

Variations in duty arrangements to respond to concerns about children's welfare

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Abstract

Reception and initial contact arrangements and practices in social services play a key role in safeguarding children and providing an avenue for the public and professionals to report concerns about a child's welfare. This paper reports on findings from a small-scale study, commissioned in the wake of the Laming Inquiry into the circumstances surrounding the death of Victoria Climbié. The aim of the study was an exploration of the arrangements local authorities had in place in early 2004 to receive referrals from the public and professional sources, and to report on duty team managers' levels of satisfaction with these arrangements. It drew on interviews with 70 social work managers responsible for day-time and out-of-hours duty services in 28 English local authorities. The authors argue that, while the Inquiry recommendations to improve the organisation of initial contact with social services in the event of concerns about a child's welfare remain important, wide variations exist in practice. The paper concludes with a discussion of possible contributory factors for such variation, and policy and practice measures that could address the variation.

Key words

Safeguarding children, child protection, social services, duty systems, social work practice

Introduction

Reception and initial contact arrangements and practices in social services play a key role in safeguarding children and providing an avenue for the public and professionals to report concerns about a child's welfare. The Laming Report into the case of Victoria Climbié, who died after multiple opportunities to provide help were missed, highlighted the importance of the first line of contact with social services. Recommendations were made to improve the organisation of initial contact and reception arrangements in social services departments. Other recommendations aimed at improving the administration, training and availability of specialist services able to respond to the needs of children and families, including a free telephone line for members of the public who wish to report concerns about a child; the need for experienced staff in children and families intake teams; and providing training for all front-line staff in local authorities about passing on calls concerning a child's safety (Laming, 2003). These recommendations reflected the many system failures found by Laming in his inquiry into Victoria's death

The process by which contacts with the public or professional agencies become acted upon within social services departments¹ is a little researched area, nor has decision making traditionally been taught on social work courses (O'Sullivan, 1999). We know that a high degree of filtering takes place, both within general enquiries for assistance and child protection enquiries (previously known as 'investigations'). Back in 1974, Hall found that

¹ The term 'social services' departments is used for ease of reference throughout this paper, while acknowledging that not all local authorities organise duty services for children through a social services department.

between 80 and 90% of initial contacts with social services departments became 'closed cases' within three months. More recently, Gibbons et al. (1995) found that two thirds of child protection referrals were filtered out of the system after initial investigation, while Spratt (2000) found that 70 percent of cases labelled 'child protection' became lower level causes of concern after the initial enquiry.

These findings indicate that decisions are rapidly made to take children and their families out of, or further away from, the realm of assistance because they do not meet a threshold for help. What is less well understood is how decision-making and filtering at the initial stages happens and which personnel are involved. Hall (1974) argued that receptionists played an important 'gatekeeping' role in directing visitors around social services buildings, extracting information and offering informal advice. There is evidence that in the past two decades the framework for social work decision making in child welfare cases has become proceduralized and legalistic (Otway 1996; Scott 1998), but this data refers to cases in the system rather than to the first point of entry. Jones's (1996) study of decision making in child protection found that between 37 and 60 per cent of new children and family referrals in one local authority area were identified as child protection warranting action according to specific procedures; the remainder were defined as 'child care' cases. However, child protection procedures do not necessarily enhance group decision making (Kelly and Milner 1996). Rather, the social work or lead agency's early framing of a case directs subsequent

decisions. Case conferences tend to support rather than challenge early framing and the decisions already made (ibid.)

Despite a focus on procedurally-led assessments, there is also evidence of variation in social work practice. A study of emergency duty team practice using case scenarios found there was no agreement between workers on how to prioritise six case examples (Clifford and Williams 2002). Part of the explanation, the authors argued, is the critical role played by 'personal judgements' and the use of an 'autobiographical filter' when assessing cases (Clifford and Williams 2002: 206). Variations in practice can also be attributed to the multiple knowledge bases social workers draw upon when making case assessments, some of which are used more than others and are used differently according to the length of professional experience (Drury Hudson 1999).

The studies reported above show that while there is evidence of shifts in the way decision making in cases of child wellbeing is approached, and of variations in professional practice, very little evidence exists about what happens during reception and initial contact with duty social workers. At what point does practice variation become unacceptable in safeguarding children? Is the first point of contact critical in this respect? We know little about how emergency duty and day time duty teams compare in their practice (Clifford and Williams 2002; SSI 1999) or how different ways of organising duty – whether indirectly, through a call centre, or directly through a social services

team (or equivalent) – affect variations in decision-making capacity and practice.

Examining practice in child welfare decision-making is perhaps emblematic of the dominant concern with 'risk' that has emerged over two or more decades in England, itself a debate situated in public discourse about the perceived culpability of social workers in cases where 'things go wrong' (e.g., London Borough of Brent 1985; Secretary of State for Social Services 1988; Laming 2003). By the mid 1990s, Parton (1996) argued that the issue of managing and assessing risk in day-to-day practice had become a dominant concern for child and family social work, in a cultural climate where managing risk or calculating the likelihood of danger had become embedded in everyday life. Implementing policy shifts to alter the focus on management of risk may be difficult. Spratt (2000) argued that despite a policy re-orientation away from child protection and towards family support in the mid 1990s, achieving this in practice was problematic because social workers adhered to a paradigm of risk limitation wherever possible in the absence of clear guidance about what constituted a child protection referral. Spratt found that rather than practice changing in favour of support, a re-labelling exercise took place, so that 'quasi-child protection' procedures were emerging under the guise of meeting support needs (Spratt 2000: 613). Thoburn et al. (2000) have documented a 'confusion' in the minds of some social workers about the difference between eligibility for a service and the criteria for prioritisation. Research and inspection reports have consistently highlighted the need for more transparency and clarity about the processes and reasoning that underpin

decision-making in response to referrals (e.g. Thoburn et al. 2000; Social Services Inspectorate 1997).

This paper draws on data from an exploratory study carried out in late 2003 and early 2004, after Laming reported, to argue that, while the report's recommendations may serve a useful purpose, there is a more fundamental difficulty with decision making in cases of children's welfare. This difficulty is that there appears to be an absence of consensus among senior duty managers about practice and practice possibilities, both within and between local authorities, when faced with child welfare concerns. This paper will consider some of the factors that may account for why this may be the case.

The Study

This study was designed to ascertain the types of arrangements local authorities have in place to receive referrals from the public and professional sources, and to report on duty team managers' levels of satisfaction with existing arrangements. It took place in 28 English local authorities (drawn from a stratified random sample of London and metropolitan boroughs, unitary authorities and counties), representing approximately one in five of all local authorities. Seventy senior social workers, 47 of them responsible for day-time and 23 for out-of-hours duty services, participated through telephone interviews arranged at times to suit them².

² The study also included a survey of websites in 100 local authorities to assess how information was presented about what to do if concerned about a child's welfare, and there was a linked study of the role of telephone helplines in child protection (Statham and Carlisle 2004).

Interviews by telephone were selected for reasons of cost and convenience to both informants and researchers. Face-to-face interviews with this group would have necessitated considerable researcher time and travel. Evidence from studies comparing face-to-face interviews with telephone interviews has concluded that the latter are an acceptable alternative method where the target group can be reasonably assumed to be familiar with and have access to telephones, which is the case for senior social workers (Sturges and Hanrahan 2004; Evans et al 2004; Allen et al 2003; Pettigrew et al 2003; McAuliffe et al 2002). Interviews were seen as the most appropriate tool: alternative methods such as documentary analysis would not have produced data about practice at initial contact, as creating written documents involves filtering and reflecting on information gathered.

Because organisational arrangements for reception and referral differ between authorities, with some dividing responsibility between staff in area teams while others have a specialist intake team, we asked heads of children's services to provide contact details for up to three managers of duty/referral/assessment teams in their authority, including the out-of-hours service. Two of the authorities approached were unable to participate in the study, one because of an impending inspection and the other due to an inability to provide contact details within the necessary timeframe, and they were replaced by the next authority of the same type from a randomised list. Most commonly, two day-time team managers and one emergency duty team (EDT) manager were interviewed, but other permutations included one day-time and one EDT manager, and (in four authorities) one or two day-time

managers but no-one from the out-of-hours service. Achieving interviews with emergency duty team senior social workers was particularly difficult due to their shift work hours. However, among those approached (both day-time and out-of-hours), all agreed to take part.

The interviews covered the organization of duty work, arrangements for the public and professionals to make contact both in and out of office hours, satisfaction with these arrangements, whether the duty service was promoted to the public and, if so, how. Respondents were asked how information about contacts and referrals was recorded and monitored, what feedback was provided to callers, and what their experience had been of referrals from telephone helplines such as the NSPCC child protection helpline, ChildLine and NHS Direct.

In order to gain an idea of how calls were responded to in practice, a vignette was used. Each manager was presented with the same scenario of a member of the public ringing from a callbox to report hearing repeated screaming from a child in her block of flats, and asked how they would respond. Respondents were also asked to provide examples of an occasion where they felt that an initial contact from someone concerned about a child's welfare had gone well (from the point of view of communication and resulting action), and another where it had been dealt with less successfully, and if possible to identify the reasons for this. At the end of the interview they were invited to make recommendations to the government about how to improve the ways in which

members of the public and professionals make their concerns about children known to social workers.

The study focused on initial contacts and referrals. It did not attempt to link the initial response to calls to decisions that take place at later stages of the assessment process, which would have required a more substantial research project. Nor was it within the scope of the study to consider how well different referral receiving arrangements work from the point of view of those who are making the referral (members of the public, parents, health visitors, teachers, voluntary organisations and so on).

Telephone interview responses were recorded verbatim onto prepared interview schedules and analysis proceeded by identifying common patterns of practice by type of local authority for questions of organisation, and by authority and individual respondent for other questions (Statham and Cameron 2004).

Findings

The context for decision making

There were four main organisational arrangements for social services duty represented in the 28 local authorities, including one-stop shops, call centres, district or area offices or client based specialist teams, and central or county duty service. These categories were not mutually exclusive and in some local authorities were overlapping, for instance combining a central telephone service with a local network of offices. In 18 of the 28 local authorities a

screening service was in place. This could be either a specific service external or adjacent to the social work teams (such as referral information service), or it could be a designated worker (or more than one) within a team.

The screening staff were expected to be able to recognise which cases should be referred to social workers for immediate action. The use of screening staff for initial reception of calls to social services was not restricted to certain types of authority, and may be a growing trend as many local authorities have changed their duty systems in recent years to make their use of staff resources more efficient (Valios and Leason 2004). Screening was less likely to be operating in London boroughs than other types of local authority, but whichever system was in place, respondents tended to favour their current arrangement and think it was preferable to any alternative. Having a screening service was judged to save valuable social work time, while those who provided more direct access to social workers thought that this was more effective in establishing the status of the referral.

Where screening services were not in place, telephone calls from members of the public were usually routed through a receptionist before accessing a social worker. The receptionist's role was limited to taking and passing on messages. However, it was clear that gatekeeping or decision-making by screening staff and receptionists occurred whichever system was in place. This ranged from simply passing messages to social workers (for example, informing them that a caller had arrived in the building), to processing referrals (which involved taking basic information from the caller), through designating a telephone call as a contact or a referral and routing it appropriately, to

checking to see if the enquirer was known to the department and undertaking an assessment of need. One respondent in a metropolitan borough explained that in their case:

‘calls would go initially to reception, then to an advice and support worker, who is an unqualified member of staff. She or he would then have a consultation with the duty social worker and check the system to see if the family are known. Then have a consultation with the social worker about the next progression’.

In the above situation, screening took place through an advice and support worker. In other areas it was done by ‘admin people, but with access to training’. In either case, staff without a qualification in social work were clearly having an influential role in deciding what happens to a caller’s request for help.

The context for practice decision-making was also influenced by the work environment: 18 of the 28 local authorities had experienced organisational change to the duty system in the preceding two years. This was less likely to be the case in the counties compared to other local authority types, and much less likely in EDTs than in day-time teams. Six of these 18 local authorities mentioned the Climbié Inquiry as a prime motivation for making organisational changes. However, two directions for such change were noted: some were making social workers more available on the ‘front line’, as recommended in the Climbié Inquiry, while others had introduced more initial screening of calls, which they hoped would make more effective use of social work time.

The quality and supply of both social workers and support staff were noted by respondents as affecting duty decision-making. High quality decisions in complex cases require highly trained and experienced staff, but when asked to indicate their satisfaction with current arrangements, respondents in six local authorities said that there were problems in recruiting and retaining such staff. The image of duty work was said to be a problem. One manager described duty teams as 'the dying ground of burned-out social workers' and felt that there was not enough status attached to this area of work to attract good front-line staff. More generally, over half the respondents spontaneously said that the public image and status of social work and social workers was not good. More support staff were also seen as necessary, alongside more and better training to enable support staff to distinguish between types of referral and the appropriate responses to them. There was a general view that screening staff, even when trained, could not substitute for qualified social workers: senior managers needed to check on the quality of their work; and neither screening staff nor assistants could complete assessments when taking an initial call and would simply pass on their concerns without adjudication. Overall, more sensitivity was reported to be needed to the types of referrer to social services, and to the possible states of distress that people might be in when they make the initial call.

This raised the question of qualifications and whether a caller could expect to have contact with a qualified child and family social worker. Although in most (18/28) authorities respondents said there would be someone so qualified on

duty (but access to him or her would sometimes only be possible after 'screening'), this was by no means always the case, and there was a broad interpretation of what a 'child and family social worker' constituted. A formal qualification such as Post Qualifying Child Care Award was not always required. As one EDT manager said: '[It] depends on your definition of child and family social workers. Our people have to have three years experience, be an ASW (approved social worker) and have experience of child and family social work. Everybody is generic and capable of dealing with whatever comes in'.

So far we have argued that the quality of staff and the quality of the working environment may affect the kinds of response callers to social services will get. It could be argued that these factors are organisationally-led in that staff resources, attracting sufficient high quality staff, and establishing a positive image of duty work are matters within the realm of change that political leaders and senior managers in local authorities could potentially make. On these grounds, one would expect to find that decision-making about practice was consistent within local authorities. Alternatively, one might argue that the professional knowledge base of educated and qualified social workers should equip them to make consistent judgements regardless of the local authority context in which they work. However, in the next section, we report findings about responses to a case scenario which suggest a fairly low degree of consensus both within and across local authorities.

Decision-making in practice

In order to obtain some insight into how telephone calls from members of the public who are concerned about a child might be dealt with in practice, the managers in our study were presented with a vignette or case scenario and asked how they would respond when faced with this situation. The case scenario was:

A social worker on the duty desk takes a call from someone in a 'phone box. The caller says that she is worried about a child because she has heard repeated screaming from a flat in the block where she lives. She knows the child is school age, but thinks she misses a lot of school as the girl is seen out during the daytime with a female adult. The caller gives her first name and the child's first name but not either last name. She is cut off when her money runs out.

Although we focused on the practical steps respondents would take, it is important to be aware that vignettes decontextualise practice and may encourage respondents to think in terms of 'ideal type' responses rather than to replicate practice. Nevertheless, although this was a hypothetical situation, several respondents commented that it was a familiar scenario in their work, and some gave examples of what had happened in similar 'real-life' situations.

Table 1 shows the responses given in terms of the type of action respondents said would be taken, such as checking the electronic information system, contacting other agencies, trying to call back, and visiting the block of flats.

Table 1 about here

We have given the responses for EDT and daytime staff separately because the possibilities for out-of-hours staff are more limited than those for daytime staff. For instance, few 'other' agencies are working during emergency hours, so the lower proportion reporting this course of action is not surprising. Having said this, the great majority of EDT respondents said they would contact another emergency service, the police, but usually only if the child was currently screaming. Over half the respondents said they would consult their electronic information system (EIS), but not all were confident that they would be able to find anything given the lack of details provided by the caller. Worryingly, a third of EDT staff said they did not have access to the information system, which clearly placed them at a disadvantage.

Over half of the day-time team managers said they would contact other agencies. The most common agency to seek further information from was housing (for example, asking them to check social housing lists or the electoral roll), followed by education (to obtain information from schools or education welfare officers in the vicinity of the block of flats) and, less commonly, health. One manager noted that they had already succeeded in tracing children with the help of the housing department on similarly scant information, such as a young boy reported to be playing out in the road on his own.

Fewer than half (26) said they would try to 'phone back the caller. There was some disagreement among respondents about the feasibility of this. Some believed that they would have the number, either because they or the call centre would have asked for it at the start of the call, or because the telephone system would display the number. Others were not sure: 'I hope the call centre staff would take the phone number but I don't think it's standard practice'. This comment conveys a lack of certainty about the practices of the call centre staff and may reflect a lack of social services control over their practices where call centre staff are organised separately from social services, such as by a central local authority or independent organisation. There was similar mixed experience of using ringback telephone services. One interviewee had experience of doing this successfully, but another said ringback was not possible on their system. Only about one third of

respondents thought that they would visit the block of flats without a definite address for the child.

Overall responses to the vignette were categorised, on the basis of actions that managers said would be taken, into being 'proactive'; 'making further enquiries' and 'doing little'. Proactive was defined as framing this situation as a potential child in need or a child protection case that warranted immediate action such as a visit and pursuing enquiries vigorously. Sixteen respondents from nine local authorities said they would do this. Half (35/70) said they would make further enquiries through agencies such as police, housing, local schools and social services databases. The remaining 19 thought little could be done given such limited information. There was little difference between EDT and day time team managers in the extent to which they were proactive in their responses.

Two 'proactive' managers described what they would do, one during out of hours and one during daytime, indicating that they interpreted this situation as a child in need of their assistance:

'The first thing is that we would have the number to call back the telephone box as it comes up on the system. So we would call back for more information and ask a series of questions that would narrow down the search – like where in the block, which floor, describe the door. Then we would get onto police control. That [scenario] is potentially at

very least a welfare check – that is clearly a child in need’ (unitary authority, EDT team manager).

‘We would check the system for more details then contact the family protection unit [police] and request a joint visit. We would phone education to see if anyone in that block is known. Contact health to see if the local GP knows the child. Even without any of this, we would still go to the block with the police’ (Metropolitan authority, day-time team manager).

At the other end of the spectrum, respondents who were categorised as ‘doing little’ said they would ‘wait to see if the caller or anyone else rang back’, or commented that ‘if the child is not known, we wouldn’t be able to do anything’. This approach indicates either that they do not think this is a child in need of their immediate help, or that they perceive themselves as powerless to act in the circumstances. Variations in practice were not accounted for by type of local authority or type of arrangement for duty service. Table 2 shows that among the five authorities offering a more proactive approach, all local authority types were represented and three were organised into social worker led duty teams serving all client groups with administrative or receptionist support, while two had screening services in place before access to social workers. Among those offering a least proactive or ‘do little’ approach, again all types of local authority were represented, three had screening services for duty calls, one had a specialist children’s duty team and one a generic duty system.

Table 2 about here

When responses were grouped by local authority, there was disagreement between the two or three respondents in each about how proactive they would be in these circumstances in 15 areas and agreement in 11 areas³. Among those in agreement, there was most internal consistency in the London boroughs: in one all managers were proactive, in three all managers would make enquiries and in one all managers perceived that little could be done. Looking at examples of variation within an authority, one manager described the scenario as ‘worrying information’ and said that after making appropriate checks someone would go out and visit, while another in the same authority judged that ‘this wouldn’t be sufficient to go searching – there are no specific details of abuse’. Table 3 sets out some examples of how managers within the same local authority had divergent views, revealing variations in perception as to whether this scenario was something warranting immediate action. Two researchers independently rated each verbatim response to the vignette on the basis that 3 would equal ‘do little’, 2 meant ‘make enquiries’ and to rate 1 the respondent described proactive steps to identify and visit the household. There was a substantial level of agreement between the independent ratings.

Table 3 about here

³ Two local authorities were discounted because only one interview was completed in each.

Those authorities rating '3' thought the caller should ring the police, and there was little the social services could do. Those rating '1' were emphatic that the referral 'would not get lost' and they would pursue all avenues to reach the goal of identifying the child. What could account for such intra-local authority variation when by implication these managers should be following the same local procedures, working within the same employer ethos and drawing on the same professional knowledge bases?

Contributory factors to duty practice decisions

Further analysis of the interviews with managers identified some factors that appeared to facilitate a proactive response. These factors included having: good working relationships with members of staff in other agencies, often developed over time; clear information sharing protocols; sufficient time and resources to devote to the case, including visiting and searching for the child; telephone equipment that indicates the callers' number; a fast and reliable electronic information system on children and families; and previous experience of success in similar circumstances. These factors largely relate to the organisational environment and resources for decision-making. Having reliable equipment, a reasonably stable organisational system and a resource commitment that permits investment in cases with scant information all help to facilitate a positive response. But other non-structural factors also appeared important, including the individual's networking skills, time in post and personal determination, which will vary.

Analysis of the responses to a question about cases where an initial contact from someone concerned about a child had been dealt with particularly well in their authority, and another where an initial contact had not gone so well, produced five very similar themes to those emerging from the analysis of responses to the hypothetical vignette. First, there was an even stronger emphasis on professional approach and communication skills. Being able to skilfully extract good quality information at the initial contact stage was considered important, requiring sophisticated communication skills. One manager emphasised the importance of 'skilled people who can communicate well ... they need to be good listeners, take clear information, have good voice tone and need to know what information is needed before there can be any follow up'.

Second, a good outcome relied on taking all calls seriously, not being judgemental or making assumptions. Respondents described situations where calls had been 'apparently bizarre', where callers refused to give their name or provided insufficient details, but on further enquiry the concerns had turned out to be well-founded. Third, skilled assessment by social workers to determine the level of risk of harm and decide on the appropriate response was very important. A skilled assessment was considered important as an explanatory factor in cases that had gone well regardless of the type of arrangement the local authority had in place to receive initial contacts and referrals.

Effective sharing of information and working relationships to facilitate this was a fourth key feature of case descriptions where the initial contact was thought to have been handled well. Many respondents commented on effective multi-agency working involving health, education and the police, and on efficient transfer of information between teams within social services, for example between day-time and out-of-hours teams or mental health and child and family teams. Last, prompt action was said to be necessary for an effective response, even if the concerns were not subsequently substantiated. The importance of having adequate time and resources to deal with calls where concern was expressed about a child's welfare was reflected in respondents' comments on the reasons why cases had gone well. They talked of staff having had '*time to listen*', '*time to visit*' and '*time to respond*'. These last comments draw attention to the critical importance of an adequate resource base in order that professional communication and assessment skills can flourish and be effective.

These positive indicators were further supported by case descriptions where duty practice had not gone well. Poor communication, weak information sharing and delays in responding to calls, generally attributed to insufficient staffing, were all reported. The following quotation shows how resource factors and personnel factors interrelate:

'We had an occasion when neighbours phoned about the neglect of a child. The case was unknown to us – the family had moved from another area [where they were known to social services] when they

had lost a child in a fire. The social worker took the details, but couldn't make the link. Eventually we rang the GP and got the details. We should have visited, and would have done if the computer had shown the change of address' (Manager, unitary authority)

Discussion

This was an exploratory study, and a more comprehensive investigation using a combination of methods including direct observation and documentary analysis of case records would be needed to ascertain whether the findings about variations in practice are confirmed. If they are, this has implications for the overall consistency of decision-making and the response a member of the public or a professional could expect from social services duty services.

An increased focus in child welfare services on following procedures and assessing for legal evidence rather than 'individualized practice' (Scott 1998) implies that practice variations are minimized, while evidence from this study and elsewhere suggests that it continues. This is partly because social work remains a profession that requires the making of critical judgments, including a synthesis of considered personal opinion and situational knowledge. However, the extent to which social work education promotes the making of critical judgements has been questioned (Jones 1996). Variations in level of experience may also be responsible. Interestingly, the managers who had been in post for the shortest time were also those most likely to agree with their colleagues about responses to the vignette: only a quarter of the London borough managers had been in post for two years compared to more than half

for the sample as a whole, while the London informants were much more likely to agree with their colleagues than those in other local authority types.

Broader findings from this study indicate some possible explanations for variation in practice that merit further investigation. First, the organisational base for social work is likely to account for some of the variation. Near constant change in how duty systems are organised and where services are located; high levels of staff turnover in some areas, inhibiting the development of sustained cross-agency working relationships; unreliable equipment and inadequate or unavailable information systems may all share responsibility for variable decision-making.

Second, over half (36/70) of managers interviewed in our study, when asked if they had any recommendations to make to government about improving the ways in which members of the public and professionals made their concerns about children known to social workers, believed that social work and social workers needed an improved public image and greater clarity about their role. Professionals from other agencies with whom social services work, as well as members of the public, were said to have unrealistic expectations of what social workers could do and would do. One unitary authority manager noted that 'the biggest thing is we need more clarification about what we are as a service...we are not a universal service'. Another, working in a metropolitan authority, thought that the negative public image could inhibit people from expressing concerns about children, on the assumption that social workers would take children away:

'We need more publicity. The public and the media need to know where to phone and what will happen if they do this. Some members of the public think social services will take children away immediately...we need better education about what social services do, and enough money to do it.'

These views about working in an environment of public and professional confusion about their role echo the findings of other research and surveys considering the public perception of social work (Eborall 2003). Among members of the public, there appears to be a very low level, and confused, understanding of social work as a job. In the absence of direct experience of social services, negative reporting in the mass media heavily influences perceptions of social work. Compared with ratings for doctors, teachers and police officers, far fewer members of the public think social workers play a 'very important' role in society (Eborall 2003). It is possible that in the absence of public confidence, but with high public expectations of managing risk to children's' wellbeing on their behalf, senior social workers are constantly managing the familiar dilemma between acting with immediacy to protect a child and risking condemnation. As one manager in a unitary authority said in response to the practice scenario 'I wouldn't go helter skelter on this one ... we dealt with a similar one recently and identified the wrong child'.

Ensuring a more consistent response to those who report concerns about a child's welfare requires action on a number of fronts. Some of the

organisational issues identified in this study are already beginning to be addressed. The Integrated Children's System aims to standardise the way that information about children in contact with social services is collected and recorded. Information sharing systems and a common assessment framework are being developed, and a Children's Workforce Development Unit has been established within the Department for Education and Skills with the aim of improving recruitment and retention. The rolling out of the Post Qualifying Award in Child Care should help social workers to develop a more explicit rationale for the decisions they make about how to respond in a way that will best promote and safeguard children's welfare. Other action could include more research into the outcomes for children and families of different ways of organising reception and initial contact arrangements in social services departments, in order to clarify the advantages and disadvantages of differing approaches.

However, ensuring a consistent response to initial enquiries and reports of concern is not in itself enough to protect children: the public and professionals in other agencies need to be willing to make their concerns known before they can be acted upon. Perhaps there needs to be a cultural shift towards recognising children's citizenship. In Denmark, all citizens have a duty, and if a public employee, a 'rigorous' duty, to report to the local authority any cases where a child or young person may be in need of support (Cameron 2001). Such a shift might do help to ensure that safeguarding children is seen as 'everybody's business' as one of the respondents put it. Another argued that

for social services duty services to work effectively, social workers need to be seen 'not as a whistle-blower, but as a child supporter'.

In considering explanations for the variations in practice found in this study, we return to the concern with managing risk and uncertainty that dominates not just social work practice but late modernity overall (Parton 1996; Rose 1999). Managing risk arguably means professional practice is compelled to seek to eliminate variation in practice, a process assisted by the regular production of procedural regulations and recommendations that govern local authority social work practice. Variations in practice imply that some children are not getting a sufficiently protective practice to avoid continuing significant harm, as well as signifying variations in organisational resources across local authorities. In extreme cases, variations in practice become visible as an individual failing, as in the case of Victoria Climbié's social worker. But variations in practice also symbolise social work on the front line of initial arrangements in child welfare cases as a professional practice requiring complex situated judgements in which the worker's practical and academic knowledge interrelate with the biography of the individual and the self-image as a professional to produce decision-making in child welfare cases. Perhaps variations in decision making are not only a consequence of structural and organisational factors, but also an inevitable consequence of social workers' interpretations of professional responsibility as either rule bound and regularised or synthesised and individualised, with the latter in recession and the former in ascendance in advanced liberal societies.

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Table 1 Response to scenario

	Check EIS	Contact police	Contact other agencies	Try to call back	Visit	Total interviews
Day-time	26	8	36	15	15	47
EDT	19	19	6	11	5	23
TOTAL	45	27	42	26	20	70

Table 2: Variation in response to case scenario, by organisation of duty service

Type of LA	Organisation of duty service
Proactive	
London	Social worker led duty team for all client groups plus admin support
Metropolitan	Screening service directing calls to social worker
Unitary	Social worker led duty team for all client groups plus admin support
Unitary	Screening service directing to social worker
Shire	Social worker led duty team for all client groups plus admin support
Do little	
London	Screening service directing to social worker
Metropolitan	Screening service directing calls to social worker
Unitary	Screening service directing calls to social worker
Shire	Social worker led duty team for children's team plus admin support
Metropolitan	Social worker led duty team for all client groups plus admin support

Table 3: Examples of variations in response to case scenario from three local authorities

LA type	Rating	Details of report
M	3	(EDT) Take details and pass on to day time duty team to make further checks to see if they could identify the child. Contact schools etc to corroborate information. Would not send out a social worker from out of hours team for this situation.
	1	(DT) consider Data Protection Act. Ask social worker to ring housing department to see if address known or child's surname available. Check system for details. Advised caller to contact police, should she hear child scream. Contact/arrange home visit to do an initial assessment if traceable or if child known. Visit unannounced.
U	3	(DT) If a call came through to reception – can see the numbers. Limited information “we would have difficulty but try to get more information and ask all the relevant?” Difficulties with no surname and no address. We would probably advise them to contact the police themselves – we wouldn't have enough information to contact them ourselves.
	1	(EDT) First thing we would have the number come up on the screen, so the first thing would be not to get cut off. Depends on many factors though, age of the child and idea about the screaming (is it happening right now). We would certainly do all the checks – would get the police or visit alone. “It would not be lost as a referral”.
C	3	(EDT) Extremely difficult to follow up. Have got themselves into difficulties in the past where address is incorrect (and the wrong household written to). Attempt to call caller back on 1471. If no way of identifying address of family, not much more able to do. Would not send someone out to phone box. Appears situation has been going on for some time. Reasonable hope that the person would make another attempt to contact social services.
	1	(EDT) Could search for the name of the householder by block of flats. Would make contact with the police to alert them to the risk. Would regard as a referral and act on this immediately. Carry out searches to try to identify child and parents. Discuss with local social work team to find out if known to local social workers. Unable to do anything without any further information. However, have caller display on phone and could call back.
	3	(DT) Try to call back telephone box (would initially ask for number). Try to establish address, find out as much as possible about the incident (establish facts – what, where, when, how). Check system, liaise with police, do visit. Pass information on to daytime team to follow up but preferably go out with police if address can be located. Go through to housing trusts or local borough council for tenanted housing, schools in local area. Keep going in trying to track information until they have found an answer. Digital phone system would have phone number of telephone box – could call back.
	1	(EDT) Could search for the name of the householder by block of flats. Would make contact with the police to alert them to the risk. Would regard as a referral and act on this immediately. Carry out searches to try to identify child and parents. Discuss with local social work team to find out if known to local social workers. Unable to do anything without any further information. However, have caller display on phone and could call back.

LA type: M = metropolitan borough; U = unitary authority; C = county council; rating: 3 = do little; 1 = proactive; EDT = emergency duty team; DT = day time team.