

## **On the margins of the Child Protection System: Creating space for relational social work practice**

### **Abstract**

In the UK a threshold divides between two categories of children, Child Protection and Child in Need. Each category tends to be treated as a homogeneous entity, despite containing heterogeneous levels and forms of risk and need. Child Protection practice, accompanied by regulation, protocols and procedures, aspires to achieve a coordinated multi-agency response to identified concerns with available resources targeted towards this category. However, it is well known that those children assessed as falling just below the Child Protection threshold can still have high levels of need and risk, requiring a level of social work involvement beyond the low-resource and low-oversight model that generally accompanies a Child in Need categorisation. This paper probes an approach to practice which divides levels of risk within the Child in Need category enabling adequate, coordinated support and oversight to be provided for children and families with complex needs. Evidence from our study evaluating this approach suggests that a simple protocol provided a clear process within which social workers and agency partners felt confident and safe to practice outside of the formal Child Protection framework. The protocol prevented drift and helped to create a space within which relational social work practice flourished.

### **Keywords**

Child Protection (Policy and Practice)

Partnership/Empowerment

Research in Practice

Social Work

## **Introduction**

Judgements are made daily about the degree of physical and emotional harm a child may suffer before reaching the threshold for substantial Local Authority intervention with high stakes if mistakes are made. In the UK, Child Protection systems have been set up with a mandate largely focused on the detection and prevention of child abuse, underpinned by an assumption that clear and rational thresholds can be used to effectively screen referred concerns into those requiring a Child Protection response and those that do not. In practice, this means that vulnerable children, before they can receive a service, are placed either side of a threshold into one of two categories: a Child Protection category for children considered to be suffering or likely to suffer significant harm (S47, Children Act 1989) and a Child in Need category for children considered unlikely to achieve or maintain a reasonable standard of health or development without the provision of services (S17 [10], Children Act 1989). Once placed into one or other category children are subsequently treated as having distinct sets of needs and requiring particular forms of intervention.

An invisible Child Protection (CP) threshold marks the division between these two apparently distinct groups of children. Children placed above this threshold are those considered to require a particularly intense level of oversight with a coordinated multi-agency response. Children falling below it generally receive a much lower level of oversight and intervention; social workers may recognise that many children placed below this line require a high level of intervention and, within the context of overwhelming caseloads (All Party Parliamentary Group on Social Work, 2013), endeavour to provide it. However, children placed below the CP threshold often drift in the system without adequate support. The appropriate location for the threshold for ‘child protection’ has, in the context of scarce resources, been debated since the Children Act 1989 was first implemented and this debate has intensified strongly in the context of cuts to services (Brandon et al. 2008; Platt and Turney 2013; Higgins 2015). Rather than directly engage the debate about what should count as a ‘child protection’ case, our interest here is to examine the kinds of practice supported or inhibited by the operation of a system that divides children into two apparently distinct groups.

Classification is an inevitable part of human practice (Bowker & Starr 1999). In relation to child safeguarding, it is not possible, or necessarily desirable, to treat every case as fully unique. However, not all forms of classification are the same, or support or inhibit the

same forms of practice, and there are implications of, and limitations to, the kind of division resulting from a categorisation process that divides children into either child protection or child in need, and the production of Child in Need as a residual category.

This study explored 3 questions:

1. Could a local authority protocol which disrupts the obviousness and unity of the CP threshold system, enable safe and effective practice with children who fall just below the threshold for ‘serious harm’?
2. Did the protocol lead non-social work professionals to feel confident practicing outside of formal child protection procedures?
3. Would the protocol reduce or prevent ‘drift’ within the Child in Need category?

## **Literature Review**

The Children Act 1989 introduced the distinction between ‘Child in Need’ (Section 17 of the Act) and ‘Child Protection’ (Section 47 of the Act). The requirement for action under Section 47 was defined by the potential for ‘serious harm’ to the child, which suggests greater magnitude. However, the idea that the variety of different forms and intensities of potential harm to children should be regarded as occurring on a ‘continuum’, which should be matched by a ‘continuum of services’, was retroactively situated as the position of the Act by the Department of Health’s *Child Protection: Messages from Research* (1995). *Messages from Research* also popularised the concept of “threshold” as a term to describe the point on a continuum from which a specific level of state intervention is required. This was supported by the rise of theories of child welfare practice in the 1990s, emphasising the need for qualitatively different forms of service – such as family support, or statutory intervention – based on the degree of risk faced by a child (e.g. Hardiker et al. 1991). The division drawn between Child Protection and Child in Need has been embedded in the operations of Children’s Services for over two decades, underscored, since 1999, by the requirement for agencies to comply with *Working together* guidance (DfE. 2015).

Long et al. (2014) observed that the ‘threshold model of need’ – in which movement along a spectrum at some point represents entry to the category of ‘serious harm’ – forms the dominant discourse of child welfare systems in the United Kingdom. This model was in place

by the time Brandon et al. (1996) undertook to identify the method by which decisions were made in children's social work teams across four local authorities following the implementation of the Children Act 1989. They found a clear shift towards the use of thresholds and procedural approaches. Children were conceived as either above or below the threshold of 'significant harm' and provided with a level of service based primarily upon the resultant categorisation.

Helm (2015: 4) identified that "child protection" was a key frame for sense-making' in how a social work manager and a duty social worker would interpret a new case, consider the risks faced by the child, and what kind and urgency of practitioner activity was required. There is a practical, street-level discretion in where the boundary between child protection and child in need falls, but that it needs to fall is determined by political and legal mandate, and it divides cases into categories which can profoundly shape what kinds of practice and relationship building are supported.

With the child protection threshold conceptualised as a point on a spectrum, the optimal or ethical location for this threshold has been subject to debate. A rich literature is emerging on how threshold decisions between Child Protection and Child in Need are made (e.g. Sheppard 2009; Platt and Turney 2013; Bywaters et al. 2015). Many academics have criticised this process and its consequences. Brandon et al. (2008) for example, argue that the Child in Need group require further consideration, since most children who die as a result of abuse or neglect have not, at the time of the incident, crossed the threshold into the CP system. Parallel debates have occurred in the courts regarding the meaning of the concept of "serious harm" (e.g. decision of Hedley J., in *Re L. Care: Threshold Criteria*, Family Division, 26 October 2006; Munby J. in *Re: K: Local Authority v N and others* [2007] 1 FLR 399). There has been particular controversy, as some British Local Authorities have in practice raised their thresholds for service provision in the context of funding cuts and austerity politics (e.g. House of Commons Education Committee 2012; Richardson 2014). In their Report to the Secretary of State for Education, Le Grand et al. (2014: par 5:10) observe that 'there has been a long term under-investment in children's social care services, which has led to the development of services that manage demand only by maintaining very high thresholds'.

The prioritisation of Child Protection cases has not solely been the result of limited resources, however, but also of policy developments which have required the management of

cases to comply with relevant procedures within timescales set out in statutory guidance. Such requirements, however, have been criticised for creating a defensive system that has skewed professional attention towards process and procedure and away from the relationship with families needed to support change in the level of risk carried by a child (Munro, 2010).

Relationships are crucial for effective engagement with service users (see e.g. Gallagher et al. 2011) and there is clear evidence of an association between the client-worker relationship and outcomes (see e.g. Lee and Ayon, 2004; Thoburn et al, 2013). Relational social work practice considers the relationship itself as the vehicle through which change is achieved (Payne, 1991) and relationship based approaches clearly lie at the heart of effective social work practice (see e.g. Kempe, 1978; Howe, 1998; Wilson et al, 2008). However, establishing collaborative relationships is not easy nor always achieved and the pressure of overwhelming caseloads, reduced resources, proceduralised approaches and a focus on ‘child protection’ work has significantly impacted on the ability of social workers to form and sustain relationships in their daily practice.

In the Review of Child Protection Final Report, Munro (2011) highlighted the centrality of relationships in the process of effective social work practice, recommending that Local Authorities and partners review and redesign the delivery of services, drawing on evidence to improve ways of working with families (2011, Recommendation 13).

However, as Parton (2012) has noted, an important factor not included in Munro’s report is the way in which the delineation of ‘child protection’ itself may have helped produce a context unsuited to relational social work practice. A number of substantial and valuable initiatives have been evaluated by researchers around the country (e.g. Gibson & O’Donovan 2014; Blyth 2014), and there are some signs of a broader change in the terms of policy discussion; however, there is a recognition of something intransigent in the child safeguarding system, a powerful undertow which inhibits movement in response to such calls (e.g. Edmonson et al. 2013; Parton 2014; Higgins 2015). There are certainly many factors in inhibiting such practice; our study is intended to add to existing literature considering the impact of cuts and role of performance management techniques and to offer a contribution to the debate around developing humane social work practice within this challenging context (e.g. Cooper 2013; Garrett 2014; White 2014; White, Morrison & Featherstone 2014).

## **Method**

The researchers were approached in July 2011 by a Local Authority (LA) Children's Service, requesting evaluation of a model of professional practice they had developed in response to Munro's call to review and redesign services (Munro, 2011). At nil cost a Complex Child in Need (CCiN) Protocol had been developed aimed at improving the management of Child in Need cases where there are clear ongoing concerns about the safety and wellbeing of a child at a level requiring a substantial coordinated multi-agency response, but where the risk to the child is not considered to meet the threshold for a formal Child Protection Plan (CP Plan). Social workers have long made informal distinctions between more and less significant cases of Child in Need (e.g. the practitioners cited in Shaw & Clayden 2010: 18). The Protocol formalised the availability of a 'Complex Child in Need Plan' for cases where a significant level of risk and need were evident but where the threshold for Child Protection intervention was not met.

The new category of CCiN was conceptualised by the LA as a relatively distinct qualitative group, constituted at a particular point on the spectrum of services provided by children's services. The Protocol emphasised that CCiN Plans should be used for children at levels of risk approaching but clearly below the threshold for risk of 'serious harm' which warrants a CP Plan. Though perceived as appropriate for lower-risk cases, the management framework and review processes for a CCiN case were aligned with those for a Child Protection case within that LA. The Protocol for CCiN aimed to provide a contextual framework within which safe and effective practice outside of the CP framework could flourish. It mandated that a multi-agency 'core assessment' would be undertaken (The Framework for Assessment of Children in Need and their Families, Department of Health 2000) along with completion of a Signs of Safety risk assessment and 'danger statement' (Turnell & Edwards, 1997) with a detailed written agreement for work with the family. This included a statement stating the circumstances under which consideration would be given to the need for a CP plan. It also mandated an initial planning meeting with reviews occurring every 3 months - all chaired by the Team Manager - to which the child's parent(s) and other relevant family members would be invited.

The Protocol was implemented in two of the LA teams in September 2012: one rural team comprising nine social workers and one Team Manager, and one urban team comprising thirteen Social Workers and two Team Managers. All consented to participate in the study,

however illness and urgent work led to a number of cancelled interviews. This paper therefore draws from interviews with social workers (N=13) and team managers (N=3) carried out between April and August 2013 to consider the wider issues for safeguarding practice raised by the use of a Complex Child in Need category, in contrast to the unitary implementation of a division of resources resulting from CP threshold processes. The evaluation included interviews with three members of the Local Authority Safeguarding Board (LSCB) and two parents; their views helped triangulate our interpretation of the practitioner interviews but are not reported here as we could not satisfy ourselves nor the LA that a satisfactory level of confidentiality could be achieved (for LSCB members), and we felt the sample size of parents was too small to include in the data. The Protocol was approved by the LSCB and included provision for cases to be moved into the formal CP system should risks indicate this was necessary. The researchers therefore considered there to be a low likelihood of harm to those children involved. The University Ethics Panel approved the study and participants gave written informed consent. Interviews with Social workers and team managers explored their experience of using the CCiN Protocol and any differences they perceived in the way a case is handled under the Protocol from the Child in Need or Child Protection categories into which the case would otherwise have fallen. We asked participants whether using the Protocol had altered their practice or the practice of other professionals, and their assessment of its effectiveness in supporting change for families. The names given below to participants are pseudonyms.

‘Interpretive discourse analysis’ was used to analyse the transcripts; this approach tracks themes which appear in the texts and considers their significance in terms of wider social and political assumptions and debates (Jackson & Mazzei 2012). Our approach is influenced by Bakhtin (1981) who emphasises that speakers improvise their discourse in responding to the situation, but that in doing so they do not create meanings out of nothing but rather reproduce, elaborate and modify existing frames of reference. This background particularly comes into view, he suggests, when key frames for sense-making within a particular discourse are disturbed for a time – a methodological point in agreement with symbolic interactionist and post-structuralist perspectives. In line with this approach our paper examines the discourse of social workers working cases under the CCiN Protocol, which disrupted taken-for-granted assumptions about the assessment and management of risk of harm to children. This discourse provides a potentially valuable lens through which to consider the role and limitations of the kind of categorical either-or division between cases

established by the CP threshold system. Our study responds to calls (e.g. Morris et al. 2015) for new ways of thinking and fresh approaches to practice that attempt to highlight and avoid some of the problems connected with existing ways of working with families where children are at risk.

## **Findings**

### Continuums, thresholds and ‘inbetweens’

Practitioners reported that departing from the usual division between Child in Need or Child Protection in working under the protocol had made them question prior assumptions in their practice. In particular, for many it spurred them to attend rather more closely the heterogeneity of degree and kind of risk represented by a case rather than quickly draining such considerations out into deciding which side of the CP threshold it should fall.

It has influenced how we look at our thresholds because it makes you think doesn't it, about, yeah, that 'inbetweenie' and where does it fit and you really have to sit back and actually think. (Kelly)

Considerations of the continuum of need prompted thoughts about the continuum of service, conceptualised in our interviews primarily as a spectrum of activities seen as 'proper' social work. Such distinctly 'proper' activities included work under CP Plans and with Looked After Children. At the far end of the spectrum were child welfare activities that in the UK do not require social work involvement. In the context of overwhelming volumes of work, such cases were seen as best 'deflected' (cf. Broadhurst et al. 2010) to early help services. Practitioners acknowledged that to the degree that Child in Need operated as a residual category, the result was "drift". Cases remained in the system as the responsibility of social workers who, despite their best intentions, were unable to provide the level of involvement needed to move them forwards:

Child in need – in honesty it goes to the bottom of the pile, as people aren't jumping up and down saying "this is concerning". In an ideal world I would like to do it, but



the reality is that I come in the office and there is a phone call and it's a kick-off, and I forget about that and then, and like I said, before you know it six months has passed and you might have visited several times throughout but you haven't done anything, you know, meaningful. And I think the protocol does reinforce practice and doing things, following through putting in plans and addressing the issues. (Paula)

It defined that low level and high level of child in need – because other-wise people just think “well, it's just child in need, we've got to focus on child protection”. (Liam)

Practitioners identified that the CCiN category addressed an ongoing problem for Children's Services: cases moved into and out of the Child Protection category several times over many years, yo-yoing between intensive and more coercive Child Protection action and under-resourced Child in Need drift. Reflecting on her own practice, Suzie states that without CCiN:

We would have had crisis after crisis every few months and us just rushing out and doing a bit of fire-fighting and get it back calm again and then drift. (Suzie)

In practitioner discourse, the CCiN protocol appeared to create new kinds of 'space' - both supporting the potential for effective relational practice to occur. Firstly, it created space for a different kind of conversation between team managers and social workers about the needs and risks of children and families within the Child in Need category; cases that may previously have been drifting could, as a result of this conversation, be categorised as CCiN. Once categorised as such, the protocol itself ensured that sufficient time and attention was given to such cases. So, secondly, it appeared to create a space within which social workers could work in a relational way with these families.

Social workers valued the clear expectations set out within the protocol and the fact that team managers were directly involved in reviewing work and checking that timescales were adhered to. This oversight was perceived as helpful; it encouraged all parties to follow

through with agreed actions, enabled timely decisions to be made, avoided drift and had led to improved outcomes for children. Improved outcomes included both work resulting in reduced levels of concern and also work that identified where cases needed to move into the Child Protection category, or indeed move into the court arena.

In making meaning of the role of CCiN for cases just below the threshold for Child Protection, practitioners often used the orientational metaphors of ‘up’ and ‘down’. For our participants, a case was considered appropriate for CCiN when:

You’ve got enough concerns for it not to be child in need, but not enough quite to be child protection. So I suppose it’s the gap between child in need [gestures downwards] and child protection [upward inflection to voice] and what do we do in between and how do we know that it’s working properly and working effectively? And I think bringing that other level in gives you the opportunity to manage it. So it can go up; it can go down. (Rebecca)

The expectation that a case would go ‘up or down’ from CCiN was a conceptual metaphor deployed across the interviews, particularly tied to the timescales and specific written goals set within the CCiN Protocol, which distinguished it from Child in Need. For cases in the ‘inbetweenie’ space, it was perceived that the Protocol “gives a time scale for everyone to try and work together to try and make things better and if not, then it stepped up to child protection” (Mandy). As Simon, a team manager, observed:

I think it's achieved some very good outcomes and in certainly the cases that we've worked, probably about a third of them we have then stepped down to ordinary child in need and then managed to close or then CAF down. Probably about a third of cases have probably stepped up into Child Protection where we had issues with factors changing dramatically. In terms of relationship breakdowns, mental health issues emerging, engagement, you know, coming to a halt. And about a third of them we have also stepped up into court because the concerns have not been addressed.

In practice, CCiN was not treated as a category of quite the same kind as Child in Need or Child Protection. One sign of this was that whilst cases could move between Child in Need and Child Protection, sometimes several times over a period of years depending on the ebbs and flows of risk, cases were usually allocated to CCiN on initial referral, or as an escalation of Child in Need - with the goal of increasing the engagement of the child's carers with professionals. No case we heard about was moved from Child in Need to CCiN in response to an incident of harm or abuse – in such cases, an Initial Child Protection Conference was called. Equally no case moved from Child Protection to CCiN: the substantial requirements to exit the former category meant that any case that did was also then regarded as insufficient risk for CCiN. As such, the CCiN category generally functioned as a time-limited 'holding and sorting space' for those Child in Need cases approaching the CP threshold, to see whether intensive work with the family could prevent a case from escalating, or allow it to be dealt with quickly if it did because there had been more intensive information gathering than would otherwise have occurred for a Child in Need case. Participants perceived benefits of this approach to both families and to the service: "I think it makes it more clear in relation to, this is what we are worried about if things don't change then yeah we will go up to... [tails off]. It's giving families a chance" (Diane).

### CCiN and Child Protection

Practitioners described that an important part of the role played by CCiN for them was how it helped negotiate the relationship between Children's Services and Health Services. 'Child Protection' operates as what information theorists have called a 'boundary object' (Kimble et al. 2010), a concept and mode of activity which links different communities of practice together in its employment but which may mean different things to these communities. Social workers considered that the potentially coercive, statutory approach and extensive regulation and oversight of 'child protection' tended to be perceived by health professionals as similar to a 'clinical pathway', a managed and predictable process of intervention leading to a determinate end-point. By contrast, social workers stated that it was difficult to get inter-agency commitment for Child in Need cases as these were considered both lower risk and without a clear and structured process. CCiN was seen as offering a process equivalent to a 'clinical pathway', signalling to health professionals that they and Children's Services needed to cooperate together with families in finding out what is going on and working intensively

for change in these cases. This was underlined by having the Team Manager chair meetings and reviews of the CCiN plan. Practitioners reported that this intensive oversight meant that “you can take bigger decisions straight away in the meeting because your manager’s there, which is good.” (Aisha).

As well as a boundary object between agencies, ‘Child Protection’ is a boundary object between social workers and families. However, it means something quite different at this boundary. Practitioners reported a double-bind: the same case would have a much higher level of organisational resourcing, information-gathering and inter-agency commitment if it was considered ‘Child Protection’, but would also frighten many families and make them more hostile to social workers than if the child was placed below the CP threshold:

Families do not like the term “child protection” and once you take it into that arena, I think they can get their back up, and they kind of, especially with cases around neglect and things they think ‘well, I’ve never hurt my children’, and they get the view that you think they’re going to harm their children and they don’t understand it. But with the child protection tag, as a professional, it is easier to gather information from other agencies. (Harriet)

Participants who had worked cases under the CCiN Protocol were pleased with the way it permitted them to circumvent this double-bind to some degree. It was generally perceived as an aid to good practice because it required (and thus enabled within the organisational context) time to be carved out for forming relationships and listening to the family: “Cases are given time, regular and more frequent visits as compared to CiN cases” (Gemma). However, it also maintained the willingness of families to meaningfully engage, rather than simply appear compliant:

You’re very explicitly listening to family. And supporting them to identify positives as well, within the situation. Whereas your traditional CP, you’re fetching your parents, professionals talk at them about everything that’s wrong. (Ursula)

## Relationships

Practitioners reported that the Protocol led to a different kind of relationship building and a joint sense of agency with families, made possible by the combination of the intensity and oversight usual to Child Protection and the lower level of fear and coercion usual to Child in Need:

What would have happened is it would probably have gone down a child protection conference route but I think that that probably would have scared this mum quite a lot because she had children previously removed from her care. So, so I think you know that would have been a big, a big issue for her and probably would have meant that she wouldn't have engaged with us as much. But I said to her, you know "it's called a complex child in need plan and it's kind of an inbetween step". The way I kind of talked about it with her was it is the same kind of steps – well similar steps anyway to if it was kind of child protection. Kind of not as relaxed as child in need, but something in the middle. (Ryan)

Several participants specified that the combination of willingness from families (in contrast to Child Protection) and inter-agency commitment (in contrast to Child in Need) which characterised their CCiN cases had made them reflect on the potential this combination might hold for their practice more generally. Ursula, one of the team managers, described how she and her colleagues have been "taking what we've learnt with this and applying it higher and lower. Because it works, it involves families, it's highly likely to bring better long term results for children". Ursula continued:

I think the ownership, the responsibility, the shared identification of issues, is a big one. With other professionals, particularly. And I know I've talked a lot about family and the importance of family understanding it but I think the wider arena. [Pause] Because for me, the CP label is a label, it doesn't mean anything; it doesn't protect children. What does protect children is the people caring for them in the first instance

and the people helping and supporting them. And that ownership part of the ‘complex child in need’ needs to be in the CP.

Whilst practitioners who had worked cases under the Protocol were generally very positive about its contribution to outcomes, two participants mentioned cases – which they emphasised were the exception – in which the different expectations associated with CCiN were not helpful for families:

The mam was like “well it's not a child protection plan so it's okay”.....(Liam)

With one [emphasis] of my families, I think initially the family thought it was quite supportive and quite helpful but then I think they were kind of like, “why have I got, why are all these people coming round?” They started to resent it. (Rebecca)

The CCiN Protocol was sometimes described as running counter to social workers’ expectations about their role as constituted by the CP threshold system. Simon reported:

I would say probably it's only around 10% [ironic laugh] but it's the older school people, who struggle more with, you know, “this is about working more must intensively at an earlier stage” because their argument is “well I work all my Child in Need cases”, which is not, not the case. You know, if they say “I've got a Child Protection” [trails off, indicating that it is as if nothing further need be said]. It is, it's a culture thing, and I think they feel that they are missing out somehow, getting a bit of status.

## **Discussion**

The Protocol does not address the underlying structural issues that Munro (2011) and others have raised (see e.g. White, et al. 2014, Featherstone et al. 2012; Featherstone et al. 2013). However, it may offer an intriguing way of highlighting these issues and creating a space for

relational social work practice within a compromised system. It disrupted regular practice, pointing to the kind of either-or division usually established by the CP threshold system and how this plays a determinate role in undermining the kinds of context which would support relational modes of practice. In dividing between those at risk of ‘serious harm’ and residual others, those cases considered to be in the area just above the CP threshold are directed towards resource intensive and potentially unnecessary levels of coercion and intrusion (see also Featherstone et al. 2011). At the same time resources, oversight and inter-agency cooperation are directed away from cases perceived as falling just below the CP threshold, leading to “drift” as children are left holding the risk without adequate support from professionals (see also Stanley 2009). The Protocol facilitated work with high-need families falling just below the Child Protection threshold in this ‘excluded middle’ (Dewey 1930). The protocol justified the allocation of resources and staff time necessary for relational social work practice, without triggering the potentially coercive, statutory approach and extensive regulation and oversight associated with a perceived likelihood of “serious harm”.

The ‘space’ created by the Protocol led social workers and managers to think (and talk) differently about their work with children and families. Rather than focussing on thresholds and categorisation, discussion turned towards identifying needs, addressing risks and considering how best to engage and work with families.

Interestingly, practitioners described the organisational commitment and managerial oversight as helpful; a surprise to us as researchers, as we would previously have regarded ‘helpful managerialism’ as something of a contradiction in terms (cf. Rogowski 2015). In the current climate the Protocol perhaps legitimises activity that would otherwise be seen as not ‘proper’ social work, whilst offering a reassuring alignment with the CP processes that dominate the social work practice landscape in the UK.

## **Conclusions**

Our account suggests that current safeguarding processes are organised in such a way that Children’s Services generally offer two options, both with their drawbacks. On the one hand, families may drift within the residual Child in Need category until some crisis raises professional concerns and pushes them up and over the CP threshold into the Child Protection category. Families then receive intervention from professionals but only at the price of an approach which may be frightening and disempowering for families or be unduly and

counterproductively coercive. Child Protection practice need not operate in an authoritarian way, though it often does.

Our research suggests that the CCiN Protocol was one factor which, in the context of pressure on resources, nonetheless helped to create a space for the relational social work practice called for by Munro (2011) and White et al (2014). Those cases falling just below CP threshold and thus within the remit of the Protocol can make some claim to even limited organisational resources, allowing practitioners time to get to know and listen to families: CCiN remained in use even in the context of a great deal of change and difficulty in the Children's Service at the time of the research. For cases that do not meet statutory thresholds for enquiry for serious harm, the Protocol provides a potentially conducive context for working in a way that does not frighten families and is more of a partnership. This approach may therefore offer the possibility of creating (or re-instating) space for relational social work practice within the proceduralised and performance driven landscape dominating the UK safeguarding system.

Practitioners and managers know that relationships lie at the heart of social work practice and that working in a relational way improves outcomes for children. They know too that an either-or approach means some children with complex needs may languish in the Child in Need category until a crisis moves them above the CP threshold. However, stepping outside formal procedures and processes leaves them vulnerable to criticism should things go wrong. The CCiN Protocol provided a clear process to follow with direct and active management oversight, clear inter-agency commitment and ownership at both practitioner and senior management levels. It is also firmly linked to formal child protection processes which are available should concerns increase at any point (or if sufficient progress is not made within agreed timescales). These two factors appear to have been critical in the reported successes of the Protocol: it provides a familiar and reassuring focus on 'doing things right' at the same time as creating a protected formalised space in which social workers and others are able to 'do the right thing' – and to do this safely.



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