

CONTROVERSY

Parental participation in case conferences: the case in favour

Tom Hutchison

A paediatric colleague of mine, when asked to return comments about local parental conference attendance, wrote 'I leave'. He delights in challenging modern fashions and winding up his more junior colleagues, but I think he meant it. The lobbing of concepts like this has dogged the debate about parental participation. Paediatricians need to listen and understand the arguments properly and I hope this pair of articles will make the debate more constructive.

In the mid 1980s the involvement of parents in case conferences was mainly championed by voluntary agencies such as the Family Rights Group.* At that time there was no empirical evidence that this way of working would harm children. However this did not prevent both the Department of Health and Social Security in 1986, and the British Association Of Social Workers in 1988, advising against it. The published but untested arguments were as follows¹:

(1) Parents have the right to contribute: This is an argument based on civil liberties. It is inherently wrong for decisions to be made without those who are affected being able to influence the decision.

(2) Decisions should not be made behind closed doors: Parents should understand and be familiar with the conference process even if they do not agree with the outcome.

(3) Assumptions should be tested: This argument raises the issue of the reliability of some of the data on which recommendations are based. The presence of parents should reduce the risk of assumptions being seen as fact. Furthermore their presence can minimise gossip and impressionistic comments.

(4) Increased commitment: Parents are more likely to feel committed to a plan to which they have been party.

(5) Responsibility: Parents ought to be able to accept responsibility for the implications of their actions. This is likely to be a healthier approach than where the parent feels that a series of acts has been randomly done to them for no clear reason.

(6) Respect between parent and professional: Mutual respect underpins future successful work. While this is not guaranteed

by parental involvement, it is hard to see how it can be fostered by an attitude of exclusion and secrecy.

Published arguments against were:

(1) An inhibiting effect on those attending. The loss of professional ability to air their worries and speculate about the management of the case.

(2) Confidentiality would be compromised.

(3) The effect on parents: The format might be too distressing, or result in disruption or violence.

(4) Damaged trust between family and professional.

(5) The problem of evidence: The police hearing incriminating facts, or having vital evidence revealed.

(7) The problem of poor professional skills in all agencies, but particularly in the chair.

(8) Professional conflict about attendance might limit the power of the conference.

(9) The conference should not be a pseudo court of law.

Notice that while the arguments in favour say little about how things work in practice, the arguments against say very little about the ethical issues.

Early experiments with review conferences

In September 1985 Greenwich Area Review Committee noted that 90% of children on the child protection register lived with their parents and were not subject to any court order. It seemed sensible to involve their parents more formally in discussion of the protection plan. A decision was made to invite parents to all review conferences along with a relative or friend for support. A research project was set up to evaluate the results.² They analysed 17 conferences with 114 professional attendees over a period of six months, by observation interview and questionnaire, and were able to test many of the current arguments.

They found that parents did feel they had an increased sense of involvement, irrespective of the outcome. They found that there was a greater clarity and precision in information sharing when parents were present and that professionals noticed and appreciated this. In addition, value judgments, generalisations, and impressionistic comments were all greatly reduced.

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They found that professionals were indeed inhibited, but judged this to result from the quality of the previous relationships between parents and professionals or from the quality of the running of the conference. The solution of excluding parents seemed a poor second to trying to solve the original causes of the inhibition.

Participation did not seem to cause emotional damage. In fact parents handled stressful encounters very well, suppressing anger and frustration. Conflicts that did arise occurred when professionals did not turn up, or did not explain their role or speak their mind as honestly as they might.

The parental contribution of correct information was very helpful to the administrative process and there was no evidence that confidentiality was breached by parental presence. The concern that the parents' presence would require more and new skills was seen to be justified. Better chairing, reporting, and listening were all needed and this seemed not a negative but a positive thing. The comments from all agencies were favourable.

Research data from initial conferences

Internal monitoring exercises have been set up in Sutton, Lewisham, Westminster, Bradford, Sheffield, Berkshire, Essex, Kent, Surrey, and Oxfordshire. There are published data about both initial and review conferences from Hackney, where 21 conferences were studied,³ and Lewisham where 60 conferences were studied. These results are summarised in a discussion paper by Thorburn *et al* based on work funded by the Department of Health.⁴ How professionals responded when asked whether parental attendance had been helpful in achieving objectives is shown in the table.

Moves towards greater civil rights within social welfare organisations

Parental participation in child protection case conferences should be seen in context of the Data Protection Act, patient access to their own medical records, and partner or young person attendance at children in care reviews held by local authorities.

More pressure arose from the events in Cleveland,⁵ and from the fact that the European Court had found the UK in breach of articles 6 and 8 of the European Convention of Human Rights. In 1988 the first version of *Working Together* (para 5.45) stated that parents should be consulted and involved in every stage of the process.⁶ This position was

Professional response to parental attendance in Hackney and Lewisham⁴

	Hackney (%)	Lewisham (%)
Attendance hindered	3	1.4
Attendance unhelpful	9	8.3
Made no difference	35	27
Presence helpful	42	44
Presence very helpful	11	19

strengthened in the revised version of *Working Together* (para 6.11 and 6.15) published as part of the 1989 Children Act.⁷

Now the question is not, whether we do it, but how we do it

Research aside, I have now had the personal experience of attending conferences in a local authority that did not include parents (Nottingham before 1992) and two that now do (Avon and Somerset). While in Nottingham I could not imagine how parental attendance might work. Now I cannot envisage working any other way. The key to my conversion was the realisation that parental attendance is not about simply adding family members to the gathering on the conference day. It is about a change of procedure and practice from the beginning of the case, of which the conference is only a part.

Key principles

(1) Case conferences should not be rushed into, but should be a reflection of the work done beforehand. I send a copy of my medical report directly to the family as soon as it is prepared, as do other attendees, so that nothing will come as a surprise and the family will have time to think about any reply and write it down if necessary.

(2) The police have time to finish any initial inquiries so they are less likely to feel compromised about evidence.

(3) Parents should come to the whole conference, taking an active part in all items.

(4) Some privacy may be needed for any of the parties to break off for legal advice.

(5) Parents should be encouraged to bring a supporter such as a friend, grandparent, or lawyer.

(6) There should be a pretyped agenda available for everyone.

(7) The conference chair should be independent, that is, not a line manager for social workers in the department.

(8) The chair should not have to minute the meeting and there must be the secretarial support available to all agencies to produce reports promptly.

(9) Chairing needs a new range of skills. Emotions may run high and a box of tissues (conference sized) should be at hand.

(10) The needs of the child take precedence over the parents. This may be highlighted with the participation of older children in conferences. This is already a pilot practice in some districts, including Avon.

(11) There will be good reason to exclude a small minority of parents from the whole or part of the conference, particularly when the child's welfare will be compromised. These reasons should be explicit and the family informed.

(12) Health staff need support and training in the implications for the way they will need to work.

There are of course cases where the parents' agenda is so far different from the agencies that partnership is impossible, and there are a small

minority where a parent is bent on injury to the child. The question is whether it is best to draft policies that get the best out of the majority of families, particularly when large socio-economic factors are the ultimate root of the problem, or whether all families have to endure rigid and exclusive procedures for the sake of the minority of hostile and dangerous parents.

Family participation at case conferences is a social work practice with health implications. General paediatricians attend very few case conferences and they are more likely to be initial than review. The alleged abuse is more likely fresh than old and the injuries more likely serious than trivial. These will be the most difficult of cases and it is tempting to become cynical about the development of partnership with parents. Doctors should also be able to judge the success of parental attendance as a basic standard of practice in the hundreds of 'bread and butter' review conferences that they do not attend. At the same time they need to

lobby for improved funding, training, and resources in child protection. I have no doubt that this way of working demands much more of us, though it promises more humane results.

- 1 Phillips J. Parental participation in case conferences. *Cardiff conference proceedings*. Rochdale: BAPSCAN Jacob Brights Childrens Centre, 1986.
- 2 McGloin P, Turnbull A. *Parental participation in child abuse review conferences*. Greenwich: London Borough of Greenwich, 1986.
- 3 University of East Anglia and Hackney Social Service Departments. *Parental attendance at child protection case conferences*. London: London Borough of Hackney, 1991. (A training video available from Training Section, London Borough of Hackney Social Services Department, Lawrence House 4th floor, 238 City Road, London EC1V 2PR.)
- 4 Thorburn J, Lewis A, Shemmings D. *Family involvement in child protection conferences*. Norwich: Social Work Development Unit, University of East Anglia, 1991.
- 5 Butler-Sloss E. *Report of the inquiry into child abuse in Cleveland 1987*. London: HMSO, 1988.
- 6 Department of Health and Social Security and the Welsh Office. *Working together. A guide to arrangements for inter-agency co-operation for the protection of children from abuse*. London: HMSO, 1988.
- 7 Home Office. *Working together under the Children Act 1989*. London: HMSO, 1991.

Parental participation in case conferences: the case against

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I believe that the mandatory invitation of parents to all child protection case conferences would work against the protection of children. This does not mean that I think parents should be excluded from all case conferences. It may even be right that they be invited to most of them. However, neither the Children Act 1989 nor the guidance document *Working Together*¹ requires the mandatory invitation of parents to all case conferences, and there is provision for proper exclusion criteria to be developed. Exclusion should be for the right reasons, and paediatricians have a part to play in defining what these are.

Wrong reasons for excluding parents from case conferences would be that we would be too embarrassed to speak freely, that we would not like to be seen to be criticising parents, or that we would find it impossible to work with the family in the future. These are problems that we have learned to overcome in other areas of clinical practice, and can overcome in the field of child protection.

Paediatricians have a training and an instinct to work with the parents of patients, and to be open and honest with them at all times. We have developed, and teach our junior staff, the skills required to discuss what may be bad news in front of parents, and to include them in the discussion, as full and equal partners. Child abuse can be seen as just another difficult clinical problem which paediatricians have the skills to discuss with parents.

However, in child protection work, there are situations that are quite different from that of the difficult discussion of worries that are shared between parents and doctor, and these are what cause me concern.

My personal concern arose from information that certain area child protection committees (ACPCs) were proposing the mandatory invitation of parents to attend throughout all review case conferences, and possibly, later, to all case conferences, and that this was threatening to lead to the withdrawal of paediatric participation from child protection work (ANP Speight, personal communication).

Parental attendance at all case conferences would include those cases where abuse arose from deliberate acts committed by parents against their children, and in particular, where there has been denial that such acts were committed, or that the parents could have been involved. This situation is particularly likely to occur in cases of sexual abuse.

The case conference exists to share information, to take decisions about whether the child's name should be put on the child protection register, and to make recommendations about a child protection plan, if necessary. Its function is not to pass official judgment on whether abuse has occurred, still less to convict anyone of it (*Working Together*,¹ para 6.1). If the case conference exists to discuss reasonable concerns about a child, whose fundamental

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