant problem in the country.

Frequency:
~I think that this is a common problem with all workers.
~Not as bad as it was once.

Some OK:
~There are agencies with whom we share information easily.

Rationale:
~Exchanging information is important for the best outcome.

NEGATIVE:
~Not often
~Years ago our agency was criticised for its lack of passing on information.

Policy...
~Our new directions reminds us that we cannot break the civil rights of clients, but we are clear that if we need to exchange information for the rights of children to ensure protection we will do so.
~There are certain child protection issues that all the major agencies agree upon and we can exchange meaningful information to that end.
I don’t think that there is any abuse of this. No sloppy practice.

Our system seeks to work with parents in full and open discussion and this means gaining their consent for what is necessary for the welfare of their child and asking for their signed approval for information exchange.

We ask the family for permission and generally obtain written permission to discuss their case with other agencies like the police.

We are clear about our policy on the exchange of information.

Varies:
~It can vary from office to office how much information other agencies provide to us.

---

**Question 10: English in-depth interviews**

**AFFIRMATIONS:**

**How...**
~We have training on three levels: formal meetings, local meetings and local practice issue meetings.

**What...**
~Joint investigation training.
~Multiagency training.(2)
~For child protection matters.(2)
~Special training with the police

**Frequency...**
~A lot of Joint training organised by the NSPCC.
~Social Services lead them; the Senior practitioners do that work.
~Twice a year.
~Not often; maybe once a year.
~8 training days a year

**Goal...**
~To try to enhance interagency collaboration by open discussion and letting others know that we value them.
~It is important to get together the doctors, police, schools, learning disability teams and even foster parents.
~It is important to have them; great time to meeting others.

**Outcomes...**
~Each role becomes clearer with joint training.
~Our own role becomes more apparent.
~Makes everyone aware of the issues of child protection and what sort of abuse exists.
~Leads to better understanding on both sides.

~It is very important.
~It does wonders for working together.
~It pays off time and time again.
~I cannot rate it highly enough.
~It gives strength to interagency collaboration.
~Personal knowledge of each other enhances negotiation.
~You gain trust and insight into others and this forges joint sharing.

**RURAL Location:**
~In the rural county staff do not change as frequently as in the cities so you can build relationships.

**Problems...**
~GP's and Paediatricians rarely attend.
~Teachers find it difficult to attend.
~Many from education come but not health
~Difficult to get good mix of newer and older staff; often it is pot luck.

**Rationale:**
~We need to keep our doors open in communication to build trust and a good working relationship.
~A lot of abuse recognition begins with 'feelings' and 'vibes' and it is important that people recognize and are able to talk about these.
~Scope for doing more.
~Don't know how we would cope without it.
~It is essential.

**Question 10: Australian in-depth interviews**

**AFFIRMATIONS:**

**Frequency...**
~We do a lot.
~Some but not a lot.

**With whom...**
~With other child care agencies.
~We cooperate a lot with others.
~There is a local training network and lots of interagency training funded by our department.

**What...**
~We have in-house training,(2)
~We get asked to participate in the training of others.
~We have major training at head office.
~Others come to us to describe their services.
~We have a two day training course here in town.
~Not a lot happening but when there is we share it.
~We organize our own in-house meetings on various topics and invite others to join us. (2)
~We do this locally, time and money permitting.

**GAINS:**
~It would be great to do it more as routine.
~This information interchange is always valuable.
~These shared experiences test their agency against ours in a safe way.
~The way to build and encourage interagency collaboration.
~The sort of thing that you cannot do in the middle of a case.
~The exchange of this information is vital to be able to relate to others.
~Gives you a feeling of 'I'll do my bit and if do yours'.
Good to know what others do and what are their norms
Good way to iron problems and discuss needs as they come to light.
Not policy...
While it is not written in policy we do send new workers to visit other agencies as part of induction.
It seems up to individuals and that is how we do it.

NEGATIVES:

It would be good if there was across the board joint training with other agencies.
Our new directions policy began with some combined workshops to initiate things.
We have not had any joint training in the country. Maybe they have more in the Metro because they have the primary agencies.
Not as much as we used to do.
We may do it again.
Not regular ones. (2)
It is important. (2)
We used to contribute regularly to the in-house programmes of other agencies for training new workers and in their routine training.
I had gone as Child Protection worker to talk to teachers and there needs to be more especially with schools.

GAINS:
It is good to go and explain your service.
We need to hear about new initiatives.
We need to be up to date.
Often others have expectations that are too high about what we can do.

Question 15: English in-depth interviews

AFFIRMATIONS:
How...
In two ways: we have advocate system to help children who have to go to courts and meetings and secondly, we have a new programme to help children who have abused others.
We have special projects for children.
We work in a holistic perspective.

Objective:
Children's rights are paramount.(2)
We work with families to achieve objectives.
We work in line with the Children Act 1989 and our Handbook upholds the rights of the child.
~In our Guidelines and a clear supervision structure to see that it is observed.
~Even though each case is different the ultimate goal is stopping the abuse and preventing it happening again.
~In our procedure Handbook.
~The protection of children with minimum damage to child.
~Has come through legislation and in our procedures.

Difficulties:
~Working in partnership with parents is a difficult issue.
~Sometimes difficult to get people to believe that abuse has occurred.

Rationale:
~Working in partnership is not equal and we need to be up front about that.
~You might say that we work with a hierarchy of partnerships.

Question 15: Australian in-depth interviews

AFFIRMATIONS:
~Very clear

Objectives:
~In the Child Protection Manual.(4)
~In our role statement.
~Child's needs come first.
~Work with the child in the family.(2)
~Welfare of children and their families shared with other major agencies.
~Protection of the child and keep family together.
~The protection, counselling, treatment and the specific funding to provide services.
~Care and protection of child the ultimate concern.
~In our protocols.
~In our Practice Manual and Departmental Mission statement.
~Supporting families and protecting children.
~In our policies and guidelines

How...
~Do proper assessment and treatment.
~Contract private family therapists.
~Provide a broad spectrum from removal of child to provision of services within the family.
~Working with parents in a joint cooperative fashion.

Difficulties:
~It is not easy to do.
~Child sexual abuse is still a hidden issue.
~Investigations do not go back far enough.
~Lack of resources and pressure of work.
~Same families coming back time and time again.

GAINS:
~We are more open with these matters than we ever were in the past.

Rationale:
~Some issues are deeply imbedded.
Question 17: English in-depth interviews

AFFIRMATIONS:
~Our county keeps statistics (2)
~We get printed statistics
How...
~They distribute them
~We get a copy of the 'Child Protection Register'
~Our Joint Area Committee does a monthly report covering Health and Social Services.
~NSPCC keeps the Child Protection Register (2)

GAIN:
~I believe that they are important for resources and management.

Difficulties:
~I am dubious how important they are.
~People do not pay any attention to them.
~The workers don't need to be told how busy they are.
~Don't know if our statistics are combined with the police.
~I have not heard of Police Statistics not sure of joint, just the 'Register'

NEGATIVES:
~Don't know
~I have no idea.
~It would be interesting to know
~I have not heard of any.
~I can see that they would be important.

Question 17: Australian in-depth interviews

AFFIRMATIONS:
~It is important that they be kept.
How...
~Head Office puts the numbers together.
~Statistics are now centralised (2)
~Team Leader can get them through the computer (2)
~We are going to have a Child Protection Register.
~We keep our own statistics (2)
~A new Register of cases from all agencies reporting cases.
~I presume we share ours with other agencies.

GAINS:
~They are relevant to decision makers and educators.
~They are interesting just to see what work has been done.
~It is important to look at the overall picture (2)
~Help to understand the size of the problem for the community.
~We hope that the new Register will give us a state wide picture.
~I think the new Register will give us the full picture (2)
~Important to understand the instance and prevalence and have a full epidemiological picture.

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~After a study was done only the substantiated cases were counted.
~You need to be able to see patterns and areas to deliver services'
~You need to be able to define areas where problems are happening.
~This is valuable information for planning.
~We have recategorised investigations now and poorly functioning parents are no longer seen as maltreating their children but in need of family support.
~Statistics are important for future planning.

Difficulties:
~ Not sure how the new Register will work at the moment.(2)
~Not done at this level as we are in the country and we do not see the figures.
~Our agency has just been restructured.
~Figures could be blown out of proportion and put pressure on workers.
~Calling everything we did an investigation meant that we had very high figures.
~What do the new figures tell us for everyday work.
~Resources do not stretch to cover prevention and education.

NEGATIVES:
~We keep our own departmental ones.
~We used to do this with the Police.
~The New Directions programme created an upheaval and preventative side now stressed.
~We did keep them once but that has finished.(2)

Question 20: English in-depth interviews

AFFIRMATIONS:
~I have been and I am going again.(2)
~I have been to London.
~Specific conferences if relevant to their jobs
~How...
~Management is supportive.
~Senior management decides who goes.
~OK if it is local

GAINS:
~It is important that you do not go stale.
~You should go and take a step back, look at what you are doing and why.
~Social Work Consultants attend higher level ones and disseminate information.
~It is very important that someone goes.

Difficulties:
~Time is difficult to manage especially if you have court cases.
~It is sometimes cheaper to get speakers to come to us.
~Procedures for asking for time and money too tedious and drawn out.
~Too difficult to organise funding if we need to travel away.

NEGATIVES:
~I have never been any where. I don't know why.
~But, we don't bother.
~Local ones are organised for us
~I don't. We are encouraged to attend local ones but not higher level ones.
Question 20: Australian in-depth interviews

AFFIRMATIONS:
~Nominally we do.
~We do go and take turns going.
~As a special area service we see more cases than any one divisional office so we are able to present an overview to the others.

GAINS:
~Especially important for the confidence of people who need to go to court.
~It is good to go and get a broader picture of this area
~Seeing so many cases we should keep ourselves informed to the highest degree.
~It is good to see how cases are managed in other states.
~You get revitalized at a conference.
~They can give a great boost to your enthusiasm. You need that in this work.

Difficulties:
~There are always the constraints of time and money; not much of either lately.
~There is little money for wages let alone to go on conferences.
~Conferences always seen as luxury items and that is a pity.
~I might get the time but not the money to attend.
~Depends upon what office you are in.
~Money is a problem.
~Resources are looked at if you ask and not everyone can go.
~Local yes; Interstate fund yourself as resources are so low.
~Sometimes there is funding and it seems the first in get it.
~Need a system to help share this around so all can get a chance to go.


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