



The University of  
**Nottingham**

**REPORT OF A MULTI-AGENCY ACTION  
RESEARCH PROJECT TO IMPROVE  
SERVICE DELIVERY TO FAMILIES WITH  
COMPLEX NEEDS**

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## FOREWORD

In the broad field of child welfare, there could not be a more important objective than to 'improve service delivery to families with complex needs'. The project here described was focussed on this; an immensely difficult task, both in terms of the practice itself and of the evaluation of the process and outcomes. It is described as an Action Research Project; within that general framework, the authors have chosen a particular approach in which the workers are seen as 'co-researchers in a community of inquiry'. (Heron and Reason, 2001).

The findings here presented are characterised by a rigorous analysis of the themes and issues which arose as well as the research process itself. The report is 'evidence based', in the context of the type of methodology, qualitative, which made sense for this particular kind of investigation. The 'evidence' is derived from what people told the researcher, information carefully noted and analysed, with a range of checks and balances, and played back to the participants, including the families who took part. At a time when there is such widespread insistence on the need for 'evidence-based practice', this study offers a valuable example of a particular, but well-founded, approach to the concept of 'evidence'. Most important, the chosen method offers the possibility of changing practice through the process itself, because it involves an ongoing reflective discussion between the researcher(s) and the workers and families.

The report does not attempt to measure 'outcomes', in the sense of reduction in family problems or improvement in services offered. In the 'messy realities of practice' (Randall *et al.*, 2000) and with a short time scale, this would have been quite impracticable and probably spurious. Rather, the report lays bare what the participants, workers and families, believed to be essential for the improvement of practice. It confirms that certain difficulties are persisting and unresolved, despite mounting attention over a decade. In particular, they note the failure adequately to address the problems of families in which there are serious problems of neglect and emotional abuse. Improving this will be a multi-layered operation but it is unlikely to be successful until the needs of such families (not many) for long term, stable relationships with workers, and continuing services, is grasped and acted upon by senior social services managers responsible for the organisation of work. If the recommendations of Lord Laming in the Victoria Climbié Inquiry (Lord Laming, 2003) are followed through, it should be easier to ensure 'seamless care' when the children of such families are no longer 'boxed in' administratively.

Persisting problems in interdisciplinary working are well known, most recently emphasised in the Laming report. Here again, the report draws out important messages. Of particular importance, given present and likely structural changes, is the Adult Mental Health - Child Protection interface, which they usefully discuss. The research findings on what families want from their workers, most of which 'reads like an extract from a manual of good practice' (p.15), raises mixed feelings. The basic longing for trust, honesty, sensitivity and consistency were clearly articulated and some families had had good experiences of this kind. We need to learn more about the reasons for these failures, although the authors show how adverse an effect staff mobility and shortages had on such relationships. Clearly the management of these breaks in relationship need careful attention.

Within this condensed report, there is the framework for a programme of agency and interagency development. Furthermore, although it is labour intensive, the chosen research method makes it more likely that such development will be supported and not blocked. This makes it a useful method for those who want to influence practice at a local level.

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# INTRODUCTION

This report sets out to document a Multi-Agency Action Research Project to improve service delivery to families with complex needs. The study was carried out by a research team at the Centre for Social Work, University of Nottingham. Contact details are given below.

The Project was commissioned to improve the co-ordination and delivery of public services to children and families with complex needs who were experiencing, or at risk of, social exclusion. It also formed part of a wider Information Technology (IT) project, which sought to develop the exchange and use of client-based data within and between local agencies.

The key aims of the project were to:

- ensure that the multi-agency response to these families' needs was primarily preventative rather than reactive
- develop an understanding of the key characteristics of families with complex needs
- explore methods of integrated intervention across a range of statutory and voluntary agencies
- develop better information sharing capability across public agencies

The intention was that the project's aims and objectives should be considered analytically, operationally and strategically in order to have an impact at each of those levels.

This report includes a summary of the research activity of Phase 1, which was, in effect, the set-up process for Phase 2.

The Team would like to acknowledge the energy and commitment of the Reference Group who commissioned the research and managed the project. We would also like to thank members of the Management Group, and all the professionals who participated in the Action Learning/Research Groups and the events. Thanks are also due to all the managers who released staff, without whom there would have been no project. Equally, appreciation is due to the families whose participation in various different ways has provided an invaluable perspective on inter-agency practice.

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# I. RESEARCH METHOD

Action Research was the chosen method for this study. There is an expanding literature on action learning and research within professional settings in general (Reason, 1988 & 1994; Kember, 2000; Mc Gill and Beaty, 2001); and within the health and social care context in particular (Bate, 2000; Randall, Cowley and Tomlinson, 2000; Waterson, 2000). Both action research and action learning share similar principles: learning results from reflection on experience. However, Kember (2000, p. 35) sums up the difference as follows:

*'Action research is always a learning process, but a methodical and rigorous form of action learning in which results are published. All action research projects are therefore action learning projects, but the converse does not hold true'.*

For the purposes of this project we have used the term 'action research' to reflect the methodological rigour and publication of the study. However, it is important to note that in order to work within the complex multi-agency organisational context and gain support for the project, we did at times use the terms 'action learning' and 'action research' interchangeably. From our perspective, the rigour of the reflection/action process within the inquiry groups is of greater importance than the name of the method.

The advantage of action research is that it is **participative, qualitative and practical**. Action research involves people as co-researchers, shaping their inquiry as the group moves between action and reflection, exploring and evaluating ways of improving their practice; it also has the potential to provide a supportive, learning environment for the group as a whole and for the individuals within it. A study based in Nottingham (Nottinghamshire County ACPC, 1998) used this method to work with practitioners involved with cases of serious neglect and generated concrete results about the way services needed to be linked, about how work was to be resourced and about how workers needed to be supported; and in Randall *et al.*'s research two groups of child care social workers and a group of health visitors looked at overcoming barriers to effective practice. Their study stressed the importance of *'holding environments to promote effective learning'* (Randall *et al.* 2000, p.343). Another advantage of this method is that it promotes ownership of the findings at local level with a greater possibility of changes being implemented, which was certainly the case with this project.

## 1. PARTICIPATIVE

Rather than a traditional researcher studying people as passive subjects, Action Research involves people as active agents, co-researchers in a community of inquiry (Heron & Reason, 2001). This ensures ownership, for *'without ownership firmly placed at the fulcrum, a high level of resistance to change can be expected if not actually predicted'*. (Cosier & Glennie, 1994, p. 99).

The Focus Groups of Phase 1 of this project were constructed to foster such ownership. They enabled practitioners to come together briefly to examine their understanding of the families and current ways of organising services to support them. On the basis of this snapshot of their work, practitioners nominated families and a working sample of five families was identified. The themes that emerged from the focus groups defined the scope of the literature review and were taken forward into Phase 2 of the research.

In the Action Research Groups (ARGs) of Phase 2 practitioners worked together in depth and over time to make sense of their experience of the families. They cycled between action and reflection, exploring and evaluating ways of making changes to improve their practice.

## 2. QUALITATIVE

The research was concerned with qualitative data, with how and why people do things as much as with what they do. This emphasis on qualitative data focused the research on the nature of practice, the lived experience of doing direct work with a family. Randall *et al.*'s study, which used Action Learning sets with social workers and health visitors had similar reasons for using this method: *'it was essential to find a qualitative method that took the world of experience seriously and grounded any emergent ideas in the messy realities of practice'* (Randall *et al.*, 2000, p.344). Such an approach encourages reflective, evidence-based practice where practitioners are engaged in making sense of the meaning behind the facts of family circumstances.

### **3. PRACTICAL**

The emphasis on qualitative data described above encourages practical outcomes. Traditional research may take a theoretical rather than a practical approach, and may therefore not be effective in helping people to achieve change. Action Research aims to be creative in exploring how to do things better. The practical nature of this method insists that it should be valid and useful for practitioners and the families, producing outcomes that are actionable and make a difference (Heron & Reason, 2001).

## II. RESEARCH PROCESS

### A. ORGANISATIONAL FRAMEWORK

#### 1. THE REFERENCE GROUP

The inter-agency Reference Group was the steering group for the project. Its members were senior managers from Social Care, Health, Education, Police and Housing.

#### 2. THE MANAGEMENT GROUP

The Management Group was set up to provide an ongoing feedback loop from the Action Research Groups (ARGs) into the inter-agency management system. Its function was to receive messages about aspects of inter-agency systems that required attention to enable effective collaborative practice. The intention was that the research should begin to make a difference without delay, rather than waiting for the end of the project to action findings. The opportunity was taken to mainstream this work by appointing a Project Manager on a six-month secondment from Social Services to

- a. Extrapolate the key themes and issues emerging from the ARGs
- b. Evaluate possible models for more integrated working that could be applied to cases of children and families with complex needs.

### B. PHASE 1

The Project was launched in November 2000 with an Awareness Raising Seminar attended by managers and workers from statutory and non-statutory organisations.

A programme of **orientation interviews** in the locality was organised for the primary researcher, who interviewed twelve people holding key positions in a number of agencies (see Appendix 1).

Eight **Focus Groups** were used, in accordance with the Action Research method, in order to ground the research from the outset in the experience of practitioners working with families in the community. The starting point of the research was therefore questions arising from current practice.

The primary researcher undertook a **literature review** of articles in British journals over the previous five years, organised under a number of relevant themes (see Appendix 2). Copyright permission was sought to make these available to practitioners in a bound book, one for each action research group. The purpose here was to extend the research knowledge in the group and increase the opportunities for practitioners to develop evidence-based practice. This resource was much valued and appreciated for making research information accessible to practitioners who all too often lack the time to search for material to inform and ground their practice. The books were used by ARG members and have now passed into the ownership of representative agencies.

### C. PHASE 2

Phase 2 was launched in April 2001 and completed in June 2002 after 6 meetings of each action research group.

#### 1. ACTION RESEARCH GROUPS

The work of the five Action Research Groups (ARGs), together with the families' contributions, constituted the main learning generated by the project. The ARGs comprised the professionals involved with the five sample families. These practitioners tussled with current dilemmas and themes at a number of different levels – personal, professional and organisational.

#### 2. PARTICIPATION OF FAMILIES

There were two stages of gaining the families' involvement. In the first place key workers explained the project, making it clear that they were invited to participate in a number of different ways, and all the families signed a consent slip. When the ARGs were formed, key workers delivered a further letter

(Appendix 3) giving families more information about the groups and their rights. Families were invited to sign this to assure us of their ongoing commitment.

### **3. LAUNCH, MID-TERM & FINAL EVENTS**

A Launch, a Mid-term and a Final Event were held for an invited audience of ARG members, their managers and senior sponsors in each agency. These events were an opportunity, congruent with the participative research method, for the researchers to feed back to the whole learning community and share emerging ideas. In the morning presenters from the linked projects and the research team reported progress. In the afternoon ARG members and some managers joined in facilitated discussion groups with the aim of mixing the action research group members and exploring relevant key themes.

The Launch Event in April 2001 provided an introduction to the research method and the Mid-Term Event, held in November 2001, was another form of review. The task of the afternoon groups at the Final Event in June 2002 was to problem-solve and action plan around key issues in order for the Project Manager to take forward proposals that were rooted and grounded in the local practice community.

### **4. CO-FACILITATION**

Three of the ARGs were co-facilitated by a Community School Nurse and two were co-facilitated by a Team Manager from social care. The facilitation partnerships worked well. It was a good combination: one person with no involvement in local agencies and in a position to ask “naïve” questions, and a co-facilitator with knowledge of the area and local issues.

### **5. RESEARCH REVIEW**

One level of ongoing research review took place immediately after each ARG meeting. The co-facilitators and the primary researcher debriefed the meeting, checking mutual understanding of discussions and making sense of any reflections.

The next level of review was scheduled after each cycle of the ARGs and involved the primary researcher meeting with one member of the research team. These sessions provided the opportunity for the primary researcher to stand back and identify practice and organisational themes.

A third level of review took place when the whole Research Team met to report on progress; issues were raised from review session notes and feedback from the Reference Group.

The project was also scrutinised by two independent reviewers who were specifically asked to look at the ethical issues involved, particularly as they affected the rights and empowerment of parents.

One of these reviews was very positive. The other focused its criticism on the difficult task of involving families meaningfully in a project that was focused on inter-agency practice. As a result more time was agreed to allow for further involvement of families beyond the visits to groups and interviews already planned.

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### **III. ORIENTATION INTERVIEWS**

The fact that the town was a new unitary authority seemed to generate excitement, positive attitudes and innovative working practices.

#### **A. CLIMATE, CULTURE & COMMUNITY**

Easy access to the country, plenty of trees, walkways, cycle paths and free flowing traffic make the area a pleasant place to be. The people in shops and offices are friendly and open. In most agencies visited the energy and optimism and evidence of a “can-do” culture that was immensely refreshing. A great sense of enthusiasm and effective progress was to be found in the numerous successful community and partnership projects. However, the authority was not immune to the resource problems found nationally.

#### **B. INTER-AGENCY RELATIONSHIPS**

Some agencies were structuring their work around communities in a way that supports community based projects and makes the workers from statutory agencies more identifiable, available and in touch with local need. The relatively new and apparently successful system of beat managers in the Police Service reflected this trend, while Education had appointed an Inclusion Support Service Manager whose remit was to promote and co-ordinate a web of inter-connecting activity creating strong links between statutory and community services.

An impression gained during the early stages of research activity was that Social Services and Health seemed, by contrast, less connected to communities and more pre-occupied with internal and external change. This was a view of some people both inside and outside those organisations. Social Services representatives I spoke to regretted their own sense of isolation from community-based activity, describing “huge potential benefits” for family support of tapping into these resources. Eighteen months later, the reorganisation of Social Services Family Support teams on a geographical basis was designed to remedy this. Meanwhile the new Primary Care Trust was formed, which made fundamental changes in Health.

The early emphasis on partnership working in the area suggested that inter-agency collaboration would be strong, but initial impressions indicated that it was patchy.

## **IV. PHASE 1 FOCUS GROUP MESSAGES**

The researchers met with 72 professionals from a wide range of statutory and voluntary agencies in 8 focus groups. Each group was asked to identify a range of characteristics associated with the complex needs of families. Members later nominated families according to those criteria. The families all had *'multiple and long-standing problems'* (Cleaver and Freeman, 1995 in Department of Health, 2001, p. 60) and were well known to some or all of the statutory agencies. Focus group members were also asked to identify key challenges experienced in working with such families, classifying them as Personal, Professional or Organisational.

### **A. PERSONAL CHALLENGES**

#### **1. THE EMOTIONAL IMPACT**

These challenges reflected the overwhelming nature of work with families enduring complex needs, the difficulty of separating the personal from the professional, as well as the impact of work on personal life.

The biggest category of all consisted of vivid and difficult feelings. A related theme was the 'management of compassion' and the difficulties associated with achieving a balance between emotional involvement and professional detachment. There was a struggle not to take problems home, which as one worker put it, could become *"like a haunting"*.

### **B. PROFESSIONAL CHALLENGES**

#### **1. VALUES & STANDARDS**

Many practice issues clustered around values, showing once again that the personal-professional divide is a fine and crucial line to draw.

Workers recognised the danger of imposing their own values on families, tried to be non-judgemental but recognised that they sometimes failed. Workers also commented on a lack of cultural awareness in professional organisations.

#### **2. CONFIDENTIALITY & INFORMATION SHARING**

One area of professional concern was the dilemma posed by the need to share information at the same time as maintaining confidentiality where relationships with families were fragile and depended on hard-won trust.

#### **3. RESPONSIBILITY & DEPENDENCY**

Professionals were not always effective in describing their role and their place in the network of workers. This made it difficult for a family to see the purpose behind an intervention.

Workers also commented on the very real danger of allowing mutual dependency to develop between families and workers.

#### **4. CASELOAD MANAGEMENT**

Another professional challenge was that of time management and prioritising. This work is fundamentally time consuming and does not allow a quick fix. Trust takes time to build, communication can be difficult, and complex problems take time to unravel and understand.

#### **5. INTER-AGENCY COLLABORATION**

The issues raised showed a widespread lack of understanding amongst practitioners of different agencies' priorities and cultures, a need for more networking to improve informal communication between agencies and a need for more effective channels of formal communication.

The picture painted here reflected the impression gained from the orientation interviews. It demonstrated a need for more regular formal and informal multi-agency forums and development

programmes that bring together staff from statutory and voluntary organisations both at manager and practitioner levels.

## **C. ORGANISATIONAL CHALLENGES**

### **1. FUNDING, RESOURCES & PLANNING**

First in this area came the frustrations of lack of local resources and confusions around funding. Short financial cycles for funding tended to lead to short termism in areas of work requiring a long-term view.

### **2. BUREAUCRACY**

Focus group members perceived that bureaucratic red tape was inhibiting the ability of organisations to collaborate. Layers of hierarchy were seen to lead to managers being out of touch and slow to respond to urgent requests.

### **3. TOO MANY INITIATIVES**

Finally, workers suffered from initiative overload. Although this made for exciting times, focus group members were frustrated by a situation which meant that wheels were re-invented in order to hit the next set of funding buttons. This issue is not only local to the area, but reflected across the country.

## V. ACTION RESEARCH GROUPS

Each ARG met for six three-hour sessions at bi-monthly intervals. Time in the group sessions was divided between information updates about the family and inter-agency activity; discussion of practice issues; structured activities, which included mapping in a number of different ways the inter-agency activity associated with the family as well as clarification of roles and priorities of each agency; and reviews of articles relevant to identified practice concerns by individual members.

### A. GAINS & FRUSTRATIONS

Feedback on what group members gained from their participation showed that the meetings were filling a gap. The overwhelming message from the mid-term evaluation was that the project was providing a much-needed opportunity for the exchange of in-depth understanding of each other's roles, priorities and constraints. This need was felt as much at a personal and professional level as at an inter-agency level. A summary analysis of the evaluation sheets is included in Appendix 4. Discussion in the final sessions of the ARGs confirmed and expanded this view. Their responses included the following gains from participation in groups:

- Knowledge of other agencies
- Understanding of other agencies' difficulties leading to more constructive approach
- Information to refer families more effectively to other agencies
- Insights into good practice
- Forum for developing practice and confidence
- Background information not otherwise available
- Time out to discuss and reflect
- Support network and learning environment
- Safe place to relieve stress and boost morale
- Professional contact outside of task

Participants' frustrations centred around the perceived lack of management commitment to the project and the pressures and cultures that define reflective practice as a luxury. There was a fear that no action would be taken following the lack of response from the Management Group, although this was mitigated by the appointment of the Project Manager as the project drew to a close.

The national recruitment crisis in social work and local recruitment and retention problems, particularly in Social Services, were seen as major obstacles to progress on developing a preventive pathway. Short term funding for long term issues and the cumulative pressures from Government were similarly seen as unhelpful.

The consensus was however that the Project needed to be taken forward and that working together really did work. Members were confident and excited that practical changes would come out of the project. However, there was concern that changes would need permanent funding and that they should not be led by any one agency but have cross-agency ownership.

### B. ATTENDANCE

The five Action Research Groups (ARGs) all met six times. On the one hand attendance was a miracle of commitment and enthusiasm for the project and its purpose, and this was widely appreciated by other group members. On the other hand, translating that commitment into being physically present was often impossible. Nevertheless, in spite of ragged beginnings, a core attendance in each group was established.

However, unavoidable absences due to operational priorities drew attention to the pressure on hard-pressed, under-staffed services. Sometimes this involved court appearances, but there were also examples of overload due to the difficulty of recruiting and retaining staff, and the number of people on sick leave, sometimes long term and often stress-related. It was clear from phoning round that people were not missing meetings because they forgot or did not value them.

Groups were never closed, which is unusual for this research method. This affected the depth of the work possible but we judged it inappropriate to close them given that part of our purpose was to promote inter-agency networking. As families moved house or children started or changed school over

the year, new workers became involved and joined the group. Four out of the five groups had new members in the last two sessions, and one group had three newcomers in the last but one meeting.

In spite of the general commitment, there were some crucial absences. In several ARGs the presence of Social Services was vital for discussion and learning, but this could not always be achieved.

Although, increasingly, the research team and group members were aware of the recruitment and retention difficulties in Social Services, attention must be drawn to the consequences of this gap in our discussions. The needs of practitioners to understand thresholds and discuss ways of multi-agency preventive working were not met, and this in turn had implications for the families involved. A more general consequence was that resentment was inevitably fostered and an opportunity lost for making a habit of the inter-agency collaboration that is essential to genuinely multi-agency assessment activity. Persistence of this pattern over time has implications for the patterns of inter-agency working that are achievable in an authority.

However as a positive balance to this point, it is important to acknowledge the considerable commitment Social Services made to the project in terms of senior managers chairing the Reference and Management groups and of a team manager co-facilitating two ARGs and subsequently being seconded as Project Manager.

## VI. PARTICIPATION OF FAMILIES

The focus of this research project was on inter-agency practice rather than any particular aspect of family life. Nevertheless we considered it of critical importance to include the families. From an ethical point of view, they obviously had a right to know what happened in the ARG associated with their family. From an information-gathering point of view, their perspective as users of this system was crucial.

### A. HOW FAMILIES PARTICIPATED

All families agreed to become involved in the project. It is important to note that the families' involvement in this project differed from attending core groups or case conferences in two key ways. First, there were no critical decisions affecting the family at stake. Secondly, the focus of attention was not on their ability as parents but on the performance of professionals as collaborative workers.

The purpose of families attending meetings was to give their view of being on the receiving end of services. What was a good or a bad experience? How could it be different? What worked and what did not? How would they see their needs in the future?

Families opted for various forms of participation. One chose to attend a meeting having previously been interviewed by the co-facilitator. Later two further members of this family were interviewed by the same co-facilitator, and in one case the tape was played to the meeting. One couple attended a meeting "cold". Another couple were interviewed separately at home and allowed the tapes to be played to the meeting. A fourth family was interviewed at home by a co-facilitator but not tape recorded. The fifth family was interviewed after the last meeting of their particular ARG. Permission was given to circulate highlights of the tape to group members.

The presence of the families who attended group meetings shifted perceptions in a number of ways. For the primary researcher, as an outsider who had not met the families, it brought them into focus and brought to life the issues that had been discussed. For the co-facilitators and ARG members, their presence brought the whole family into view. Even when only one family member visited their ARG, their participation shifted the emphasis of concern, particularly where practitioners had been primarily focused on the needs of only one member of the family in their previous work.

The family also brought another perspective on the multi-agency scene – different from the primary researcher's, but also from the outside and with a different kind of investment in its success as a system.

But most of all the families have brought valuable feedback. They were clear about what they needed from agencies, and about which experiences had been good, which had not and why. They were also generous with their appreciation, which was as clear as the criticism.

### B. MESSAGES FROM FAMILIES

The contribution of families was balanced and considered. When a parent had good reason to complain of systems letting the family down, comments on how the service could have been better were presented reflectively.

The most striking characteristic about the following feedback from families is both reassuring and disturbing. Their feedback reads like an extract from a manual of good practice. It is reassuring because not only have they experienced this kind of good practice, but also because the signs are that it works. It is disturbing because when demanding so little, the system nevertheless appears to have failed on many occasions.

#### 1. TRUST & HONESTY

The underpinning requirement of relationships for families was trust, which is built slowly, but is quickly destroyed. As one family member put it, without trust, people retreat behind defensive barriers: "*you just get defensive and nothing is achieved,*" and "*You can't afford to say what you want for fear of the repercussions.*"

Families recognise the relationship with a key worker to be a personal one of a special kind.

*"It is important that your key worker knows you as a person and not what is written down on paper. The written word can be interpreted in many different ways."*

One family commented that if there was to be shared parental responsibility between the authority and the family, then the relationship with the key worker should be close, a one on one partnership. How else could that responsibility be shared? Another family reported, *"I feel on my own with it."*

## **2. IT'S NOT WHAT YOU SAY, IT'S HOW YOU SAY IT**

Families need consultation and understanding. There is a fine balance between not explaining enough (*nobody told me*) and the kind of explanation that becomes patronising. It is also the case that careful explanations of difficult news may not be heard under stress, or unfamiliar details that may be commonplace to a worker may not be grasped at the first hearing. One mother asked for *"explanation, involvement, but not to be patronised"*.

We asked another family how it felt to have agencies imposed upon them and they replied that, *"It depends on their attitude more than on what they are asking"*. This family had been angered and frightened at a judgmentally strict and insensitive approach.

## **3. BE CONSISTENT & LISTEN**

When asked about the key factors in the successes over the year, one family answered, *"People were there to help, the same people consistently where trust had been built"*. This mother described a shift in her relationship with the core group during a meeting at the school: *"The turning point was being listened to"*. From that point on she felt involved in decision-making.

## **4. CONTINUITY & CHANGE**

More than one family member complained about *"too many social workers... too much change"*. Confusion was expressed about whom to contact. *"I didn't know who to talk to, so many people. You don't know what's going on"*. Families would have liked one person and one phone number. Lack of continuity had exacerbated the violence in one family, and the changes had also not been well handled - *"If they could just have spoken to the previous worker"*.

One family was asked how they would feel about their current support people changing. Having progressed well beyond crisis point, they were prepared to cope with such a change on condition that the known person introduced the new person and that there was an overlap to allow the new person to become familiar.

Another family had the very opposite experience of such good practice with several changes of worker during a crisis:

*"Everyone got on with X. Suddenly we didn't have her any more. Suddenly someone totally different we didn't even know. No introduction, just arrived with the papers"*.

They were understandably unforgiving of how this was handled.

A young person commented: *"I don't know what I would do if my key worker left"*. And:

*"What has really had an effect on me since I've been in care is being shipped from pillar to post. I've just settled and then they have moved me again. It plays on my mind. They should plan properly in the beginning"*.

Lack of attention to how unavoidable transitions are handled has consequences for practice.

*"When I meet new people I put up a wall. I don't want them to go beyond that wall. Adjusting to somebody new makes me feel uncomfortable"*.

## **5. INFORMATION SHARING & PRIVACY**

Families generally understood the need for information to be shared, but raised concerns about how that happened: *"don't plaster it to everyone."* One family member protested about a personal fact that had been disclosed at a case conference. She did not object to the disclosure itself, but was indignant that she had not been consulted and warned. *"Agencies should think of the relevance of the information that they are sharing. If it is personal why can't they discuss it with me first, at least then I could be ready for it to be mentioned in a case conference?"*

One mother resented the “sea of faces” style of case conference management which did not respect her position. On one occasion she faced 23 people round the table:

*“They introduced themselves but didn’t explain who they were. Knowing their names was no good”.*

## **6. INVOLVE THE WHOLE FAMILY**

We heard a very strong message that the workers should “*look at the whole family*” rather than going “*straight to the child*”. Sometimes there was “*too much focus on the one naughty person*”. It was also important for the key worker to ensure that the whole family understand the issues involved and the action that was to be taken. This family member felt that the responsibility of conveying that information to the rest of the family had been too great and the task too daunting and that consequently the other children had not understood.

## **7. TAKE PREVENTIVE ACTION EARLY**

Families are often able to identify when things are going wrong. One family called for more preventive work as they felt that their child’s behaviour could have been “*nipped in the bud*” at an early age. This was particularly poignant, as the ARG had been trying to engage social services in a preventive capacity to avoid history repeating itself for a younger child in this same family.

Families need support not only when in crisis.

*“It is nice when I can phone up a school and go and discuss things about my children”.*

*“It is important to hear the good bits as well as the bad”.*

## **8. FAMILIES FINDING OWN SOLUTIONS**

Some families are able to find their own solutions if enabled to do so. One father recognised his own need and sought to set up a support group to help himself and others similarly placed. He could not however get any assistance to make this possible.

Another spoke of the resources within the family but needed help to work out how best to use these.

## VII. “IT’S ONLY DIFFICULT” – KEY PRACTICE CHALLENGES

The phrase *“it’s only difficult”* was contributed by an ARG member as a helpful working maxim. It represents a robust optimism, which recognises problems and complexity but nevertheless refuses to be ground down or to engage in victim behaviours. The following themes emerged from discussion of practice issues in the ARGs and were taken into the mid-term and final events for focused group work. This section therefore reports both the themes as they emerged *within* ARGs and the extended understanding of those themes through discussion *across* ARGs at those events.

### A. INTER-AGENCY SYSTEMS

There is no doubt that the ARGs were seen as oases, both in terms of professionals meeting each other and having time to reflect on practice. The Assessment Framework was not talked about in the ARGs in spite of its prominence nationally during the project and although training was being offered. The Area Child Protection Committee (ACPC) similarly appeared to have a low profile in the authority; both have contributed in authorities elsewhere as a stimulus to inter-agency discussion.

#### 1. THE LONE VOICE & ISOLATION

Without regular opportunities to meet, practitioners can find themselves alone with concerns, unable to check their perspective on problems, cut off from sources of information and learning, and lacking both stimulation and support.

Sometimes a practitioner is the lone voice expressing concern about children in a family. As a lone voice, how do you check out, maintain and assert your view? What support do you need in this? What pressures are there to abandon your view and what might be the consequences? Holding that position in a multi-agency forum allows the worker to check out the perception held of the family by others.

A number of factors appear to predispose professionals to this situation. Workers can sometimes become isolated by nature of their job, for example being confined to a classroom; or by pressures that do not allow them to step back to look at big picture of who they might communicate with; or by procedures, which one worker described as *“almost paranoid about confidentiality”* pointing to that difficult balance between the rights of parents, the rights of children and the needs of practitioners whose job is to protect children.

Some examples of isolation involved social workers feeling isolated from the communities they serve and not therefore having access to the resource information they need to do their job. An occupational therapist was *“frightened at what I didn’t know”* before attending the ARGs. More than one teacher felt *“like an island”*. School nurses were left out of information sharing and were still not consistently invited to case conferences. Community support workers experienced a lack of recognition as professionals by other practitioners. Workers from the Community Substance Misuse Team thought they were *“like aliens”* to other workers.

In the context of physical safety, questions were asked about the effectiveness of the “buddying” system, where workers are paired up to inform and monitor each other when making home visits. Even if a worker signed in and signed out, there were doubts as to whether anybody would really come looking for them if they didn’t return at the appointed hour. This indicated a need to challenge “tough” organisational cultures that fail to recognise the workers’ vulnerability. It is essential that a worker feels able to express fears, to have faith in personal protections systems and to receive training on personal safety issues.

#### 2. INFORMATION SHARING

This is one of the most complex areas of inter-agency practice nationally. It soon became apparent that sharing information at a number of different levels was a useful and highly valued activity of the groups because there were currently not enough opportunities for this. On the one hand the provision and use of IT support to enable communication was patchy; on the other there were insufficient forums for face-to face sharing. Exchanges in the ARGs fell broadly into the categories of information concerning the position of professionals, families and agencies.

#### a) PROFESSIONALS

Professionals were surprised at what they did not know and at also at *what there was to know* about other agencies and also about other disciplines within their own agency. Most people were clear about standard knowledge of roles and responsibilities but only to a relatively superficial level. Discussion of boundaries and limitations yielded more sophisticated understandings. These in turn led to explorations of other aspects of roles, such as *"things I do that I should not"*, *"things I don't do that I should"*, *"things I must do that are inappropriate"*, and *"my aspirations for my future role"*. Such admissions can only be shared in a trusting context, but the territory it opens up is full of creative potential for how inter-agency collaboration might develop in the future.

Being part of a multi-agency group for a year gave group members a new perspective on information sharing about families, leading to the following remarks: *"it was alarming what I did not know at first"* and *"What else do I not know about other children?"* Professionals considered that preparation, as well as their own safety and that of children, had been compromised by their lack of knowledge of families before joining the groups.

Professionals need face to face sharing of their concerns and insights about family dynamics. *"Reading a report is not the same"* and does not provide comparable information. For reports do not contain all key facts, they do not include feelings, and reading a report does not allow the reader the opportunity to trust the writer, which is so necessary to successful practice. Indeed, professionals owe this *quality* of information sharing to the families they represent, bearing in mind the parent who commented, *"the written word can be interpreted in many different ways"*.

#### b) FAMILIES

The more practitioners know about each other's roles and agencies, the better they can consult and inform families about why they need to refer them to other agencies and what the new agency needs to know and why.

Having background knowledge about a family can substantially affect a worker's approach to a family member, which in turn substantially affects outcomes. For example, information about current family circumstances gained in an ARG encouraged a Community Police Officer to befriend one potential trouble maker and involve him in a community project instead of being heavy handed. This has helped him to build his confidence and develop good relations with the police. The group agreed that a different approach could have led to difficulties in the community, at home and at school and would not have helped the rest of the family.

Families understand the need for information sharing, but require discretion and respect for as much privacy as possible. An example of lack of discretion was cited by one family. The fact that the children had once been on the child protection register, and even the category of abuse was displayed on the front of the notes accompanying a child to a hearing test. *"People seeing that who don't know me would judge me and look down on me"*, said this mother, adding, *"life is not that black and white"*.

#### c) AGENCIES

In addition to sharing information about individual roles, professionals meeting in multi-agency forums need to be clear about their own agency policies and thresholds. There is a further need to be open about the situation when their agencies are diverging from their official roles and responsibilities. People loyal to their agency are reluctant to admit if their agency house is not in order. However, if other professionals are informed of the underlying problems when an agency does not respond as expected, it may not solve their referral problem, but it may save the relationship.

### 3. INTERFACE BETWEEN AGENCIES & DISCIPLINES

*'One of the main risks to children whose parents have mental health problems is the failure of adult psychiatric services and child protection agencies to understand each other and communicate adequately'* (Falkov, 1996 cited in Tye and Precey, p. 164)

There were communication problems both between agencies and between professional disciplines within the same agency. Difficulties were cited between child protection workers in Children & Families (Social Services), and workers in the Child and Adolescent Mental Health Service (CAMHS), which used to be called the Child and Family Service and is sometimes still referred to by this name. The authority was not alone in having little in place to mitigate the communication difficulties in this area.

*'at the crossroads between health and social services in both services for children and services for adults, very little exists to enable effective working processes or practices with families exhibiting both adult mental health and child protection concerns'* (Tye and Precey, 1999, p. 166).

The situation was complicated by the similar service names, which sometimes led to professionals outside those agencies confusing the two, although this has now been changed. However, the difficulties go beyond a confusion of names and are rooted in differing professional viewpoints. *"Each system operates within their own world of ethical issues and unique vocabulary."* (Tye and Precey, 1999, p. 166). There is currently no opportunity to learn how each can complement the other if they become truly integrated.

There was also a need for building trust and information sharing with the Adult Mental Health and Community Substance Misuse Teams. This would be helped by joint protocols, joint training and a forum where members of adult and children's services could meet and gain an appreciation of each other's roles.

It was recognised in the ARGs that little was known of the work of the Community Substance Misuse Team (CSMT) and so it was appreciated when members of this team enthusiastically joined the ARGs midway through the year. CSMT members were glad to publicise their ways of working and dispel illusions. Questions raised concerned the difference made by the presence of drugs to the success or possibility of working in partnership; the effect of the presence of drugs upon judgements about when to intervene; and what help was available to practitioners in working with these dilemmas.

In addition specific questions were asked about whether adult services were currently being invited to multi-agency Child Protection training and whether foundation CP training was reaching all levels in adult services, including senior management.

#### **4. ADMINISTRATIVE MEANS VERSUS CASEWORK ENDS**

Administrative support is supposed to be the means to achieving the purpose of a service. But it can hinder rather than help. Two major problems emerged in the ARGs. The first was the lack of balance throughout the system in the allocation of time and energy between paperwork and the development and practice of professional skills. Although success, as reported by professionals and families alike, was achieved by developing trust, listening to children, building the confidence of parents and problem solving with colleagues, workers were unable to find the time needed to develop such relationships due to pressure of work.

The other source of conflict between means and ends involved the difficulty working across geographical boundaries and the split between budgets and casework. For instance, if a transport budget is not co-ordinated with planning for children, a complex care plan (involving major long-term savings) can be sabotaged. This would be a failure if it only concerned money. The real cost, however, must be counted in longer term negative outcomes for some children, which in turn may store up costly problems for the future.

#### **5. SCHOOL EXCLUSIONS**

A number of concerns were expressed about school exclusion, how it could sometimes be avoided, the number of moves that could result, the difficult process of getting a child re-admitted to a school and the lack of educational provision for excluded children. Since April 2000, however, the level of provision has significantly improved.

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A clear message runs through all these points: that the human factor cannot be ignored. Issues of building and maintaining trust are over-riding. Trust between professionals of different disciplines; trust between workers from different agencies; trust between workers and families; and trust between practitioners and administrators.

### **B. PREVENTIVE PARALYSIS**

*'... Politicians and senior managers tend to view prevention with suspicion because of the difficulties of demonstrating 'value for money' ... in the end the case for prevention is a moral one, buttressed by well founded knowledge of the damage inflicted by poor parenting.'* (Stevenson, 1999, p.211)

The studies described in *The Children Act Now* found ‘*a failure to understand that duties in relation to Section 17 of the Children Act are statutory*’ (Department of Health, 2001, p. 22), as well as a continued focus on ‘risk’ rather than ‘need’ in assessing eligibility, alongside concerns that criteria of ‘in need’ would ‘*open the floodgates to a demand for services that could not be met*’ (Department of Health, 2001, p. 23). These are poignant comments in a situation where demand for child protection services was not currently being met.

There was general concern that agencies are intervening too late for some children. This links to the need to clarify a pathway for preventive work, which is owned and understood by all statutory and non-statutory agencies. This in turn depends upon developing a shared vision of what constitutes a child in need, a philosophy to inform action and jointly constructed thresholds and protocols to shape behaviour. In the absence of such an alternative pathway, members of the ARGs seemed to see Social Services as the first port of call for children in need and, if not necessarily the provider of support services, then at least the co-ordinator of these. As the introduction of the Assessment Framework gathers momentum these issues will inevitably be addressed.

Practitioners appeared to have difficulty in seeing the territory outside of the child protection system and in thinking and working creatively outside of that box. This may stem from the current inability of local agencies to act in this area. When there are unallocated child protection cases it is understandable that preventive work comes to be looked upon as a luxury rather than a statutory obligation. The situation reflected the findings of the 1995 study conducted by Aldgate and Tunstill where ‘*there remained a remarkable unwillingness to equate need with anything other than the identification of serious child maltreatment*’ (Department of Health, 2001, p. 45).

Overstretched professionals generally felt out of touch with the community resources that could ease their load and enable support to families. This was particularly difficult for social workers, who should be in a better position to be more in touch with communities when the Family Support function returns to geographically based teams.

### **C. THE IMPACT OF WORKING WITH NEGLECT & EMOTIONAL ABUSE**

The impact of working with neglect and emotional abuse can be overwhelming. This was demonstrated in one ARG where practitioners were able to use the group to debrief a piece of work, which most had found traumatic and which had produced strong feelings in everyone concerned.

This raised questions about how workers cope with powerful feelings and what support they were offered from their management. What implications did this have for practice? In what way did such feelings help and inform practice decisions, and in what way did they get in the way of professional judgement? When this degree of emotional impact affects workers who are already feeling the stress of being overstretched and under pressure, the effect is magnified.

A degree of emotional involvement with clients, showing empathy, can produce a positive response. However, this can lead to mirroring if it is overdone and turns into over-identifying with the client in an unhelpful or collusive way. Similarly, sharing personal experiences with a client, both positive and negative, can be helpful, but is dependant on both the family and the circumstances.

It became clear that Neglect and Emotional Abuse were poorly understood across agencies, and workers needed more opportunity to deepen their understanding of the impact of these forms of abuse and of appropriate methods of intervention.

The question, “what is acceptable?” is particularly difficult to answer in this context which involves evidence that is less “measurable” than is the case with physical abuse. This difficulty contributes to a situation where thresholds vary from one agency to the next, the highest threshold being in Social Care.

Both the abuse itself and these uncertainties of judgement make this a particularly frustrating and stressful area of work for practitioners.

## VIII. WAYS FORWARD

Messages about future directions have been coherent and congruent throughout this project. Impressions gained in Phase 1 have developed into increasingly clear pictures throughout Phase 2.

The main message that has emerged from the ARGs is that the opportunity to meet in a multi-agency group, exchange information and engage in reflective discussion has contributed to successful outcomes with families. Substantial changes have taken place in some project families to the point that they would not now be selected into the project. This experience extended to work with families who were not part of the project. For example, one practitioner expressed excitement over an experience of multi-agency working in partnership. Holding a multi-disciplinary meeting with the family had moved the situation faster towards an outcome, provided a fuller picture of the family from a number of perspectives, and increased the understanding of issues and the skills and knowledge available for problem-solving. It had also reduced the likelihood of workers being manipulated.

### A. INTER-AGENCY SYSTEMS

Only a variety of multi-agency structures both formal and informal, attending to both task and process, will give practitioners the opportunity to understand each other, network together, learn and reflect together and work creatively together, thus avoiding the dangerously isolated positions that some currently occupy.

The first requirement is for the opportunity to learn about the roles, priorities and constraints of other agencies in the context of an inter-agency training programme (see section on Training & Development Needs); the second is to maintain and build on that knowledge in an ongoing multi-agency forum that attends to the *process* of multi-agency working, that is developing practice, providing support and maintaining healthy relationships. Such forums might be community-based local networks and might link to existing Neighbourhood Action Teams. The third need is to construct creative ways of inter-agency working together, for example in virtual teams.

#### 1. INTER-AGENCY NETWORKING

*'Literature constantly focuses on barriers to collaboration including structural, professional, financial, status and legitimacy factors, but inter-organisational relationships are largely built on human relationships.'* (Hudson *et al.* 1999).

ARG members valued time to focus on the process of how professionals work together, without the pressure of making decisions about a particular family. Many expressed loss at the end of this source of support and learning, asking "what next?" It is no surprise therefore, that the establishment of ongoing multi-agency forums was seen by most people as a necessity for promoting and maintaining this understanding in the future. Locally based multi-agency forums would have a three-fold purpose, to develop practice, to offer support to workers and to promote inter-agency relationships.

##### a) DEVELOPING PRACTICE

Practitioners would use such a forum to share concerns, hear the views of others, use their expertise and experience and discuss possible ways forward, knowing there is a place for further analysis of whatever happens next in a particular dilemma. This kind of reflective time is a tool that should be in everyone's tool bag, which allows the asking and answering of "why?" "who?" and "how?" The ARGs found that these questions, exploring the meaning of events and behaviours for the individuals concerned, could be the key to solutions.

##### b) PROVIDING SUPPORT

A second purpose would be to provide workers with personal support, which is vital given the stresses that practitioners are under and the nature of this work. Such support can make the difference between manageable and threatening stress, good and poor practice. This is only possible in a safe environment where people can build enough trust to admit to stress, strong feelings, anxieties, uncertainties or lack of particular knowledge.

### c) PROMOTING INTER-AGENCY RELATIONSHIPS

A third purpose of such forums would be to combat worker isolation and to promote better inter-agency relationships. Workers can be isolated by nature of their job (e.g. teachers who are confined to a classroom), or by pressures which do not allow them time to consider whom they might communicate with, or by procedures. One worker described these as “*almost paranoid about confidentiality*” pointing to that difficult balance between the rights of parents, the rights of children, and the needs of practitioners whose job is to protect children. Workers from different disciplines can also be isolated from each other by differences of professional focus, ethics and language, as described above (Section VII, A, 3).

Multi-agency networking forums and true multi-agency working methods need to be worked at systematically if the agencies are to move away from this kind of isolation towards the reality of integrated assessment which resembles ‘*gloved hands interlocking*’ (Tye and Precey 1999, p. 166-7). Referring to the Adult Mental Health-Child Protection interface, they continue:

*‘No one agency can wear both gloves or undertake both parts of the process. Each has a unique and special contribution to make to the assessment. But it is important to be able to anticipate what can be expected of the other: to know what shape the focus on the child and the family will take; and the shape and fit of the focus on the parent with mental illness.’* (Tye and Precey, 1999, p. 166-7)

In theory professionals are supposed to work together ‘automatically’, and of course there are many who do so on a daily basis. We all know, however, how much more can be achieved when working with those whose motivation and reliability we have learnt to trust. This is particularly true where families have complex needs, where relationships may be fragile and where anxiety about a situation is likely to be high. The more difficult challenges can only be tackled when workers from different agencies are able to engage in mutual listening and problem solving in such a collaborative frame of mind.

Inter-agency relationships take time to build and need ongoing maintenance. It emerged in the ARGs that they are vulnerable to passing conversations, negative first impressions and single unhelpful experiences. As professionals we would all like to believe that we were immune to jumping to such conclusions, but, particularly under stress, professionals are as prone to human error as anyone else. Regular meeting points would ensure that impressions gained in such ways do not predominate or take hold.

## 2. MULTI-AGENCY WORKING

### a) ROLE OF SCHOOL IN PROVIDING STABILITY

It was suggested that multi-agency teams based in schools would offer services that were truly community based and accessible. The availability of wrap-around provision is a good example.

Schools play an important role when the home life of children is disrupted and difficult. This role and the significance of teachers’ influence are often under-estimated. Most people only have to look back on their own childhoods to be reminded of how large a part school can play in a child’s life.

All the ARGs have examples of the richness to be gained from this connection in good practice. It also has implications for the training, support and availability of class teachers to attend meetings involving the family.

### b) VIRTUAL TEAMS

Various approaches to working in virtual teams were discussed at the final event. These would be multi-disciplinary teams brought together around a certain kind of problem, for example:

- ADHD, behavioural problems & parenting skills
- Looked after children
- Children at risk of being accommodated
- Children excluded from school
- Parents with drug and alcohol issues
- Young carers
- Anti-social behaviour

Virtual team members, representing a range of agencies and perspectives, would have the opportunity to become experts in their specialism, deepening their knowledge and confidence in working with the

target group. This could lead to the team becoming a consultancy group, possibly via email. Some people considered the consultancy role an unacceptable extra load, and that practitioners would only consider becoming part of a virtual team to work with families already allocated to them. A virtual team would differ from a core group in that it would only work within its specialism. Further, it would be an interesting model to explore for work with children in need.

## B. FOCUS ON PREVENTION

*'Inter-agency work starts as soon as there are concerns about a child's welfare, not just when there is an enquiry about significant harm. An important underlying principle of the approach to assessment in this Guidance, therefore, is that it is based on a inter-agency model in which it is not just social services departments which are the assessors and providers of services.'* (Department of Health *et al.*, 2000, 1.50.)

Studies reported in *The Children Act Now* (Department of Health, 2001) have shown that neglectful families were less likely to receive a service from Social Services than other families with similar needs. They tend to suffer a 'revolving door' syndrome of receiving short-term help and returning repeatedly. This was both costly and alienating, while longer term, less intense support could have met their needs.

In the ARGs there was an example where a supportive plan kept several children from being accommodated and raised the self-esteem, parenting skills and independence of the family. There is also evidence that this support needed to continue to be available to the family in times of trouble. There is another example where casework support came to an end and the family later broke down. In other families, workers and parents both considered that earlier intervention could have prevented children coming into care or reduced the damage to children.

### 1. RING FENCING PREVENTIVE CAPACITY

Preventive work is not going to progress in the area unless services are collectively planned to maximise the resources that are available for preventive purposes. For this to happen a fundamental change of thinking has to take place. There has to be a recognition that the welfare of children is *just as important* as their protection. It may not be as urgent, but it is certainly as important.

The matrix in figure 2 shows 4 quadrants according to the Urgency or Importance of tasks to be undertaken. Child Protection work would tend to fall into Quadrant I and preventive work and planning into Quadrant II.

	URGENT	NOT URGENT
IMPORTANT	QI. Stress Crisis Management Fire-fighting  <i>Effective people aim to eradicate most crises</i>	QII. Reflection Vision, perspective Relationships Planning & anticipation Discipline & focus Preventive strategies  <i>Time spent here shrinks QI</i>
NOT IMPORTANT	QIII. Short term focus Crisis management Feel out of control, like victim Superficial relationships Plans & goals worthless  <i>Effective people stay out</i>	QIV. Irresponsibility Dependence on others Fired from jobs  <i>Effective people stay out</i>

Figure 1 adapted from Stephen Covey (1992)

Spending most of the time in QI leads to stress and burn out. This is the fire-fighting mode so familiar to child protection workers.

Spending too much time in QIII gives a short-term focus. Workers get overwhelmed with detail and can no longer see the wood for the trees.

The message is that effective people stay out of Qs III and IV. They spend more time in QII and, because of this, they are able to shrink QI. This assumes they have enough firefighters to be able to ring fence the reflective time and preventive

work. Examples of QII activity are the work of the ARGs and the appointment of a Project Manager to take forward the findings of this research into practice. There are numerous other examples in the area of work in this quadrant, but the danger is that in times of crisis opportunities to work in QII come under threat.

## 2. SIGNPOSTING & RESOURCES

Resources need to include a full range of open services, preventive strategies and respite care – e.g. co-ordinated, accessible and accredited parenting courses, family learning schemes, a co-ordinated child-minding service including specialist child-minders, breakfast and after-school clubs and accessible holiday schemes. In order to reach the families who need them most, affordable schemes should be available, such as holiday clubs with low fees.

### a) LOCAL MAPPING

*'Local mapping is crucial if we are to provide parents, children and others with information about the services that are available to them. It is essential for professional purposes to inform referral networks, to encourage inter-disciplinary referrals and to facilitate multi-agency working.'* (Henricson *et al.*, 2001, p.30).

Signposting of resources is essential, partly to give a clear message to families to encourage them to self-refer, partly to inform agency workers about resources available in a community. The creation of a centralised directory of resources was suggested, a central information point for an A-Z of local services and organisations. This would be compiled by a co-ordinator who would remain responsible for keeping it up to date. Information should include what service was offered, available to whom and how to make a referral. This should be linked to the Children's Information Service (for early years).

### b) FAMILY CENTRES

*'Where families had managed to find positive supportive services, such as the family centres, these were highly valued and proved invaluable in strengthening parenting capacity.'* (Department of Health, 2001, p. 28.)

One obvious need in the area is for Family Centres, which would make a considerable contribution to the scope for preventive work. At least two of the sample families could have benefited from such a facility, and if introduced early enough, this just might have averted serious consequences for one family.

### c) THE CHILDREN'S & YOUTH JUSTICE FUNDS

The Children's Fund is a preventive initiative aiming to tackle child poverty and social exclusion by providing a range of accessible, well-co-ordinated services and encouraging community based inter-agency work. Its main focus is on supporting 5-13 year old children who are currently below the threshold of statutory services and tend not to receive support until they hit crisis. The Children's Fund work has alignments to the work of the Youth Offending Service, and funds for this are provided from both the Children's Fund and Youth Justice funds.

## C. WORKING WITH FAMILIES

This project has shown that families can be an invaluable source of feedback for practitioners. The family members interviewed have been clear about what support they have been able to use and build on, and when they have felt let down or abandoned. They have been fair and balanced in their assessment of the aspects of inter-agency practice they have experienced.

### 1. QUALITY OF RELATIONSHIPS

*'Success will depend on the personal and interpersonal qualities of the individuals who represent the partnership organisations as much, if not more, than the expertises they represent'* (Easen, P. 1998, p. 12).

What families are asking for is very simple (although not easy to provide) and it is precisely what practitioners need for themselves. That is, relationships that are built on trust, honesty and respect for privacy, that are consistent over time and that allow for reflective exploration of problems. As one parent put it, what a family wants is "a social worker who will believe in you".

The most obvious common thread in the successes was the building of trusting relationships over time with individual family members. In three families such relationships were linked with improved stability, better control of volatile behaviour, academic success, increased self-esteem and greater self-sufficiency. Where this relationship was discontinued due to operational pressures, it led in one family to a gradual but steady breakdown over time. In another family where support was withdrawn in a

planned way and with the family's agreement, a crisis subsequently threatened their stability. One visit from the trusted person they had previously worked with was sufficient to restore equilibrium and avert serious problems.

It is nothing new to say that such relationships work, but the message needs to be emphasised and repeated. Our sample families share needs with families elsewhere:

*'what parents wanted was someone to share their problems, provide a listening ear and help them access the services they needed. Support did not have to involve material resources; it could mean direct casework with families or acting as an advocate on their behalf. Although social workers recognised the importance of this work, they were often unable to offer it because of the expectation that they focus on child protection'* (Department of Health, 2001, Study 23, p. 237)

Establishing such relationships is not easy but choosing to work in that way earlier in the process could save families a great deal of trauma and practitioners a lot of crisis work.

## 2. ACTIVATING FAMILIES' OWN RESOURCES

### a) FAMILY GROUP CONFERENCES

Family Group Conferences (FGCs) were discussed at the final event as a constructive and creative way of working in partnership with families where the welfare of children is the focus. They can also be used where there are child protection concerns and can provide a model of working for a core group. Chapter 7 of *Working Together* elaborates on the process of FGCs.

FGCs use the resources and skills of the family, including wider family members (and sometimes neighbours and community members if the family consider it appropriate) to work with key professionals to find solutions to the problems the family are facing. The process is facilitated by an independent mediator and meetings take place at a time and place of the family's choosing. Professionals agree to support the plan that emerges if it does not place a child at risk of significant harm and if the resources can be provided.

### b) FAMILY SUPPORT WORKERS

Family Support work is another highly successful method of unlocking a family's potential. A family's willingness to change was identified as a key success factor in the ARGs, and this was likely to be encouraged by a gentle, supportive approach aimed at building self-esteem. Even a very few hours of skilled help per week can achieve this, using what was called "hand-holding" that empowers families to do things for themselves. The following methods were identified:

- ❑ Rewarding progress by noticing and praising each infinitesimal improvement encouraged learning and independence. It was vital to give families any available good news, especially at times when they were grappling with many problems.
- ❑ Breaking down problems into smaller tasks, setting manageable targets and helping family members with the problem-solving process helps them to avoid being overwhelmed.
- ❑ Pointing out choices and giving encouragement helped families to develop coping strategies and independence.
- ❑ Demonstrating the *process* of caring for children. One mother commented that the tasks were the same, but the way she did them made the difference: "I did everything I did before but it had a routine to it."
- ❑ Showing how to be with children, for instance hugging them, particularly when parents have not experienced this themselves and do not have a good enough parental example to follow.

## D. INFORMATION SHARING

*'Often, it is only when information from a number of sources has been shared and is then put together that it becomes clear that a child is at risk of or is suffering harm.'* (Department of Health *et al.*, 1999, 7.27)

The IT Project Team have made substantial and pioneering progress in formulating an inter-agency Information Sharing Protocol with six Partner Agencies within the area for the planned sharing of information about children and young people. This protocol is now nearing final agreement and

implementation. Agencies need to write and develop intra-agency protocols for use within their own organisations.

The IT Project Team are making progress with agencies and practitioners to alleviate concerns and uncertainties about data protection and data sharing. The system itself will prove an important tool in facilitating inter- and intra-agency sharing of data about children and young people. Information systems and technologies have a role in bringing practitioners closer together, the new system is providing:

- ❑ Readily shared access to non-sensitive data re children and young people
- ❑ Ability for practitioners to identify and share concerns about children and young people in need or potentially in need
- ❑ Secure and targeted electronic messaging between practitioners in all agency locations
- ❑ A “Who’s Who” of all practitioners and an “electronic library” of documents and procedures, etc.

We must emphasise the accompanying need for timely and accessible IT training and mentoring. At the same time, it was also recognised that communication via e-mail and telephone was no substitute for face-to-face dialogue.

## **E. TRAINING & DEVELOPMENT NEEDS**

A number of training and development needs were identified. Given the timing of this research project it is surprising to notice how little impact the implementation of the Assessment Framework had on discussion in the ARGs. The training associated with the Framework will of necessity touch on some of the following areas that have been identified as particularly important.

### a) THE AREA OF INTER-AGENCY SYSTEMS

*‘Inter-agency training can only be fully effective if it is embedded within a wider framework of commitment to inter-agency working, underpinned by shared goals, planning processes and values.’* (Department of Health *et al.*, 1999, p. 98)

Chapter 9 of the guidance *Working Together to Safeguard Children* sets out a framework of three stages of training, matched to their target audience according to their degree of responsibility for children’s welfare. It differentiates:

1. Those who come into contact with children
2. Those who work directly with children
3. Those involved in assessment and intervention to safeguard children

The first group need to undertake the Introduction level training; the second group must attend Introduction and the Foundation level on the process of working together; and the third group require the whole training programme – Introduction, Foundation and Working Together on particular aspects of practice.

It is vital that the introductory training is made available in creative ways to accommodate the large numbers and the variety of working patterns of people who need it.

It is a pressing need to ensure that all stages of this training are put in place and that they reach all levels in all agencies, including team managers, supervisors and senior managers, and extending to voluntary agencies and community organisations who have contact with children. It is particularly important that senior and middle managers have access to inter-agency development opportunities if attitudes and practice behaviour in agencies is to change.

It is also important that the highly valued practice development training currently offered by the ACPC training sub-committee is made available more often so that it reaches more practitioners.

### b) STAFF SUPPORT AND DEVELOPMENT

#### *(1) Supervision*

The first line of staff support is the supervision relationship where effective supervision practice should examine the impact of workers’ emotional response to a case situation as part of the review of their

work. Supervision should be subject to agreed contracts and practitioners would welcome creative approaches to supervision such as group, team or multi-agency supervision, as well as live supervision involving the supervisor observing practice.

### **(2) Counselling**

If the work becomes stressful (for reasons of either quality or quantity or both) then there is a need for non-managerial counselling. We are talking here of dysfunctional stress which leads to workers being absent from work, often for extended periods. This negative stress involves '*feeling drained, tired, lethargic, apathetic, being more than usually prone to illnesses and accidents, and having lost an earlier sense of vitality and enthusiasm for one's work*' (Smith and Nursten, 1998, p. 351). Agencies have made different decisions about whether to leave their staff to make their own arrangements or to make a scheme available or indeed compulsory. Whatever policy is adopted, it is important that the agency culture gives the message that counselling for workers vulnerable to stress is not only acceptable but often necessary, given that the prime tools used by workers in this field are their personality and their energy. In Smith and Nursten's study 45% of the sample suggested an outside counselling agency would be the most helpful initiative. It should have an independent referral process, a '*built-in respect for confidentiality*' (Smith and Nursten, 1998, p. 365) and, vitally, workers should be encouraged to use it.

### **(3) Mentoring**

There is in addition a case for a mentoring system which would take its place between supportive supervision and stress counselling. This should be properly set up, reviewed and managed. Such a scheme might be of particular use to head teachers and GPs, and also practitioners who wished to discuss problems outside of the line management structure.

It was clear from discussions that much stress can be avoided if the practice context is clear and therefore offers workers greater confidence in their position and decision-making. This points once again to the need for clear pathways and protocols as described above.

Good relationships with colleagues are a further source of confidence and support for hard-pressed staff. This indicates once again a need for multi-agency forums at all levels to develop and maintain such working relationships.

### **(4) IT Training & Mentoring**

In order to ensure that IT systems are used, it is vital to provide an appropriate training programme as the equipment is installed. The training might take the form of jargon-free, hands-on instruction at the point of installation, backed up by a helpline to support e-mail, Internet use and voicemail.

#### **c) UNDERSTANDING NEGLECT & EMOTIONAL ABUSE**

*'...Objectives need to be based in an explicit attempt to understand the underlying nature of the problem: why is neglect occurring and, therefore, what kinds of input are most needed to support adults and children?'* (Stevenson, 1998, p. 111)

It was clear that practitioners would benefit from specific seminars on the understanding of neglect. These should include developmental needs of children; indicators of neglect, recognising what constitutes neglect; the degree of detail to include in assessments; the meaning of indicators in a particular family; and addressing the dilemmas of trying not to impose personal values.

*'Personal insight (often achieved through training) is needed to enable us to shed assumptions about right and wrong ways of child rearing when these are trivial or rigidly culture-specific. ...there is a wide measure of consensus as to what constitutes 'good enough' parenting across cultures.'* (Stevenson, 1996, p. 15)

Reflective training may also serve to counteract the tendency for workers to get used to families '*bumping along the bottom*' (Stevenson, 1996, p. 16); and to help them set aside what Stevenson calls a '*dulled response*' and to re-apply minimum standards.

In trying to address these issues there is a need to balance the value of knowing the history of such a family (which can feel deterministic) with the value of a fresh set of eyes capable on the one hand of noticing how standards have slipped down and, on the other, of seeing new potential (which may be naïve or unrealistic). An historical perspective may be helpful in alerting workers to intervene early, to appreciate the deep-seated nature of the pattern and to plan for long-term involvement of varying

intensity. To stand back from history for fear of being deterministic can be irresponsible: successive inquiries into child deaths have shown that the past matters.

#### d) THE EMOTIONAL DIMENSION

Managers and practitioners need greater awareness of the way in which emotions can be useful and the extent to which they can be a handicap. Emotions can be informative on the one hand and paralysing on the other, preventing a worker from reflecting intelligently on the evidence available. Both case supervision and non-managerial counselling have their appropriate parts to play in managing this dimension effectively.

#### e) MANAGEMENT & CULTURE

##### *(1) Reflective Environment*

A fundamental pre-requisite for supporting and developing staff is management level commitment to promoting a reflective, supportive and collaborative culture with clear management structures and an ethos that “*time out and admitting errors is OK*”. The ability to reflect on less than adequate practice in a learning rather than a blame context can yield valuable insights into the dynamics within family systems, professional-family systems, and within the professional networks themselves.

##### *(2) Managing Change*

Senior managers need to have a clear understanding of how change affects an organisation and how best to implement it. This includes understanding when it is possible to consult staff and how to do this effectively, and being straightforward about the fact when consultation is not possible. For change to be sustainable the new structure must support all individuals and make the best use of all the people in an organisation, both workers and management.

##### *(3) Recognition*

Recognition of achievement is important to staff. This includes both appreciation in the moment for a job well done and a system for acknowledging special talents, for instance a grading system for keeping skills in practice. Workers who feel valued are far more likely to be able to respond positively to families, noting and commenting on small, positive changes in behaviour: families found this kind of attention helpful.

## F. IN CONCLUSION

The difficulties of communication, the sometimes chaotic conditions, the lack of resources, the frustration, the low self-esteem and the sense of being overwhelmed: all of these have been experienced by the families at some stage. And all of these have been reflected at different times and at different levels in the inter-agency systems surrounding the families.

What families need, as they have so clearly said, is people with whom they can build a reliable, consistent and trusting relationship. That is also what practitioners need in order to do their job effectively. Both families and practitioners know this because many of them are achieving it often enough to see the noticeable progress that flows from such good practice. But they are doing it without the support of robust inter-agency structures and sufficient resources, both of which are necessary to enable all practitioners to work consistently in this way.

The Project Board have been doing important groundwork for the establishment of effective inter-agency systems in obtaining agreement to the inter-agency Information Sharing Protocol. This has involved painstaking work to achieve alignment with data protection and human rights legislation. The scene is now set at local level to achieve understanding and trust across all practitioners and agencies that data sharing, in a controlled way, can benefit improved service provision for clients. However, although sound protocols and robust procedures are vital, they are only a necessary, and never a sufficient condition for effective information sharing. For that to succeed, relationships of trust need to exist between practitioners. Such relationships and a habit of reflective collaboration are even more vital if practitioners are to make sound professional judgements on the basis of the information shared. To build this human dimension on the foundation of the Information Sharing Protocol and the IT Project, the Partnership must establish intra- and inter-agency structures that enable and positively encourage practitioners to explore how to integrate their roles with the roles of others across disciplines and across agencies. The Reference Group, with the timely appointment of a full-time Project Manager last year, is well placed to take forward the recommendations contained in this report.

## IX. EXECUTIVE SUMMARY

This summary report sets out to document an Action Research Project. The research was carried out by a research team at the Centre for Social Work, School of Sociology and Social Policy, University of Nottingham.

The Action Research (AR) Project was commissioned to improve the co-ordination and delivery of public services to children and families with complex needs who were experiencing, or at risk of, social exclusion. It also formed part of a wider project, which sought to develop the exchange and use of client-based data within and between local agencies.

The key aims of the project were to:

- ensure that the multi-agency response to these families' needs was primarily preventative rather than reactive
- develop an understanding of the key characteristics of families with complex needs
- explore methods of integrated intervention across a range of statutory and voluntary agencies
- develop better information sharing capability across public agencies

The intention was that the project's aims and objectives should be considered analytically, operationally and strategically in order to have an impact at each of those levels.

With its brief of improving service delivery to the sample families, the Project has inevitably focused on concerns and how services need to improve. However on a positive note, the Research team wish to commend the way in which key personnel, members of the Action Research Groups and the families themselves have engaged with the project throughout. We are particularly grateful for the contribution made by members of the Reference Group throughout the life of the Project.

### A. RESEARCH METHOD

Action Research was the chosen method for this study. The advantage of action research is that it is **participative, qualitative and practical**. That is, it involves people as active co-researchers in a community of inquiry; it is concerned with finding out *how* and *why* people do what they do; and it insists that it should be valid and useful for practitioners and the families, producing outcomes that are actionable and make a difference.

### B. RESEARCH PROCESS

The **Reference Group** was the steering group of the project.

The **Management Group** was set up to provide an ongoing feedback loop from the Action Research Groups (ARGs) into the inter-agency management system. The opportunity was taken to mainstream this work by appointing a Project Manager on a six-month secondment from Social Services to extrapolate the key themes and issues emerging from the ARGs and evaluate possible models for more integrated working.

**Phase 1** consisted of orientation interviews, eight focus groups involving 72 practitioners and a literature review of relevant articles in British journals since 1995. Focus group members identified families for selection and key practice challenges.

**Phase 2** consisted of five ARGs (made up of workers involved with the five sample families) meeting six times between April 2001 and June 2002. This phase was punctuated by a launch, mid-term and final event. Families participated in a variety of ways.

### C. KEY THEMES & PRACTICE CHALLENGES

Themes ran consistently throughout the project. Issues raised in the Orientation interviews and Focus Groups of Phase 1 emerged repeatedly in all the ARGs and were re-inforced at the mid-term and final events. The families' experience and needs were a clear call for action to be taken in these same areas. The following emerged as key challenges.

## 1. INTER-AGENCY SYSTEMS

- ❑ Workers feel isolated due to insufficient opportunity to come together to learn about each other's roles, responsibilities, limitations and boundaries; to develop constructive collaborative relationships; to share information; to reflect on practice issues; and to engage in problem-solving in workers' meetings outside core groups.
- ❑ This lack of effective communication applies both across agencies and across disciplines within agencies.
- ❑ Administration tends to get in the way of the purpose of a service instead of promoting it. There is a lack of balance between paperwork and the development and practice of professional skills.
- ❑ Administrative divides are a further hindrance, whether involving geographical boundaries or a split between casework and supporting budgets.

## 2. PREVENTIVE PARALYSIS

- ❑ Practitioners appear to have difficulty in seeing the territory outside of the child protection system and in thinking creatively outside of that box. This tendency may stem from the current inability of local agencies to act in this area.
- ❑ There is concern that agencies are intervening too late for some children. This links to the need to clarify a pathway for preventive work, which is owned and understood by all statutory and non-statutory agencies.
- ❑ The effectiveness of the inter-agency network is an important prerequisite for the effectiveness of preventive work.
- ❑ There is a need for a shared vision of what constitutes a child in need, for a philosophy to inform action and for jointly constructed thresholds and protocols to shape behaviour.
- ❑ Overstretched professionals generally feel out of touch with the community resources that could ease their load and enable support to families.

## 3. THE IMPACT OF WORKING WITH NEGLECT & EMOTIONAL ABUSE

- ❑ The impact of working with neglect and emotional abuse can be overwhelming. This raises questions about how workers cope with powerful feelings and what support they are offered from their management.
- ❑ Neglect and emotional abuse are poorly understood across agencies, and workers need more opportunity to deepen their understanding of the impact of these forms of maltreatment and of appropriate methods of intervention.
- ❑ The question, "what is acceptable?" is particularly difficult to answer in this context which involves evidence that is less "measurable" than is the case with physical abuse. This difficulty is complicated when thresholds vary from one agency to the next, the highest threshold being in Social Care.
- ❑ Both the abuse itself and these uncertainties of judgement make this a particularly frustrating and stressful area of work for practitioners.

## D. WAYS FORWARD

### 1. INTER-AGENCY SYSTEMS

Only a variety of multi-agency structures both formal and informal, attending to both task and process, will give practitioners the opportunity to understand each other, network together, learn and reflect together and work creatively together, avoiding the dangerously isolated positions that some currently occupy.

### a) INTER-AGENCY NETWORKING

- ❑ The first requirement is for the opportunity to learn about the roles, priorities and constraints of other agencies in the context of an inter-agency training programme (see section on Training & Development Needs).
- ❑ The second is to maintain and build on that knowledge in an ongoing multi-agency forum that attends to the *process* of multi-agency working, that is developing practice, providing support and maintaining healthy relationships.
- ❑ The third need is to construct creative ways of inter-agency working together, for example in virtual teams.

### b) MULTI-AGENCY WORKING

- ❑ Multi-agency teams, linking to wrap-around provision, based in schools would offer services that were truly community based and accessible. Schools play an important role when the home life of children is disrupted and difficult.
- ❑ Various approaches to working in virtual teams were discussed at the final event. These would be multi-disciplinary teams brought together around a certain kind of problem. Virtual team members would have the opportunity to become experts in their specialism, deepening their knowledge and confidence in working with the target group.

## 2. FOCUS ON PREVENTION

Preventive work is not going to progress in the area unless services are collectively planned to maximise the resources available for preventive purposes. A fundamental change of thinking needs to take place involving a recognition that the welfare of children is *just as important* as their protection. It may not be as urgent, but it is certainly as important.

- ❑ Local mapping of resources is vital through the creation of a centralised directory of local services and organisations. A co-ordinator would compile and maintain it.
- ❑ Family Centres are an obvious need in the area, which would make a considerable contribution to the scope for preventive work.
- ❑ The Children's Fund is a preventive initiative which aims to tackle child poverty and social exclusion by providing a range of accessible services encouraging inter-agency work with children who are currently below the threshold of statutory services. The Children's Fund has alignments to the work of the Youth Offending Service and funds for this are provided from both the Children's' and Youth Justice funds.

## 3. WORKING WITH FAMILIES

This project has shown that families can be an invaluable source of feedback for practitioners. The family members interviewed have been clear about what support they have been able to use and build on, and when they have felt let down or abandoned. They have been fair and balanced in their assessment of the aspects of inter-agency practice they have experienced.

### a) QUALITY OF RELATIONSHIPS

Families are asking for relationships built on trust, honesty and respect for privacy, that are consistent over time and that allow for reflective exploration of problems.

### b) ACTIVATING FAMILIES' OWN RESOURCES

- ❑ Family Group Conferences are a constructive and creative way of working in partnership with families where the welfare of children is the focus.
- ❑ Family Support work is another highly successful method of unlocking a family's potential identified in the ARGs.

## 4. INFORMATION SHARING

The IT Project Team have made substantial and pioneering progress in formulating an inter-agency Information Sharing Protocol with six local Partner Agencies for the planned sharing of information about children and young people.

## 5. TRAINING & DEVELOPMENT NEEDS.

### a) THE AREA OF INTER-AGENCY SYSTEMS

- ❑ It is a pressing need to ensure that all stages of the training set out in Chapter 9 of the guidance *Working Together to Safeguard Children* are put in place locally and that they reach all levels in all agencies, including team managers, supervisors and senior managers, and extending to voluntary agencies and community organisations who have contact with children.
- ❑ Practice development training currently offered by the Area Child Protection Committee training sub-committee should be made available more often so that it reaches more practitioners.

### b) STAFF SUPPORT AND DEVELOPMENT

- ❑ Supervision should be subject to agreed contracts and practitioners would welcome creative approaches to supervision such as group, team or multi-agency supervision, as well as live supervision involving the supervisor observing practice.
- ❑ An outside counselling scheme would be a helpful initiative in combating negative stress, which currently leads to workers being absent from work, often for extended periods. It should be confidential, have an independent referral process and workers should be encouraged to use it.
- ❑ There is in addition a case for a mentoring system which would take its place between supportive supervision and stress counselling. This should be properly set up, reviewed and managed.
- ❑ To ensure that IT systems are used it is vital to provide an appropriate training programme as the equipment is installed. This might consist of jargon-free, hands-on instruction at the point of installation, backed up by a helpline to support e-mail, Internet use and voicemail.

### c) UNDERSTANDING NEGLECT & EMOTIONAL ABUSE

It was clear that practitioners would benefit from specific seminars on the understanding of neglect and emotional abuse. These should include developmental needs of children; indicators of neglect, recognising what constitutes neglect; the degree of detail to include in assessments; the meaning of indicators in a particular family; and addressing the dilemmas of trying not to impose personal values.

### d) THE EMOTIONAL DIMENSION

Managers and practitioners need greater awareness of the way in which emotions can be useful and informative and the extent to which they can be a handicap. Both case supervision and non-managerial counselling have their appropriate parts to play in managing this dimension effectively.

### e) MANAGEMENT & CULTURE

- ❑ A fundamental pre-requisite for supporting and developing staff is management level commitment to promoting a reflective, supportive and collaborative culture with clear management structures and an ethos that “*time out and admitting errors is OK*”. The ability to reflect on less than adequate practice in a learning rather than a blame context can yield valuable insights into the dynamics within family systems, professional-family systems, and within the professional networks themselves.
- ❑ Senior managers need to have a clear understanding of how change affects an organisation and how best to implement it. This includes understanding when it is possible to consult staff and how to do this effectively, and being straightforward about the fact when consultation is not possible.
- ❑ Recognition of achievement is important to staff. This includes both appreciation in the moment for a job well done and a system for acknowledging special talents, for instance a grading system for keeping skills in practice. Workers who feel valued are more likely to be able to respond positively to families in a way that they find helpful.

## 6. IN CONCLUSION

- ❑ What families need, as they have so clearly said, is people with whom they can build a reliable, consistent and trusting relationship. That is also what practitioners need in order to do their job effectively.
- ❑ Both families and practitioners know this because many of them are achieving it often enough to see the noticeable progress that flows from such good practice. But they are doing it without the support of robust inter-agency structures and sufficient resources.
- ❑ The Project Board have been doing important groundwork in obtaining agreement to the inter-agency Information Sharing Protocol. This has involved painstaking work to achieve alignment with data protection and human rights legislation.
- ❑ Protocols and procedures are a necessary but not sufficient condition for effective information sharing. For that to take place, relationships of trust need to exist between practitioners.
- ❑ Such relationships and a habit of reflective collaboration are even more vital if practitioners are to make sound professional judgements on the basis of the information shared.
- ❑ To build this human dimension on the foundation of the Information Sharing Protocol and the IT Project, the Partnership must establish intra- and inter-agency structures that enable and positively encourage practitioners to explore how their roles link with the roles of others across disciplines and across agencies.
- ❑ Preventive work depends upon the effectiveness of these inter-agency structures. It also requires a clear pathway for work with children in need and resources that are ring-fenced for that purpose.
- ❑ The Reference Group, with the timely appointment of a full-time Project Manager in 2002, is now poised to take forward the recommendations contained in this report.

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## **X. APPENDIX 1 –ORIENTATION INTERVIEWS**

The following people in key positions were interviewed at the beginning of the orientation process in Phase 1.

YOT Business Manager, Social Care Services  
Social Inclusion Co-ordinator, Anti-Poverty Partnership  
Community Development Manager  
Invest to Save Project Manager  
Community Safety Manager  
Senior Community Development Worker  
Progress & Evaluation Service Manager, Social Services, Children & Families  
Inclusion Support Services Manager, Education & Training  
Family Support Service Manager  
Family Support Team Manager, Social Services, Children & Families  
Senior Nurse Adviser, Community & MH Services NHS Trust  
Teenage Pregnancy Support Officer

# XI. APPENDIX 2 – LITERATURE REVIEW

## 1. DOMESTIC VIOLENCE

### a) ARTICLES

Skyner, David R and Waters, Jim. (1999) Working with Perpetrators of Domestic Violence to Protect Women and Children: A Partnership between Cheshire Probation Service and the NSPCC. *Child Abuse Review* Volume 8, Number 1 46-54.

Hague, Gill and Malos, Ellen. (1998) Inter-agency Approaches to Domestic Violence and the Role of the Social Services. *British Journal of Social Work* Volume 28, Number 3, 369-386.

Peled, Einat. (2000) Parenting by Men who Abuse Women: Issues and Dilemmas. *British Journal of Social Work* Volume 30, Number 1, 25-36.

McGee, Caroline. (1997) Children's Experience of Domestic Violence. *Child & Family Social Work* Volume 2, 13-23.

Stanley, Nicky. (1997) Domestic Violence and Child Abuse: developing social work practice. *Child & Family Social Work* Volume 2, Issue 3, 135-145.

### b) BOOKS

Cleaver, Hedy, Unell, I, and Aldgate, Jane. (1999) *Children's needs - parenting capacity: the impact of parental mental illness, problem alcohol and drug use, and domestic violence on children's development*. Department of Health, London: Stationery Office  
£12.95

McGee, Caroline. (1999) *Childhood Experiences of Domestic Violence*. London: Jessica Kingsley  
£16.95

Hester, Marianne, Pearson, Chris and Harwin, Nicola (1999) *Making an Impact: Children and Domestic Violence*. London: Jessica Kingsley  
£15.95

### c) RESEARCH OVERVIEW

Humphreys, Catherine and Mullender, Audrey (2000) *Children and Domestic Violence*. Dartington: Research in Practice.

## 2. ADULT MENTAL HEALTH

### a) ARTICLES

Stanley, Nicky and Penhale, Bridget. (1999) The Mental Health Problems of Mothers Experiencing the Child Protection System: Identifying Needs and Appropriate Responses. *Child Abuse Review* Volume 8, Number 1, 34-45.

Tye, Charmian and Precey, Gretchen. (1999) Building Bridges: The Interface between Adult Mental Health and Child Protection. *Child Abuse Review* Volume 8, Number 3 164-171.

Hindle, Debbie. (1998) Growing Up with a Parent Who has a Chronic Mental Illness: One Child's Perspective. *Child & Family Social Work* Volume 3, Issue 4, 259-266.

### b) BOOKS

Cleaver, Hedy, Unell, Ira, and Aldgate, Jane. (1999) *Children's needs - parenting capacity: the impact of parental mental illness, problem alcohol and drug use, and domestic violence on children's development*. Department of Health, London: Stationery Office  
£12.95

Reder, Peter, McClure, Mike and Jolley, Anthony (2000) *Family Matters: Interfaces Between Child and Adult Mental Health*. London: Routledge

### 3. SUBSTANCE MISUSE

#### a) ARTICLES

Adams, Paul. (1999) Towards a Family Support Approach with Drug-Using Parents: The Importance of Social Worker Attitudes and Knowledge. *Child Abuse Review* Volume 8, Number 1, 15-28.

Forrester, Donald. (2000) Parental Substance Misuse and Child Protection in a British Sample. A Survey of Children on the Child Protection Register in an Inner London District Office. *Child Abuse Review* Volume 9, Number 4, 235-246.

Burns, E Claire, O'Driscoll, Margaret and Wason, Gem. (1996) The Health and Development of Children whose Mothers are on Methadone Maintenance. *Child Abuse Review* Volume 5, Number 2, 113-122.

McKellar, Susan and Coggans, Niall. (1997) Responding to Family Problems, Alcohol and Substance Misuse. *Children and Society* Volume 11, 53-59.

#### b) BOOKS

Cleaver, Hedy, Unell, Ira, and Aldgate, Jane. (1999) *Children's needs - parenting capacity: the impact of parental mental illness, problem alcohol and drug use, and domestic violence on children's development*. Department of Health, London: Stationery Office  
£12.95

Kearney, Patricia, Levin, Enid and Rosen, Gwen. (2000) *Alcohol, drug and mental health problems: working with families*. London: National Institute for Social Work  
£5.00

### 4. SOCIAL EXCLUSION

#### a) BOOKS

Barry, Monica and Hallett, Christine. (Eds.) (1998) *Social Exclusion and Social Work: Issues of Theory, Policy and Practice*. Lyme Regis: Russell House Publishing Ltd.

### 5. SOCIAL WORK WITH CHILDREN & FAMILIES

#### a) ARTICLES

Thomas, Nigel and O'Kane, Claire. (2000) Discovering what Children Think: Connections between Research and Practice. *British Journal of Social Work* Volume 30, Number 6, 819-835.

Morris, Kate and Shepherd, Carmel. (2000) Quality Social Work with Children and Families. *Child & Family Social Work* Volume 5, Issue 2, 169-176.

Stevenson, Olive. (1996) Emotional Abuse and Neglect: a Time for Reappraisal. *Child & Family Social Work* Volume 1, Issue 1, 13-18.

Farmer, Elaine and Owen, Morag. (1998) Gender and the Child Protection Process. *British Journal of Social Work* Volume 28, Number 4, 545-564.

Owusu-Bempah, J and Howitt, Dennis. (1997) Socio-genealogical connectedness, attachment theory, and childcare practice. *Child & Family Social Work* Volume 2, 199-207.

Bell, Margaret. (1999) Working in Partnership in Child Protection: The Conflicts. *British Journal of Social Work* Volume 29, Number 3, 437-455.

#### b) BOOKS

Hill, Malcolm, (Ed.) (1999) *Effective Ways of Working with Children and Their Families*. London: Jessica Kingsley  
£15.95

Bower, Marion and Trowell, Judith, (Eds.) (1996) *The Emotional Needs of Young Children and their Families: Using Psychoanalytic Ideas in the Community*. London: Routledge.  
£15.99

Parton, Nigel. (1997) *Child Protection and Family Support*. London: Routledge.  
£17.99

Glennie, Sara, Cruden, Barbara and Thorn, John. (1998) *Neglected Children: Maintaining Hope, Optimism and Direction*. Nottinghamshire County Area Child Protection Committee.

Stevenson, Olive (1998) *Neglected Children: issues and dilemmas*. Oxford: Blackwell Science. £15.99.

## 6. WORKING TOGETHER

### a) ARTICLES

Lawson, Brian, Masson, Helen and Milner, Judith (1995) 'There but for the Grace...?' Developing Multi-Disciplinary Training Following a local Child Death Inquiry *Child Abuse Review* Volume 4 340-350.

Horwath, Jan and Calder, Martin (1998) Working Together to Protect Children on the Child Protection Register: Myth or Reality. *British Journal of Social Work* Volume 28, Number 6 879-895.

Randall, John, Cowley, Pam and Tomlinson, Pam (2000) Overcoming barriers to effective practice in child care. *Child & Family Social Work* Volume 5 343-352.

Smith, Martin and Nursten, Jean (1998) Social Workers' Experience of Distress: - Moving Towards Change? *British Journal of Social Work* Volume 28, Number 3, 351-368.

## 7. ASSESSMENT

### a) ARTICLES

Tanner, Karen and Turney, Danielle. (2000) The Role of Observation in the Assessment of Child Neglect. *Child Abuse Review* Volume 9, Number 5, 337-348.

Dale, Peter and Fellows, Ron. (1999) Independent Child Protection assessments: Incorporating a Therapeutic Focus from an Integrated Service Context. *Child Abuse Review* Volume 8, 4-14.

Holland, Sally. (2000) The Assessment Relationship: Interactions between Social workers and Parents in Child Protection Assessments. *British Journal of Social Work* Volume 30, Number 2, 149-163.

### b) BOOKS

Horwath, Jan. (2000). *The Child's World: assessing children in need*. Department of Health, NSPCC, University of Sheffield.

Reder, P and Lucey, C (1995) *Assessment of Parenting- Psychiatric and Psychological Contributions*. London: Routledge

## 8. YOUNG PEOPLE

### a) ARTICLES

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## 9. SCHOOL SOCIAL WORK & LEARNING DIFFICULTIES

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#### b) RESEARCH OVERVIEW

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## XII. APPENDIX 3 – FAMILY CONSENT

### THE ACTION RESEARCH PROJECT

#### Joining Up Services for Families with Complex Needs

Dear Family Member

This letter is being given to you personally by your contact person for the project, .....

Thank you for giving consent for your family to be involved in the Project.

Now that the research groups we told you about earlier have started to meet, we thought you would like to know who is attending the group associated with your family. They are:...

A summary of the issues discussed at the meetings will be provided at a later stage. Four further meetings are arranged for ...

The main aim of the project is to improve the service to your family and other families. To explore how this might be achieved we are concentrating on how workers communicate and cooperate and how they could improve their working practice.

The Action Research Project is part of a bigger project looking at how organisations share information in a way that is useful, at the same time as respecting people's rights. This balance between sharing information and respecting confidentiality is also a very important part of how people from different agencies co-operate. In the context of this research project, any information in respect of your family or circumstances will be treated with the utmost confidentiality. There may, however, be exceptional circumstances where information shared is assessed to pose a direct risk to the welfare of a family member. In these situations, information will be shared on a 'need to know' basis with the appropriate agencies and every effort made to keep you informed of what is happening.

So the main focus of discussion in the groups is on how group members work together, rather than the particular difficulties you may be having in the family, although of course these will be mentioned. The discussions do not replace any other meetings that you may have with these agencies such as reviews, core groups, case conferences etc. If you therefore wish to have something formally recorded about your circumstances, or make a complaint about a particular service or worker, you will need to do so in the normal way. We will endeavour to advise you of the procedure for doing so at the time.

As you know we want your views about being on the receiving end of services to be included in the research. Either you can attend a meeting or we can come to see you, or you can arrange to send a message of some kind. Please discuss with your contact person how you would like to do this.

At the end of the project we will be writing a report. We also intend writing up the project for publication so that other workers can learn from it. The report and the publications will not refer to anybody (your family or the workers) involved in the project by their real names, neither will it include other identifying characteristics. If you would like a copy of the reports, please circle YES on the consent form.

Now that the project is under way and you know more about it, we want to be sure that you are still happy to be involved. If you are, please sign both copies of this letter. You do not need to do this straight away: your contact person will come back later to answer any questions that you might have at this stage. Alternatively, you are welcome to contact Jill Treseder, the Researcher working on this project (Tel: ). She will be happy to answer any questions too. If you do decide to sign, one copy of the consent form is for you to keep and the other is to be returned to us by your contact person. If you change your mind later, you can of course withdraw your consent at any time in the future, and to do that please contact (contact person), or Jill Treseder on the phone number above. If you do decide to withdraw your consent, your family will of course continue to receive the help and support it needs in the usual way.

Yours sincerely,

Jill Treseder (Researcher & Group Facilitator)  
 Forenames and surnames of the two co-facilitators (Group Facilitator)

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 We would be grateful if you would sign this form to show that you have understood its contents

<b>Signed (PERSON WITH PARENTAL RESPONSIBILITY)</b>	<b>SIGNED (Person with Parental Responsibility)</b>
PRINTED	PRINTED
DATED	DATED
<b>Signed (ON BEHALF OF THE ACTION LEARNING GROUP)</b>	PRINTED
	DATED

Please send me a copy of the full Research Project Report (circle one)    YES                      NO

Please send me a copy of the Research Project Summary (circle one)    YES                      NO

## XIII. APPENDIX 4 – PROJECT EVALUATION

At the mid-term event in November 2001 ARG members were asked to evaluate the project as a whole on its success in 1) meeting their personal and professional needs as individual workers; 2) helping their understanding of the role and motivation of other professionals; and 3) empowering and giving a voice to the families involved. They were further asked what had hindered progress towards these goals and what might promote them in future. 19 ARG members completed evaluation sheets out of a possible 35 (54%). Below is a summary of the responses.

### 1. INDIVIDUAL NEEDS

**Question 1a: How has being part of an ARG helped to meet your personal and professional learning needs?**

5 answers described increased awareness of both own and others' roles and limitations.

10 answers referred to the opportunity for reflection on practice, support and sharing

10 answers appreciated the networking opportunity

3 answers referred to the intellectual stimulus of being part of the project

**Question 1b: What has got in the way of that?**

11 ANSWERS REFERRED TO OPERATIONAL DEMANDS

3 answers commented on lack of commitment from some agencies

3 answers referred to the lack of knowledge of roles and information-sharing in practice

**Question 1c: How could they be met better in the future?**

7 answers asked in different ways for more multi-agency forums

1 answer asked for information-sharing protocols and clear contracts of confidentiality

### 2. INTER-AGENCY CONTEXT

**Question 2a: How has the ARG experience helped your understanding of the role and motivation of other professionals?**

All answers were concerned with knowledge of each others working practice.

18 answers referred to knowledge of other agencies' roles and remit

3 answers referred to networking

4 answers talked of knowledge of boundaries and constraints of other agencies

**Question 2b: What has prevented that?**

5 answers again referred to attendance problems

4 answers referred to lack of multi-agency forums and inter-agency protocols

**Question 2c: How could this be explored and built on in the future?**

10 answers asked for multi-agency forums and inter-agency protocols

2 answers called for changing attitudes and cultures

5 answers referred to multi-agency training needs

### 3. POSITION OF FAMILIES

**Question 3a: How has the ARG empowered and given a voice to the families involved?**

7 answers described the increased self-esteem of the families

10 answers thought the process had given the family a voice and ownership of problems

4 answers referred to the process demonstrating professional concern and efforts

4 answers were yet to find out if the process had empowered the families

**Question 3b: What has got in the way of that?**

3 answers referred to the lack of opportunity in practice except at times of crisis and the confusion families have when many agencies are involved

**Question 3c: How could the ARG offer further usable involvement to families?**

3 answers suggested asking the families

3 answers asked for two-way feedback between the group and family

6 answers wanted the multi-agency sharing to continue to ensure ongoing progress and access to support, one suggesting working in shared buildings to this end

1 answer suggested families offer a plan for their own future

#### **4. SUMMARY OF MAIN POINTS OF EVALUATION**

- ❑ Practitioners have an overwhelming need to gain a better understanding of each other's roles, responsibilities and boundaries.
- ❑ This need is important at all levels: personally, as agency workers and as inter-agency professionals.
- ❑ Lack of this understanding and the opportunity for regular multi-agency networking gets in the way of effective inter-agency collaboration.
- ❑ Multi-agency forums are widely seen as a way of improving this situation.
- ❑ Cultural changes and information-sharing protocols are also necessary to successful inter-agency working.
- ❑ Operational pressures have hindered attendance at ARGs.
- ❑ Involvement of the families has contributed to giving families a voice, improving self-esteem and sense of ownership of problems.
- ❑ The project has been able to demonstrate to families that workers are making an effort to listen and understand.
- ❑ Further involvement of families in the project and in planning for their own future was encouraged.

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