

CHILDREN AT RISK

A study by the East Sussex
County Council into the
problems revealed by the
Report of the Inquiry into
the case of Maria Colwell

April 1975

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C H I L D R E N

A T R I S K

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P R E F A C E

The Panel was set up in October 1974 by the Policy and Resources Committee "to oversee the action needed to produce the County Council's considered response to the Maria Colwell Inquiry Report". At our first meeting we appointed Councillor M G Taylor to be Chairman. Our membership is as follows :-

<u>Policy and Resources</u>	<u>Education</u>	<u>Social Services</u>
Councillor A J Coe	Councillor J Bridden	Councillor R Mitchell
Councillor M G Taylor	Councillor Mrs A H Moore	Councillor G Harber
Councillor R A Wallis		

The Chief Executive, Mr R M Beechey, and the Chief Officers most closely concerned, Mr D M Allen, the Director of Social Services and his Deputy Miss J R Simpson and Mr J Rendel Jones, the Chief Education Officer, have attended our meetings when necessary.

In addition we have been supported by an Officers' Panel made up as follows :-

Mr A R Hodgson	Deputy County Secretary (Chairman)
Mr B H Cudmore	Senior Adviser, Education Department
Mr L D Green	Lewes Area Education Officer
Mr G H James	Development Officer, Social Services Department
Mrs V Seddon	Head Teacher, Moulsecoomb County Primary School
Mr F R Swindell	Senior Administrative Officer, County Secretary's Department
Mr D Watkins	Chief Education Welfare Officer
Miss H B West	Divisional Director of Social Services - Hailsham Division.

This Group prepared papers for our meetings and did much of the groundwork for this Study. We would like to express our gratitude to all its members, most of whom attended all or some of our meetings, and particularly to Mr Hodgson for his unstinting hard work and dedication during the six months of the Panel's existence.

During our discussions we have been greatly assisted by the following persons who have represented various other organisations and agencies closely involved with the problem of the child at risk, or who have given us the benefit of their personal views and experience.

We would like to thank them all for being so generous with their time and help, and for answering our questions so patiently.

Mr W S Beckett	NSPCC
Mr J Chisnell	Principal (Psychiatric) Social Worker East Sussex County Council
Detective Superintendent M De'Ath	Sussex Police
Mr T Hill	Social Work Service Officer, Department of Health and Social Security
Miss E M Hollands	Senior Nursing Officer (Child Health) East Sussex Area Health Authority
Dr T P Mann	Consultant Paediatrician, Royal Alexandra Hospital for Sick Children, Brighton
Mr W L May	Housing Manager, Brighton Corporation (on behalf of all housing authorities in East Sussex)
Mr H Morgan	Senior Educational Psychologist, East Sussex County Council
Mr J C Payne	Chief Probation Officer, East Sussex Probation and After-Care Committee
Mr A P Rigby	Supplementary Benefits Commission
Mr P Ross QPM	Assistant Chief Constable (Operations) Sussex Police
Dr P A Shave	Specialist in Community Medicine (Child Health) East Sussex Area Health Authority
Dr D M Watney	Chairman Juvenile Bench, Crowborough. General Practitioner
Dr J A G Watson	Area Medical Officer, East Sussex Area Health Authority

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PART I

INTRODUCTION

INTRODUCTION

1. On the day that the Report was published, the Secretary of State for Social Services said "It is right that we should feel shocked and angry at the failure to protect Maria. We should also be shocked and angry at the social conditions which breed the circumstances in which she lived and died. Social work alone cannot solve these underlying problems. We as a society must recognise the very heavy burdens we lay on those whom we delegate to look after the nearly 100,000 children in local authority care. We need to understand the very real difficulties they face and we need to help them to prevent this kind of tragedy".

2. The tragic death of Maria is known to the whole country, but nowhere can it have had a deeper impact than in East Sussex because it was here that she was killed. As the successor to two of the local authorities criticised in the Report, the former East Sussex County Council and Brighton County Borough Council, the County Council will surely wish to set itself a high standard in its response to the Report and deciding the action that needs to be taken. A rigorous and dispassionate approach is called for in answering the questions posed for the County Council by the Report. Maria's death is not unique. It has been estimated that the prevalence of non-accidental injury to children may be as high as 4,600 every year, and that this may mean 700 deaths per annum or 2 every day. This thought is behind the recommendations we make in this study and is the justification for the detailed examination we make of the responsibility of the County Council as Education authority and Social Services authority.

The Report of the Committee of Inquiry

3. The terms of reference of the Committee of Inquiry established by the Secretary of State were "to inquire into the care and supervision provided by local authorities and other agencies in relation to Maria Colwell, and the co-ordination between them". The Inquiry lasted 41 days and heard 70 witnesses. The Report of the Committee, published on 4 September 1974, runs to 120 pages and contains a Minority Report.

We have analysed the Report in the greatest detail, and have considered the vital issues raised both in the Majority report and Miss Olive Stevenson's Minority report.

4. We have identified the following issues as vital

- the question of communications between the Social Services Department and the Schools, the NSPCC, Housing Departments of the District Councils, the Police and other agencies and people who have concern for the child.
- the need for the professions concerned with the child to work together and to exchange information.
- the management and supervision of the County Council's social work functions.
- a definition of the respective roles of the Social Services Department, the NSPCC and Education Welfare Officer appeared to the Inquiry to be uncertain.
- matters of judgement and practice in relation to child care which are commented on in the Report, including questions of medical examination.
- the role of the County Council in relation to proceedings in the Juvenile Court, and whether any changes in practice are called for.
- questions of record keeping.
- the adequacy of resources at the County Council's disposal and the use that should be made of them.
- the question of communications within and between schools.

CHILDREN AT RISK

5. We have chosen this title for our Study with some care. Although the most obvious and distressing cases involve physical injury, a child can suffer equally from emotional or psychological damage. Maria was killed by her step-father in her natural mother's home but children are at risk in many other circumstances. We were aware of the dangers in looking too narrowly at the facts of Maria's case in isolation, and we have tried to extend our inquiries to include the whole field of children at risk in the home, from whatever cause.

6. It is not possible to define precisely the circumstances in which a child may be at risk. It may suffer at the hands of its natural parents no less than at those of its foster or step-parents or in residential care no less than in a private home. Children in the following categories may be considered at risk, but these categories are far from being exhaustive.

- (a) babies and children with unexplained injuries
- (b) infants and children who inexplicably fail to thrive
- (c) children of psychotic parents
- (d) children of alcoholic or drug abusing parents
- (e) children of parents with criminal records, particularly of violence
- (f) children of families socially at risk, through an inability to cope with their problems such as low intellect, a large number of children, financial or housing problems, serious marital problems, delinquency or social isolation.

7. Many of these factors were present in Maria's case, and were known individually to different people. Some of the people did not recognise the signs, and some people were unsuccessful in their attempts to communicate their anxieties, while others did not know with whom to communicate. Some were not aware that others had information about Maria. So the seriousness of the position was not understood soon enough by those in a position to help. This

is one of the most striking features of the case, and has been in the forefront of our minds during our inquiries.

8. It must be stressed that many children in these circumstances are not abused. It is of the utmost importance to be alert to warning signs however slight or undramatic. The aim must be to identify those first signs which taken singly may have little significance but together may present an indication of danger.
9. Suspicion should be aroused, especially where the child is under 3 years of age if the parents have delayed in seeking help, or give inadequate, implausible or contradictory explanations of an injury. A history of previous injuries or frequent attendance at a Hospital Casualty Department, evidence of earlier injuries such as fading bruises or healing fractures revealed on a full examination, are particularly significant. The reaction of the parents when seeking medical help for the child must always be carefully watched.
10. The indications of neglect or a failure to thrive include the dirty, tired and listless child. The child's size, weight and development are inexplicably retarded and belie the child's actual age, or indeed the parents may pretend that the child is younger than is in fact the case. The demeanor of the child too can be revealing as for example the knowing look of a much older person which has been described as "frozen watchfulness".
11. The behaviour of parents towards those who are concerned for the welfare of the child, and particularly any inclination to avoid these people, may be vital indications. For example, the failure to keep appointments, an unwillingness to let a professional worker inside the house, a refusal to answer the door, a frequent change of address, a deliberate confusion of the child's name or nickname.
12. These first signs of a child at risk may be apparent in profusion but only as single factors to different people as they come into contact with the child.

The impression that the school teacher has of a child may be entirely different from that of the Health Visitor, or the Police Officer called to a family incident late at night. Yet the larger picture that their individual contributions can build up may show that urgent action is called for.

13. For the County Council, the range of concern for children at risk provides it with a task of immense complexity. All who come into contact with children must be given some understanding of the factors to be taken into account, and this involves training in many areas of the County Council's activities.

OUR METHODS OF WORKING

14. Our starting point has been the Report of the Committee of Inquiry, but it was agreed from the first that we should not inquire further into, nor apportion blame for the errors that it revealed. That was the task fulfilled by the Inquiry itself, and so we did not start our own investigation into the facts it disclosed. But we examined the findings in the closest detail to see what lessons may be learned for the future.

15. In Appendix A to this Study, we have set out the broad categories of observations, criticisms and recommendations made by the Report. These served to identify the essential lines of inquiry into the County Council's own services, the services of other agencies and their interaction.

16. We invited the people representing other agencies and organisations concerned whose names are set out in the preface to this Study to discuss with us the implications of the Report so far as it affected them and their relationship with the County Council. We presented them with a list of questions a few days before meeting them to give an opportunity to consider the answers. These answers were given to us in the course of an informal interview, and were expanded and elucidated by further questions and discussions. A note of the answers was sent to the people concerned to give an opportunity for correction so that our recommendations could be based on an agreed version of the discussion.

17. Our inquiries into the County Council's services have taken the Social Services Department as the issue of central importance, but we have also examined the Education Service, the Schools, the Area Education Office and the Education Welfare Service. We have also examined the legal services provided by the County Secretary's Department.

18. The Panel has held 17 meetings and the Officers Group 16. Although omissions are inevitable, we feel we have had full and thorough discussions on all sections of this Study.

The Recommendations

19. Our specific recommendations are contained in the text which follows because we believe they can be more readily understood when they are read in context.

20. In these recommendations we have tried to identify

- (a) to what extent the County Council should consider developing or altering its own practices
- (b) what improvements can be made by the County Council in its working arrangements with other agencies
- (c) what alterations we suggest that other agencies might consider in their own practice to strengthen their relationship with the County Council.

21. Many of our recommendations are local to East Sussex but where we felt our enquiries revealed wider issues we have made recommendations which could be generally applied. For example, we suggest a training programme to assist teachers in recognising children at risk should be part of the normal syllabus of a teacher in training.

22. No system is foolproof. It will be as fallible as the people who operate it, and there is a limit to which any professional person can control another persons behaviour. Our recommendations are directed at minimising the effect of human error by creating a system of ready exchange of information and support so that the agencies concerned may work together for the protection of the child.

PART II

COMMUNICATIONS
AND
CONFIDENTIALITY

THE COMMUNICATIONS NETWORK

23. The question of communications, which is a recurring theme throughout the Report, is vital, and the large number of individuals, agencies and organisations who may be concerned with the child at risk must be fully understood.

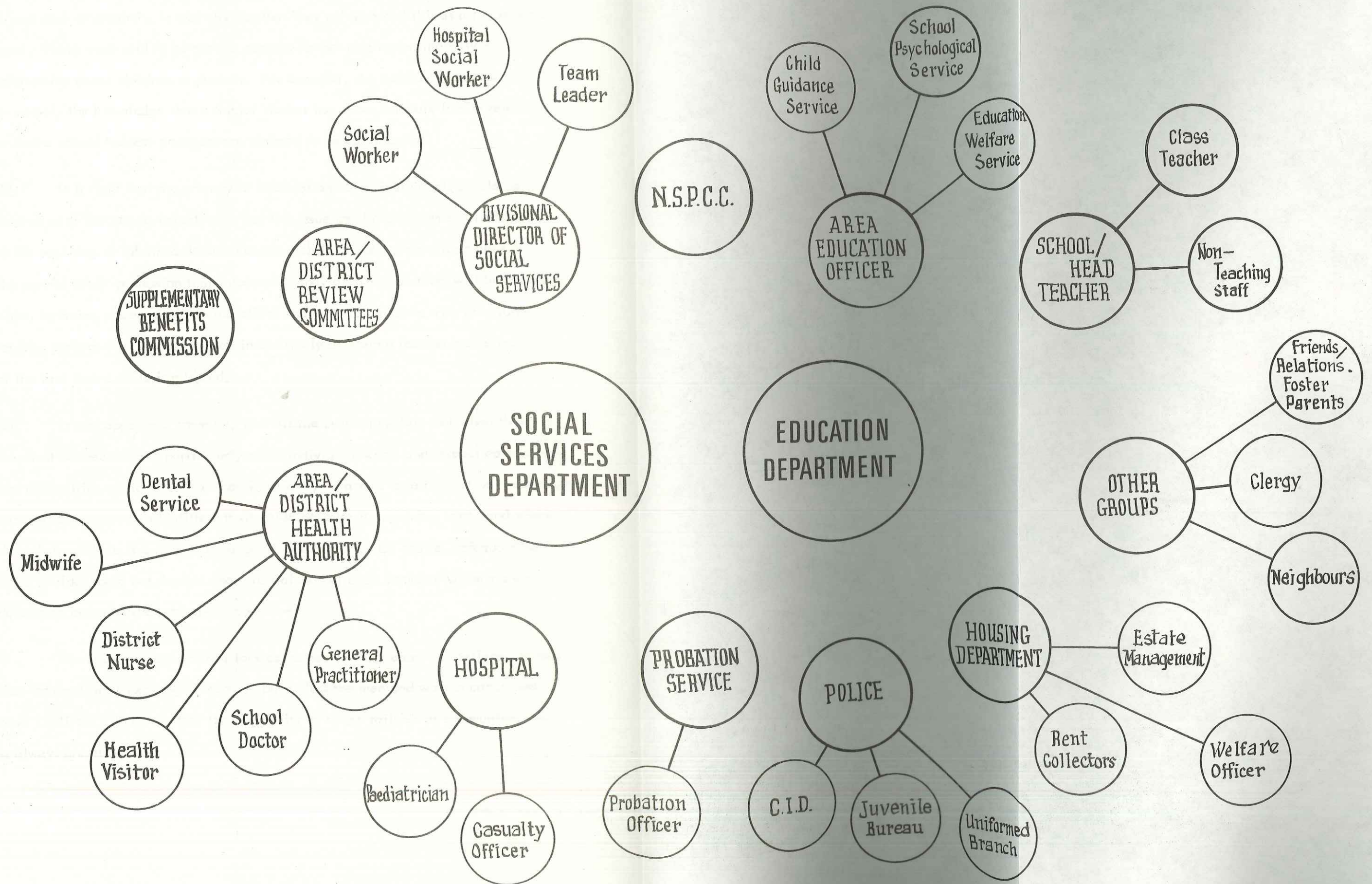
24. The Communications Diagram which follows has been designed to focus attention on the two administrative organisations which are the County Council's responsibility, namely the Social Services and Education Departments. But this is only one viewpoint and the diagram would be drawn differently to emphasise the role of other organisations.

25. It attempts to show how large is the number of people who may have concern with the welfare of any individual child. Anyone of these may have the vital responsibility of seeing and communicating the first signs, perhaps without knowing the significance of what they see.

26. The County Council must ensure the communication of information directly to the professionals who must make decisions concerning the child, so that the right decision is made at the right time by the right person in full possession of the relevant information.

27. The diagram does not show links for communication, but instead organisational links. Indeed communication links to cover all possible cases would probably involve a link between each unit and every other unit. The diagram is an over-simplification and there are omissions, for example the consultant psychiatrist, child minders or hospital nurses, but we hope it will give an idea of the many elements involved.

THE COMMUNICATIONS PROBLEM



CONFIDENTIALITY, INTER-PROFESSIONAL ATTITUDES,
AND THE QUESTION OF TRUST

28. Every agency that was interviewed raised the question of confidentiality in one form or another. It was obvious that they all regarded this as a fundamental issue. There were said to be special reasons for not passing on intensely personal information about children or parents. For example, the medical record of a child in school, the knowledge that a Social Worker has about intimate family relationships or that a school teacher possesses are claimed to be confidential.

29. It is right that the privacy of information about individuals should be treated as of the utmost importance, but this issue can be a fundamental obstacle to the reaching of informed decision about a child at risk. There is anxiety on the part of every profession that information they disclose to others will be abused, either by being passed direct to the client and even to outsiders with unfortunate results, perhaps that it may be used insensitively as when a teacher makes a point of the fact that a child is adopted.

30. It was apparent, however, that all the professions felt that when there was trust between them, particularly when individuals know and respect each other, less difficulties would arise from confidentiality. Face to face contact on a continuing basis produces an entirely different situation because it engenders trust, and where there is trust there is a ready exchange of information. Of course, safeguarding the child at risk should not depend upon trust alone but upon communication systems developed between the professions concerned.

31. Many of the recommendations contained in this Report are designed to see that information is exchanged readily, but unless the men and women concerned have confidence in each other the possibility of future failures of communication is always present.

32. Attitudes which have developed over many years, and are implicit in the training of all the professions concerned, will not be changed overnight. The first step must be the recognition that these attitudes exist and that unless some change is made the present barriers to communication will last. For example, it might be that communication direct between an Education Welfare Officer and a Class Teacher may be resented by the Head Teacher, that magistrates distrust social workers because of a differing professional approach, that social workers feel that Education Welfare Officers lay too much stress on the importance of school attendance. Conversely professional attitudes can also be beneficial, e.g. similar training provides common ground between probation officers and social workers.

33. It is easy to describe the problem but it is more difficult to suggest cures. A more ready understanding by each profession of what the other professions are able to do for the child who is the common client of all is essential. We have made recommendations which we hope can help in this direction. For example, joint training schemes particularly in the schools for school teachers to have a better understanding of social workers and vice versa, the encouragement of contact between the social workers and the doctors and health visitors in a group practice. We also encourage wherever we can informal contact between the professions because as the Report said, formal arrangements are never a substitute for conversations between the people concerned.

34. Where there is mutual trust and understanding between the professions involved, confidentiality should cease to be an issue. Information relevant to the child at risk can be shared if the person giving it has confidence that it will only be used to help the child, and the person receiving it does in fact use it only for that purpose. This does not appear to be a serious inroad into the proposition that personal information about individuals should be respected at all times. We hope that the professions in East Sussex will accept that changes have to be made and that these can best be achieved on the basis of trust.

1. The first

2. The second

PART III

3. The third

THE SCHOOLS

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19. The nineteenth

20. The twentieth

THE SCHOOLS

35. The closest contact the County Council has with children in the County is whilst they are at school, and indeed this means involvement with all but the few who are educated privately. In the context of the child at risk, the Class Teacher is in an absolutely vital position because he or she sees the child every day it is at school, and is the first to know that the child is absent. It is not easy for the teacher to identify a child at risk, save in a dramatic case, because he or she may not be aware of the significant factors to look out for. This problem may best be solved by in-service training and we make recommendations below to meet this. Our general approach has been to encourage face to face contact between the Class Teacher and the Social Worker or the Education Welfare Officer so that information can be exchanged between them much more readily than has been the practice previously.

36. The Report gave special attention to communications about the child at risk within and between schools, and communications between the school and the Social Services Department. We have also given separate consideration to the Education Welfare Service, and this is dealt with in some detail below.

COMMUNICATIONS WITHIN AND BETWEEN SCHOOLS

37. Shortcomings were revealed in the methods of record keeping adopted by schools, and this was of particular importance in Maria's case because she had attended three different schools. For example, it was suggested that in Brighton school records had not been regarded as a matter of routine, and there was a weakness in the formal communication between Teachers and Education Welfare Officers.

38. As a direct result of the Report, the Education Committee asked the Working Party on Behaviour Problems, which was already in existence, to carry out a complete review of the record keeping system within schools. This was to include records kept by Education Welfare Officers. The Working Party's membership was extended to include four additional head teachers in primary schools.

39. The Working Party has undertaken a complete review of record keeping in schools, and they have explained to us that they were agreed that Record Cards should be designed on the basis of simplicity and that a very detailed system would be too complex and unworkable. There should be large spaces on the record forms so that teachers may write at length, if they wish. Details of the child's external relations in the community and essential medical information should be recorded. The records would be kept in individual wallets, which could also contain copies of school reports and any correspondence relating to the child. The front of the wallet would record the personal details, and there would be a space for "Vital information" to be recorded, for example, the existence of a Supervision Order would be included here. This would ensure that children at risk could be readily identified from the front of the Record Card. We recommended later in this Study that the Social Services Department should inform the school of the making of Supervision Orders, etc., and this is the means of recording this information in a readily available manner.

40. The Report recommended that information between schools and the Education Welfare Officers is adequately recorded. The Working Party have suggested that all schools should have a standard form requesting the Education Welfare Officer to investigate the absence of a child or to take other action. The reverse of this form would be used by the EWO to report back to the school, and this should then be added to the child's record wallet.

41. We found the guidelines for Head Teachers and Tutors that are to be printed on the back of the wallet containing the record most helpful, and these are included as Appendix B to this Study.

42. We particularly welcome that a stated aim of keeping the Record Card is for it to contain information for use by the school "or by other persons who share responsibility for the child, including the Education Welfare Officer, Social Workers and the Careers Advisory Service. They should not only have access to the records in the school, by arrangements with the Head Teacher, but also be invited to contribute to them".

43. We feel that the direct involvement of Social Workers and Education Welfare Officers in this aspect is particularly important, and in commending the form of Record Card proposed, we would suggest that

The Education and Social Services Departments should make arrangements for drawing the attention of all concerned to the new method of record keeping in schools so that it is understood by individual Field Workers.

COMMUNICATIONS BETWEEN SCHOOLS AND SOCIAL SERVICES DEPARTMENT

44. The Report regarded the external relationship of the School Staff with the Social Worker in the Social Services Department as a crucial factor, and we have therefore given it very particular attention. It was also suggested that there may be a lack of confidence, and understanding of, respective roles and responsibilities between the professions. Our own inquiries confirm these conclusions.

45. It is essential in our view that Social Workers should be familiar with the structure and organisation of the schools which children under their supervision attend. For this reason,

We consider that the Area Education Officer should supervise a continuing liaison between the schools in his area and the Social Services Divisional Office so that the schools have an adequate appreciation of the Social Services organisation in the area and the Social Workers fully understand the organisation of the schools.

46. The question of the identification of the child at risk is a difficult question which we have touched on elsewhere in this Report, and it is not a subject on which teachers have received any training, either in a College of Education before they begin their career, or in East Sussex as a normal part of in-service training. This seems to us to be an area for joint working between the Social Services Department and the Education Department which will be a positive contribution towards the building of understanding between the professions. The Area Health Authority will also have a part to play in this.

47. It seems to us unreasonable to assume that School Teachers will automatically be able to identify children at risk, and there is scope, therefore, for training in this subject. We recommend

The Social Services and Education Departments should co-ordinate a training programme for teachers to assist them in recognising children at risk, and this should be a regular feature of in-service training of all teachers. The existing training facilities, including the use of videotaped programmes, should be fully used for this training programme to cover every school in the County.

48. It would be valuable for Colleges of Education to include training on this subject as part of the normal syllabus of the teacher in training, and we feel that

The County Council should make representations in the appropriate quarters for training of this nature to be undertaken in Colleges of Education throughout the country.

49. It is clearly necessary that Head Teachers and Class Teachers should know the action that is expected of them when they discover a child at risk, and that not only should their reaction be swift to meet any emergency but also that the relationship with the Social Services Department over what may be a very long period of time should be clearly understood.

50. We see that the first steps are

1 The first action of the Head Teacher when a case of a child at risk is discovered is to inform the Divisional Social Services Office by telephone, and this is to be confirmed in writing as soon as possible. Contact should be made with the Duty Officer or the Divisional Director or his Deputy, or to a named Social Worker already known to be involved with the child.

2 Where there is reasonable suspicion that a criminal offence involving non-accidental injury has been committed, the Head Teacher should consider informing the Police at the same time as the Divisional Social Services Office.

3 The Head Teacher should inform the Education Welfare Officer as soon as possible of the action he has taken.

51. There may be exceptional cases where the Class Teacher feels that he or she must act immediately, and to reduce the risk of a failure to communicate with the Social Services Department, we feel that the following practice will be appropriate.

The Class Teacher should normally make contact with the Divisional Social Services Office in cases of concern through the Head Teacher, but if the Class Teacher feels that the matter is of sufficient urgency he or she should be free to contact the Social Services Divisional Office, but should then inform the Head Teacher.

52. Once a case has been identified and the Social Services Department are involved, the question of the long term contact between the Class Teacher and the Social Worker needs to be settled. We think it is essential that the Class Teacher should always be involved with the case and he or she should have direct contact with the Social Worker involved. This does not abrogate the ultimate responsibility of the Head Teacher, and we would of course expect that the Head Teacher would be personally involved in any event. But we do think this is a matter of such importance that the position should be made quite clear

We see that it is the duty of the Head Teacher to encourage face to face contact in all identified cases between the Class Teacher and the Social Worker and where necessary to relieve the Class Teacher of duties to enable this contact to take place at school during school hours. The Social Worker should keep the Head Teacher properly informed of the development of the case. A written record should be made of any discussions between Class Teacher and Social Worker and attached to the School Record Card and included in the Social Services Department's records.

53. There will be many cases where the school does not consider a child to be at risk, but will refer it to outside agencies for special examination for other reasons. As the practice stands today, the Social Services Department is not normally told of these referrals although they may already have knowledge of the child for other reasons from other sources. This present practice seems to us to indicate a significant gap, because the very fact of referral could itself be vital information. We feel that this gap should be filled in the following way

When a child is referred by the schools to the Child Guidance Service, the School Psychological Service, or the School Medical Service (except for a routine medical examination), the Divisional Social Services Office should be informed by the Head Teacher in writing of the name and address of the child.

54. It is equally important that the School should be told by the Social Services Department when important decisions have been made by the Court about the child so that the school's information is as complete as possible. Therefore,

When a Care or Supervision Order has been made, modified or discharged in respect of a child of school age, the Divisional Social Services Office should inform the Head Teacher in writing and this is to be recorded on the School Record Card.

55. The School can contribute also to the preparation of cases for the Court by the provision of school reports. At present this is commonly done when the County Council is applying for a Care Order but it will not necessarily be done in other cases e.g. an application for revocation of a Care Order which the County Council is not proposing to oppose. We think that this practice is not satisfactory because it may mean that the Court does not have all the relevant information about the child and for this reason

When a case for the Court is being prepared in respect of a child of school age, the Divisional Social Services Office should obtain a School Report signed by the Class Teacher and the Head Teacher.

THE EDUCATION WELFARE SERVICE

56. The role of the Education Welfare Officer is touched upon in many paragraphs in the Report, and observations were made upon the uncertainty in the role and status of the EWO. For example, although the notion of "education welfare" as something going beyond simply ensuring school attendance was accepted in principle, the role and status of the EWO even inside the school was uncertain. She did not meet Maria's Class Teacher, and the Report refers to "invisible barriers" within schools. We noted a difference in the attitudes of the various professions towards the EWOs, some ready to regard them as colleagues on a professional basis and others not. We recognised, however, different attitudes and practices in various parts of the County.

57. The absence of co-operation and co-ordination in the context of the Education Welfare Officer prompted various observations in the Report. For example, there was no direct contact between the EWO and the Social Services Department at critical times in Maria's life, indeed her involvement was only known to the Social Worker at a very late stage. Furthermore, she was not aware of the Supervision Order. The report comments that there appeared to be no machinery by which concern about the welfare of school children automatically reached the Social Services Department. Inside the School, there had never been any direct contact between the EWO and the Class Teacher.

The Long Term

58. The Report raises the question of whether the Education Welfare Service should be within the Social Services Department or continue in the Education Department, and we think that this issue is of such importance that the County Council should commission a separate study on the subject in order to provide a long term solution. At present, the role of the EWO contains aspects of welfare work and social work. As a Welfare Officer he helps to administer the rules relating to school attendance and the employment of children, the provision of free meals, transport, clothing and maintenance grants. In the role of a Social Worker, he is able to deal with the first signs of neglect or social deprivation, whether discovered by home visiting or from information available to the teachers from irregular attendance, unpunctuality, uncleanliness, inadequate or unsuitable clothing, behavioural problems, retardation and under-functioning.

59. We would not wish to prejudice the outcome of any study that may be undertaken, but we do recommend that

- 1 A small Working Party should be set up to review the need for social and welfare support for children in school, and to recommend how this can best be provided.
- 2 The Working Party should have an independent chairman and include Officers from the County Secretary's, Education and Social Services Departments, with a representative from the University of Sussex or a College of Education.

The Short Term

60. We have also considered what action should be taken as an immediate step to improve the Education Welfare Service. It seemed to us that this could best be done by devising Rules of Practice for the service. These would be guidelines not only for the EWOs themselves but also a concise statement for Teachers and Social Workers of the method of working of the Education Welfare Service.

61. Explicit Rules of Practice of this nature have not been devised before in East Sussex, and they will assist in achieving a uniform practice throughout the County where at present practices may vary on account of the amalgamation of the old County and the three County Boroughs. These Rules are deliberately broad in intention to cover all the activities of the EWO and they are not confined to the problem of the child at risk.

62. When these new Rules are put into practice, the EWO will be under an obligation to talk to the Class Teacher whenever the physical and mental well-being of the child is a matter of concern, and he will also check with the Social Services Department to discover what they know of any new case in which he is involved. Where a child is the subject of a Care or Supervision Order the EWO is to report direct to the Supervising Officer (who in the case of a child at risk will often be the Social Services Department) at half-termly intervals where school attendance is a cause for concern. The EWO is to have access to the School Records so that he has the means of knowing whether a child is the subject of a Care or Supervision Order, or has been in the past, because as

explained elsewhere in this Study the Social Services Department are to provide this information for inclusion in the School Records.

63. We place great emphasis on the question of informal contacts, and we do regard it as part of the EWO's duty to get to know the other professionals concerned with children in his area. The final Rule of Practice draws attention to this particularly. The rules of practice are shown in Appendix C.

64. Our recommendation is that

The Rules of Practice for the Education Welfare Service should be put into effect immediately, and the Education Department and Social Services Department should take steps to see that these are brought to the attention of all School Teachers and Social Workers.

PART IV

THE OTHER AGENCIES

THE NSPCC

65. The NSPCC is often the first agency to be informed about a child at risk, and they have special legal powers enabling them to apply for a place of safety order so that they can take effective immediate action. They may also apply for a Care Order to protect the child for the long term, but in such a case the Order will put the child into the care of the local authority. Accordingly there must be clearly understood arrangements between the NSPCC and the County Council.

66. The NSPCC administers its Social Work through the Casework Department in London and the country is divided into regions and then into groups. East Sussex and West Sussex together are one group in the South East region, which also includes Kent and London south of the Thames. The East and West Sussex group are based on a headquarters in Hove, where there is one Group Officer who supervises three full-time Field Workers in East Sussex and two other workers whose area partly includes this County. We were told that it was unlikely that there would be any improvements in the NSPCC staffing in East Sussex at the present time.

67. The NSPCC issued detailed instructions in 1971 to Field Officers laying down the procedures they must adopt when they discover a case of possible non-accidental injury. The Field Officer is required to carry out a full investigation and report the case to the Group Officer within 24 hours. Where a child is at risk the case papers are sent to London, when instructions as to further action will be given. The safety of the child for the meantime will have been secured and if necessary a place of safety order obtained.

68. The NSPCC accepts its responsibility to consult with the other agencies concerned, and particularly the Social Services Department. It is willing to take part in any case conferences that are held, and agrees that a basic function of the case conference is to decide who should carry the primary responsibility for future action. This decision is of critical importance as the evidence in the Report disclosed uncertainties in the relationship between the NSPCC and the Social Services Department because the question of primary responsibility was not clarified.

69. It was explained to us by Mr Beckett of the NSPCC that certain improvements could be made in communications between NSPCC Field Workers and Social Workers. He said that the views of the Social Services Department were sought when a Field Worker submits case papers to London for decision, and that it would be helpful for there to be a point of contact inside the Department to provide information for inclusion in case papers.

70. We feel that this request should be met so far as is practicable, and consider that

All requests for information by the NSPCC to the Divisional Social Services Office should be answered urgently, in particular to assist in the provision of the information the NSPCC Inspectors require when submitting cases to their Headquarters for decision.

71. Mr Beckett stressed the advantages in seeing that discussions and decisions were always recorded in writing. In other areas of contact between the NSPCC and the County Council, notably in schools, there is evident very considerable goodwill towards the NSPCC and Mr Beckett told us that school teachers in particular were most helpful to NSPCC Field Workers. This link is obviously one to be preserved and we do not think any change of practice is called for in this area.

72. The NSPCC is prepared to inform the Social Services Department of any child who is seriously at risk as they see their obligation is towards the child whom they must always protect. Mr Beckett referred to the difficulty of defining the child at risk, but this problem is always present and is a matter of judgement in the individual case.

73. We welcome the positive approach of the NSPCC in providing this information. We see that there is a corresponding obligation upon the Social Services Department to exchange information and we suggest that

- 1 The NSPCC should be asked to ensure that it contacts the appropriate Divisional Social Services Office when it identifies a child at risk.

- 2 Whenever a case of a child at risk has been identified the Divisional Social Services Office should contact the NSPCC as a matter of urgency to discover whether the NSPCC has any information about the child.

74. At a case conference the NSPCC would make available all relevant information to enable a proper decision to be reached, and it would be willing to participate in the establishment of a register of children at risk, subject to certain safeguards about confidentiality.

75. We have considered the question of sharing of responsibility as between the NSPCC and the County Council. This arose in Maria's case, and prompted the observation in the Report that the respective roles were blurred and the clarification of them was inadequate. This is an extremely important matter and Mr Beckett put it to us, that it was the task of the Case Conference to define the worker with primary responsibility. This view we accept and we suggest that

- 1 The case conference should define the worker with primary responsibility where there is joint involvement in the case of both the NSPCC and the Social Services Department.

- 2 This practice should apply also in cases where other agencies are involved eg a neighbouring authority.

76. For reasons which we fully understand and accept, the NSPCC reserves the right to take any action they think right in the child's best interest, even after a case conference has reached its conclusions. There might even be a conflict of interest because the NSPCC does investigate all referrals made to it, even if this involves an enquiry into action taken by the Social Services Department, but this would normally be done with the Department's knowledge. Similarly, we see that the Social Services Department may find it necessary to enquire into action taken by the NSPCC. These potential differences should not be over-emphasised because they are not the normal pattern.

77. We were impressed by the goodwill generally felt towards the NSPCC, and Mr Beckett's description of the close and intimate knowledge that the NSPCC Inspector has of his area. It seems to us that this is a great strength of the organisation although they have so few Inspectors.

THE POLICE

78. We discussed with Assistant Chief Constable Ross of the Sussex Police the role of the Police in regard to non-accidental injury with a view to defining arrangements for the exchange of information between the Police and the Social Services Department and the Schools.

79. It was pointed out to us quite forcibly that the Police have always had a particular role to play, but this can only be played when they are informed that a possible offence has taken place. The Police have an expertise in investigating the circumstances surrounding a case, and their in-depth investigations, in their view, will be more fruitful than investigations by other agencies. The decision to prosecute in a case concerning injuries to children was taken at a high level, in fact by the Assistant Chief Constable (Operations). Even if there was evidence of a criminal offence it did not necessarily follow that the Police would prosecute. If there was no prosecution, a report would be submitted to the other agencies involved eg the Social Services Department in the case of the County Council.

80. At the present moment, the Social Services Department maintain contact with named senior Police Officers for assistance in cases of non-accidental injury. For example, the invitation to attend the case conference called by the Social Services Department is sent to one of these Officers or if a case is reported to the Police as a suspected criminal offence the first notification is sent to these Officers. We feel that this situation is satisfactory, but it is most important that it should continue to be so and we recommend that

The existing links with the Senior Police Officers already nominated by the Sussex Police as the point of contact in cases of non-accidental injury should be maintained.

81. We also discussed the question of the present means of contact that the Police have with Schools and the Social Services Department. The Police have appointed Schools Liaison Officers who are linked to the Juvenile Liaison Bureau, and they are expressly charged with the duty of establishing a sound relationship with the School

through the Head Teacher. In the Sussex Police area there are 21 School Liaison Officers. This system is we understand much appreciated by the schools. Equally the Social Services Department recognises the considerable value of the Bureau, although they use it for a different purpose. Assistant Chief Constable Ross told us that in the Police view the Bureau should provide the essential link between the Police and the other agencies concerned in child care cases. In particular, the Bureau in conjunction with the Policewomen's Department, maintain records of incidents concerning children and this information is available throughout the force to all Police Officers including the Police Constable on the beat.

82. The Bureau seems to have many advantages for the County Council, and its usefulness is already recognised and appreciated by the Schools and the Social Services Department which gives confidence for future developments. At present the Bureau is, as its name suggests, directed towards juveniles, but if it were able to provide similar facilities on the basis of the family as a whole the County Council would gain considerably.

83. We would therefore suggest that

The contact between the Social Services Department and the Juvenile Liaison Bureau should be developed to make further use of the Bureau's information facilities regarding children, and in particular the Police should be invited to consider the Bureau as being the routine point of contact for the Social Services Department. The Police should also be invited to consider for the longer term the expansion of the Bureau into a Family Liaison Service.

84. It may be that in one aspect the information available to the Police about a child is incomplete in that they are not automatically informed of a Care or Supervision Order. We considered whether this should be an obligation upon the Social Services Department to inform the Police, but feel on reflection that

The Police should be asked to consider making their own arrangements with the Courts so they are informed of any change in circumstances of a child arising from a Juvenile Court Hearing in which the Social Services Department is involved.

85. Reference is made in the Report to the fact that although the Police visited Maria's house on several occasions to deal with domestic incidents of one kind or another, no information about these was passed to the Social Services Department. Assistant Chief Constable Ross told us that the Police were satisfied that in all cases where children were involved in family incidents the Social Services Department should be informed. This information was normally passed through the Policewomen's Department and Juvenile Liaison Bureau Officers. In any case of urgency steps would be taken to inform the Social Services Department immediately of the need for action on their part.

86. We believe that it is open to the individual police officer to inform the Social Services Department direct provided he keeps his senior officers informed. We hope that this practice will continue.

87. We asked what steps are taken by the Police at a family incident to account for all children in the house, and indeed how could the Police Constable at the incident know if there had been previous occurrences. We were told that there were many types of family incidents which do not necessarily involve any question of ill-treatment or neglect of children, but it was normal practice for the Police Officer attending to question closely the adults concerned. He would not necessarily have ready information on all occupants of the household, but the Police would wherever possible ensure that all the children of the household were accounted for.

88. We very much welcome the readiness of the Police to assist the Social Services Department in this way, and we feel that

- (1) The suggestion should be accepted that the Social Services Department should be informed by the Police of all family incidents where children are involved, and the Police should be asked to consider amendments of their practice and Standing Orders to achieve this. This information should be passed or confirmed in writing by the Police to the appropriate Divisional Social Services Office.
- (2) The Police should be asked to note the importance of accounting for the whereabouts of all children at a family incident, and to record the children actually seen, and to put this into practice forthwith.

89. The County Council can contribute towards more effective liaison with the Police generally by providing a clearer definition of the role of the Social Services Department. It may be that not every Police Officer has a clear understanding of what the Social Services Department is able to do, and what it aims to do. This is in essence a training exercise, and we think

That the Social Services Department should help the Police by providing expert assistance towards an understanding of the role of the Department which we hope the Police would accept should be part of their normal in-service training.

90. We also asked the Police about their attitude to providing information about people and this is relevant to the points raised in the Report about references that could have been obtained about Maria's stepfather. The Police operate at present under the Home Office Circular 140/73 "Police Reports of Convictions and Related Information" which strictly only enables the Police to release information to the Social Services Department about prospective adoptive and foster parents. This excludes information, for example, about a child's prospective stepfather. The Sussex Police are willing to co-operate, but need the formal agreement of the Home Office to the disclosure of such information. We feel that this matter is of particular importance, and the need for the information to enable informed decisions to be made about children outweighs the other disadvantages, about individual privacy and so on. We think that this is a particular area where present practices should be altered on a countrywide basis. Our view is that

The County Council should make representations to the Home Office for amendment of Circular 140/1973 "Police Reports of Convictions and Related Information" so that the Social Services Department can be given relevant information about prospective step-parents, foster parents or natural parents, when a decision as to the placement or return of a child is to be made.

THE HOUSING AUTHORITIES

91. We discussed with Mr W. L. May, the Housing Manager of Brighton, the part to be played by Housing Authorities in assisting the County Council. He was nominated by the Chief Executives for the County to speak on behalf of all Housing Authorities, and we also gave every District Housing Manager an opportunity of contributing in writing to the discussion.

92. We were particularly interested in the role of the Housing Authorities because this is an area where a public authority has contact with a significant proportion of people living in East Sussex. For example, in Brighton 21% of properties are Council owned and in Wealden, which has the lowest percentage, the figure is 9.5%. There is no justification whatever for thinking that children in Council properties are any more at risk than children elsewhere, but it is obvious that there should be close liaison between District and County.

93. The traditional contact of the Housing Authority with tenants has been the Rent Collector, but this has been reduced by the adoption of the Post Office GIRO System as a collection system by most authorities, but not all. There are economic and security advantages in this system but there is a loss of personal contact. Some authorities have already appointed Housing Welfare Officers, or Area Housing Assistants to deal with special cases and this form of direct contact with tenants will be likely to be developed. The work of these Officers is mainly, but not exclusively, related to rent arrears, and this does help the Housing Authority to have personal knowledge of some tenants. This personal contact must be accepted with caution as a means of discovering a child at risk because there is no necessary correlation with the non-payment of rent.

94. The Housing Authorities have already given serious attention to this matter and a Report was published in 1973 by a Working Party of Housing Managers and Directors of Social Services of the old authorities in East Sussex entitled "The Responsibility for Housing the Community" which commented "Although it is not

the function of Housing Officials to seek to unravel and solve the problems of their tenants, their work will often bring to their notice families or individuals in need of help to overcome their difficulties. We recommend that Housing Managers should actively encourage their staff to refer any such case to the local Social Services Departments". This particular paragraph was strongly commended by the Report for general consideration, and our own recommendations are aimed at consolidating this liaison and to a certain degree formalising it by devising some Rules of Practice to govern the relations between the Housing Authorities and Social Services Department. We have noted that Rent Collectors are not the only District Council Officers who have direct contact with people. For example, people such as Environmental Health Officers visit many privately owned houses. It seems to us there is scope for suggesting that these Officers should be asked to bring their concern for a child at risk, whom they see in the normal course of their duties, to the attention of, say, the Housing Manager of the District for transmission to the Social Services Department, but this should be no barrier to direct contact with the Social Services Department.

95. Accordingly, we consider

- 1 All Housing Authorities should be asked to arrange that the Housing Department informs the Divisional Social Services office of suspected cases of children at risk that have come to the attention of his Department.
- 2 All communication from the Housing Department should be as rapid as possible, and all telephone calls to the Divisional Social Services office should be confirmed in writing within two working days.
- 3 It should be made clear to the Housing Authorities that notification of suspected cases should be made to the Divisional Social Services office whether or not the NSPCC is informed.

THE PROBATION SERVICE

96. The essential task of the Probation Service as explained to us by Mr Payne, the Chief Probation Officer, was the twofold role of carrying out enquiry work on behalf of any type of Court and the supervision of people who have fallen foul of the law.

97. Probation Officers naturally come into contact with families under stress where non-accidental injury could occur. There has always been a tradition of close co-operation with the Social Services Department, and Probation Officers are under instruction from the Home Office to keep an index of non-accidental injury cases in which they were involved. All members of the East Sussex Probation Service had received interim instructions as to the action that should be taken when a child appears to have suffered injury or is to be considered at risk of non-accidental injury. We welcome these instructions, and our only suggestion is, for the sake of clarification, that

The Probation Service should make it clear in their operational instructions to Probation Officers that the Divisional Social Services office should in all cases of actual and anticipated injury be informed, first by telephone as soon as possible and then by writing within two working days.

98. This suggestion would not alter the practice now adopted by the Service which is intended to ensure immediate action but would ensure that the Social Services Department had early knowledge of every case.

99. When a case has been notified to the Social Services Department the Probation Service expressed a wish to be informed of action taken but our feeling is that

Whenever a case has been referred by the Probation Service, the Divisional Social Services office should as a matter of good social work practice keep the Probation Service informed, whenever appropriate, of the action taken.

100. There is a long-standing practice whereby the Probation Service has been invited to attend case conferences where it was involved in the case, and Mr Payne said they have never been inhibited from calling a case conference direct if this was necessary. However, it was not always possible for the Convenor of the case conference to know that the Probation Service had been involved with the case in the past. This could be important because certain Probation Records were held indefinitely and could contain vital information. So we suggest

The Social Services Department should take note particularly when a case conference is being called that the Probation Service has records which are held for long periods and may contain information known only to the Probation Service.

101. As in the case of the Police, there is no automatic means of notification to the Probation Service that a Care or Supervision Order has been made in respect of a child. The question is whether this obligation to provide the information should be undertaken by the Social Services Department. We feel, however, the fact that the Probation Service has the closest contact with the Courts means that

The Probation Service should be invited to consider the means of obtaining information concerning Care or Supervision Orders direct from the Court.

THE SCHOOL MEDICAL SERVICE

102. We discussed the School Medical Service with Dr P A Shave, Specialist in Community Medicine (Child Health) from the Area Health Authority. The Service itself is supervised by a Co-ordinating Senior Medical Officer (Child Health) for each of the three Health Districts in the County.

103. He explained that it was the aim of the School Medical Service to see the child at appropriate intervals although there was no regular frequency of examination. The Service aimed to give a child a pre-school examination, or if that was missed, an examination during the first year at school. A further examination would normally occur at 10 or 11 years of age. Children with special defects or other health problems would be regularly followed up by the Service, usually at six monthly intervals.

104. In the context of non-accidental injury the School Medical Service has no special arrangement for children at risk. There can be no certainty that a child at risk will be regularly examined as examination can only be carried out with parental consent.

105. We feel that the fact that the School Medical Service has no special arrangement for the child at risk must be recognised. The frequency of medical examination of a normal healthy child ie on entry to the Primary School and again at 10 or 11 must mean that the service cannot be expected to provide a means of detecting all school children at risk.

106. The County Council might make a positive contribution in assisting the School Medical Service and that is in obtaining parental consent to a medical examination of the child. The need for parental consent is fully recognised, but its absence can mean that a child needing examination may not be looked at by the School Doctor. We suggest therefore that

At the beginning of the child's school career in East Sussex the County Council should seek a general written consent from parents to medical examination of the child, including an agreement for a Doctor to disclose to the School relevant medical information about the child, on a confidential basis.

107. Another aspect that causes concern is how medical examination may be obtained for a child at risk, even where there is no parental consent. We are sure that in urgent cases the Teachers and Social Workers would not hesitate to have the child taken to hospital, but in more subtle cases where there is only a suspicion that a child is at risk they may well feel that the absence of parental consent is a good reason for not taking action. This is a difficult area and questions of personal liberty are relevant, but there may well be exceptional cases where a Head Teacher (or indeed other County Council Officers eg in the Social Services Department) acting in good faith and on a reasonable apprehension that a child may be at risk, seeks a medical examination even where there is no parental consent. By doing so they may render themselves and the County Council to action in law, but nevertheless

We propose the County Council should be prepared to indemnify its own officers in relation to legal proceedings, to the fullest extent of its legal power, whether in civil or criminal cases concerning medical examination where the absence of parental consent is an issue.

108. It is, of course, the Doctor even more than the Teacher or Social Worker who will be personally liable in the case of the examination of a child at risk when there is no parental consent, and so we suggest

The Area Health Authority should be invited to consider the problem, in relation to the School Medical Service, of the personal liability of a doctor when he examines a child without parental consent.

109. We also considered the part that the School Nurse can play and it was explained to us that, although the School Nurse is not likely to see a child frequently enough to enable her always to assess its health and development, she would have sufficient general knowledge to be able to advise whether or not a child's health and development was satisfactory. It seem to us that

The particular value of the School Nurse in schools where she operates should be recognised and developed, particularly as a means of obtaining a preliminary view on a child's health and development.

110. The Report commented on the two systems of recording information about a child on the School Record Cards and the School Medical Cards, and the hope was expressed that a new look would be made at the connections which is reasonable to make between

these two systems of recording. We have dealt with School Record Cards separately in this Study, but we discussed the practice of exchanging information between the Head Teacher and the School Medical Service and also the question of School Medical Records. The present position is that for reasons of confidentiality schools do not have medical records made generally available to them, but the Co-ordinating Medical Officer would, with parental consent, give relevant medical information to the school if it has cause for concern. The Area Health Authority expects the individual School Medical Officer to discuss with the Head Teacher children with medical problems which require attention and if there were any difficulties in this respect, the Co-ordinating Senior Medical Officer (Child Health) for the Health District concerned would be prepared to discuss the medical findings with the Head Teacher.

111. This is an area in which schools feel that in the past they have not been provided with all the information that they need, but there may be a degree of misunderstanding on their part. We think this question should be taken seriously and suggest that

The Area Health Authority should be invited to discuss further with the Education Committee the question of giving the school relevant medical information about individual school children in view of the disquiet generally felt by schools that in the past they have not been kept adequately informed by certain School Medical Officers.

112. In order to consolidate the existing arrangements between the Schools and the individual School Medical Officer, the following practice should be adopted

The Head Teacher and the School Medical Officer should discuss all cases of children with medical problems requiring attention. This should be a regular discussion and the role of the Co-ordinating School Medical Officer in overcoming difficulties in this regard should be drawn to the Head Teacher's attention.

The Head Teacher should record on the School Record Card medical information imparted to him by the School Medical Officer.

113. The relations between the Social Services Department and the School Medical Service are governed by very short lines of communication. Where the School Medical Service has concern for a child at risk, Dr Shave explained that information would be passed direct to the Social Services Department. Conversely, the point of contact with

the School Medical Service for the Social Services Department or the Divisional Office is the Co-ordinating Senior Medical Officer (Child Health) in each of the three Health Districts in the County.

THE HEALTH VISITOR

114. In East Sussex all Health Visitors are employed by the Area Health Authority and are attached to General Practices where they are members of the primary Health Care team. The Health Visitor carries out routine visiting to families and checks upon the development of children in the family to identify any difficulties or unsatisfactory conditions. Health Visitors can make direct contact with hospitals which admit or treat children and they can share the information that has been given to the General Practitioner. A liaison Health Visitor is appointed for those hospitals which she visits regularly. She is in close contact with the Consultant Paediatrician in the hospitals and relays information to and from her Health Visitor colleagues in the area.

115. Where a Health Visitor has reasonable cause to suspect non-accidental injury we were told by the Area Nurse (Child Health) that the Health Visitor would normally inform the General Practitioner to whom she is attached and also the Co-ordinating Senior Medical Officer for Child Health for the District. She would telephone if the matter was urgent and would back this up by a written report. The Social Services Department would be informed by the Health Visitor or by a Nursing Officer in cases where there was reasonable cause for suspicion.

116. As suggested by a Memorandum from the Department of Health and Social Security in April 1974, guidelines for Health Visitors and other community nursing staff are being prepared by the District Review Committees and these will include instructions for notifying the Social Services Department.

117. We think it would be of advantage if Health Visitors were under a duty to refer suspected cases automatically to the Social Services Department and we welcome the progress that has been made in this direction, so we suggest that

The AHA should be requested to give every Health Visitor standing instructions on the need to inform the Social Services Department in every suspected case of a child at risk.

118. We also asked whether a Health Visitor readily knows how to make contact with the Social Services Department and with the individual Social Worker. We were told the forms of contact vary as in some General Practices there is a link with a Social Worker, alternatively contact could be made with the Duty Officer in the Social Services Area Office. Each Health Visitor always knows what the arrangements are for her own area. If the Health Visitor were in any difficulty she would normally refer to her Senior Nursing Officer for advice. In our view it is most important for this liaison between the Health Visitor and the Social Worker to be consolidated. This is obviously an area for joint liaison between the Social Services Department and the Area Health Authority, but the matter could perhaps be set on a more substantial footing. It is very desirable that every Health Visitor knows how to make contact readily with the minimum of delay, and so we propose that

The Area Health Authority should be asked to consolidate the means of liaison between the Health Visitor and the Social Services Department, and that the Guidelines currently under consideration should set out very clearly how contact may be made with the minimum of delay.

119. The Area Nurse (Child Health) explained to us that the Health Visitor is likely to have some knowledge, not necessarily extensive, of all the children in a family in her practice population. She might not know, however, that a child was the subject of a Care or Supervision Order and it would be helpful for her to know this. The Health Visitor would also be a valuable person to attend at case conferences, and may well have significant knowledge about a child that would be of value to the Social Services Department before they make a decision about the placement of a child. The action that we recommend here is

- 1 The Social Services Department should discuss with the Area Health Authority the question of one point of contact for giving information on the making of Care or Supervision Orders and their discharge or modification for transmission to the individual Health Visitor.
- 2 The Social Services Department should consider contacting the Health Visitor amongst others who hold relevant information before making any significant decision about a child, so that there is the fullest information about the child.

120. The role of the Health Visitor at the case conference can raise certain questions of confidentiality which we would not wish to over-emphasise in case they are taken out of context. Because the Health Visitor now works with the General Practitioner there could be a remote possibility that she is unable without his consent to give certain information which might be relevant to the child at risk. Should such a situation arise, however, the Area Nurse (Child Health) told us that the Health Visitor would know that it is for her to discuss the matter with the General Practitioner and for them to arrive at a joint decision.

121. Another area in which the Health Visitor is able to give the County Council assistance is by giving evidence in child care cases in the Juvenile Court. She is often the person who has the best first-hand knowledge of the case, and will have invaluable background knowledge of the family. Under the arrangements before reorganisation of the Health Service, Health Visitors were employed by the County Council and gave evidence as part of their ordinary duties. Health Visitors are reluctant to appear as a witness except when the evidence which only they can give is essential. They have no right of entry to a home and the success of their work depends entirely on their ability to win and retain the confidence and trust of the families they visit. A publicised appearance as a witness can have seriously damaging effects. The Health Visitors' Professional Association has recommended that Health Visitors should not be brought into Court, and that when a Health

Visitor is served with a subpoena to give evidence which has proved essential she should be given an opportunity to discuss her evidence in advance with a Solicitor. In some recent instances, the County Council has had to apply to the Court for subpoenas to secure a Health Visitor's attendance. We fully appreciate the Health Visitors' general wish to stand apart from litigation, but in the case of a child at risk it seems to us that the necessity for a subpoena should be avoided if at all possible. So we feel that

The practice of Health Visitors to appear in Court proceedings on the County Council's behalf only when a subpoena has been issued can cause some difficulty, and the Area Health Authority should be asked to give early attention to solutions for this problem.

122. We raised with the Area Nurse (Child Health) the question of the liaison groups recently established in Secondary Schools which are concerned with children whose behaviour is causing problems, and we welcomed her statement that Health Visitors could contribute usefully to the groups' discussions. Therefore, we suggest

The Education Department should invite Health Visitors to the school liaison groups where necessary, and they should also note the readiness of the Specialist in Community Medicine (Child Health) to take part.

THE GENERAL PRACTITIONER

123. The General Practitioners in the County are in a quite different position from the other agencies we interviewed, because they are independent contractors to the National Health Service and not members of an organisation. The Family Practitioner Committee is the only elected representative body of GPs throughout East Sussex, but it is difficult to have contact with GPs as a body because each GP has a high degree of independence. Dr. Watney explained to us that a GP often runs his practice differently even from his partners. For this reason we have accepted Dr. Watney's statements as his own personal views which are not necessarily shared by his profession but nevertheless we found them of great value.

124. We have already described how the Health Visitors in the County are attached to individual Group Practices, and we have made recommendations in paragraphs 114 to 122 of this Study. Dr. Watney mentioned the special value of the Health Visitor for initial investigations in suspected cases of non-accidental injury. The Health Visitor would be sent to talk to the family and report back, and if the General Practitioner was then uneasy as to the situation, the matter would be reported to the Social Services Divisional Office for action. The first and most important action for the GP would be to safeguard the child by arranging admission to a hospital. If the injuries present at the particular moment did not justify the child being sent to hospital but there was fear of earlier non-accidental injury, admission could be arranged to permit full examinations to be undertaken.

125. On the question of the Social Worker's contact with the GP, and whether this should be direct or through the Health Visitor, Dr. Watney said that the Social Worker should make contact with both direct. There was, however, a feeling on the part of some Health Visitors that the Social Worker might be assuming their role but this feeling could be overcome by a better understanding of each other's roles. We also explored the question of Social Worker attachment to General Practice

and Dr. Watney's view was that there was considerable merit in this provided the proper relationships and roles were decided at the outset. This would undoubtedly provide an equal partnership in the General Practice just as the Health Visitor and General Practitioner do at present.

126. This question of Social Worker attachment to General Practice is clearly important and we have not been able to examine the question to any depth. We were told of various liaison schemes within the County. However, we feel

- 1 That the question of Social Worker attachment to general practice is worthy of further development as potentially a valuable means of allying Social Work and medical skills
- 2 As an immediate step, we think there is scope for the Social Services Department to develop further the possibilities of collaboration between Social Workers and general practices in the County.

127. We discussed also the question of information in the possession of the Social Services Department concerning children at risk, particularly Court Orders, and how this should be brought to the attention of the GP. Dr. Watney said it was undoubtedly of benefit to the GP to have before him every bit of information relevant to the child and its family situation. This is important, and we have made recommendations in the part of the Study relating to Health Visitors to deal with this need. In the same way we have dealt with the transmission of information from the General Practice to the Social Services Department.

CONSULTANT PAEDIATRICIAN

128. The involvement of the Paediatrician with the child at risk is obvious, and so too is the necessity for the County Council to have close working relationships with the Consultants in the County. Dr. T.P. Mann of the Royal Alexandra Hospital for Sick Children, Brighton, emphasised to us the very high degree of specialisation involved in identifying physical and emotional damage in a child.

129. Where a case comes to the notice of the Social Services Department, Dr. Mann said that the Consultant Paediatrician and the Hospital Service should be informed and close collaboration maintained. He strongly endorsed the findings of the Tunbridge Wells Study Group that the first course of action was to have the child admitted to hospital, although if there were only suspicions of injury, an Out-Patient referral would be arranged rather than an urgent admission to hospital. If the case was not urgent, then the referral should be through the General Practitioner. Indeed, in any urgent case it was right and proper so far as he was concerned that the contact might be made by the Social Services Department with the Consultant Paediatrician direct.

130. If it were the Paediatrician who found the first evidence of non-accidental injury, the Social Services Department would be informed of this in every case.

131. Dr. Mann discussed also the question of Casualty Departments in the hospitals throughout the County. He felt that in the larger district general hospitals cases of non-accidental injury would not escape identification because the staff are trained in recognising non-accidental injuries, but there was more likelihood of this in very small casualty units or specialist hospitals where the very specialisation could militate against recognition of non-accidental injury. But any child seen at a hospital Casualty Department, who was under the age of one year would almost certainly be admitted if there was a fracture on the assumption that this was probably a non-accidental injury.

132. We would, therefore, expect the Social Services Department to use the Casualty Department of the larger district general hospitals when obtaining medical treatment for a child.

133. A case conference would be held with the participation of the Consultant Paediatrician and the Social Services Department as well as the other agencies involved. In Dr. Mann's view this should be convened by the hospital Social Worker if the case were discovered in hospital.

134. In the Report it was suggested that a physical examination would have shown the extent of the stress and deprivation with Maria was suffering, and so we asked if Paediatricians would be prepared to give this sort of examination. The reply was that the large number of examinations that would be involved, and the probability that much of the work would be abortive, meant that they would not necessarily be willing to do so.

135. We see that the need for specialist paediatric advice is of the utmost importance and we realise that extensive demands are made on the scarce professional resources involved. This question is not for us to decide, but the Regional Health Authority may feel that this merits further consideration. We think this is a subject the Area Review Committee may wish to explore further.

136. Dr. Mann suggested that the introduction of Termly weight and height recording in schools would provide a base line under which even lay people would be able to judge whether or not a child was progressing according to the norm. Where the norm was not being achieved, then there was a need for a referral of the case for more specialist advice.

137. The suggestion for weight and height recording would obviously place an additional burden on the schools but we were told that a simple method could

be devised so that variations from the norm would be immediately apparent to lay people. We feel

That methods of termly weight and height recording for school children should be undertaken and methods should be devised for use in the schools.

THE SCHOOL PSYCHOLOGICAL AND CHILD GUIDANCE SERVICES

138. The County Council employ 13 Psychiatric Social Workers and 14 Educational Psychologists. There are 8 Child Guidance Clinics and the School Psychological Service has three units. The advice of Consultant Psychiatrists is available at the clinics, generally on a sessional basis.

139. Children are referred to these services by parents, schools, General Practitioners and others and all such referrals are channelled through the Area Education Office. Most children seen are in the age range of 7 - 9 years or over. Comparatively few are below school age, but those few seen are usually handicapped in some way. The reasons for referral will vary, there may be educational or emotional problems or both which has caused the referral. We were told that Health Visitors have in recent months increased their referrals and have sought the help of the Services in their relationship with the family.

140. It was also pointed out to us that a principal aim of the Services was to carry out any treatment that may be required whilst keeping the child with the family. It was always possible that it was not only a case of a disturbed child, but that the family were using the child as a means to obtain help. As may have been the case with Maria, emotional problems in the child may lead to physical assault.

141. These facts showed to us quite plainly the value of these services in detecting and helping the child at risk, and we know from the Report that the Social Services Department was contemplating calling in the Child Guidance Service in Maria's case.

142. This points to the need for liaison between these services and the Social Services Department, and we have already recommended in this Study that the Head Teacher should inform the Social Services Department when a child is

referred to the Child Guidance Service or the School Psychological Service. However, referrals will be made by other agencies, e.g. General Practitioners or the School Medical Service. We were told that the School Psychological Service does notify the Social Services Department as well as the Education Welfare Service and the School Medical Service when they were to see a child to ascertain whether or not those agencies had any relevant information. This practice seems to us to be invaluable and we feel

That the School Psychological and Child Guidance Services should undertake as a standing responsibility the notification to the Social Services Department of all cases referred to them from whatever agency.

143. We are satisfied that the Social Services Department is fully aware of the potentialities of these services, and therefore a precise recommendation in this regard is unnecessary.

THE SOCIAL SERVICES DEPARTMENT

144. The Report said "The ability of Social Work Agencies to carry out their tasks properly depends not merely upon the sheer physical capacity of their workers to cope with ever-increasing case loads, which raises important financial and recruitment questions, but also upon the drawing up of efficient systems within which those workers can work to the best of their capacity".

145. It must be clear from the earlier parts of this Study where we have considered the outside agencies singly that our recommendations involve increasing responsibilities upon the Social Services Department. The need for formal channels of communication to secure the passage of information, the emphasis on personal informal contacts between the Social Workers and their colleagues in other disciplines, the increased general awareness of the problem of the child at risk, will all place extra demands upon the Department. The effectiveness of many of the improved practices which we have recommended will be prevented if the Department does not have the means of meeting the demands made upon it.

146. The Director of Social Services has presented us with certain basic assumptions.

"It is seldom possible in child care practice to reach black-and-white decisions about courses of action which are clearly in the long-term interests of a particular child and it is even less often that such courses of action involve decisions affecting the child alone without spin-off effects for his family and other contacts."

"Injuries to children are not only physical. Deprivation and separation may have even worse long-term ill effects than a single episode of physical violence. Therefore no solutions to a child's problem should be reached on a proposition that all that needs to be done is to remove him from an existing situation. The solution must always take account of the viability of the alternative plans. Furthermore, systems for dealing with children at risk of physical injury should be a part and parcel of and not separated from the systems for dealing with family and child care problems as a whole."

"In the light of the above, services for children at risk of physical injury and their families need to be seen in the widest context of resources which could be made available both by the local authority and other services. When resources are so stretched, it becomes the more urgent that they should not duplicate each other and that they should be used most productively."

147. We have accepted these assumptions and the recommendations that we make are on the basis that the question of children at risk should be considered on the broad front that the Director of Social Services advocates.

The Recent History of the Department

148. Social Services have undergone two reorganisations in recent years. As a result of the Seebohm Report, the Local Authority Social Services Act 1970 brought about the merger of the former Children's Departments, Welfare Departments and Mental Welfare Sections into one Social Services Department. This merger took place on 1 April 1971 and three years later the Local Government Act 1972 combined the Social Services Departments of the former East Sussex County Council and the three County Boroughs. In practical terms, ten departments in three years had become one. Quite apart from the need to blend the qualities and levels of service of these former departments without detriment to any one group of clients in any one locality, the whole style of management and administration of the new Department has been created in a time of radical change. The Department now employs a total of 4100 people on a whole or part-time basis offering social work, domiciliary, day care and residential services. The net annual revenue budget was £10m at November 1974 figures.

149. We make these points to emphasise the scale and complexity of the activities undertaken by the Department.

The Structure of the Department

150. The County is divided into six operational Divisions to cover the following areas

- | | |
|---|---------------------|
| 1 | Hove |
| 2 | Brighton |
| 3 | Lewes |
| 4 | Wealden |
| 5 | Eastbourne |
| 6 | Hastings and Rother |

151. The purpose of this Divisional organisation is to bring a responsive locally organised and appropriate service to communities because the Social Services Department must bring a sensitive, prompt and personal service to those who need its services. Each Division is headed by a Divisional Director who has the power to take decisions on the provision of services to individual clients, and the Field Social Workers are attached to the Divisions.

152. The Director of Social Services operates from County Hall, where he is assisted by a Deputy who has a primary responsibility for personnel, training and development. There are two Assistant Directors who are respectively in charge of Administrative Services (which includes finance and logistics), and Planning and Research.

153. There are two diagrams in Appendices 'D' and 'E' to this Study which explain the precise structure at County Hall and the Divisional Offices.

154. In this Study we make many recommendations involving changes in practice for the Social Services Department, and therefore we considered whether there should be any fundamental alterations in the Management Structure of the Department. Clearly any such structure should not be fixed for all time but must evolve to meet new demands that are placed on it. We are satisfied, however, that the structure is appropriate at the present time. So we recommend

That there should be no fundamental change in the basic structure of the Social Services Department which in our view is well suited to the needs of East Sussex.

The Number of Cases Referred to the Social Services Department

155. We have analysed on the figures at present available the annual rate of referrals to the Department for all its services, and the samples of the case load on a typical Social Worker. By a "referral" or a "case" we are referring not to the number of individuals involved but rather the number of families involved, so that one case could involve a large number of people.

156. The annual rate of referrals is approximately 18,000 cases of which 15% are cases which had been closed but for varying reasons have been referred for a second time. About 5370 cases of the total are not closed within the year, for example a child care case may involve the Department for many years. But it is possible to discern a net annual increase in case load of approximately 13% in cases where long-term intervention is required, although it must be said that the statistical evidence for this is not yet conclusive because of the short period for which relevant records have been kept.

157. The following Table summarises the figures for the last twelve months for which relevant statistics are available.

Type of Case	% of referrals	Number of referrals	Number of cases remaining for at least one year
Children	25	4500	1350
Mentally Disordered	10	1800	540
Physically Handicapped	12	2200	660
Elderly	45	8100	2400
Others	8	1400	420
Total	100	18000	5370

158. The average contents of a case-load measured on a sample basis:-

Children)	
Family Casework)	44%
Mentally Disordered	25%
Physically Handicapped	15%
Elderly	9%
Blind/Partially Sighted	1%
Others	6%

159. It can be seen that case-loads are weighted on the side of the more difficult and protracted type of case because of the high emphasis on children and family case work.

160. We regard this statistical analysis as most important. The concept of "basic need" is well developed in the Education Service, where an anticipated increase in school population is an automatic justification for further resources. This stage has not been reached in the sphere of Social Services, but we draw the attention to the need

1. That the likelihood of a net annual increase in the rate of referrals to the Social Services Department should be recognised, and that the County Council should take account of this when allocating resources.
2. That the statistical analysis of the rate of referrals should be developed further so that the results can be used with greater confidence as a factor in decisions.

The Present Establishment of Field Workers

161. In the context of children at risk, the key Field Workers in the Divisional Social Service Office are the Team Leaders, Social Workers, and Social Services Officers.

162. Team Leaders are responsible for managing and co-ordinating the work of their team which consists typically of up to seven workers, including full or part-time Social Workers, Social Services Officers and a Welfare Assistant. The Team

Leader is of vital importance in the protection of children at risk, because written operational instructions require Social Workers to seek the agreement of the Team Leader before undertaking certain forms of action and committing the Department's resources. However, a considerable number of Team Leaders have been recently appointed from within the Department and still carry their own case-load, which means that they are unable to carry out their supervisory and consultative roles which ought to be their main function. Other Team Leaders who have been employed in the County for several years have valuable specialist knowledge and experience in areas such as mental welfare or care of the aged and physically handicapped, and are therefore understandably reticent about supervising recently qualified staff in child care matters.

163. Trained Social Workers are at a premium and obviously they should be used as far as possible in situations which demand their level of skill and range of knowledge. It is often said that Social Workers are "young and trendy" and they do not have the necessary range of experience and maturity that the job requires. We therefore made an analysis of all field staff in post in March 1975 measuring their age, qualifications and experience. The conclusion is that there is a very wide range of ages, and although there are perhaps more formally qualified Social Workers in the young age group there is no justification for regarding the "typical Social Worker" as significantly different from the members of other professions.

164. The Social Services Officer is a comparatively new grade of post for people of maturity and experience who are capable of carrying "case-load responsibilities" but who are not expected to undertake Social Work in the strict sense of that term. Their value is in carrying out a large number of tasks which do not need the Social Workers' professional skill and training, as for example organising the admission of adults to residential accommodation or aids for the physically handicapped.

165. At the present time, the establishment of these Field Workers is as follows:-

Team Leaders	36 - 32 in post
Social Workers	146 - 122 in post (approximately 53 of whom are qualified)
Social Services Officers	23 - 31 in post

(The additional Social Services Officers posts above the establishment make up for some vacancies in the Social Workers posts.)

166. When we considered what action should be taken for the future we have taken into account the fact that present recruitment difficulties make it difficult to fill existing vacancies, and the reasons for this include the national shortage of trained Social Workers (estimated at 10% on the last figures available by the Department of Health and Social Security in a recent reply to a question in the Commons). In East Sussex, housing is particularly expensive and rented accommodation is in very short supply which means that it is difficult to recruit staff and retain them for sufficient time to take full advantage of their experience after qualification. It was also suggested to us by the Director of Social Services that there was a need for a career grade of Social Worker as a method of career progression alternative to the normal advancement into purely management or administrative roles. This would encourage staff to stay and therefore be a means of keeping experienced staff at a point in their career when they are able to undertake supervisory functions. We understand that there is no generally accepted career grade of this type in the national scales of salary for Social Workers, and it appears to us that this is a significant omission.

167. We draw attention to the following factors in the present establishment of the Social Services Department in relation to Field Work staff that

1. Measures should be taken as a matter of urgency to stimulate the recruitment and retention of Field Work staff, particularly of qualified Social Workers, to achieve the establishment levels which have already been agreed.

2. The existing shortfall in establishment has the undesirable effect that Team Leaders are substantially prevented from carrying out the supervisory functions which are an integral part of their duties and of particular value in cases of children at risk.
3. Particular consideration should be given to get wider use of the staff house mortgage scheme by Social Workers, and to obtain rented accommodation for them from District Councils or Housing Associations.
4. The question of a career grade for Social Workers should be explored as a matter of urgency, and that if necessary or desirable representations should be made to the National Joint Council.

Clerks and Administrators in the Divisional Offices

168. Social Workers are at present undertaking clerical tasks on a substantial scale, and this seems to us to be a misuse of their professional skill. In the Report the Committee concluded "We consider that investment in secretarial resources and mechanical aids to communication would pay heavy dividends in efficiency and could release professional staff for their proper tasks". Our own recommendations will substantially increase the clerical burden falling upon the Divisional Offices because of our emphasis on the exchange of information.

169. The clerical work we have in mind includes transcribing dictated reports and correspondence, maintaining efficient records, including the review systems, aiding the transmission of information for the Field Worker, and receiving information and inquiries on the Field Worker's behalf. A Study was undertaken during 1972 by the Management Services Unit of the former County Council of the Social Services Area Offices and certain recommendations were made. It concluded that the clerical support should be in the ratio of one clerical staff to 3.5 Field Workers and managerial staff, and since that time a substantial volume of clerical work has been delegated from County Hall to the Divisional Offices.

170. The establishment of the Divisional Social Services Office for the new County Council provided for one Team Clerk for each Social Work team which typically comprises a Team Leader and six other staff.

171. We are quite certain that if the standards of communication and recording are to meet the levels which are advocated in the Report and which we recommend in this Study they will require a considerable increase in the level of clerical support to Field Staff. The Director of Social Services has suggested to us that the appropriate ratio is 3 clerical staff to 7 Field Workers in a team, but at this stage the detailed analysis has not been repeated, since 1972, in the new Department. It is clear nonetheless that the needs are substantial and urgent.

172. Our views are that

1. The degree of clerical and administrative support in Divisional Offices is insufficient to meet the standards that are required.
2. The problem is of such urgency that steps should be taken to rectify the position as soon as possible, and that serious consideration should be given to interim solutions in the form of limited improvements whilst alternatives are considered.

LEGAL SUPPORT FOR THE SOCIAL SERVICES DEPARTMENT,
OUTSIDE AND INSIDE THE JUVENILE COURT

173. The Social Services Department needs broad based legal support in the wide area of family and welfare law which is its daily concern. The Director of Social Services estimates that these needs are growing considerably in both the quantity and quality of advice. Before the reorganisation of local government in 1974 advice would have been available from the Town Clerk's Departments in the County Boroughs and from the Clerk's Department in the County Council. The present position is that advice is provided for all the Divisional offices from the Personal Services Division of the County Secretary's Department. A strength of the former system was the proximity of the Social Services Department to the Clerk's office which meant that informal advice was readily available at an early stage in any case, but at present the County Secretary's Department in Lewes may seem remote to the staff of the Social Services Department in the Divisional offices. If this were a permanent result of reorganisation, we feel that this would be a significant loss. However, we see that this is a management problem and the situation could perhaps be improved by in-service training in law for Social Workers, and by training in the principles of Social Work practice for Solicitors in the County Secretary's Department. We recommend that

Steps should be taken by the County Secretary's Department and the Social Services Department to develop further the giving and taking of legal advice in a ready and informal manner at an early stage in a case, and joint training programmes should be devised to promote mutual understanding of the law and Social Work practice.

174. Because it was outside their terms of reference the Committee of Inquiry did not consider any questions relating to the Juvenile Court which substituted a Supervision Order for the Care Order when Maria's mother applied for the revocation of the Care Order. We considered, however, that the general question of the County Council's relationships of Juvenile Courts in the County was of sufficient importance to justify special attention and we accordingly discussed various matters with the Chairman of Crowborough Juvenile Court.

175. The present practice of the County Council in child care cases before the Juvenile Court is that the Social Services Department is represented by a Solicitor from the County Secretary's Department unless the case is uncontested or the issue is extremely straightforward. In the latter two cases, the Social Worker would both represent the County Council as advocate and present the evidence as witness. During 1974 solicitors in private practice sometimes appeared for the County Council owing to pressure of work but the County Secretary's Department have filled one vacancy for a solicitor in the establishment but there is still an existing vacancy for a Senior Assistant Solicitor post. The recent extension of the scope of legal aid under the Legal Aid Act 1974 has meant that the child's parents have been legally represented more often and there has been a proportionate increase in the number of cases which are opposed.

176. We recommend that in all cases involving children at risk

The County Council should be legally represented before the Juvenile Court. This should indeed be the general practice for all child care cases except in a minority of straightforward cases where legal skill is not called for.

177. The Chairman of the Crowborough Juvenile Court endorsed this view, suggesting that Social Workers may not always present a child care case to the best advantage. Furthermore, we feel that the primary task for the Social Worker is to give evidence on the basic issues of child care and that it may be unreasonable for him or her to be expected to act as advocate at the same time. The time taken to prepare a case must also add to the work load.

178. It is not possible to define precisely the straightforward cases where legal representation is not required as this would depend on the facts of the particular case. But we feel that the Social Services Department should be provided with legal representation whenever they wish it, and therefore we stress the point by recommending

That the County Secretary's Department should provide legal representation for the Social Services Department whenever requested to do so.

179. Of vital importance to the Juvenile Court is the Report on the child provided by the Social Worker. The Chairman of the Crowborough Juvenile Court said that the Court was seeking an unbiased assessment of the child, and we asked what improvements he would wish to see in the form and contents of the standard report. He replied that most reports submitted by the Social Workers were very good and informative, but it would be helpful if the report was as full as possible and also indicated any confidential items that should not automatically be available to all parties. We have recommended already in the part of this Study dealing with schools that whenever a case for the Court is being prepared the Social Services Department should obtain a school report signed by the Class Teacher and Head Teacher. This is an improvement on existing practice, and the Report should be submitted in full to the Court in every case.

180. The majority view in the Report was critical of the Social Worker's report about Maria as, unwittingly, misleading because it put a more favourable gloss on Maria's agonised protests over the preceding months than was justified. Indeed, although the decision not to oppose Maria's mother's application for revocation of the Care Order was a very fine one, this was not made plain to the Court. We draw attention to this particularly because we think it illustrates the difficulties that there are in presenting the Court with the evidence that it needs before it can decide the case. The Children Bill at present before Parliament will enable the Court in certain circumstances to obtain a separate report from a Social Worker independent of the Social Services Department.

181. We commend the following practice.

The Social Inquiry Report should be as full as possible, and indicate any parts which the Social Services Department think should be kept confidential. It should be accompanied by the School Report, signed by the Head Teacher and Class Teacher.

182. When a Juvenile Court announces its decision it does not generally give its reasons. The justification for this is that because magistrates are not legally trained giving reasons can encourage unnecessary appeals. In cases affecting children at risk this practice can cause unfortunate uncertainty because if care proceedings fail the County Council does not know on what basis the Court has reached its decision. For example, the Court might be satisfied that the injuries were non-accidental but content that the child would be adequately safeguarded by the additional support that grandparents were now providing the parents. We think this uncertainty is unsatisfactory because the Social Services Department find it difficult to know what further support should be given to the family. We suggest that

The difficulties that arise because the Juvenile Court does not give reasons for its decision in an application for a Care Order should be brought to the attention of the East Sussex Magistrates' Association.

183. We did discuss with the Chairman of the Crowborough Juvenile Bench what improvements should be made to achieve better relations between the County Council and the Juvenile Bench in East Sussex. We were aware that for various reasons the Children and Young Persons Act 1969 engendered ill-filling generally throughout the Country between the Court and Social Service Departments. The Chairman thought there was scope for more frequent meetings between the staff of the Divisional Social Services Offices and the local Juvenile Bench. For example, at Crowborough there is a meeting once a quarter and this provides a better opportunity for exchanging views and gaining confidence in one another. Magistrates would also like to hear of the progress of cases in which they had adjudicated and so learn from past decisions. We feel that this question is worth further examination, and although we do not have any precise suggestions we recommend

That the County Council should examine with the East Sussex Magistrates' Association ways and means of securing better relations generally between Juvenile Benches in the County and the Social Services Department.

The Adversarial Approach in the Juvenile Court

184. The present practice of the Juvenile Courts, like nearly all legal tribunals, depends on the adversarial approach i.e. the Court makes its decision on the evidence presented to it by the opposing parties to the action and has only a limited opportunity of making its own inquiries. Both the Chief Probation Officer and the Chairman of the Crowborough Juvenile Court referred to the difficulties this creates, particularly as in family cases there is a tendency for the parties to present the Court with a compromise which may not be in the child's best interest. The Children Bill attempts to redress this balance by proposing independent legal representation for the child, and places particular emphasis on the need to safeguard and promote the welfare of the child. Although we have not given this question the fundamental study that it deserves, we do question the wisdom of the adversarial approach in deciding matters concerning children. We suggest that

The County Council should consider making representations at a national level for an examination of the benefits and defects in the adversarial approach adopted in the Juvenile Court, and the consideration of alternative means of deciding cases.

185. We feel that there might be distinct advantages if the Juvenile Court itself had the power to call for the evidence it considered necessary to decide the case in view of its duty to safeguard and promote the child's welfare. The constitution of the Court itself would also need further consideration if such a suggestion was adopted because it should perhaps include a person legally qualified and one with practice and experience in Social Work.

OPERATIONAL INSTRUCTIONS CONCERNING CHILDREN AT RISK

186. After the reorganisation of the Social Services Department in 1974, the Department devised Operational Instructions for Social Workers to assist in their task of investigating allegations concerning children at risk. The Instructions are detailed, and are intended to achieve a prompt disciplined response to all allegations, and to provide a recognised procedure enabling the social workers directly involved in investigations and the casework which follows to share that knowledge and responsibility with a senior officer in the Social Services Department.

187. The Instructions contain general guidance for deciding whether a child is at risk, on the lines of the paragraph in the opening of this Study where we have attempted a definition of the child at risk.

188. In Maria's case much of the information came from the neighbours and the Operational Instructions draw attention to this by describing the multiplicity of sources of original information. In all cases, the Social Services Department must make arrangements with the person providing the original information to supply any further information that comes to light. The Department are also to tell the informant of the outcome of investigations.

We commend the practice of informing people of the outcome of investigations when they have provided the Social Services Department with information.

189. The Instructions lay great emphasis on the first action that should be taken, particularly that the child and his family should be seen on the same day as the first information is received. Arrangements are to be made with the parents' co-operation for a medical examination of the child as quickly as possible, and if they refuse co-operation unreasonably a decision may be made to apply for a place of safety order or to bring care proceedings.

190. The Report commented on the need for all allegations of ill-treatment to be recorded minutely and accurately, and this is emphasised in the Operational Instructions which particularise the full information that should be obtained as soon as an allegation is made.

191. The Instructions emphasise that a social worker is not to operate on his or her own. The duty of the Senior Officer is to advise all necessary social work action and arrange for a suitably qualified and experienced social worker to be allocated to the case, to organise liaison contacts with other agencies and professional people known to be in contact with the family, to decide whether to convene a case conference and where necessary to obtain a place of safety order from a magistrate to secure the immediate safety of the child. He is also to see that the action of the Department is recorded without delay, and the police are involved if necessary.

192. In relation to the case conference the Operational Instructions emphasise that except in emergencies unilateral decisions by the Social Services Department to seek care proceedings (or indeed to allow the child to remain at home) should be avoided. The initial investigations should be followed by a case conference attended by all those professional workers who have concern for the child. The task of the case conference is to agree a co-ordinated course of action, to identify key workers and to agree on their roles and areas of responsibility, and to set dates for future case conferences for review and follow-up. If it is not possible for the members of a case conference to reach agreement, then the individual responsibilities of each participant and the action that each will take will be identified.

193. We have already commented in relation to the NSPCC that cases should not be handled as a joint responsibility between the NSPCC and the Social Services Department, and it follows that the action of the case conference to identify the key worker is particularly important. It should also be emphasised that a decision at a case conference cannot inhibit any agency that attends from the independent exercise of its statutory

powers but it is not possible for us to frame a general recommendation on this aspect to meet every eventuality but we consider it important that the case conference should generally be used by the agencies attending as a means of avoiding unilateral action.

194. Our general view is that

- 1 Operational instructions should be developed further by the Social Services Department to take account of the recommendations made in this Study, particularly the notification to the NSPCC as a matter of urgency of all identified cases of children at risk and the use that can be made of the Juvenile Liaison Bureau
- 2 The Operational Instructions should include guidance on the long term management of a case, particularly emphasising the need for a regular written review of progress, the part to be played by the senior officer and the absolute necessity for precise record keeping of all cases.

GENERAL QUESTIONS RELATING TO THE SUPERVISION OF SOCIAL WORKERS

195. We have explained the emphasis in the operational instructions on the need to see that a Social Worker does not operate on his or her own and the report gives considerable attention to the machinery by which supervision is exercised over the practice and decision making of Social Workers. Accordingly we examined in some detail the supervisory structure within the Social Services Department.

196. There are three aspects of supervision with varying degrees of importance.

Professional Advice

197. The Majority Report of the Committee of Inquiry highlighted in particular the question of specialist advice. It was recommended that Social Workers training should enable them to turn readily for specialist help when severe trauma is apparent in a child, and the desirability of second opinions eg from the Child Guidance Clinic, should always be considered. A medical opinion should also have been taken as to the depth and significance of Maria's continuing protests. In her Minority Report Miss Olive Stevenson took a differing view, and pointed out that "social workers in child care see, more than any other professional or lay group of people, children under this kind of stress. To deny them the right, therefore, and indeed the necessity, to interpret such behaviour, and to make decisions in the light of the interpretation, is a contradiction of one of the very functions Social Workers were set up to perform".

198. The Director of Social Services explained to us that his staff do receive advice and consultation from various disciplines. We discussed particularly the question of advice from Consultant Psychiatrists, because we consider that their role, especially in relation to the parents of the child at risk, is of the greatest importance.

199. It is not possible to frame a precise recommendation on this subject because the needs of the individual cases will be so different. We very much welcome, however, the open approach advocated by the Director of Social Services in accepting that as a

matter of course professional advice will be sought from outside the Social Services Department when it is necessary and we commend this practice.

200. In paragraph 162 we identified the Team Leader as being of vital importance in the area of supervision, and drew attention to the undesirable effects of the existing short-fall in establishment, which prevents Team Leaders from carrying out their supervisory functions fully. We recommend

That the Social Services Department should give particular attention to the development of the Team Leader as a Supervisor of Social Work Teams.

201. Another aspect of formal supervision is a "control system" for individual cases and the operational instructions are an example of this. A cautionary note must be sounded because if the control systems are taken too far they can defeat that object. If the work-load on the Social Worker means that it is not possible to attain the standard requested, then the system operates only as a reminder of failure. Equally, the system may do no more than highlight the shortage of resources to meet the needs of the case.

202. A further difficulty is that the system itself may be too rigid to meet the needs of the case. Children at risk typify this difficulty because visits may be required by the Social Worker on a daily basis in one case, and three monthly intervals in another. We have considered all these difficulties, and have borne in mind that Maria was not seen by the Social Worker for a period of six months. Therefore, we see the need for the development of a control system for children at risk which provides for visits at defined intervals to meet the needs of the particular case (but never less frequently than three monthly), clear and accurate written records, and a periodic review of the case by the supervising Field Worker in consultation with the Social Worker directly concerned.

203. A broader aspect of supervision within the Department is the responsibility of the higher levels of management, and the role of the Social Services Committee in monitoring the shortfall in meeting demand on resources and inadequacy in the level of service provided. This in our view involves an effective planning and monitoring agency within the Department, adequately staffed and with access to the computer and other management tools.

ENQUIRIES TO BE MADE WHEN CONSIDERING A PLACEMENT OF A CHILD WITH A FAMILY

204. The Report's view that insufficient enquiries were made about Maria's step-father before the decision was taken not to oppose Maria's mother's application to the Court for the revocation of the Supervision Order has caused us much concern.

205. The Report suggested that in such cases the step-father should prove his suitability and provide references. Information should be obtained from the Police, the General Practitioner and the Department of Health and Social Security.

206. We have looked at this question from a general point of view, and it seems to us that prospective step-fathers are in no different position from any other adults in the household. Even the natural parents should be subject to scrutiny so that all facts are taken into account before the decision is made. Equally, any other children should be considered because of the effects of children upon one another.

207. Precisely what should be done is a matter for judgement in the individual case, but we strongly recommend that

The fullest enquiries should be made about the adults in the family when the Social Services Department are considering the return of a child to a parent whose parental rights have previously been transferred to the County Council by an order of the Court or by a resolution of the Authority under section 2 of the Children Act 1948 and this should include a scrutiny of all adults in the household, including the child's natural parents.

208. We have referred elsewhere in this Study to the information that the Police are able to provide and we have made specific recommendations about this. We have also discussed this question with the Department of Health and Social Security and the Supplementary Benefits Commission because sometimes, as in Maria's case, they may have relevant knowledge about the family in question. We asked what was their attitude about the paragraphs in the report which referred to information about Maria's step-father. The answer was that both the DHSS and the Commission were extremely reluctant to disclose personal information, save in exceptional circumstances, without the consent of the person concerned. Where it was practical and reasonable for the Social Services Department to obtain from the person concerned his or her consent to

disclosure of information from Social Security Records eg as to length of sickness or unemployment, the DHSS would ask that this action should be taken before information is disclosed. However, where such consent had not been obtained but the Social Services Department was satisfied as to the need for the particular enquiry because of the possibility of risk to the child, the DHSS might be prepared to consent to such disclosure subject to the exceptional sensitivity of, for example, information on medical matters and records of previous criminal offences. Information should not be given too readily about the existence of other dependents outside, and possibly unknown to other members of the household in question.

209. We welcome the declared wish of the DHSS and of the Supplementary Benefits Commission to assist the Social Services Department where practicable, subject to the constraints on confidentiality. We also welcome the fact that the DHSS are willing to consider what personal information might be disclosed, even in the absence of consent by the person concerned, where the Social Services Department are satisfied as to the need for the particular enquiry because of the possibility of risk to the child.

210. We consider therefore that

- 1 In appropriate cases the Social Services Department when considering placement of children should approach the Supplementary Benefits Commission with the consent of the person concerned for the disclosure of relevant information on Social Security records.
- 2 The County Council should draw the attention of all Social Services authorities to the outcome of our discussions with the DHSS and the Supplementary Benefits Commission, which we welcome as a significant advance on their earlier practice.

FORMAL ARRANGEMENTS FOR SUPERVISION OF A CHILD
AT HOME UNDER A SUPERVISION OR CARE ORDER

211. When a child in the care of the County Council is boarded out with foster parents the County Council must comply with the requirements of the Boarding-Out of Children Regulations 1955, but there are no corresponding provisions relating to action to be taken under a Supervision Order. The Report commented on this and contrasted the stringent requirements which a prospective foster parent has to satisfy under the Boarding-Out Regulations with the absence of any regulations relating to Supervision Orders, so that in Maria's case no enquiries were made about her prospective step father before she was returned home to her mother. This apparent loophole in the law will be filled by the Children Bill when it is enacted, because it will empower the Secretary of State to make regulations "with respect to the exercise by a local authority of their functions in a case where a person has been placed under their supervision".

212. The Boarding-Out Regulations specify action that must be taken before any child can be fostered. The foster-parents and the dwelling where the child will live must be visited by a Social Worker who is personally acquainted with the child and his needs, and the Social Worker must be satisfied that the sleeping and living accommodation and other domestic conditions are satisfactory and that the household of the foster parents is likely to suit the particular needs of the child.

213 Information is to be included in a written report on "the reputation and religious persuasion of the foster-parents and their suitability in age, character, temperament, and health to have the charge of the child", and "as to whether any member of the household suffers from any physical or mental illness which might adversely affect the child or has been convicted of any offence which would render it undesirable that the child should associate with him", and "the number, sex and approximate age of the persons in the household".

214. Once the child has been put in a foster home, the County Council must see that a Social Worker sees the child and visits the dwelling of the foster-parents. The

Regulations prescribe the minimum frequency of visiting and this is at not less than three monthly intervals, but more frequently for very young children and in the initial stages of any fostering. As a matter of good social work practice, the precise frequency of visiting is decided by the Social Services Department in relation to the needs of the individual child.

215. If there is a complaint by or concerning the child the Social Services Department must arrange a visit forthwith, unless it appears that action is unnecessary. Whilst the child is being fostered the Social Services Department must arrange for a review of the welfare, health, conduct and progress of the child and this is to take place at six monthly intervals in the light of the reports written about the child by the Social Worker who has visited him.

216. The Regulations also contain special provisions about medical examinations and the Social Services Department must arrange for examination by a Doctor at least once every six months if the child is under 2, or at least once a year if he or she is over that age. Arrangements must be made for a written report on both the physical health and mental condition of the child. We feel that

The minimum practice for formal supervision under a Supervision Order or children under a Care Order living at home should be the same as under the Boarding-Out Regulations, and we would recommend that this is put in force immediately, pending the Regulations which will no doubt be made by the Secretary of State in due course.

PRIVATELY FOSTERED CHILDREN

217. In the county there are about four hundred children who are privately fostered, and although the County Council has no statutory responsibility for the placements it does have certain specific responsibilities under the Children Act 1958. The County Council in such cases does not choose the foster parents, but the foster parents have to notify the County Council that fostering is to be undertaken. It used to be the case that the fostering had to be for "reward" to bring it within statutory control, but this is no longer so. Certain categories of persons are disqualified from keeping foster children until they have disclosed certain facts to the County Council and obtained consent to foster, eg a person who has had a child removed from his care must disclose the fact.

218. The Social Services Department are required to visit from time to time any foster children and the premises in which they are kept in order to satisfy themselves as to the health and well-being of the children. The County Council are entitled to apply to the magistrates for the removal of a child kept in unsuitable premises or by unsuitable persons; it can also impose requirements and in some circumstances prohibit foster parents from caring for children.

219. The Children Bill contains important new provisions which introduce the concept of custodianship. Under the existing law, foster parents must return a child to its parent on demand however long they have fostered it, but the broad effect of a "custodianship order" will give the foster parents custody of the child after a period of three years.

220. We feel that this question of privately fostered children is important from the point of view of children at risk, and there may be new problems arising from the concept of "custodianship orders". So we recommend that

The Social Services Committee should review the existing arrangements with regard to privately fostered children in the light of this Study and the new provisions relating to custody contained in the Children Bill.

THE BLOOD TIE

221. "The blood tie" is a term often applied to the belief held strongly by many people that there is a strong physical tie between a child and his parents by virtue of his physical inheritance and the fact of conception and child-bearing. The term "natural parent" somehow implies that any kind of substitute for the parent is to a degree unnatural. The idea of the blood tie is associated in peoples' minds very much with the idea of natural parentage.

222. Children's Departments were set up at a time when thousands and thousands of children had been separated from their natural parents and were in various forms of residential care or in foster care. The Children Act 1948 stressed the importance, where it was in the child's interest, to return him to the care of his natural parents. Thus Children's Departments and later Social Services Departments have worked in both a legislative framework and a climate of public opinion which has placed heavy emphasis upon the importance of the bond between parent and child.

223. The use of the term "bond" is significant. Social workers were among the first to understand that bonding is something which takes place not on account of the fact that a child is conceived and borne by his mother but because of the care and close relationships which takes place between the mother and the child in his early days. This care and close relationship can be just as important in achieving bonding when carried out by a substitute parent as when, in the normal course of events, it takes place within the natural family. When the bonding has taken place, then it becomes an ineradicable experience for the child and something which can only be interfered with at some cost to the child. There is now a more general recognition that what should be of concern to all those who are in a position to decide a child's future is the strength and effectiveness of the bonding which has taken place between the child and significant adults.

224. There can be no question of automatic assumptions that a child is better off with any particular category of person, whether parent or parent substitute. It must depend upon the circumstances of each case individually.

225. The term "blood tie" is sometimes taken to include the relationship within the more extended family. This, of course, was true in the case of Maria. Indeed the most significant criticism concerning decisions that were taken and made by Miss Stevie in her Minority Report was about the decision to re-place Maria with her uncle and aunt in the early stages. Maria had initially been placed with the Coopers by her own mother maybe as a result of her mother's view that the blood tie in this extended sense was important both to herself and Maria. The then Children's Department could not find sufficiently good reason to decide not to continue the course which had been embarked upon by Maria's mother. But there is little doubt that notions about the blood tie contributed to Maria's being retained within the extended family. Had she been placed elsewhere, it is possible to say now, with hindsight, that the following sequence of events would not have happened.

226. It is true to say that social workers welcome the attention which has been focussed upon the issue of the blood tie but do not accept the commonly held assumption that they were amongst its chief proponents. On the contrary they have to work within both the current legislation and the social climate which gives rise to it. But they welcome the greater freedom which the present climate should allow to make judgements on the merits of individual cases.

227. The Children Act 1948, which established Children's Departments, placed responsibility on the local authority to exercise their powers with respect to children in care so as to further their best interests and to afford them opportunity for the proper development of their character and abilities. In other words it was the duty of the authority to promote the welfare of all children for whom they were responsible. This requirement is further enshrined in the Children Bill now before Parliament which, in relation to adoption, requires that a care or adoption agency "shall take full account of the need to safeguard and promote the welfare of the child throughout his childhood; and shall so far as practicable ascertain the wishes and feelings of the child". We consider

There is a legal requirement on the authority and its staff to exercise their judgement according to the individual case and not to adopt any rule of thumb based upon notions concerning the blood tie or notions of any other kind.

SPECIALISATION IN SOCIAL WORK WITH REGARD TO CHILDREN

228. The whole of our Study of children at risk raise the question of whether the idea of the generic Social Worker practicing in different areas of Social Work is a failure and whether there should be a return to the earlier practice of specialisations, particularly in child care.

229. The Social Services Department was created as a result of the Seebohm Report to unify former child care, mental health and welfare departments. The Report showed quite clearly how the separate administrative structures in which Social Workers operated impeded them in satisfying their clients' needs, because those needs did not commonly have the administrative boundaries of the former departments.

230. In East Sussex, the choice made on the reorganisation in 1971 was to aim for an integration of the departments bringing together all needs and services. It was recognised that substantial difficulties would be faced in the early years but thereafter the potential for development would be much better.

231. One of the main difficulties for Social Workers is that fewer than half were professionally trained, either generically or specifically, and their experience had on the whole been in one limited field. When the new County Council was established in 1974, much work of assimilation had to be done in this field.

232. These developments and practices were matched by similar developments in professional training, and as a result the former separate training courses for Child Care Officers, Psychiatric Social Workers and workers in health and welfare departments no longer exists. There would therefore be no point in the County Council advertising for specific kinds of Social Workers with particular forms of training.

233 There are also developments in the further training of Social Workers who have a basic professional qualification. The Central Council for Education and Training in Social Work has launched a development programme which will give opportunities for an element of specialisation to be built upon a general competence in Social Work.

234. The Director of Social Services has also explained to us that parallel with these developments Social Services Departments generally will be creating opportunities for Social Workers to extend special skills. The new "specialisms" will not repeat the administratively contrived "specialisms" of the past but will probably be concerned with particular methods of social work or on the basis of activities which have a close connection operationally eg work with families in which parents have shown violence towards their children. We have referred elsewhere to the introduction of a career grade and this would give opportunities for specialisation and further training.

235. It is our opinion therefore, that

The question of a reversion to the earlier practice of specialisations that obtained before Seebohm cannot arise because of the rapid developments in Social Work training and practices.

236. We have noted that Miss Olive Stevenson, the author of the Minority Report, has embarked on a project sponsored by the DHSS into the tasks of the Field Worker in the local authority Social Services, and we are sure that the County Council would wish to give any assistance it can to this project.

SHOULD THERE BE A CHANGE IN THE STRUCTURE
OF THE SOCIAL SERVICES COMMITTEE?

237. We have considered the question of whether there should be substantial alterations in the structure of the Social Services Committee to provide a better means of protecting children at risk. Alternatives might be the creation of Area Committees to correspond with the Social Services Divisions, or the creation of a Child Care Sub-Committee, both intended to deal with individual cases at member level.

238 We consider that there are very serious objections indeed to proposals of this nature, and we do not feel that they would provide a better means of protecting the child at risk. The reverse may indeed be the case, because any form of Committee structure is unlikely to respond quickly enough for the majority of cases which require urgent decision. There is a high level of professional skill demanded, and it does not seem to us that the Committee system is the best method of providing this.

239. The complexities of the issues involved must be apparent from this Study. We also draw attention to the fact that our Study emphasises throughout the need for inter-disciplinary decisions on a professional level. The whole process of liaison and communication, and the very special function of the case conference is in our view inimical to Area Committees or Child Care Sub-Committees of whatever form. We recommend, therefore

That no changes should be made in the Social Services
Committee structure in respect of children at risk because
this would not be in their best interests.

THE EFFECT OF THE NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES ON THE COUNTY OF ALBANY, NEW YORK, IN 1971

1. The fact that there is a considerable number of people who are not receiving the services of the County Department of Social Services is a fact which is not only a source of concern to the County Department of Social Services but also a source of concern to the County Board of Supervisors. The fact that there are a number of people who are not receiving the services of the County Department of Social Services is a fact which is not only a source of concern to the County Department of Social Services but also a source of concern to the County Board of Supervisors. The fact that there are a number of people who are not receiving the services of the County Department of Social Services is a fact which is not only a source of concern to the County Department of Social Services but also a source of concern to the County Board of Supervisors.

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PART VI

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CONCLUSIONS

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THE IMPACT OF OUR RECOMMENDATIONS ON THE RESOURCES OF THE COUNTY COUNCIL

240. This Study is concerned with fundamental issues, and we have made recommendations that are designed to improve the comprehensive nature, reliability and professional expertise of the County Council's child protection and child care services. These recommendations need urgent implementation if children are to be adequately protected. We present the County Council with a stark choice between a substantial investment of resources at a time of grave economic crisis, or an acknowledgment of the fact that in essential aspects Social Services must be curtailed.

The Social Services Department

241. The most important resource of the Social Services Department is its 4,100 full and part-time employees which account for more than half the Social Services net annual budget of £10m in terms of salaries and wages. A wide range of personal qualities, training and experience are needed and many are in short supply. These must often be developed by the County Council's own initiative through effective training programmes and proper provision for career development. We know too, that many staff are seriously overworked at present, particularly in residential care and fieldwork services.

The need for effective manpower planning

242. Our observations in this part of the Study are deliberately general in nature, yet we have not lost sight of the fact that our concern is with children at risk. But we have already concluded that the means to be adopted for protecting these children should be an integral part of the general responsibilities of the fieldwork side of the Social Services Department.

243. The present establishment of field workers in the Department is 36 per 100,000 population in the County, but it must be very seriously questioned whether this is anything like sufficient to meet the needs of the future. The Department of Health

and Social Security published ten-year planning guidelines in 1970 and, when these are adjusted to take account of hospital social workers, now the responsibility of the County Council, the aim was to have between 58/70 fieldworkers per 100,000 population by 1983. Taking into account local conditions and the change in emphasis from residential to domiciliary services, the Director of Social Services advocates that it would be sensible to aim within the next eight years to achieve a ratio of 65 fieldworkers per 100,000 population.

244. The fieldworkers operate in a team which was designed to consist of 4 social workers, 1 social services officer and 1 welfare assistant. It seems appropriate to base current plans on a similar team but with 2 social services officers.

245. To achieve the ratio of fieldworkers at 65 fieldworkers per 100,000 population a very substantial investment indeed by the County Council would be required but in the face of the increasing demand for services the alternative would be to limit the range or availability of existing services.

246. A particular difficulty is the recruitment of qualified social workers who are in short supply throughout the country. 65% of those recruited by the County Council at present come straight from their professional training course, and more of these have been seconded by the County Council than come from any other source. This illustrates the difficulty in recruiting qualified staff from other authorities as the majority are sent on the training courses by their own employer. This means an increasing dependence on the County Council's own trainee and secondment schemes, and as training takes three years, long-term projections of the Department's needs are involved. But there has to be set against this the short-term considerations of a turnover in fieldworkers at a rate of 20% per annum because of promotions and movement out of the County Council employment. The Director estimates that an increase in the number of trainee fieldworkers would be required from the present 12 recruits a year to about 24 and in the secondment of unqualified fieldwork staff and trainees to the rate of at least 35 a year.

247. A programme of phased recruitment of additional social service officers and welfare assistants would also be complementary to any schemes for attracting qualified social workers.

248. If the guideline of 65 social workers per 100,000 population by 1983 is accepted, a first estimate of cost is expenditure of the order of £250,000 a year for the first three years, reducing to about £100,000 thereafter. In terms of current expenditure, this would initially mean a growth rate of $2\frac{1}{2}\%$ on the Department's budget solely to meet the cost of expanding fieldwork and its support services and does not take account of other needs, e.g. in residential care. The Joint Circular 171/74 "Rate Fund Expenditure and Rate Product in 1975-76" provides a sombre contrast which, save for an expected increase in the number of children in care, provides for no further growth in the social services. Yet at the same time, the Circular counsels local authorities to concentrate their limited resources on helping those in the most acute and immediate need and suggests children at risk of ill-treatment as but one example.

249. We have no doubt from our Study of children at risk, there is a very great need for the County Council to increase its fieldwork resources. The guidelines set by the Department of Health and Social Security may not be the final arbiter of how the County Council should determine this issue, but putting it at its very lowest our strong view is that substantial progress should be made during the next few years towards the targets set by the guidelines for 1983. Therefore we recommend that

1. A manpower plan should be prepared as a matter of urgency for the Social Services Department spelling out the financial and other consequences for the resources of the County Council that would be required to meet the demands anticipated to be made on the fieldwork side up to 1983.
2. The County Council should at an early date, determine the fundamental policy issue of manpower for the Social Services Department.

250. We have also considered in outline how fieldworkers should fit within a structured organisation. It will be helpful to any manpower plan if we express a brief view on this aspect. The precise numbers of fieldworkers should be related to the managerial and support staff, and there are consequences for office accommodation, transport, equipment and so on. The Director has suggested to us certain ratios as the proper basis for the fieldworkers which we have accepted.

251. Our recommendations are

That the ratios should be

1 Social Services Manager	:	3 Team Leaders
1 Team Leader	:	6 Field Workers
7 Field Workers	:	3 Clerical Assistants

Training needs for the Social Services Department

252. The need for training in the Department is at this stage in the Study self-evident, and we have made specific recommendations for training elsewhere e.g. in relation to school teachers and to solicitors, all of which involves further demands on resources.

253. There are many needs for training, but particularly important are the following - the selection and supervision of trainee social workers, in-service training for existing staff, development of special skills by career grade social workers and team leaders, and training for foster parents, child minders and play group leaders.

254. The original proposals in the 1974 reorganisation included a Chief Training Officer and 6 Training Officers, but three of these Training Officer posts were deferred, with the result that the training provision of the new department is less than that of its component parts before reorganisation. Some re-structuring of the training section is at present under consideration, but it is our view that

The present staffing arrangements for training are inadequate to meet the demands that will be made on them.

The Education Department

255. The increased demands are particularly on the Education Welfare Service, but we have recommended that a separate Working Party should be established to review the need for social and welfare support for children in school. This means that it is not necessary for us to make recommendations in connection with the resources that may be required. We suggest, however, that

The Working Party should make recommendations as to the resource implications resulting from the implementation of the recommendations in this Study relating to social and welfare support for children in school.

256. We have examined the proposals of the Working Party concerned with school records, and have commended the more detailed record card that is proposed. It has been represented to us by experienced Head Teachers that the system cannot be implemented before adequate staff are appointed to maintain it, and we recommend that

The Education Committee should take account of the fundamental importance of the new form of school record cards, and the need to make adequate staffing provision to ensure the effectiveness of the system.

The County Secretary's Department

257. We have identified the increasing need by the Social Services Department for legal support both by representation in court and the provision of legal advice generally. Our view is that the Personal Services Section of the County Secretary's Department would be inadequately staffed with solicitors to deal with the anticipated demands from the Social Services Department, and we accordingly recommend that

1. The post for a Senior Solicitor on the establishment originally approved for the County Secretary's Department which has been left vacant as part of the County Council's recent restrictions on the recruitment of staff should be filled as soon as possible.
2. The establishment of solicitors in the Personal Services Section of the County Secretary's Department should be reviewed.

Telecommunications

258. We heard from various sources about the difficulties in telephoning some of the Social Services Divisional Offices because of the intense pressure of calls made to these offices. The need for efficient telephone systems, particularly for the Divisional Social Services Offices, is an integral part of the communications problem generally. We therefore commissioned a survey from the Managements Services Unit of the County Council, and this was undertaken in co-operation with the Post Office. The account of the survey we have received is technical and therefore not appropriate for inclusion in detail in this Study.

259. Major difficulties occur at Brighton where special equipment will be required at a cost of several thousands of pounds. A decision to improve telephones for this office must take into account general office accommodation problems, and so we cannot make a positive recommendation for Brighton. The survey makes recommendations to overcome some of the immediate problems in the Divisional Offices. Limited expenditure is required at Crowborough, Eastbourne, Hove, Lewes, and Hastings and Rother Divisional Offices at a total of approximately £2300 for installation costs of new equipment.

260. We recommend that

Immediate action should be taken to remedy the defects of the present telephone systems in the Divisional Social Services Offices.

AREA REVIEW COMMITTEE

261. As a result of a Joint Circular in April 1974 from the Chief Medical Officer, Chief Nursing Officer and Director of the Social Work Service of the Department of Health and Social Security an Area Review Committee has been formed in East Sussex.

It is similar to Area Review Committees throughout the Country and contains in its membership representatives of all those who are concerned professionally with children at risk. There are more than 50 members of this Committee which is convened by the Director of Social Services.

262. The main functions of the Committee are to guide and co-ordinate policy for dealing with children at risk of non-accidental injury and to initiate and co-ordinate training programmes. It is to act in collaboration with adjacent Area Review Committees, and is to provide a forum for consultation between all involved in the management of the problem.

263. Within the Area, three District Review Committees have also been set up based on the Health Service Districts. The main functions of the District Review Committee are to work out detailed written procedures for local implementation within the general policy of the Area and to review the working of case conferences concerned with children at risk. The District Review Committees report to the Area Review Committee as necessary.

264. The work we have undertaken for this study has been concerned with the responsibilities of the County Council, and we have explored these to a depth which has not yet been possible for the Area Review Committee or the District Review Committees. We recommend, therefore

That all members of the Area Review Committee and the District Review Committees are provided with a copy of this Study.

265. We are aware that the Area Review Committee is examining the question of a Central Index of information to be maintained by the Social Services Department as

an essential element of communication between the many disciplines involved. The intention of the Index would be both to record known and seriously suspected cases of non-accidental injury and also ensure the making of contact between the people professionally concerned with the care and safety of these children.

266. The work in progress on the Index is at an advanced stage, but there are important issues to be resolved by the Area Review Committee before its final form is settled. In principle, however, we see that such an Index could be of important advantage. Accordingly,

We commend the principle of the establishment of an Index on the lines at present being examined by the Area Review Committee and we consider the index to be urgent and essential for the protection of children at risk.

CAN WE HELP PARENTS NOT TO INJURE THEIR CHILDREN?

267. We were told of three or four special units organised in various parts of the Country by the NSPCC which seem to be doing impressive work. They are designed to help both the parents and children, and in essence they provide a service for 24 hours a day as well as a day nursery for the children. They include counselling services for the parent, and "life-line" telephone arrangements on a basis similar to the Samaritans. Contact with both parents and children is maintained on an intensive basis over long periods if need be. The NSPCC claims that it very rarely happens that parents injure their children again once contact has been made with the units. This is in marked contrast to the predicted high rate of recurrent injury when there has not been this intensive kind of help. A unit can only help a very few, but it can provide lessons for all. Its costs would be very high, but its dividends immeasurable.

268. Such a unit might be established jointly by the County Council and the NSPCC (but we have not approached the NSPCC on this question) or the County Council might wish to develop a centre of this kind on its own using the advice and experience of the NSPCC as well as others. It might be fitting if the unit were established in the Brighton area, and so

We invite the County Council to consider the establishment of a special unit to help parents who are driven to injure their children, and to protect the children themselves.

THE NEEDS FOR THE FUTURE

269. The vital issues which we described in paragraph 4 at the beginning of this study will not be set to rest by the recommendations we have made. There will be a need to consolidate and develop in all the areas that we have touched upon. In many cases further changes will be called for in the light of future experience. The Area Review Committee and the District Review Committees have important tasks to fulfil and we very much welcome the participation in these Committees of so many of the professional workers closely involved in the County.

270. Every individual who was involved in any way with Maria has suffered a traumatic experience, but it is on the staff of the Social Services Department that the main burden has fallen and will continue to fall. The ever-increasing demands made on them and the strain which these impose must be recognised, and it is only fair that recognition should also be given to the devoted and skilful work they do in the hundreds of cases about which the public never hears. Clearly, the most practical form of support which can be given to the Social Services is the provision of those additional resources which we have indicated.

271. We have been deeply impressed by the concern shown by all those agencies which we have consulted and by their willingness to co-operate across professional boundaries in the interests of children. But it is to the County Council and its Social Services Department that the public looks for the protection of children at risk, whatever the help and advice that other agencies may give. Our inquiries have shown that there can be no hope of preventing all such tragic deaths of children in the future. But we do feel it should be possible for the County Council to identify children at risk more readily; and having done so, it should not be an unattainable ambition to ensure that no such child whose case is known to the County Council should suffer Maria's fate.

272. The resources needed may call for economies in other fields, and this is a painful choice that the County Council must make. We therefore conclude by urging the County Council to give the most serious consideration to our recommendations, in the belief that they offer the best hope of avoiding further tragedies like that of Maria Colwell.

* * * * *

SUMMARY OF RECOMMENDATIONS

Communications within and between Schools

1. The Education and Social Services Departments should make arrangements for drawing the attention of all concerned to the new method of record-keeping in schools so that it is understood by individual Field Workers. (Paragraph 43)

Communications between Schools and Social Services Department

2. We consider that the Area Education Officer should supervise a continuing liaison between the schools in his area and the Social Services Divisional Office so that the schools have an adequate appreciation of the Social Services organisation in the area and the Social Workers fully understand the organisation of the schools. (Paragraph 45)
3. The Social Services and Education Departments should co-ordinate a training programme for teachers to assist them in recognising children at risk, and this should be a regular feature of in-service training of all teachers. The existing training facilities, including the use of video-taped programmes, should be fully used for this training programme to cover every school in the County. (Paragraph 47)
4. The County Council should make representations in the appropriate quarters for training of this nature to be undertaken in Colleges of Education throughout the Country. (Paragraph 48)
- 5.1 The first action of the Head Teacher when a case of a child at risk is discovered is to inform the Divisional Social Services office by telephone, and this is to be confirmed in writing as soon as possible. Contact should be made with the Duty Officer or the Divisional Director or his Deputy, or to a named Social Worker already known to be involved with the child.
- 5.2 Where there is reasonable suspicion that a criminal offence involving non-accidental injury has been committed the Head Teacher should consider informing the Police at the same time as the Divisional Social Services office.
- 5.3 The Head Teacher should inform the Education Welfare Officer as soon as possible of the action he has taken. (Paragraph 50)
6. The Class Teacher should normally make contact with the Divisional Social Services office in cases of concern through the Head Teacher, but if the Class Teacher feels that the matter is of sufficient urgency he or she should be free to contact the Social Services Divisional office but should then inform the Head Teacher. (Paragraph 51)
7. We see that it is the duty of the Head Teacher to encourage face-to-face contact in all identified cases between the Class Teacher and the Social Worker and where necessary to relieve the Class Teacher of duties to enable this contact to take place at school during school hours. The Social Worker should keep the Head Teacher properly informed of the developments of the case. A written report should be made of any discussions between Class Teacher and Social Worker and attached to the school record card and included in the Social Services Department's records. (Paragraph 52)
8. When a child is referred by the schools to the Child Guidance Service, the School Psychological Service, or the School Medical Service (except for a routine medical examination), the Divisional Social Services office should be informed by the Head Teacher in writing of the name and address of the child. (Paragraph 53)

9. When a Care or Supervision Order has been made, modified or discharged in respect of a child of school age, the Divisional Social Services office should inform the Head Teacher in writing and this is to be recorded on the school record card. (Paragraph 54)

10. When a case for the Court is being prepared in respect of a child of school age, the Divisional Social Services office should obtain a school report signed by the Class Teacher and the Head Teacher. (Paragraph 55)

The Education Welfare Service

11.1 A small Working Party should be set up to review the need for social and welfare support for children in school, and to recommend how this can best be provided.

11.2 The Working Party should have an independent Chairman and include officers from the County Secretary's, Education and Social Services Departments, with a representative from the University of Sussex or a College of Education. (Paragraph 59)

12. The Rules of Practice for the Education Welfare Service should be put into effect immediately, and the Education and Social Services Departments should take steps to see that these are brought to the attention of all School Teachers and Social Workers. (Paragraph 64)

The NSPCC

13. All requests for information by the NSPCC to the Divisional Social Services office should be answered urgently, in particular to assist in the provision of the information the NSPCC Inspectors require when submitting cases to their headquarters for decision. (Paragraph 70)

14.1 The NSPCC should be asked to ensure that it contacts the appropriate Divisional Social Services office when it identifies a child at risk.

14.2 Whenever a case of a child at risk has been identified the Divisional Social Services office should contact the NSPCC as a matter of urgency to discover whether the NSPCC has any information about the child. (Paragraph 73)

15. The case conference should define the worker with primary responsibility where there is a joint involvement in the case of both the NSPCC and the Social Services Department. This practice should apply also in cases where other agencies are involved, e.g. a neighbouring authority. (Paragraph 75)

The Police

16. The existing links with the Senior Police Officers already nominated by the Sussex Police as the point of contact in cases of non-accidental injury should be maintained. (Paragraph 80)

17. The contact between the Social Services Department and the Juvenile Liaison Bureau should be developed to make further use of the Bureau's information facilities regarding children, and in particular the Police should be invited to consider the Juvenile Liaison Bureau as being the routine point of contact for the Social Services Department. The Police should also be invited to consider for the longer term the expansion of the Bureau into a Family Liaison Service. (Paragraph 83)

18. The Police should be asked to consider making their own arrangements with the Courts so they are informed of any change in the circumstances of a child arising from a Juvenile Court hearing in which the Social Services Department is involved. (Paragraph 84)

19.1 The suggestion should be accepted that the Social Services Department should be informed by the Police of all family incidents where children are involved and the Police should be asked to consider amendments of their practice and Standing Orders to achieve this. This information should be passed or confirmed in writing by the Police to the appropriate Divisional Social Services office.

19.2 The Police should be asked to note the importance of accounting for the whereabouts of all children at a family incident, and to record the children actually seen, and to put this into practice forthwith. (Paragraph 88)

20. That the Social Services Department should help the Police by providing expert assistance towards an understanding of the role of the Department which we hope the Police would accept should be part of their normal in-service training. (Paragraph 89)

21. The County Council should make representations to the Home Office for amendment of Circular 140/1973 "Police Reports of Convictions and Related Information" so that the Social Services Department can be given relevant information about prospective step-parents, foster parents or natural parents, when a decision as to the placement or return of a child is to be made. (Paragraph 90)

The Housing Authorities

22.1 All Housing Authorities should be asked to arrange that the Housing Department informs the Divisional Social Services office of suspected cases of children at risk that have come to the attention of the Department.

22.2 All communication from the Housing Department should be as rapid as possible, and all telephone calls to the Divisional Social Services office should be confirmed in writing within two working days.

22.3 It should be made clear to the Housing Authorities that notification of suspected cases should be made to the Divisional Social Services office whether or not the NSPCC is informed. (Paragraph 95)

The Probation Service

23. The Probation Service should make it clear in their operational instructions to Probation Officers that the Divisional Social Services office should in all cases of actual and anticipated injury be informed, first by telephone as soon as possible then by writing within two working days. (Paragraph 97)

24. Whenever a case has been referred to the Probation Service, the Divisional Social Services office should as a matter of good social work practice, keep the Probation Service informed, whenever appropriate of the action taken. (Paragraph 99)

25. The Social Services Department should take note particularly when a case conference is being called that the Probation Service has records which are held for long periods and may contain information known only to the Probation Service. (Paragraph 100)

26. The Probation Service should be invited to consider the means of obtaining information concerning Care or Supervision Orders direct from the Court. (Paragraph 101)

The School Medical Service

27. At the beginning of the child's school career in East Sussex the County Council should seek a general written consent from parents to medical examination of the child, including an agreement for a Doctor to disclose to the school relevant medical information about the child, on a confidential basis. (Paragraph 106)

28. We propose the County Council should be prepared to indemnify its own officers in relation to legal proceedings, to the fullest extent of its legal power, whether in civil or criminal cases concerning medical examination where the absence of parental consent is an issue. (Paragraph 107)

29. The Area Health Authority should be invited to consider the problem in relation to the school medical service of the personal liability of a doctor when he examines a child without parental consent. (Paragraph 108)

30. The particular value of the school nurse in schools where she operates should be recognised and developed, particularly as a means of obtaining a preliminary view on a child's health and development. (Paragraph 109)

31. The Area Health Authority should be invited to discuss further with the Education Committee the question of giving the school relevant medical information about individual school children in view of the disquiet generally felt by schools that in the past that they have not been kept adequately informed by certain School Medical Officers. (Paragraph 111)

32.1 The Head Teacher and the School Medical Officer should discuss all cases of children with medical problems requiring attention. This should be a regular discussion and the role of the Co-ordinating School Medical Officer in overcoming difficulties in this regard should be drawn to the Head Teacher's attention.

32.2 The Head Teacher should record on the school record card medical information imparted to him by the School Medical Officer. (Paragraph 112)

The Health Visitor

33. The Area Health Authority should be requested to give every Health Visitor standing instructions on the need to inform the Social Services Department in every suspected case of a child at risk. (Paragraph 117)

34. The Area Health Authority should be asked to consolidate the means of liaison between the Health Visitor and the Social Services Department and that the guidelines currently under consideration should set out very clearly how contact may be made with the minimum of delay. (Paragraph 118)

35.1 The Social Services Department should discuss with the Area Health Authority the question of one point of contact for giving information on the making of Care or Supervision Orders and their discharge or modification for transmission to the individual Health Visitor.

35.2 The Social Services Department should consider contacting the Health Visitor, amongst others, who hold relevant information before making any significant decision about a child, so that there is the fullest information about the child. (Paragraph 119)

36. The practice of Health Visitors to appear in Court proceedings on the County Council's behalf only when a subpoena has been issued can cause some difficulty and the Area Health Authority should be asked to give early attention to solutions for this problem. (Paragraph 121)

37. The Education Department should invite Health Visitors to the school liaison groups where necessary, and they should also note the readiness of the Specialist in Community Medicine (Child Health) to take part. (Paragraph 122)

The General Practitioner

38.1 That the question of Social Worker attachment to General Practice is worthy of further development as potentially a valuable means of allying social work and medical skills.

38.2 As an immediate step, we think there is scope for the Social Services Department to develop further the possibilities of collaboration between Social Workers and General Practices in the County. (Paragraph 126)

The Consultant Paediatrician

39. That methods of termly weight and height recording for school children should be undertaken, and methods should be devised for use in the schools. (Paragraph 137)

The School Psychological and Child Guidance Services

40. That the School Psychological and Child Guidance Services should undertake as a standing responsibility the notification to the Social Services Department of all cases referred to them from whatever agency. (Paragraph 142)

The Social Services Department

41. That there should be no fundamental change in the basic structure of the Social Services Department which in our view is well suited to the needs of East Sussex. (Paragraph 154)

42.1 That the likelihood of a net annual increase in the rate of referrals to the Social Services Department should be recognised, and that the County Council should take account of this when allocating resources.

42.2 That the statistical analysis of the rate of referrals should be developed further so that results can be used with greater confidence as a factor in decisions. (Paragraph 160)

43.1 Measures should be taken as a matter of urgency to stimulate the recruitment and retention of field work staff, particularly of qualified Social Workers, to achieve the establishment levels which have already been agreed.

43.2 The existing shortfall in establishment has the undesirable effect that Team Leaders are substantially prevented from carrying out the supervisory functions which are an integral part of their duties and of particular value in cases of children at risk.

43.3 Particular consideration should be given to get wider use of the Staff House Mortgage Scheme by Social Workers, and to obtain rented accommodation for them from District Councils or Housing Associations.

43.4 The question of a career grade for Social Workers should be explored as a matter of urgency, and that if necessary, or desirable, representation should be made to the National Joint Council. (Paragraph 167)

44.1 That the degree of clerical and administrative support is insufficient to meet the standards that are required.

44.2 That the problem is of such urgency that steps should be taken to rectify the position as soon as possible, and that serious consideration should be given to interim solutions in the form of limited improvements whilst alternatives are considered. (Paragraph 172)

Legal Support for the Social Services Department outside and inside the Juvenile Court

45. Steps should be taken by the County Secretary's and the Social Services Departments to develop further the giving and taking of legal advice in a ready and informal manner at an early stage in a case, and joint training programmes should be devised to promote mutual understanding of the law and social work practice. (Paragraph 173)

46. The County Council should be legally represented before the Juvenile Court. This should be the general practice for all child care cases except in a minority of straightforward cases where legal skill is not called for. (Paragraph 176)

47. That the County Secretary's Department should provide legal representation for the Social Services Department whenever requested to do so. (Paragraph 178)

48. The social inquiry report should be as full as possible and indicate any parts which the Social Services Department think should be kept confidential. It should be accompanied by the School Report signed by the Head Teacher and Class Teacher. (Paragraph 181)

49. The difficulties that arise because the Juvenile Court does not give reasons for its decision in an application for a care order should be brought to the attention of the East Sussex Magistrates' Association. (Paragraph 182)

50. That the County Council should examine with the East Sussex Magistrates' Association ways and means of securing better relations generally between Juvenile Benches in the County and the Social Services Department. (Paragraph 183)

51. The County Council should consider making representations at a national level for an examination of the benefits and defects in the adversarial approach adopted in the Juvenile Court, and the consideration of alternative means of deciding cases. (Paragraph 184)

Operational Instructions Concerning Children at Risk

52. We commend the practice of informing people of the outcome of investigation when they have provided the Social Services Department with information. (Paragraph 188)

53.1 Operational instructions should be developed further by the Social Services Department to take account of the recommendations made in this Study, particularly the notification to the NSPCC as a matter of urgency of all identified cases of children at risk and the use that can be made of the Juvenile Liaison Bureau.

53.2 The operational instructions should include guidance on the long-term management of a case, particularly emphasising the need for a regular written review of progress, the part to be played by the senior officer, and the absolute necessity for precise record keeping of all cases. (Paragraph 19)

General Questions Relating to the Supervision of Social Workers

54. That the Social Services Department should give particular attention to the development of the Team Leader as a supervisor of Social Worker Teams. (Paragraph 200)

Enquiries to be made when Considering a Placement of a Child with a Family

55. The fullest enquiry should be made about the adults in the family when the Social Services Department are considering the return of a child to a parent whose parental rights have previously been transferred to the County Council by an Order of the Court or by a resolution of the Authority under Section 2 of the Children Act 1948, and this should include a scrutiny of all adults in the household, including the child's natural parents. (Paragraph 207)

56.1 In appropriate cases, the Social Services Department, when considering the placement of children should approach the Supplementary Benefits Commission, with the consent of the person concerned, for the disclosure of relevant information on Social Security records.

56.2 The County Council should draw the attention of all Social Services Authorities to the outcome of our discussions with the DHSS and the Supplementary Benefits Commission which we welcome as a significant advance on their earlier practice. (Paragraph 210)

Formal Arrangements for Supervision of a Child at Home under a Supervision or Care Order

57. The minimum practice for formal supervision under a Supervision Order or children under a Care Order living at home should be the same as under the Boarding Out Regulations, and we would recommend that this is put in force immediately, pending the Regulations which will, no doubt, be made by the Secretary of State in due course. (Paragraph 216)

Privately Fostered Children

58. The Social Services Committee should review the existing arrangements with regard to privately fostered children in the light of this Study, and the new provisions relating to custody contained in the Children Bill. (Paragraph 220)

The Blood Tie

59. There is a legal requirement on the Authority and its staff to exercise their judgement according to the individual case and not to adopt any rule of thumb based upon notions concerning the blood tie or notions of any other kind. (Paragraph 227)

Specialisation in Social Work with regard to Children

60. The question of a reversion to the earlier practice of specialisations that obtained before Seeborn cannot arise because of the rapid developments in Social Work training and practices. (Paragraph 235)

Should there be a Change in the Structure of the Social Services Committee?

61. That no changes should be made in the Social Services Committee structure in respect of children at risk because this would not be in their best interest. (Paragraph 239)

The Impact of our Recommendations on the Resources of the County Council

62.1 A manpower plan should be prepared as a matter of urgency for the Social Services Department, spelling out the financial and other consequences for the resources of the County Council that would be required to meet the demands anticipated to be made on the field work side up to 1983.

62.2 The County Council should, at an early date, determine the fundamental policy issue of manpower for the Social Services Department. (Paragraph 249)

63. That the ratios should be

One Social Services Manager	:	Three Team Leaders
One Team Leader	:	Six Field Workers
Seven Field Workers	:	Three Clerical Assistants

(Paragraph 251)

64. The present staffing arrangements for training are inadequate to meet the demands that will be made on them. (Paragraph 254)

65. The Working Party should make recommendations as to the resource implications resulting from the implementation of the recommendations in this Study, relating to Social and Welfare support for children in school. (Paragraph 255)

66. The Education Committee should take account of the fundamental importance of the new form of school record cards, and the need to make adequate staffing provision to ensure the effectiveness of the system. (Paragraph 256)

67.1 The post for a Senior Solicitor on the establishment originally approved for the County Secretary's Department, which has been left vacant as part of the County Council's recent restrictions on the recruitment of staff should be filled as soon as possible.

67.2 The establishment of solicitors in the Personal Services Section of the County Secretary's Department should be reviewed. (Paragraph 257)

68. Immediate action should be taken to remedy the defects of the present telephone systems in the Divisional Social Services offices. (Paragraph 260)

Area Review Committee

69. That all members of the Area Review Committee and the District Review Committees are provided with a copy of this Study. (Paragraph 264)

70. We commend the principle of the establishment of an index on the lines at present being examined by the Area Review Committee and we consider the Index to be urgent and essential for the protection of children at risk. (Paragraph 266)

Can we Help Parents not to Injure their Children?

71. We invite the County Council to consider the establishment of a Special Unit to help parents who are driven to injure their children and to protect the children themselves. (Paragraph 268)

PART VIII

APPENDICES

CATEGORISATION OF CRITICISMS, COMMENTS
AND RECOMMENDATIONS IN THE INQUIRY REPORT

1. The lack of, or need for, co-operation and co-ordination between the
various agencies and departments

Paragraphs in the Report

21	-	Brighton not informed that Maria was subject to a Care Order.
74	-	Brighton agencies, other than Social Services, not informed of Supervision Order.
75	-	Social Worker did not have knowledge of other agencies involved.
77	-	Contact between the Education Welfare Department and the Social Services Department.
91	-	No contact between N.S.P.C.C. and Social Worker over weekend.
92	-	No contact between Police and Social Services Department.
94	-	No inquiry of Police by the Social Services Department
106	-	School did not inform the Social Worker of injury.
108	-	Delay in General Practitioner obtaining medical cards.
109	-	Education Welfare Officer and Health Visitor did not know of Supervision Order.
115	-	Lack of liaison between Social Worker and school.
117	-	Police unaware of Supervision Order.
119	-	Failure of Housing Department to notify Social Services.
121	-	No direct contact between Education Welfare Officer and teacher.
124	-	Failure of communication between N.S.P.C.C. and Social Worker.

Paragraphs in the Report

- 125 - No contact with school by Social Worker.
- 126 - Demarcation of responsibilities.
- 131 - Failure to inform Teacher, Education Welfare Officer and Police of knowledge.
- 141 - Lack of co-ordinated effort and question of referral to Child Guidance Clinic.
- 150 - Definition of roles and evidence of overlap.
- 161 - Machinery for communication between schools and Social Worker.
- 171 - Referral slips potentially more important than school record cards.
- 174 - Responsibility of Head Teacher and role of Class Teacher.
- 178 - Lack of confidence in and understanding of respective roles and responsibilities between Teachers and Social Workers.
- 184 - Lack of contact between the Educational Welfare Officer and Social Worker - inconceivable if both had been in same department.
- 185 - Direct and frequent communication between Education Welfare Officer and Social Worker.
- 186 - Blurring of roles and inadequate clarification between Social Services and N.S.P.C.C.
- 189 - Consultation between Social Services and N.S.P.C.C. at senior level in individual cases to set guide lines. Plans should be confirmed in writing.

Paragraphs in the Report

- 193 - Deficiencies in communication between the Housing and Social Services Departments.
- 194 - Housing Working Party recommendations strongly commended.
- 195 - Police should record details of ages and numbers of children in household in serious episode.
Police follow-up doubtful in isolation.
- 196 - Neighbourhood Policeman useful, in time.
- 197 - Automatic referral by Police to Social Services.
- 213 - Maria's case demonstrates beyond doubt the importance of the Social Worker making direct and personal contact with the School Teacher.
- 214 - Formal arrangements no substitute for conversation.

2. Social Work Practice

- 26 - Assumption that not physically at risk.
- 41 - No evidence of experience in child rearing at case conference.
- 43 - No contingency plans for use in the event of failure.
- 45 - Contemporary standard of practices.
- 59 - Social Worker's attitude to Maria's distress.
- 67 - Social work assumptions.
- 69 - Lack of tact and sympathy to foster parents.
- 76 - Inadequate recording and visiting.
- 79 - Insufficient awareness of potential emotional dangers and failure to arm herself with the best sources of information.
- 90 - Failure to take steps.
- 96 - Failure to appreciate inference from argument.

Paragraphs in the Report

- 98 - Vague and inconsistent case notes.
- 101 - Need for case conference.
- 104 - Did not grasp significance of April incident.
- 109 - 6 monthly report not made by Social Worker.
- 111 - Evidence of deterioration not observed.
- 114 - Social Worker unaware that anything was wrong.
- 179 - Social Workers do not always explain carefully enough the legal aspects of the situation.
- 183 - Lack of familiarity of school structure.
- 201 - Complainant should be informed of outcome of investigations within limit of confidentiality.
- 208 - Social Workers must seek to develop trust.
- 209 - Need to communicate with child direct.

3. The Education Welfare Officer

- 116 - Failure to follow-up unsuccessful visit to her.
- 138 - Confused over role.
- 162 - Poor record keeping.
- 176 - Role and status uncertain.
- 177 - Effective communication within and between schools cannot be solved by the training of Education Welfare Officers.

4. Supervision

- 72 - Failure to seek conditions for visiting under Supervision Order.
- 73 - Diversity in standards.
- 76 - Close consultation with seniors.
- 107 - Failure to supervise for six months.
- 112
- and 122

5. Specialist advice

- 60 - Psychiatric or paediatric advice.
- 61 - Reluctance to seek a second opinion from another discipline.
- 66 - Failure to obtain medical opinion as to depth and significance of continuing protests.
- 124 - Failure to get child medically examined.
- 215 - Case for seeking help elsewhere - e.g. Child Guidance Clinic.

6. Recording systems

- 110 - Recording and forwarding systems far from perfect.
- 154 - Investment in secretarial services and mechanical aids.
- 156 - Recording actual dates of visits.
- 157 - Distinguishing between facts and impressions.
- 158 - Source of information should be recorded.
- 159 - Allegations of ill-treatment need recording minutely and accurately.
- 162 - Recording by Education Welfare Officer somewhat amateurish.
- 165 - Two systems of record cards.
- 168 - School record cards not regarded as important.
- 169 - School medical cards not available to school staff.
- 170 - Connections between school and medical record cards.
- 180 - Deficiencies in recording.
- 200 - Difficulty of taking note of allegations.

7. Investigations into parental background

- 38 - Lack of knowledge of step-father.
- 39/223 - Step-father should prove suitability and provide references.

Paragraphs in the Report

- 218/221 - Information about step-father from Police, Doctor and Social Security.

8. Legal processes

- 62 - Failure to seek adjournment.
- 68 - Legal representation on both sides.
- 72 - Power of Court in relation to Supervision Order.
- 224 - Magistrates to be informed if information on background not given by step-parent.
- 227 - Plurality of roles of Social Worker - independent report should be available.
- 228 - Court could be assisted by presence of step-father.
- 229 - Foster parents should be advised to seek legal advice.

9. The Law

- 35 - Rights of foster parents.
- 233 - Regulations governing Supervision Orders should lay down a criteria similar to Boarding Out Regulations relating to foster parents, home, health, etc.
- 234 - A medical examination of the child should coincide as nearly as possible with the child's return home.
- 235 - Social Worker handicapped by not having power to take child forthwith to doctor.
- 236 - Need for regular medical examination and provision by regulation for these. Special examination by paediatrician in non-accidental injury or grave disturbance.
- 237 - Regular visits and periodic reviews should be required under the Boarding Out Regulations.

RECORD KEEPING IN SCHOOLS

1. PLEASE DATE AND INITIAL ALL ENTRIES
 2. UPDATE THE RECORDS SYSTEMATICALLY, at least once each year, but more often if needed.
-

AIMS

- to help teachers to know children better
- to meet professional responsibilities, and to save time and stress whenever information is needed at short notice
- to contain up-to-date information when action is needed by the school or by other persons who share responsibility for the child, including the Education Welfare Officer, Social Workers and the Careers Advisory Service. They should not only have access to the records in the school, by arrangement with you, but also be invited to contribute to them
- to contain the information needed when teachers change and/or the child moves from one school to another.

CONTENTS

- PRIMARY STAGE FOLDER
- SECONDARY STAGE RECORDS: their exact format is at your discretion, but they should, as a minimum, include:
 1. Pastoral record - form tutor and other tutorial comments
 - note of important interviews with child or parents
 - summary of careers advice
 - applications for jobs or further study
 - destination on leaving school

2. Home circumstances } as known to the school
3. Medical record }
4. Progress in studies - record of the course of studies in each year
 - level of work (many Heads include copies of reports sent to parents)
 - entry for and results of all public examinations.
5. Record of Personal development
 - interests, activities and responsibilities in and out of school.

WHEN A CHILD LEAVES YOUR SCHOOL

PASS ON THE RECORDS WELL IN ADVANCE, e.g. in May for a transfer in September (include personal discussion wherever possible).

Send a letter giving all important information if you need to to keep the records until just before a transfer.

IF YOUR PUPIL MOVES OUT OF EAST SUSSEX: send on the records, but keep a note of the address to which you send them.

Rules of Practice

Introduction

If rules of practice are to be effective, both the E.W.O. and the teacher must understand and respect each other's role in establishing good relations between school staff, pupils and parents. The E.W.O. does this in two ways:-

- (a) by interpreting to the parents the school's concern for a particular child and by helping them to understand the school's policy and actions;
- (b) by acquainting the school with the child's background and home surroundings.

The E.W.O. is today much more than the Attendance Officer of the past and is more a social worker within an educational setting. As a Welfare Officer he will help to administer the rules concerning matters such as the enforcement of school attendance or the bye-laws relating to child employment, the provision of free meals, transport, clothing and maintenance grants. In the role of a social worker he will be able to deal with the first signs of neglect or social deprivation, whether discovered during his home visiting or from unpunctuality, uncleanliness, inadequate or unsuitable clothing, behaviour problems, retardation and under-functioning. The E.W.O. will investigate how immediate help and support for the family may either remedy the affair or possibly prevent further deterioration. He is admirably placed to know when to seek the assistance of the social services or other agencies for the family. He will have regular contact with the health visitors, school nurse and the social workers and as situations demand colleagues like members of the Juvenile Bureau, the Probation Officer and the N.S.P.C.C.

Rules of Practice

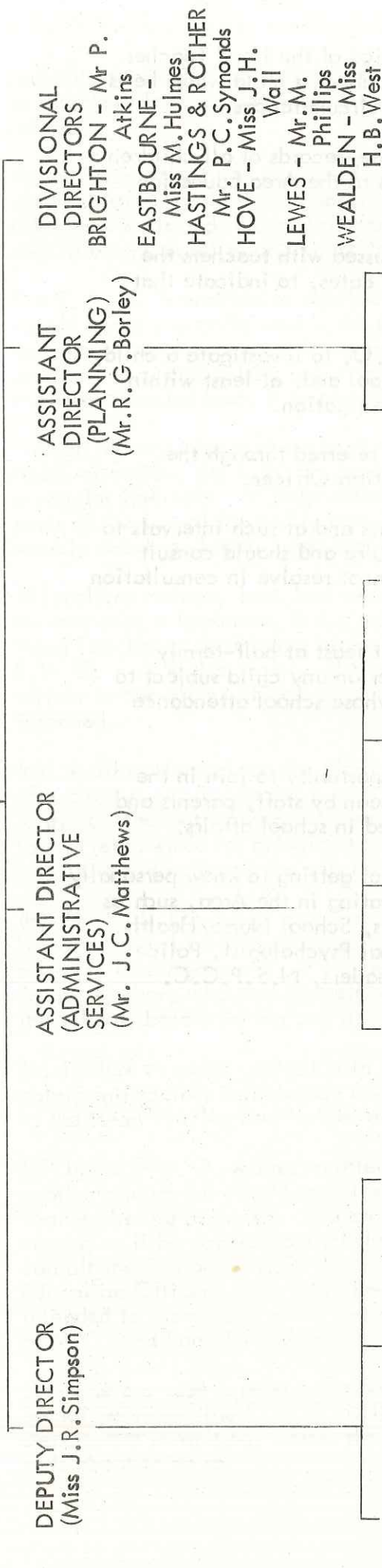
1. The E.W.O. must be in regular communication with the school and must ensure that the Head Teacher knows how to contact him at all times with minimum delay.
2. The E.W.O. must visit each school at known frequency and times - the frequency depending by agreement with the Head on the size of the school and the known incidence of work.

3. Inability to visit the school at normal times must be reported to the Head Teacher and information sought on any urgent referrals.
4. At the school the E.W.O. must have available to him all class registers together with absence notes, evidence from telephone calls and report slips from class teachers with details of any pupil giving cause for concern.
5. The E.W.O. is entitled to receive full information from the school about any child who is the subject of investigation and should have access to the appropriate school records on request. Any difficulties about this should be discussed with the Head Teacher and, if necessary, with the Senior E.W.O.
6. Though he may expect the school to bring attendance problems to his attention, the E.W.O. must scrutinise school registers at regular intervals. In large schools it may be best to check parts of the school in weekly rotation, but there should be a weekly check on known unsatisfactory attenders.
7. All welfare matters, i.e. free meals, clothing, travel, maintenance allowances, etc., must be discussed with the Head Teacher or designated senior member of staff. The E.W.O. must liaise closely with the appropriate administrative officer in the Area Office and must keep the school fully informed.
8.
 - (a) In all matters where the physical and mental wellbeing of a child is concerned the E.W.O. must make every effort to discuss the matter with the class teacher or tutor, who in turn is responsible for bringing to the notice of the E.W.O. any cases giving cause for concern.
 - (b) The E.W.O. should also check whether the Social Services Department is involved with the family of any child he is asked to investigate and, if so, he must consult with the Social Worker, who may himself be in direct contact with the school, before taking any action.
 - (c) Failure to make contact with parents or child or to obtain satisfactory information must be reported immediately to the Head Teacher and further action jointly agreed.
 - (d) If the E.W.O. wishes to refer a case formally to another agency he should seek the agreement of the Head Teacher before doing so. If such agreement is not forthcoming or if he cannot contact the Head Teacher, he should consult the Senior E.W.O. or, in his absence, the Area Education Officer. This rule, however, is in no way intended to discourage close and informal contacts between E.W.O. and Social Workers.
 - (e) Where a case is referred to an agency other than the Social Services, the E.W.O. will inform the Social Services Department in writing, unless the Head Teacher has already, or is about to do so.

9. The E.W.O. must bring to the notice of the Head Teacher any information which he acquires about a child whom he is investigating, including his home circumstances.
10. The E.W.O. must maintain full case-records of all children investigated and make such returns to the Area Education Officer as may be required.
11. When individual children are discussed with teachers the E.W.O. must keep a record, with dates, to indicate that such discussion has taken place.
12. When the school requests the E.W.O. to investigate a child, he must report regularly to the school and, at least within three days, the progress of his investigation.
13. Any proposal to prosecute must be referred through the Senior E.W.O. to the Area Education Officer.
14. The E.W.O. must make such reports and at such intervals to the Senior E.W.O. as he may require and should consult him on any difficulty which he cannot resolve in consultation with the school.
15. The E.W.O. must make a report at least at half-termly intervals to the Supervising Officer on any child subject to a supervision order or care order whose school attendance gives cause for concern.
16. The E.W.O. should take every opportunity to join in the functions of the school and to be seen by staff, parents and pupils to be interested and involved in school affairs.
17. The E.W.O. should make a point of getting to know personally the members of other services operating in the Area, such as Social Workers, Probation Officers, School Nurse/Health Visitor, School Doctor, Educational Psychologist, Police Juvenile Liaison Bureau, Youth Leaders, N.S.P.C.C. Officers, etc.

DIRECTOR OF SOCIAL SERVICES

MR. D. M. ALLEN



PERSONNEL TRAINING DEVELOPMENT FINANCE LOGISTICS SECRETARIAL INFORMATION & PUBLIC RELATIONS PLANNING RESEARCH

When the full team is appointed its seven Development Officers and an Administrative Officer will be responsible for co-ordinating the operations of the Department. They share responsibility for the professional development of services and for ensuring appropriate links with the work of other departments and agencies. Each will have specific areas of work and a special connection with one Division.

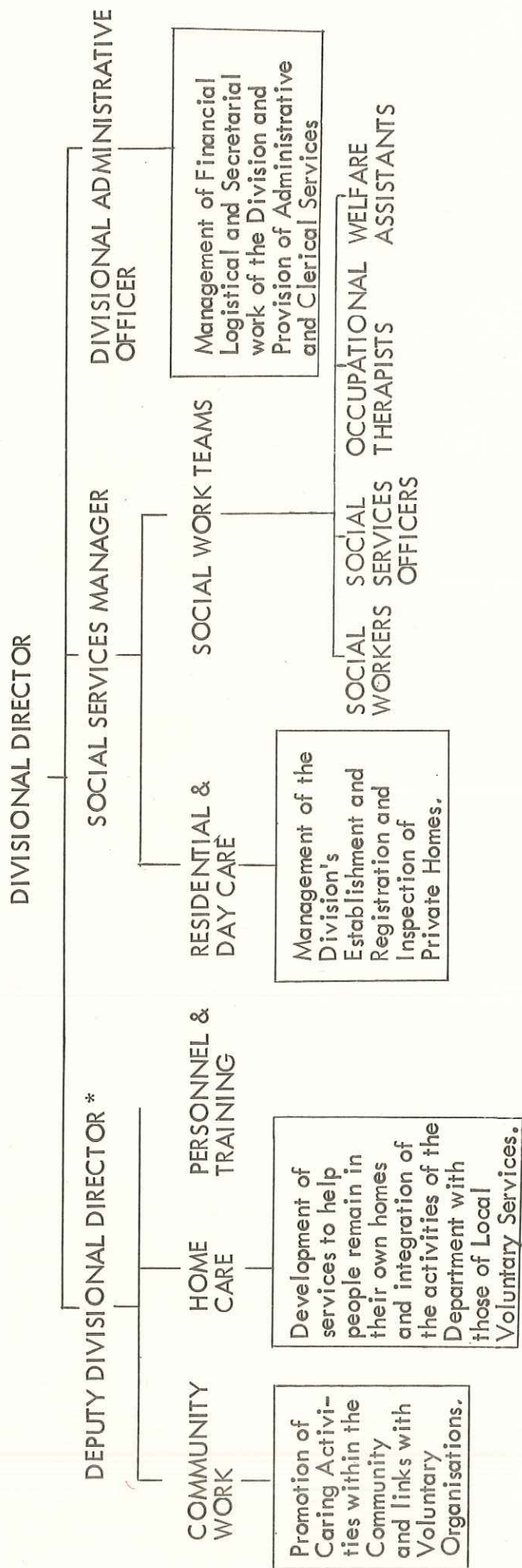
1. Preparation and implementation of the Capital Building Programme.
2. Provision of supplies equipment and services.

1. Recording analysis and communication of information on the Department's activities and serving and preparing for Committees.
2. Providing statistical analysis of the Department's work load.

Developing strategies for meeting the Department's forward planning and operational development requirements.

Provision of research services for planning and operational development activities.

DEPARTMENTAL STRUCTURE



* In the Lewes and Eastbourne Divisions one of the Social Services Managers is designated Deputy Divisional Director.

DIVISIONAL STRUCTURE