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SECRET

PART ONE.

CONFIDENTIAL FILING

Assaults on young children - Activities of the Paedophile Information Exchange.

HOME AFFAIRS

(2) ATTACHED FOLDER "~~SUPPLEMENTARY VERSION OF~~ REPORT TITLED CHILD ABUSE IN CLEVELAND"

SEPTEMBER 1983

Referred to	Date	Referred to	Date	Referred to	Date	Referred to	Date
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PART 1 ends:-

1. WHITEHEAD to PM. 5.9.88

PART 2 begins:-

DHSS to PM. 4.10.88

Published Papers

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Report of the Inquiry into Child Abuse in Cleveland 1987: Short version extracted from the complete text
Published: 1988
Ref: Cm 413
ISBN 0 10 104132 2

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Signed [redacted] Date 6/11/2020

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REPORT OF THE INQUIRY INTO CHILD ABUSE

IN CLEVELAND 1987

SHORT VERSION
EXTRACTED FROM THE COMPLETE TEXT

PRESENTED TO THE SECRETARY OF STATE FOR SOCIAL SERVICES
BY THE RIGHT HONOURABLE LORD JUSTICE BUTLER-SLOSS DBE

31

SHORT.DOC

REPORT OF THE JUDICIAL INQUIRY INTO THE ARRANGEMENTS FOR DEALING WITH SUSPECTED CASES OF CHILD ABUSE IN CLEVELAND SINCE 1 JANUARY 1987

SHORT VERSION

1. BACKGROUND TO THE INQUIRY

1. On the 9th July 1987, the Secretary of State for Social Services ordered that a Statutory Inquiry should be established under section 84 of the National Health Service Act 1977 and Section 76 of the Child Care Act 1980 to look into the arrangements for dealing with suspected cases of Child Abuse in Cleveland from the 1st January 1987.

2. The Inquiry was announced by the Minister for Health in the House of Commons on the 9th July 1987 (Hansard Volume 119 number 15 Column 526) and arises from an unprecedented rise in the diagnosis of child sexual abuse during the months of May and June 1987 in the County of Cleveland, principally at Middlesbrough General Hospital. Enormous concern was voiced not only by parents of the children involved but also nurses, police, Members of Parliament and, through the medium of the press, the public both in Cleveland and nationally.

3. I was asked to chair the Inquiry, with the following Terms of Reference:

> "To examine the arrangements for dealing with suspected cases of child abuse in Cleveland since 1 January 1987,

including in particular cases of child sexual abuse, and to make recommendations."

4. I have been assisted in my task by three distinguished Assessors: Professor David Hull, Professor of Child Health at Nottingham University; Mr John Chant, Director of Social Services for Somerset, and Mr Leonard Soper, recently retired as Chief Constable of Gloucestershire.

5. The Inquiry lasted 74 days, starting on August 11th 1987 and ending on the 29th January 1988. We heard evidence in private session for 8 days, all of it given by parents and thereafter the Inquiry was in public session every day although from time to time part of the day was in private session when we heard evidence which would identify a a particular family.

6. This short extract from the full report is issued with the intention of making widely available a description of what took place in Cleveland in 1987, together with our conclusions and recommendations. There may be members of the public wishing to know what happened and not able to go to the expense of buying the complete version. There may also be professionals who would wish to have our recommendations. However, it is to the complete version that readers must go if they wish to be aware of the full complexities of our Inquiry.

7. In the full report we set out in detail events as they took place from the perspective of each agency involved, together with detailed comment on the parts played by

individuals and agencies. We also comment on the problems of child sexual abuse and deal briefly with arrangements for dealing with physical abuse in Cleveland in 1987. We attempt to portray the perspectives of Children and Parents in Cleveland. In part 2 of the Report we consider the expert evidence from which some of our recommendations are drawn. In particular we consider aspects of the medical evidence, and the complex issue of 'disclosure' - which we have called 'Listening to the Child'. We also set out some of the issues for social work practice in this field, and look at the Courts and the legal process. In part 4 numerous appendices give additional information, some of which may be useful to professionals. This short version does not attempt to provide more than the story of events, our short conclusions and recommendations.

8. The assessors and I are unanimous in the conclusions and in the recommendations of the report, which owe much to their wise advice.

9. Despite all the advice and assistance I have received the Report remains my sole responsibility.

31

2. THE STORY OF THE CLEVELAND 'CRISIS'

PRIOR TO 1987

1. In Cleveland during 1985 and 1986 a number of people had been expressing concern about the response of the agencies to child sexual abuse, notably a nursing officer responsible for dealing with child abuse in South Tees, Mrs Dunn. A previous working party of the Area Review Committee under the chairmanship of the National Society for the Prevention of Cruelty to Children representative, Mr Michie, had experienced difficulties in gaining agreement to revised guidelines from all the agencies, particularly from the police. The efforts of the working party had been protracted but an acceptable draft had been placed before the committee shortly before its demise in October 1987.

2 In June 1986 Cleveland County Council Social Services Department, as part of their programme to give child protection a greater priority, had appointed Mrs Richardson to the new post of Child Abuse Consultant.

JANUARY 1987

12

3. On the 1st January 1987 Dr Higgs arrived in Cleveland on her appointment as a consultant paediatrician in South Tees Health District. She was based mainly at the Maternity Hospital and at Middlesbrough General Hospital. There she joined, among others, Dr Wyatt and Dr Morell. She also had sessions at North Tees General Hospital Dr Higgs was concerned about the services available in Cleveland for deprived and abused children. Before her arrival in Middlesbrough, she had consulted Mrs Richardson on the

prevalence of child abuse and the arrangements in Cleveland. She had expressed the hope of working in a community in a deprived area.

4. Soon after her arrival Dr Higgs called on the Director of Social Services, Mr Bishop, and met Mr Walton, his senior Assistant Director and Mrs Richardson. She joined in various multi-disciplinary and community projects and became vice-chairman of the newly formed Joint Child Abuse Committee which took over from the Area Review Committee.

5. Mrs Richardson was on the same committee and she was invited to chair a working party to bring up to date guidelines formulated in 1984 by the earlier committee, the Area Review Committee, for the various agencies to work together in the field of child abuse. The purpose of the new working party was to redraft the guidelines to make more suitable arrangements for dealing with the special requirements of child sexual abuse.

6. Dr Higgs had in the summer of 1986 in her previous post in Newcastle examined two Cleveland children in the care of the Cleveland County Council. She suspected sexual abuse and on examination saw for the first time the phenomenon of what has been termed 'reflex relaxation and anal dilatation. '. She had recently learnt from Dr Wynne, a consultant paediatrian at Leeds, that this sign is found in children subject to anal abuse. On the basis of various physical findings including this sign, she diagnosed anal abuse.

31

6. Soon after her arrival in South Tees, her advice was sought about a little girl of 6 with vaginal bleeding. She had been taken by her mother to a medical health officer who as it happened was also a woman police surgeon. This doctor was concerned and consulted Mrs Richardson who initially recommended a police surgeon, but on learning that the referring doctor was herself a police surgoen, suggested Dr Higgs. Dr Higgs found evidence of vaginal and anal interference and the signs included anal dilatation. The child indicated that her grandfather was responsible. The police were called and arrested the grandfather who denied the abuse. He was charged and bailed on the condition that he resice in a bail hostel, and the little girl returned home.

MARCH

7. In March Dr Higgs examined the little girl again and found the signs had reappeared; she diagnosed further abuse and informed Social Services. The grandfather on this occasion could not be the perpetrator, and the little girl said it was her father. Social Services informed the police. The police were embarrassed by this revelation and dropped charges against the grandfather. Inspector Whitfield consulted the senior police surgeon, Dr Irvine. The police wanted him to examine the child. He telephoned Dr Higgs. He said she refused to let him examine the child. He expressed the firm view that the sign was unreliable as a basis for diagnosis. On the following day both Dr Higgs and Dr Irvine were at the case conference on the child. Dr Irvine again said he could not accept the grounds for the diagnosis and

that Dr Higgs was placing too much reliance upon the observations of Drs Hobbs and Wynne.

8. Dr Irvine went away and consulted Dr Raine Roberts, a well-known police surgeon from Manchester; she supported his stand.

9. The little girl was admitted to hospital and a week later the sign was observed again by Dr Higgs. Dr Higgs saw this child a fourth time in June, when the child was with foster parents, and again the sign was present. Dr Higgs concluded on each occassion that this indicated there had been further sexual abuse.

10. Later in March a little boy of 2 was referred to hospital by his family practitioner as an emergency with constipation. Dr Higgs examined him and noted scars around the anus and the sign of anal dilatation. She considered the possibility of sexual abuse and asked his parents to bring in the elder brother aged 10 and sister aged 9 for examination. They were seen at hospital that evening and Dr Higgs found signs of anal abuse in the boy and anal and vaginal abuse in the girl. This was the first time that Dr Higgs had diagnosed sexual abuse on the basis of the physical signs alone. She asked Dr Morell to examine the three children and he agreed with her conclusions. None of the children had made any complaint of abuse. After a request for a second opinion, the parents took the three children to Leeds to be examined by Dr Wynne. She confirmed the physical findings and endorsed the diagnoses of sexual abuse.

11. Photographs of the children had been taken by a police

photographer, and the police later objected to the use of a police photographer for this purpose. Subsequently photographs of children were taken by a medical photographer.

12. The Police decided to interview the two elder children and did so on Saturday and Sunday; no social worker was present when the children were seen. The elder boy was believed at one time to be the possible perpetrator. According to his father he was 'grilled' by the Police. The boy was upset. This was a matter of some concern to the social workers later involved in the case.

13. Social workers obtained place of safety orders and the children were placed with separate foster parents. The two older children were interviewed on a number of occasions over a period of months, by social workers and a clinical psychologist, Mrs Bacon, who believed the children had been sexually abused and that they were making disclosures of abuse by their father. The children were made Wards of Court and after the hearing were returned home to their parents. The Judge held that they had not been sexually abused.

14. Dr Wyatt who had little previous experience in child sexual abuse was shown the sign by Dr Higgs on one of these three children and found it striking.

15. Some days later a seven year old girl was referred to Dr Higgs by her family practitioner because the child alleged that her father and his girl friend told her to take her clothes off, they played 'doctors' with her and squirted tea up her front. She had had a vaginal discharge for about 5 years. On examination there were abnormal signs relating to

the vaginal opening.

APRIL

16. In early April, a 3 year old girl was brought to the Accident and Emergency Department because a school nurse had noticed excessive bruising. She was admitted under the care of Dr Wyatt. He found signs consistent with sexual abuse and asked to see the two elder children. The boy was fine, but the 6 year old girl had anal and vaginal signs, including anal dilatation. This was the first time that Dr Wyatt had observed the sign in one of his patients. All three children went to foster parents and later the elder girl made complaints to her teacher and the foster mother of interference by her step-father.

17. The two children seen by Dr Higgs the previous summer in Newcastle had been placed with experienced foster parents in Cleveland. At the end of April, Dr Higgs did a routine check-up preparatory to giving evidence in a pending Juvenile Court hearing. She found anal dilatation and diagnosed anal abuse. The parents had no access to the children for several months and suspicion fell on the foster family. The foster parents were asked to bring their three daughters to be examined in hospital and all were diagnosed as sexually abused.

18. The Director of Social Services, Mr Bishop, was informed that children in the care of the Council had been abused in a foster home and he asked for a second opinion. The two foster children and the 3 children of the foster parents were taken to Leeds and examined by Dr Wynne who confirmed the physical

signs of sexual abuse in each child.

19. A number of children had gone through the foster household, both as foster children and some for whom the foster parents had acted as child minders. Social workers brought six more children to be examined by Dr Higgs. Together with the two foster children, the three children of the foster parents and these 6, 11 children in all were examined of which 10 were found by Dr Higgs to have signs of anal abuse and admitted to the ward.

20. Some of these children were no longer in the foster home or in contact with the foster father. None of the children in this group had made a complaint and no adult had made any allegation of sexual abuse. The children of the foster family became wards and were later returned home by the Judge.

MAY

21. The weekend after this group of children had been admitted to the ward happened to be the first Bank Holiday weekend in May and there was not the full complement of social workers available. Mrs Richardson helped social workers in the interviews of some of the children.

22. Other children entirely separate from those associated with the foster family were seen during the first week of May in Dr Higgs' outpatient clinic. On the 5th May 7 of the children were diagnosed as sexually abused . One child, who suffered from a medical condition and was referred for excessive bruising, was a long term patient of Dr Wyatt. Dr Higgs found signs of anal and vaginal abuse and her two

brothers were seen. A little girl of one was referred with rectal bleeding and bowel problems. On examination Dr Higgs found anal dilatation, fissures and a fresh scar. This child was seen by Dr Stanton and Dr Wynne who both confirmed Dr Higgs' findings. Another little girl of two was seen on a routine check-up for failure to thrive. She and two other related children were considered by Dr Higgs to have signs of anal abuse. She was already in care. The three children remained briefly on the ward and then went to a foster home. They became wards of court and later returned home by order of the Judge on conditions. A girl of 11 was referred by her family practitioner with poor weight gain and eating problems. Dr Higgs found signs of anal and vaginal abuse. Her young half-sister was called and was thought to have signs consistent with sexual abuse. The elder girl later made complaints against her step-father. After a wardship hearing she went to live with her natural father and his new wife. Her half sister went home. In total during the first week of May, 23 children were seen by Dr Higgs and diagnosed as sexually abused and admitted to the Middlesbrough General Hospital.

23. During May there was a steady stream of referrals to Dr Higgs and Dr Wyatt. These included children referred by social workers, health visitors, and a guardian ad litem. The reasons for referral included a mother who was worried that her boy friend might have sexually abused the child, who was found to have a very sore, red perineum, anal dilatation and multiple anal fissures, and several children with perineal

injuries. In mid-May social workers brought in a family of 5 children for examination because of concern about sexual abuse. A boy aged 7 in the family had made a complaint to his mother and then to a social worker. That family was not admitted to hospital but went with their mother to a group home.

24. A week later social workers referred another family of 3 as a result of the comments of the eldest child of 10 at school and the concern of her headmistress. Dr Higgs examined the first child with the consent of the mother, and found signs she felt were consistent with sexual abuse. Before she could examine the second child, the father arrived on the ward and removed the three children. He took them to a secret address. He was at that time required to report daily to the police who were unable to persuade him to divulge the whereabouts of the children. However he agreed to the examination of the children by a police surgeon, and Dr Beeby was taken to the secret address. He examined the children in an upstairs room and found no abnormality. They were then returned home by their father; removed on a place of safety order obtained by Social Services and taken back to hospital. This time Dr Higgs examined all three children and diagnosed sexual abuse in respect of all three. The following day Dr Irvine examined the three children and agreed with the conclusions of Dr Beeby. Two weeks later, Dr McCowen, paediatrician from Northallerton, considered the signs suspicious and later in June Dr Roberts and Dr Paul examined the children and considered there was no abnormality. These

children were first dealt with, at a very prolonged hearing, on an interim care application before the Teesside Juvenile Court and thereafter in wardship. The children were returned home but remain wards. The Social Services Department were extremely concerned at the removal of the children from the hospital ward by the father and the difficulties of tracing their whereabouts.

25. Also during May there were referrals to Dr Higgs other than by Social Services; for example, a Senior House Officer while examining a child of 2 with a febrile fit noted an abnormal anus. Dr Higgs found signs of anal and vaginal abuse in this child and her two sisters. The father was charged with several sexual offences and committed suicide while awaiting trial. A Senior Clinical Medical Officer, as a result of concern in the neighbourhood about the possibility of sexual abuse, referred a family of 7 children. 4 of the children showed signs of sexual abuse and all 7 were admitted to the hospital. A nurse noticed an abnormal anus in a two year old boy admitted with asthma and Dr Higgs concluded that there were signs consistent with sexual abuse. He was examined by Dr Steiner who did not agree with Dr Higgs and the child returned home.

26. Over the second Bank Holiday weekend in May there was a new wave of admissions to Middlesbrough General Hospital. The numbers were augmented by the admission of the 7 children from one family and 3 children from another family. Altogether in May, 52 children were examined for sexual abuse from 17 families and 41 of them were considered to have

physical signs of sexual abuse.

27. Most of the children had no medical problem requiring nursing or medical attention and their presence on the ward caused difficulties for the nurses. Social Services managed to place most of the children out of hospital with foster parents or in residential care, but their field workers were very stretched. Mrs de Lacy Dunne, the adoption and fostering officer, took control of all foster placements. By June she and her resources became overwhelmed and ran out of space for the children.

28. In May the hospital had the resources to cope, but it was an unprecedented number of children with an unfamiliar problem and alarm bells began to ring. Dr Drury, the hospital unit manager had been informed of the numbers admitted in the first week of May. He got in touch with the Social Services Department to express his concern both at the numbers and the problems in the hospital, particularly for the nurses. Dr Drury met Dr Higgs and they discussed among other matters the disagreement between herself and Dr Irvine.

29. At a meeting in mid-May of the South Tees Community Health Council Mr Urch, its Secretary, told Mr Bishop about mounting public anxiety over the admissions to hospital and the diagnosis of child sexual abuse.

30. Mrs Richardson, who had earlier predicted an increase in detection of sexual abuse, was alarmed by the numbers and the lack of resources to deal with them. On the 12th May she wrote a memorandum to Mr Bishop referring to 'crisis', the likelihood that the numbers would increase and the need for

more resources.

31. At the invitation of Mr Bishop she attended a meeting of the Social Services Directorate in mid-May. They discussed the alarming increase in referrals for child sexual abuse, but the differences between Dr Higgs and Dr Irvine and the controversy over the anal dilatation test and the diagnosis of sexual abuse was not referred to. Mrs Richardson did not recognise the importance of the dispute and did not inform the Director.

THE POLICE IN APRIL AND MAY

32. By the end of April and the beginning of May the police were having doubts about the diagnosis of sexual abuse based upon the anal dilatation test. These doubts were reinforced by the strong views of Dr Irvine. At a meeting chaired by a Chief Superintendent on the 8th May, attended, Dr Irvine was asked his views and made plain to senior police officers that he regarded the anal dilatation test as unreliable.

33. Also at the end of April, as a result of Dr Higgs requesting police photographers to photograph the ano-genital region of the 3 children in March, and on the instructions of Detective Superintendent White, Inspector Walls, the head of the Forensic Department went to see Dr Higgs and explain the concern his Department had at taking these photographs. His photographers were embarrassed and felt the children were upset. The meeting was more in the nature of a confrontation with Inspector Walls telling Dr Higgs what he thought. It did not improve relations between the police and Dr Higgs.

34. Dtective Superintendent White went twice in May to

Middlesbrough General Hospital to discuss both the problem over the photographs and the difficulties caused by the diagnosis of child sexual abuse.

35. In the absence of prompt medical statements and with these doubts the police investigated but without much confidence in the outcome. There was also a feeling, expressed by Inspector Makepeace of the Community Relations Department, that the good relations which he believed existed between police officers and social workers on the ground had deteriorated since the appointment of Mrs Richardson in her new role. These feelings among the police gathered momentum.

JOINT CHILD ABUSE COMMITTEE WORKING PARTY - MEETING IN MAY AND ITS CONSEQUENCES

36. The working party of the Joint Child Abuse Committee, chaired by Mrs Richardson (see p40 above), included a representative of the police, Chief Inspector Taylor; a nursing officer, Mrs Dunn, Mr Michie from the NSPCC, an Educational social worker, Mr Town and a probation officer. Between February and May they met on several occasions and agreed most of the outstanding issues which had troubled their predecessors on the Area Review Committee. The two main issues which remained were :

1. the degree of co-operation between the police and social workers in the investigation of sexual abuse:

2. who should perform the medical examination and whether the police surgeon should be consulted.

It was agreed that Mrs Richardson and Chief Inspector Taylor should arrange a meeting with Dr Higgs and Dr Irvine to try and come to an agreement on the issue which could be placed before the next meeting of the working party on the 1st June. The meeting was arranged for the 28th May.

37. At that meeting in addition to Mrs Richardson and Dr Higgs there were Dr Irvine, Detective Superintendent White and Inspector Makepeace, and Chief Inspector Taylor .The previous day Dr Irvine had for the first time examined children found by Dr Higgs to have been sexually abused. His negative findings confirmed Dr Irvine in his view as to the unreliability of the anal dilatation test. Dr Higgs had by then diagnosed as anally abused a considerable number of children, some confirmed by other paediatricians, and was convinced of the reliability of the test. When the meeting began to discuss the medical aspects of sexual abuse, Mrs Richardson put forward some new proposals, the effect of which was to provide for examination in all cases by the paediatrician. When challenged on this it became clear that Mrs Richardson did not see any future for police surgeons in the examination of children said to be sexually abused. Dr Irvine then said that Dr Higgs was incompetent and misguided and that her 'mentors' in Leeds, Drs Wynne and Hobbs were equally misguided. Dr Higgs was firm in her viewpoint. Inspector Makepeace supported Dr Irvine and Mrs Richardson supported Dr Higgs. The meeting became heated and all those present found it disagreeable.

38. Detective Superintendent White expressed the police

conclusion that the police would treat the diagnosis of Dr Higgs with a degree of caution. Each group left the meeting with their preconceived ideas reinforced, and this led to a major breakdown in the relationship between the police and the social workers.

39. After the meeting Mrs Richardson and Mr Hughes together drafted a memorandum for Mr Bishop. it was largely the work of Mrs Richardson. Mr Bishop was given this memorandum and signed it on the 29th May. Its main effects were to provide for routine applications for place of safety orders in cases of suspected sexual abuse, to suspend access to the parents and to exclude the police surgeon from making a second examination.

40. Detective Superintendant White on the 29th May sent out a Force circular in which he instructed the Police to view Dr Higgs' diagnosis on sexual abuse with caution, and to look for substantial corroboration of her findings before taking positive action.

Although Superintendent White had told Mrs Richardson of the police response, neither agency officially informed the other of the steps they were taking.

41. The meeting of the working party of the Joint Child Abuse Committee was scheduled to take place on the 1st June. The Assistant Chief Constable Mr Smith instructed Chief Inspector Taylor not to attend. The working party went on in his absence and with no disagreement the proposals put forward on the 28th May were accepted by the working party as their recommendations to the Joint Child Abuse Committee on

the medical issue. They included : that the hospital was the most appropriate setting for the examination of a child by a paediatrician, and where a consultant paediatrician is able to give a statement to the police it is not necessary for a police surgeon to re-examine the child.

JUNE

42. In June children continued to be referred in ever growing numbers again mainly by Social Services as occurred in May. Others included children who had constipation, failure to thrive, an itchy bottom, urinary tract infection, bruised perineum, soiling etc. A nurse saw a gaping anus in a child admitted to hospital with tonsilitis and brought it to Dr Higgs' attention. There was a family of 7 children who had behavioural problems and poor growth, and several members of this family were diagnosed as showing signs of sexual abuse.

43. Dr Wyatt was asked by Social Services to see two boys from a special school who had been found with others indulging in inappropriate sexual behaviour. Dr Wyatt found signs of anal interference in both boys and offered to examine all the children in the special school. In the event the situation was dealt with by the Education Department. 6 of the children from two of the families concerned were admitted to the ward. One boy of 11 had considerable behavioural problems and had been under the care of a child psychiatrist for several years. In four further families the index (first) child examined during June had behavioural problems and had previously been seen by a child

psychiatrist. Also - about this time Dr Higgs saw a three year old girl with a vaginal discharge caused by gonorrhoea. The infection was present in her rectum. Her two year old brother also had a sexually transmitted infection. The girl had vaginal signs, both had signs of anal abuse. The children's uncle and a friend were convicted of sexual offences. Another little girl had anal warts. She had been referred by her family practitioner on suspicion of sexual abuse. The Independent Panel which examined this child came to the conclusion that the child should return home. The anal warts were not shown to be sexually transmitted.

44. During June children in two more foster homes were considered to have been sexually abused. In one case it was a handicapped child living with adoptive parents who was diagnosed as abused. Before informing the agencies Dr Higgs arranged for Dr Wynne to give a second opinion on the child and she confirmed the diagnosis. This child and his sister became wards and were returned home by the Judge on the basis that no sexual abuse had occurred.

45. Also during June members of the Emergency Duty Team of social workers were asked to obtain place of safety orders late at night mainly by Dr Wyatt. In one case there had been an agreement with the parents that the children would remain on the ward; in another the children had been allowed to go home and had gone to bed and then had to be brought back to hospital. On one evening Dr Wyatt asked for 11 place of safety orders, 7 relating to a family already well-known to Social Services.

46. On the evening of the 12th June Dr Wyatt was making a late evening round, a usual occurrence with him. Dr Higgs was on call and she went round the ward with him. The ward contained 12 children of 8 families where sexual abuse had been diagnosed. During that day between them they had identified 4 index children as sexually abused. Late that evening nurses told them of abnormal anal findings in two further children. They examined the children and diagnosed sexual abuse. Those two children had between them 8 siblings. They examined in all 4 children that night because of the possibility of sexual abuse. They were dissuaded from examining a 5th child because the nurse said that mother and child were asleep. Some nurses became upset about these examinations and two nurses made a written complaint.

47. The following day it was necessary to transfer 6 children to North Tees General Hospital because the wards in Middlesbrough General Hospital could not cope with the siblings of the children identified the night before.

48. The events of the 12th June and the consequential intake of the siblings created the third large wave of admissions.

49. On the 18th June there was a considerable number of parents at the hospital and there was a confrontation between Dr Wyatt and an angry father. The police were called and helped to calm the situation. The deputy administrator at the hospital took the parents to another building and helped them to set out their complaints for transmission to the hospital authorities.

50. The following day Mr Stuart Bell MP was told of the situation at the hospital and paid it several visits during the following week. He heard the parents' complaints. Some parents had just begun to form themselves into a parents' support group with the assistance of the Rev. Michael Wright.

51. During June there were meetings between professionals and the different disciplines to try to resolve the problems which arose.

- On the **1st June** Mr Bishop together with Mrs Richardson met Mr Donaldson, Dr Drury, Dr Ramiah the new community physician and Dr Higgs. Mr Bishop questioned Dr Higgs very closely on her diagnostic techniques and was satisfied that she was confident of what she was doing. None of the other doctors present queried her method of diagnosis.

- On the **5th June** the Chief Constable and the Assistant Commissioner Mr Smith met Mr Bishop and Mr Walton, his senior Assistant Director and they discussed the situation. Neither of the Chief Officers was entirely in the picture and the only suggestion made was for the deputies to meet the Crown Prosecution Service. This they did with no result. The Chief Constable and the Director made no arrangement to meet again and did not do so.

- Shortly after that Dr Higgs and Dr Wyatt called on Mr Bishop and refused to see anybody else. They praised him for his stand over child sexual abuse, and said that the detection of abuse was a breakthrough in the care of children and could explain many problems of child health which had previously not responded to treatment. He took the

pressure on the courts. Later in June some disputed care applications were restarted in the High Court as wardship applications.

- On the **15th June** Mr Bishop consulted the Social Services Inspectorate as to whether second opinions might be obtained and was advised to go to the District Health Authority. He immediately got in touch with Mr Donaldson and asked him to arrange second opinions on the diagnoses of the two doctors.

- On the **16th June** Mr Donaldson consulted Dr Donaldson, the Regional Medical Officer of the Northern Regional Health Authority about the complaints of the two nurses about the evening of the 12th June and asked for advice and help. This was the first that Northern Region had heard of the crisis and they then became involved. Northern Region decided to deal with all the complaints about the two doctors. The following day Dr Donaldson and Mr Donaldson met and Mr Donaldson asked for help to deal with the request from Mr Bishop for second medical opinions.

- Also on the **16th June** there was a meeting of the Joint Child Abuse Consultative Committee at which senior representatives of Social Services and the Police attended. They did not tell the elected members about the difficulties being experienced between the two agencies. At the same time there were meetings between the Chief Executive and leading members of the County Council where the seriousness of the situation was fully explored.

- On the **18th June** after the incident with the parent on

the ward, Mr Donaldson discussed the situation with both paediatricians and asked them to hold back. They refused and said that if they saw child sexual abuse they had a duty to act.

- Mr Donaldson then asked three senior consultants to interview the two doctors and find out if they were acting within the bounds of medical practice. At the meeting on the **23rd June** the two paediatricians assured the three consultants that they were acting correctly.

52. The Chairman of Northern Region, Professor Sir Bernard Tomlinson, became involved and he and Dr Donaldson invited the two paediatricians to the headquarters of the Regional Health Authority in Newcastle to find out if they were acting correctly. They had a four hour meeting, Drs Higgs and Wyatt were given the complaints and asked to comment on them, which they said they would do after they had consulted their legal advisers. After the meeting at which the two doctors were cross-examined at length by the two Regional Officers, both Professor Sir Bernard Tomlinson and Dr Donaldson could find no reason to recommend their suspension from duties to the Regional Committee. There were thereafter various meetings including legal advisers to consider the complaints and the position of the doctors.

53. The Northern Regional Health Authority took over the arrangements for second opinions requested by Social Services and with the help of Professor Kolvin, Consultant Child Psychiatrist Newcastle, set up a panel of paediatricians and child psychiatrists to see jointly the children who had been

diagnosed sexually abused. They started to see children at the end of June. Thereafter Northern Region set up a second panel called the Regional Reference Group made up of paediatricians within the area of Northern Region to see any children who were subsequently diagnosed as sexually abused.

54. By the end of June parents had arranged their own second opinions and a number of doctors principally Dr Roberts from Manchester, Dr Paul from London and Dr Clarke from Liverpool saw many of the children concerned.

55. On Friday **26th June** Dr Irvine was interviewed on television in the early evening and said that Dr Higgs was wrong in her diagnosis of sexual abuse in respect of a particular family.

56. Later that evening on the television programme Nightline, Mr Bishop and Mr Bell MP were among those who were present. Dr Irvine's interview was shown. Mr Bishop said he had no alternative but to act on the diagnosis of the paediatrician.

57. On the **29th June** Mr Bell put down a Private Notice Question in the House Of Commons asking the Minister if he would make a statement on the recent increase in the number of cases of alleged child abuse in Cleveland.

58. At the request of the Minister of State for Health reports were provided very quickly by the Social Services Inspectorate, the Northern Regional Health Authority and the Police.

59. At the end of June, with the help of Middlesbrough General Hospital, Social Services set up the Child Resource

Centre in the grounds of the hospital and children and their parents were able to go there, spend the day there and be interviewed there.

JULY

60. On the 1st July the Joint Child Abuse Committee met to consider the recommendations of the working party. Mr Walton with the help of Mr Smith took charge of the draft guidelines and in a few days secured agreement to a revised draft which was almost immediately put into effect both by the social services and the police. The agreed guidelines included: hospital as often the most appropriate setting for medical examination; that the child should be referred as soon as possible to a consultant paediatrician; that the roles of the police surgeon and paediatrician are complementary; early consultation is essential; there should be joint examination where possible.

61. Also on the 1st July the police set up the Child Abuse Unit at Yarm, to co-ordinate the investigation of child sexual abuse in the County.

62. On the 7th July Mr Bell gave the Minister a 'dossier' of cases he had investigated. On the 9th July the Minister announced in a statement to the House of Commons the setting up of a statutory Inquiry.

63. This is a brief description of the events in Cleveland which led to the crisis.

3. Final Conclusions.

1. We have learned during the Inquiry that sexual abuse occurs in children of all ages, including the very young, to boys as well as girls, in all classes of society and frequently within the privacy of the family. The sexual abuse can be very serious and on occasions includes vaginal, anal and oral intercourse.The problems of child sexual abuse have been recognised to an increasing extent over the past few years by professionals in different disciplines. This presents new and particularily difficult problems for the agencies concerned in child protection. In Cleveland an honest attempt was made to address these problems by the agencies. In Spring 1987 it went wrong.

2. The reasons for the crisis are complex. In essence they included:

- Lack of a proper understanding by the main agencies of each other's functions in relation to child sexual abuse;
- a lack of communication between the agencies;
- differences of views at middle management level which were not recognised by senior staff. These eventually affected those working on the ground.

3. These tensions came out into the open with Dr Higgs' appointment as a consultant paediatrician to the Middlesbrough General Hospital. She was known to have an interest in the problems of child abuse. As a result of her understanding of the work of Dr Hobbs and Dr Wynne in Leeds, she formed the view that physical signs could help to identify sexual abuse and assist those seeking to protect

abused children. She referred the first few children in whom she made the diagnosis to Dr Wynne for a second opinion. In each she received confirmation of her diagnosis, and as a consequence she proceeded with increasing confidence. The presence of the physical signs was elevated from grounds of 'strong suspicion' to an unequivocal 'diagnosis' of sexual abuse.

4. Dr Wyatt,another consultant paediatrician at Middlesbrough General Hospital became equally convinced of the significance of the physical signs and he enthusiastically supported her.

5. Dr Higgs and Dr Wyatt became the centre point of recognition of the problem. Between them in 5 months they diagnosed 121 children as being sexually abused - 78 by Dr Higgs, 43 by Dr Wyatt. Children were referred to them in various ways; some were brought by social workers because of a suspicion of sexual abuse or allegations or complaints; others were referred by family practitioners, health visitors, or community medical officers because of a suspicion of sexual abuse; a few from within the hospital were referred by junior medical staff or by nurses. In some the diagnosis arose on children attending outpatient clinics with medical conditions in which the possibility of sexual abuse had not been previously raised. 64 were siblings of or connected with these children.

6. By reaching a firm conclusion on the basis of physical signs and acting as they would for non-accidental injury or physical abuse; by separating children from their parents and by admitting most of the children to hospital, they

compromised the work of the social workers and the police. The medical diagnosis assumed a central and determining role in the management of the child and the family..

7. It was entirely proper for the two paediatricians to play their part in the identification of sexual abuse in children referred to them. They were responsible for the care of their patients. Nonetheless they had a responsibility to examine their own actions; to consider whether their practice was always correct and whether it was in the best interests of the children, their patients. They are to be criticised for not doing so and for the certainty and over-confidence with which they pursued the detection of sexual abuse in children referred to them. They were not solely nor indeed principally responsible for the subsequent management of the children concerned. However, the certainty of their findings in relation to children diagnosed by them without prior complaint, posed particular problems for the Police and Social Services.

8. The response of the Social Services Department to the diagnoses of the two doctors was determined in the main by the newly appointed Child Abuse Consultant, Mrs Richardson, who supported and agreed with Dr Higgs' approach. She advised that immediately the diagnosis was made the child should be moved to a 'place of safety' for further investigation and evaluation and this was ensured by obtaining a place of safety order from a magistrate. This practice was confirmed by the issuing of a memorandum by the Director of Social Services which in practice had the effect of endorsing the

medical diagnoses of the two paediatricians. In most cases the social workers' own professional responsibilities required them to make a wider assessment before taking action. The number of children separated from their parents increased dramatically and required both the consultants and Social Services managers to reappraise their practice. This they failed to do. They had a responsibility to look into the numbers of referrals and the method diagnosis. As the crisis developed, both doctors and social workers had a duty to consider their priorities, particularily with children from families with long-standing problems who were well known to Social Services.

9. Another element was the attitude of the Police encouraged by their senior police surgeon, Dr Irvine, who took the view that Dr Higgs was mistaken in her diagnoses. The police retreated from the multi-disciplinary approach into an entrenched position. They can be criticised for allowing a rift to develop and taking no effective step to break the deadlock. There was no reaction at senior level to the problems being raised and passed on to them by operational officers. The Police blamed the attitude and approach of Mrs Richardson for their reactions. They should not have allowed personalities to stand in the way of an objective assessment of the situation and the need to resolve it. Their requirement that the diagnoses of Dr Higgs should be reviewed by the senior police surgeon was unhelpful in the circumstances.

10. There was a failure by middle and senior managers in each

agency to take action appropriate to the seriousness of the situation. The disagreements between the Police and Social Services were allowed to drift and the crisis to develop. In particular, the Chief Constable and the Director of Social Services failed to understand the depth of the disagreement between their staff and as a consequence failed to take some joint action to bring their two agencies together.

11. The lack of appropriate legal advice at case conferences contributed to the failure of those most closely involved with the children to appreciate that the medical opinions they had acted upon might not provide a satisfactory basis for applications in care proceedings. This deprived them of an useful check in consideration of the advisability of the removal of the children from home.

12. There was an understandable response from parents when the diagnosis of sexual abuse was made. Their child was admitted to hospital; a place of safety order was served on them; access was restricted for the purpose of 'disclosure work'. They were uncertain of their responsibilities, distressed and angry. They did not know what to do or where to turn. They were isolated. As the numbers grew many of them formed themselves into a support group and they then received increasing support from others both locally and nationally. The media reported the situation and the crisis became public knowledge.

13. Most of the 121 children diagnosed by Drs Higgs and Wyatt as sexually abused were separated from their parents and their home, seventy percent or so by place of safety

order. 67 of the children became Wards of Court. In the Wardship cases 27 were dewarded and went home with the proceedings dismissed; 24 went home on conditions which included supervision orders on the children and conditions as to medical examination of the children, and 2 of them went home on interim care orders. Of those children not made wards of court, a further 26 were the subject of Place of safety orders; of these 17 are at home, 6 still with a socila worker allocated.

14. It is unacceptable that the disagreements and failure of communication of adults should be allowed to obscure the needs of children both long term and short term in so sensitive, difficult and important a field. The children had unhappy experiences which should not be allowed to happen again.

15. It is however important to bear in mind that those who have a responsibility to protect children at risk, such as social workers , health visitors, police, doctors, have in the past been criticised for failure to act in sufficient time and to take adequate steps to protect children who are being damaged. In Cleveland the general criticism of the public has been of over-enthusiasm and zeal in the actions taken. It is difficult for professionals to balance the conflicting interests and needs in the enormously important and delicate field of child sexual abuse. We hope that professionals will not as a result of the Cleveland experience stand back and hesitate to act to protect the children.

31

16. In many Inquiries it is social workers who are under scrutiny for their failure to act in time . We are concerned that in advising a calm, measured and considered approach to the problem of child sexual abuse, we are not seen to imply either that there are never occasions when immediate action may need to be taken or that there is not a problem to be faced and children to be protected. It is a delicate and difficult line to tread between taking action too soon and not taking it soon enough. Social Services whilst putting the needs of the child first must respect the rights of the parents; they also must work if possible with the parents for the benefit of the children. These parents themselves are often in need of help. Inevitably a degree of conflict develops between those objectives.

17. We are also concerned about the extent of the misplaced adverse criticism they have received from the media and elswhere. There is a danger that social workers including those in Cleveland, will be demoralised. Some may hesitate to do what is right. Social workers need the support of the public to continue in the job the public needs them to do. It is time the public and the press gave it to them.

18. Whilst it was important to try and identify what went wrong, it is equally important not to let that identification impede progress in the future, in Cleveland and elsewhere. We make criticisms of individuals. Those criticisms must not be permitted to obscure the wider failings of agencies; nor would we wish to suggest that the identification and management of sexual abuse within the

family is easy. It obviously is not.

19. We hope that the troubles of 1987 will recede for those concerned with the protection of children in Cleveland, and that they will work together, to tackle the exacting task of helping children who are subject to sexual abuse to the lasting benefit of the children, the families and their community.

How society acknowledges the existence of, recognises and then handles child sexual abuse poses difficult and complex problems. There are some issues of importance upon which we did not receive evidence and which we have not addressed. These include specifically the nature of abusers and the reasons for sexual abuse of children; the effectiveness and appropriateness of the strategies used once the problem has been identified; and the response of society and the agencies to those who abuse.

There are also some issues upon which we do not make recommendations but which in our view justify further consideration and we set out these with our observations at page .

We make the following recommendations.

Recommendations.

1.Recognition of sexual abuse.

There is a need:

a.to recognise and describe the extent of the problem of child sexual abuse;

b.to receive more accurate data of the abuse which is identified.

2.Children

There is a danger that in looking to the welfare of the children believed to be the victims of sexual abuse the children themselves may be overlooked. The child is a person and not an object of concern.

We recommend that:

a. Professionals recognise the need for adults to explain

to children what is going on. Children are entitled, to a proper explanation appropriate to their age, of why they are being taken away from home and some idea of what is going to happen to them.

b. professionals should not make promises which cannot be kept to a child, and in the light of possible court proceedings should not promise a child that what is said in confidence can be kept in confidence.

c. Professionals should always listen carefully to what the child has to say and take seriously what is said.

d. Throughout the proceedings the views and the wishes of the child particularly as to what should happen to him/her should be taken into consideration by the professionals involved with their problems.

e.The views and the wishes of the child should be placed before whichever court deals with the case. We do not however, suggest that those wishes should predominate.

f. Children should not be subjected to repeated medical examinations solely for evidential purposes. Where appropriate according to age and understanding the consent of the child should be obtained before any medical examination or photography.

g.Children should not be subjected to repeated interviews nor to the probing and confrontational type of 'disclosure' interview for the same purpose, for it in itself can be damaging and harmful to them. The consent of the child should where possible be obtained before the interviews are recorded on video.

h. The child should be medically examined and interviewed in a suitable and sensitive environment, where there are suitably trained staff available.

i.When a child is moved from home or between hospital and foster home it is important that those responsible for the day to day care of the child not only understand the child's legal status but also have sufficient information to look after the child properly.

j.Those involved in investigation of child sexual abuse should make a conscious effort to ensure that they act throughout in the best interests of the child.

3.Parents.

We recommend:

a. "The parents should be given the same courtesy as the family of any other referred child." This applies to all aspects of the investigation into the suspicion of child sexual abuse, and should be recognised by all professionals concerned with the family.

a. Parents should be informed and where appropriate consulted at each stage of the investigation by the professional dealing with the child, whether medical, police or social worker.

Parents are entitled to know what is going on, and to be helped to understand the steps that are being taken.

c. We discuss the position of parents in case conferences at page .

d. Social Services should confirm discussions of all important decisions to parents in writing. Parents may not

understand the implications of decisions made and they should have the opportunity to give the written decision to their lawyers.

e. Parents should always be advised of their rights of appeal or complaint in relation to any decisions made about them or their children.

f.Social Services should always seek to provide support to the family during the investigation. see page. Parents should not be left isolated and bewildered at this difficult time.

g. The service of the place of safety order on parents should include a written explanation of the meaning of the order, the position of the parents, their continuing responsibilities and rights and advice to seek legal advice.. see page

4.Social Services

We make the following recommendations with regard to Social Services:

PLACE OF SAFETY ORDERS

a. Place of Safety Orders should only be sought for the minimum time necessary to ensure protection of the child.

b. Records related to the use of statutory powers on an emergency basis should be kept and monitored regularly by Social Services Departments.

c. A code of practice for the administration by social workers of emergency orders for the purposes of child

protection including the provision of information to parents defining their rights in clear simple language should be drawn up (see also recommendations on the courts).

ACCESS

d. Whenever and however children are received into care social workers should agree with parents the arrangements for access unless there are exceptional reasons related to the childs interests not to do so. In either event the parent should be notified in writing as soon as possible of the access arrangements and the avenues of complaint or appeal open to them if they are aggrieved.

CASE CONFERENCES

e. Parents should be informed of case conferences and invited to attend for all or part of the conference unless in the view of the Chairman of the conference their presence will preclude a full and proper consideration of the childs interest.

f. Irrespective of whether parents attend the conferences social workers have a primary responsibility to ensure that the case conference has information relating to the family background and the parents' views on the issues under consideration.

g. In complex cases the Chairman of the conference must be able to call upon the attendance of a qualified lawyer to assist in the evaluation of evidence indicative of care proceedings.

h. When a case conference is presented with medical opinions that are in conflict the doctors involved should be asked to review their findings jointly with the interests of the child in mind. If they are unable to establish common ground then they should be asked to identify the basis of their differences. It would then be for the case conference to consider their views in the context of the other information available.

MANAGEMENT

i. Senior managers in Social Services Departments need to ensure that they have efficient systems available to allow accurate monitoring of service activity which will alert them to problems that need to be resolved.

j. Staff engaged in social work practice in the field of child abuse and child sexual abuse need structured arrangements for their professional supervision and personal support. The work is stressful and it is important that their personal needs are not overlooked.

k. We recommend that careful consideration be given to the provision of structured systems of support and supervision

for staff undertaking work on Emergency Duty Teams. Operationally such teams should report to a senior line manager.

1. Social Services Departments should maintain an open continuing relationship with the police to review areas of mutual concern.

5.Police

We make the following recommendations with regard to Police Forces:

a. The Police should examine their organisation to ensure there is an adequate communication network to achieve the recognition and identification of problems at operational level and a system to develop remedies.

b. The Police should develop, monitor and maintain communication and consultation with the other agencies concerned with child protection.

c. The Police should develop and practise inter-agency working, including joint planning and interviews of children in investigation of sexual abuse within the family or caring agency.

d. The Police should recognise and develop their responsibility for the protection of the child as extending beyond the collection of evidence for court proceedings. This should include their attendance at case conferences and assistance to the other child protection agencies.

6. The Medical Profession.

We make the following recommendations with regard to the Medical profession:

a. They should agree a consistent vocabulary to describe physical signs which may be associated with child sexual abuse.

b. There should be investigation of the natural history and the significance of signs and symptoms which may be associated with child sexual abuse.

c. Consideration be given to inquiring into the significance of the phenomonen of anal dilatation.

d. Doctors engaged in the care of a child in whom the suspicion of sexual abuse is raised must of course give the child the appropriate medical care, but should also recognise the importance of the forensic element.

The doctor concerned should recognise the importance:

i. of taking a full medical history and making a thorough medical examination

ii. of making where appropriate investigations for forensic purposes, for sexually transmitted diseases and for pregnancy in older girls.

iii. of completing full and accurate medical records which should provide the information for the protective agencies and on occasions the courts.[see appendix] Those records should be made at the time of examination.

iv. preparing statements for police purposes and/or for Social Services or NSPCC.

We understand that the Standing Medical Advisory Committee to the DHSS are in the course of providing guidelines for the medical profession on this subject.

f. On a medical examination for forensic or other evidential purposes unconnected with the immediate care and treatment of the child the informed consent of the parents should be sought. This may present difficulties for the police surgeon or doctor from the approved panel on the Specialist Assessment Team [see below] in cases of suspected sexual abuse within the family. This problem needs to be considered further.

g. Medical practitioners who have examined a child for suspected sexual abuse and disagree in their findings and conclusions should discuss their reports and resolve their differences where possible; in the absence of agreement identify the areas of dispute, recognising their purpose is to act in the best interests of the child.

7. AREA REVIEW COMMITTEES/ JOINT CHILD ABUSE COMMITTEES

We make the following recommendations in respect of the Area Review Committees/ Joint Child Abuse Committees:

a. They should review the arrangements for identifying and monitoring suitable training for professionals working with child sexual abuse;

b. The membership of these committees should include those who have the authority and responsibility to bind their agency to implementing the recommendations of the Committee, and to play a useful part in the decision-making process which accurately reflects the view of the agency they

represent.

8. Inter-Agency Co-operation

We strongly recommend:

a. The development of Inter-Agency co-operation which acknowledges:

i) no single agency - Health, Social Services, Police or voluntary organisation has the pre-eminent responsibility in the assessment of child abuse generally and child sexual abuse specifically. Each agency has a prime responsibility for a particular aspect of the problem. Neither children's nor parents' needs and rights can be adequately met or protected unless agencies agree a framework for their inter-action. The **statutory** duties of Social Service Departments must be recognised;

ii) careful consideration must be given to the detail of working arrangements between doctors, nurses, social workers, police, teachers, staff of voluntary organisations and others responsible for the care of children;

iii) arrangments for collaboration between services must not inhibit prompt action by any professional or agency where this is demanded by the best interests of the child. Agreements over collaborative work should not inhibit or preclude doctors, social workers or policemen from carrying out their primary professional responsibilities. The responsibility for the decisions will remain theirs;

iv) practical issues need to be recognised and resolved at local level in careful discussion between the respective agencies. For example:

- what the level of suspicion of physical or sexual abuse should be before the Police are informed that an offence appears to have been committed;
- when and what parents are told when doctors see signs that may be indicative of sexual abuse;
- in what circumstances social workers should delay seeing parents until they have been interviewed by the Police;

v) Managers should accept responsibility for ensuring that agreements reached are implemented in practice. Each agency should give an undertaking not to make unilateral changes in practice or policy without giving prior notice to the others;

vi) the existence of bodies charged with the responsibility to co-ordinate practice between agencies does not relieve Chief Officers such as the Director of Social Services, the Chief Constable, the Director of Education and the Health Service District General Manager of their responsibility to ensure effective co-operation and collaboration between their services or to identify problems and seek solutions.

b. The establishment of Specialist Assessment Teams.

1. The function of the Specialist Assessment Team (SAT) is to undertake a full multi-disciplinary assessment of the child and the family in cases of particular difficulty. Each member of the team will have direct access to information available within their agency. The completion of a medical examination, a social work assessment, and

appropriate inquiries by the Police, carried out in a planned and co-ordinated way should allow the Specialist Assessment Team to present their joint assessment and conclusions to the referring agency or a case conference. Whilst each member of the Team has a duty to act with care and undertake the full range of responsibilities normally ascribed to the individual's role - including where necessary the continuing investigations, their first and primary responsibility as a team is to make an assessment. The duty to provide on-going treatment or plan for the future should remain with others.

2. The team should consist of approved medical practitioner, senior social worker, and a police officer with sufficient authority to co-ordinate the investigation of cases.

3. In each area a list of approved doctors should be drawn up. The process of approval might be adapted from the regulations under the Mental Health Act which provide for the approval of doctors for the purpose of that Act. The doctors on the list should have knowledge and experience of the needs of children and an understanding of child abuse in general and child sexual abuse in particular. They should be prepared at the request of their medical colleagues, Social Services or the Police to examine a child and participate in a formal multi-disciplinary assessment of the child's presenting concern. This may include collecting forensic evidence; compiling medical evidence for care proceedings and involve attendance at case conferences and in Court. The doctors included on such a list might be community or hospital paediatricians, or those who have appropriate

experience as women police doctors, police surgeons etc.

4. The Social Services will need to appoint to an approved list those social workers who are trained, experienced and competent in work in the field of child abuse and child sexual abuse.

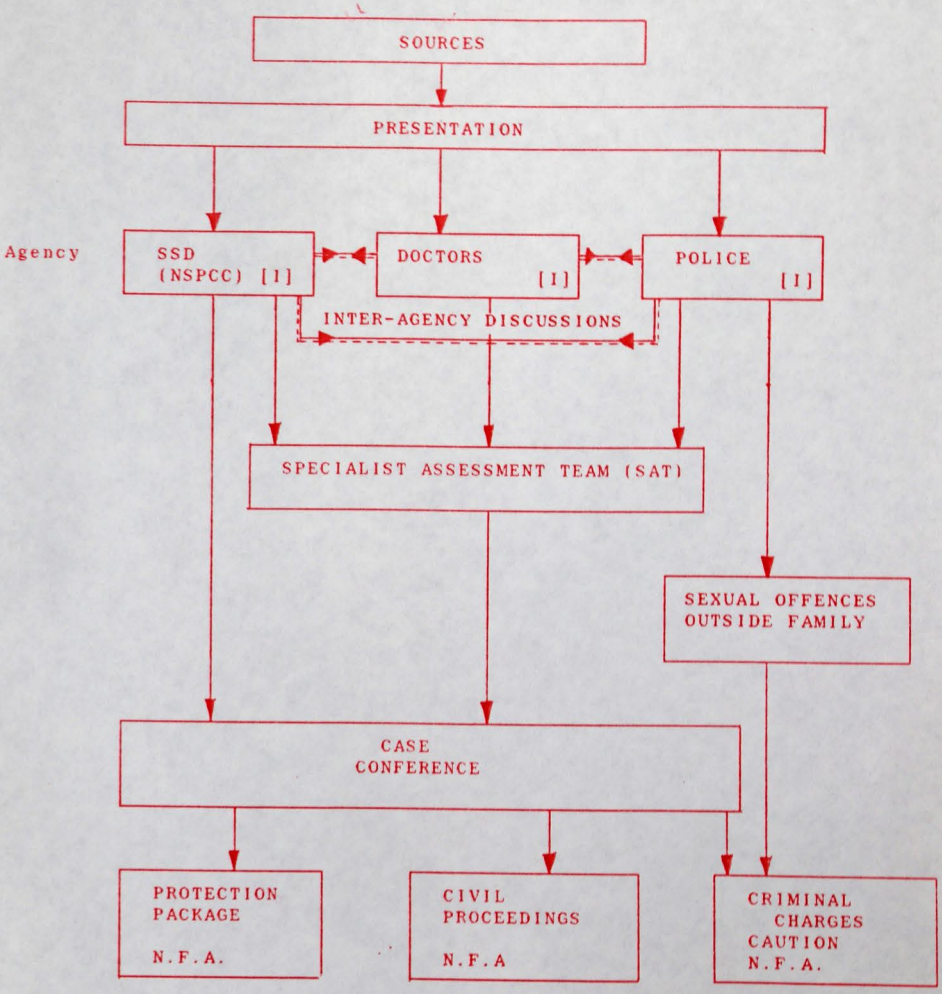
5. The Police will need to appoint to an approved list, police officers trained, experienced and competent in the field of child sexual abuse to undertake the work required.

6. It is probably not in the interests of either the children, families or professionals or the agency for staff - doctors; social workers; or police, to specialise solely in child sexual abuse. A special interest reflected in allocated time, complemented with other less-demanding work involving children is the most likely arrangement to avoid stress and ensure a balanced perspective.

7. The existence of the team will have the advantage of building a reservoir of expertise in a difficult area of work. The intention is to foster teamwork and co-ordination of activity without undermining primary professional responsibility or agency function. Such an arrangement would facilitate the development of skills amongst a wider group of people whilst ensuring a reservoir of specialist skill that staff could turn to for assistance with the difficult cases. It should have access to specialist expertise, - for example

31

(Flowchart)



I = INFORMAL INQUIRIES N.F.A. = NO FURTHER ACTION

A FRAMEWORK FOR INTER-AGENCY RESPONSE.

a child psychiatrist or gynaecologist, who would be consulted or brought in on cases of particular difficulty.

c. The following framework and methods of working.

1. The flowchart gives a general outline. It does not cover every possibility. The framework is intended to allow straightforward cases to be dealt with in a straightforward way. ***It is not suggested that the*** **Specialist Assessment Team** ***deal with all referrals.***

2. All agencies - Police, Social Services, NSPCC, Health, will receive some referrals where there is a clear account of events by a child and an admission of guilt by a perpetrator.

- Social Services will receive information or referrals which present a straightforward pattern of information, clear account by a child, admission by a perpetrator and confirmation by a medical examination. Such cases will require Social Services to work closely with the Police and medical colleagues in a planned intervention. Evidence and information will be collated. A case conference will be called to ensure that all relevant information has been gathered and the conference recommendations are considered in the making of the final decisions in relation to civil or criminal proceedings.

- Referrals to doctors are most likely to arise in relation to an injury or disorder. Where an allegation by a child accompanied by primary medical signs allows a definitive conclusion to be drawn, the case will need to be referred directly to the Police and/or Social Services. In

cases where suspicion is raised by the presence of physical signs without complaints by the child or a third party, a referral should be made to the Inter-Agency Team for assessment.

- A number of such cases will involve allegations of offences made to the Police by a child or third party relating to events which have taken place outside the family. Such cases will normally be investigated and prosecuted by the Police without the involvement of other agencies. It may be necessary for the Police to draw on the skills of a doctor from the approved list to undertake a medical examination for the evidential purposes. If during the course of their investigation, the Police become concerned about the adequacy of care and control the child involved is receiving in her own home, then referral to Social Services will need to be considered. Similarly, if the offences alleged to have been committed are such as to raise questions about the safety and welfare of any children within the household to which the alleged perpetrator belongs, referral of that consideration to the Social Services Department may be appropriate.

3. All agencies, Police, Social Services, NSPCC, and Health, should refer cases to the Specialist Assessment Team when they are presented with or become suspicious of the possibility of sexual abuse having occurred on the basis of physical or behavioural signs alone or where there is uncertainty as to whether or not abuse has occurred.

4. When child sexual abuse within the family comes to the

attention of the Police they should inform Social Services and consider the advisability of using the Specialist Assessment Team.

5. There may be other cases of complexity where the use of the Specialist Assessment Team is appropriate.

6. If there is a suspicion of child sexual abuse in the mind of the professional, the danger of false identification ought not to be forgotten. Therefore when a **suspicion** arises the professional may elect to:

- take no further action;
- hold a watching brief;
- make futher informal inquiries ([I] on the flowchart).

The level of concern may reach a point within the guidance agreed with other agencies - see a.iv) above- where it is the **duty** of all professionals to inform others or refer to the Specialist Assessment Team.

7. The Specialist Assessment Team would normally be expected to present their findings to a case conference who will consider that information in the overall context of the case and make recommendations as to further action. Whilst professional suspicion may be justified in a particular case, recommendations by a case conference to pursue a statutory intervention under child care law must be firmly based on evidence that can be elicited and brought before a Court. Where such evidence cannot be found but suspicion remains arrangements must be made for the continuing assessment of the child.

9. Training.

Training is one of the major needs shown by the Cleveland experience. We recognise that training requirements are different for each profession. We strongly recommend :

a. Those responsible for the educational programmes of all disciplines involved in the care of children immediately consider the introduction of some instruction on the subject of child sexual abuse in basic training at student level.

b. There should be general continuing in-service training for practitioners concerned with child care.

c. There is an urgent need to give immediate in-service training to professionals to bring them up to date on child sexual abuse.

d.The investigation and the management of the child and the family where there is suspicion of sexual abuse needs considerable professional skill. We recommend specialised training for experienced professionals with immediate responsibility for the children and their families.

From the evidence presented to the Inquiry there were particular issues which arose and need to be addressed.

1. There is a need for inter-agency training and recognition of the role of other disciplines. For example police officers and social workers designated to interview children should have joint training in their approach to this task.

2.Police training needs to be developed well beyond the acquisition of knowledge in respect of the criminal offences involved.

3.The medical profession needs to appreciate the legal implications of and their responsibility for the evidential

requirements of their work.

4.Those who work in this field must have an empathy with children and 'their feet on the ground'. They must be able to cope with the stress that is experienced by all who deal with these children. It should not be seen as a failure for some to take the sensible course of saying that he/she is not suited to do that sort of work.

5.In a rapidly changing and difficult area there is a need to review and evaluate the effectiveness of the programmes arranged.

6.All lawyers engaged in this type of work including Judges and Magistrates should have a greater awareness of and inform themselves about the nature of child abuse and the management of children subjected to abuse and in particular sexual abuse.

10.Courts.

We make the following recommendations with regard to court proceedings:

a.Juvenile Courts

Place of Safety Orders.

i.There should be a statutory duty upon the Clerk to the Justices to keep records of all place of safety orders.

ii. Applications for place of safety orders should normally be made in the first instance to the Juvenile Court during court hours, and only if the court is not sitting or the application cannot be heard within a reasonable time to a single Justice.

iii. A simple written explanation of the meaning and effect

of a place of safety order should be provided to parents or others served with such an order. This explanation would also be useful for all those who may have the responsibility to care for a child who is the subject of the order. (for example foster parents or nursing officers)

b. Termination of access on an interim care order.

The use of the provisions of section 128 for termination of access and the interpretation of the decision in R v. Bolton Metropolitan Borough Council ex parte B [1985] F.L.R. 343 highlight existing difficulties over access and add urgency to the need to implement the proposals in the White Paper.

c. Consideration should be given to the practice in the Juvenile Courts of attendance of children in court in highly charged cases with members of the press and large numbers of people present. We would urge Magistrates to dispense with the attendance of the child or to arrange to see the child in a private room. It is an appropriate situation to seek the views of the older child as to attendance at court.

The Law on Child Care and Family Services Cm62.

We strongly endorse the proposals set out in the White Paper and believe that it is now urgent that they should be implemented. We have considered that paragraphs 45 to 47, and paragraphs 54 to 68 were relevant to the Inquiry. We make the following recommendations on those paragraphs.

Emergency Protection Orders.(paras 45 to 47)

a. A single Magistrate or the Court should decide access if a Local Authority sees need to suspend after order granted on

presumption of reasonable access.

b.Extension for 7 days should be in discretion of Justices not restricted to 'exceptional circumstances'

c.Application for the disclosure of the whereabouts of a child should include the power to commit to prison for refusal to comply.

d.Any dispute over medical examination during extension of emergency protection order should be decided by the court.

e. A simple explanatory pamphlet should be published which included clarification of the rights and duties of 'a person with actual custody'.

Juvenile Court

a. Extension of interim care order should be in the discretion of Magistrates and not limited to 'exceptional circumstances.'

b. A dispute over access on the granting of and during the continuance of an interim care order should be decided by the juvenile Magistrates.

c. On the granting of a custody order in care proceedings a Local Authority should have the right to make an allowance to the custodian, as in custodianship proceedings.

d. After care proceedings are instituted the Magistrates should have the power to determine where necessary interlocutory matters such as further medical examinations of children for evidential purposes.

Wardship.

a. Wardship should continue to play a role in care proceedings.

b. parents should have the right to initiate wardship proceedings, subject to paragraph c below.

c. The President should regulate by Practice Direction the type of cases more fitted to be tried in the High Court.

Family Court

We recognise the considerable procedural advantages of the ability to move cases at any time from one tier of the Court to another, which would be achieved by the setting up of a Family Court.

Guardians ad litem

We are concerned that the independence of the guardian ad litem panel should be demonstrated and, in the absence of other arrangements for the administration of the panel, we commend :

a. The arrangement made between Cleveland Social Services Department and the Children's Society, in the absence of other arrangements for the administration of guardians ad litem.

We further recommend :

b. Courts should be permitted to appoint a guardian ad litem only from the full panel list. The submission of names from a short-list of availabnle guardians should not be permitted.

c. An amendment to Rule 14A 6(b) Magistrates Court (Children and Young Persons) Rules 1970 to define more closely the role of guardian.

e. The Official Solicitor should first be invited to act for the child in wardship proceedings before any other guardian

is appointed.

Media, Press and Public.

We recommend that there should be rationalisation and clarity in

a. the right of the press to attend court in the absence of the public. To protect the anonymity of the child concerned, the decision whether any particular proceedings or part of proceedings is to be heard in public should be a decision for the tribunal hearing the proceedings in accordance with the usual procedure adopted in the High Court.

b. the right of the press and media generally to report on and publish information about children the subject of civil proceedings.

b. We strongly recommend automatic protection in all civil child proceedings, whether Juvenile or Domestic jurisdiction of Magistrates Court, County Court, or High Court including, matrimonial, guardianship and wardship; such protection should include a ban on publication of names, addresses, photographs or other identification of any child the subject of such proceedings. [The complete version of the Report contains a draft injunction as appendix K]

c. We recommend wider recognition by the Media that the freedom of the Press carries responsibility and consideration as to whether in situations such as arose in Cleveland it is in the best interests of a child to be identified.

11. Issues for further consideration.

We wish to raise the following matters for further thought

and wider discussion, but not by way of specific recommendation.

1. With the emphasis we place on the need to avoid the necessity of removing a child from home, Social Services Departments should consider the appropriateness of using their powers under s.1 of the 1968 Act designed to prevent the reception of a child into care to defray for a limited period additional costs incurred by the suspected abuser in Uleaving home on a temporary basis while initial assessment is completed.

2. Samantha'a story [chapter] leads us to advise that there needs to be more sensitive handling of teenagers who have been sexually abused.

3. There is a need to recognise the problem of adults who disclose abuse they suffered as children and the lack of help generally available.

4. There is a need to recognise the problems of an abuser who may wish to confess to the abuse but is inhibited from so doing by fear of the consequences. Some consideration might be given in certain circumstances to the wider interests of the child and the family and whether different arrangements might be made in suitable cases for those abusers who admit their guilt, who co-operate with the arrangements for the child and who are prepared to submit themselves to a programme of control.

5.We suggest that consideration is given to creating a new Office of Child Protection for use in care proceedings in the Family Court with the following responsibilities:

a. To scrutinise the application of the Local Authority in care proceedings and ensure that it is well founded.

b. To call for additional investigation or reports.

c. To invite the Local Authority or the Police to reconsider the civil or criminal proceedings proposed.

d. To act as administrator of the guardian ad litem panel.

e. Further consideration should be given to whether the office holder should i.direct who should be parties to the care proceedings,ii. direct in which tier of the court it should be heard and iii. have the power to take no further action.

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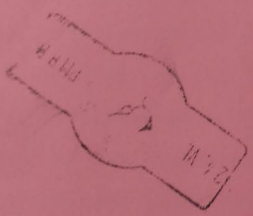

CONFIDENTIAL

Prime Minister

RRCG 5/9

PRIME MINISTER

5 SEPTEMBER 1988

UPDATE ON CLEVELAND

THE REPORT OF THE CLEVELAND COUNTY COUNCIL WORKING PARTY ON CHILD ABUSE

On 16th August, Cleveland County Council issued a report setting out the findings and conclusions of an 11 member council working party. Their remit was to consider the Council's response to the Butler-Sloss Report, and to examine the allegations made by the media against the Social Services Department.

The report accepts the main recommendations of Butler-Sloss. Two specific recommendations of this working party were widely reported in the media.

(1) Aggrieved Families

The report adopts the following statement:

"We recognise that not all the families caught up in the crisis last year were given the support and consideration they should have been. Insofar as families or individuals were wronged, the County Council apologise unreservedly.

The County Council establish a small committee or sub-committee with plenary powers to consider and approve specific arrangements to assist these individuals or families.

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An officer of the County Council be designated as the contact for families or individuals wishing to discuss these matters."

This recommendation has now been adopted by the Council's "Policy and Finance Committee". In practical terms, the Council will consider paying removal costs of those wanting to move house, it will offer help in changing schools, and the Council will help defray the cost of holidays. The financial aid package may amount to several thousand pounds for some families.

One likely objective of the public apology and the offer of help will have been to appease the aggrieved parents. But the council has stressed that they will not dissuade any parents from legal action.

(2) Criticism of Individuals

The working party made specific recommendations on four of the key characters involved in the Cleveland crisis. Whereas Butler-Sloss was notably evenhanded and restrained in her criticism, the council's report is strongly worded and prescriptive.

- Mrs Sue Richardson, Child Sex Abuse Consultant, Cleveland Social Services.

Sue Richardson received the most dogmatic criticism of the four.

The Report recommends:

"We, having carefully considered the part played by Mrs Sue Richardson in the crisis last year and the criticisms of her made in the Butler-Sloss Report, are firmly of the opinion that she should not be

employed in social work by the Local Authority and the Social Services Committee are commended to act on this recommendation."

- Mr Michael Bishop, Director, Cleveland Social Services.

The Report states:

"Whilst recognising the outstanding individual caring qualities of the County Director of Social Services, we feel that our inquiries into the implications of the Butler-Sloss Report have revealed that what we consider to be major management deficiencies in the Social Services Department such as to warrant a recommendation to the County Council that the Social Services Committee consider the matter further for positive action."

Two other individuals were mentioned. The report was critical of Mr Christopher Payne, Cleveland's Chief Constable, for failing to resolve the problems with appropriate haste. Also, in the case of the police surgeon, Dr Alistair Irvine, the Police Authority was asked to consider a quote from the Butler-Sloss Report which included the comment "...he became emotionally and personally involved in a way that compromised his professional position". During my own reading of the report, I felt that Dr Irvine's response to events was more a reaction to the intransigence of Higgs and Richardson, rather than his own emotional condition.

No mention was made of Higgs and Wyatt. The Regional Health Authority is reviewing their position separately.

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Cleveland Council Response

Two of the 11 members of the working party rejected the criticism of the individuals, stating "that the working party has allowed the media to bear heavier than facts in the scales of justice". Cleveland's controlling group of Labour councillors subsequently voted by a very small margin of 19-18 to drop criticism of the four. But it is hoped that the earlier recommendation may be accepted on 19th October, when the full Council will meet to take a vote on this issue. 21 conservatives and 5 SLD members will be present in addition to the 50 labour councillors.

Conclusion

The council working party has made some very practical proposals, in particular to alleviate stress in the families caught up in the Cleveland crisis. And to consider the future of some of the central characters: notably Richardson and Bishop. These recommendations are very welcome. I believe that the full Council meeting in October will endorse the working party's findings, approving the dismissal of Richardson and Higgs.

? Bishop

Ian Whitehead

IAN WHITEHEAD

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10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

29 July 1988

Dear Jenny

SOCIAL SERVICES TRAINING

The Prime Minister has seen Mr. Newton's minute of 25 July providing the progress report which she had requested on proposals to improve the quality and content of social services training.

I should be grateful if you would ensure that this letter is seen only by named individuals with a clear operational need to do so.

The Prime Minister was content with the arrangements set out in Mr. Newton's minute for handling the proposals for improvements in qualifying training which he had announced in May. She remains concerned, however, about the proposals which he set out for handling the grant-aided programme on training in child care which was announced on 6 July as part of the Government's response to the Butler-Sloss report. She believes there is no obvious reason why the child care proposals should be handled differently from the programme on qualifying training. She recognises the desirability of introducing the improved training during 1989/90 but the paramount concern must be to ensure quality rather than speed.

With the substantial additional amounts of central government funding being provided for the Training Support Programme for Child Care, there must be a risk that at least some of it would be mis-directed without strong central supervision and monitoring against agreed standards. The Prime Minister did not get the sense from Mr. Newton's minute that there was such strong and effective supervision and monitoring; nor that there are yet clear and definite standards. She believes therefore that it is important to involve independents in developing this training to avoid the risks inherent on leaving it to the closed world of practitioners. She has suggested that Mr. Mellor might find it useful to talk to Lady Faithfull, as well as involving the independents mentioned in earlier letters from this office to your Secretary of State's office about this subject.

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The Prime Minister also feels that there should be a discussion in H Committee, on the basis proposed for the rest of the programme, before any of the additional child care support money is provided for any local authority.

A copy of this letter goes to Alison Smith (Lord President's Office), Carys Evans (Chief Secretary's Office) and Trevor Woolley (Cabinet Office).

Yours sincerely

Dominic

(DOMINIC MORRIS)

Miss Jenny Harper,
Office of the Minister for Health.

PRIME MINISTER

CHILD ABUSE: TRAINING OF SOCIAL WORKERS

You will recall that when the Cleveland Report was published you were concerned that the Government should not rush to put extra money into training without first improving the quality and content of programmes for social workers. As one of his last acts as Minister for Health, Mr Newton has prepared the attached progress report (Flag A) on how he proposes to handle this.

At Flag B is a note from Ian Whitehead of the Policy Unit which suggests that DHSS are still prone to rush in rather than putting emphasis on getting training right.

The bulk of Mr Newton's report concerns longer term proposals for qualifying training for new social workers. His proposals for handling this set out at 'X' in his note seem sensible. The arrangements he then sets out for a Training Support Programme for Child Care are much less reassuring. I suggest that it is necessary to go back to Mr Mellor to make the following points about this:-

Agreed

- There is no apparent reason why the child care proposals should be handled differently from the programme on qualifying training. It is as important to involve independents in developing this training to avoid the risk inherent on leaving it to the closed world of practitioners.

- There must be concern that with £7m. of central government funding going in at one go, there is a risk of much of that being misdirected unless there are stronger central supervision and monitoring against agreed (and sensible) standards than are proposed in Mr Newton's paper.

- That the presentational need to introduce the improved training during 1989/90 is important but the paramount concern must be to ensure quality rather than speed. You would therefore like to see the use of independents and a discussion at H on the more detailed proposals (on the basis proposed for the rest of the programme) before any additional child care support money is provided for any local authority.

Content for me to minute on that basis?

Yes - he might also talk to Lady Faithfull about this

Thanks
Dom Cork

Dominic Morris

27 July 1988

MJ2COZ

PRIME MINISTER

26 JULY 1988

SOCIAL WORK TRAINING

In Tony Newton's progress report dated 25th July, he appears to have sidestepped two key suggestions made in Dominic Morris' earlier note. The reshuffle has now given us a propititious opportunity to reinforce these crucial points before the recess.

First, that Sir Geoffrey Otton or Dame Barbara Shenfield have a useful contribution to improving training particularly with regard to child sex abuse. Second, that training should not be spread too thinly but concentrated on the training of team leaders.

Quality not Quantity

Sue Richardson, the child abuse adviser in the Cleveland social services department, makes the following comment in the recent copy of "Public Service" (attached).

> "I think we didn't do enough to harness the protective capacities of the mother. It was a lapse due mainly to lack of resources."

Michael Bishop and Sue Richardson have tried repeatedly to hide behind this smokescreen. I believe there is a real danger that the Department of Health could fall into a trap by simply throwing money at the problem - a £7 million training grant - without addressing the key issues of the nature and character of training.

Timing

During a recent discussion with Tony Newton, he mentioned two concerns to me:-

- Any delay in implementing a training programme may frustrate further the delicate relationship between the DHSS and the Central Council for Education and Training in Social Work ('CCETSW').

- Time is of the essence. Much planning has to be done in time for a full programme of training to be implemented in 1989/90.

The world of social workers however, is closed and introverted. Involving two independent outsiders would add significantly to the quality of training. If training is viewed as a priority, the 1989/90 training timetable should still be achievable.

Action

Misdirected training can be dangerous, as evidenced in Cleveland. No new resources should be made available until an inquiry has been completed - with the specific aim of presenting the outline for a targetted training programme.

A follow-up note should be sent to Kenneth Clark emphasising the earlier points.

Ian Whitehead

IAN WHITEHEAD

JEFF SPOONER went to Cleveland for last month's publication of the child abuse inquiry report. He spoke to SUE RICHARDSON, a NALGO member, and one of the social workers involved.

'The public has not really grasped what we were faced with'

COMPARING the Cleveland child abuse controversy with the Salem witch trials was one of the more emotive outbursts by Middlesbrough MP Stuart Bell.

In the case of Salem, adults were eventually condemned on the evidence of young children.

In Cleveland, children were 'diagnosed as sexually abused before they were at a point where they were ready to tell about it', says Sue Richardson, Cleveland County Council's child abuse consultant.

Sue, a NALGO member, was one of several professionals in Cleveland social services, police and health service who were criticised by the recent Butler-Sloss inquiry.

Much of the public and press criticism of social services has been concerned with the manner of its reaction to the crisis: immediate 'place of safety' orders for children considered to have been at risk.

But Sue says: 'I don't feel that the public has really grasped just what we were faced with . . . In lots of situations we had either concern, non-specific concern or the medical diagnosis.'

Journals, books and texts were scoured to find ways of handling the surge of cases. Nothing was found.

The dilemma facing social workers was, she says: either to leave a child 'in a situation high correlation with suicide in adolescence, running away and self-mutilation.'

Social workers in Cleveland opted to take children to 'places of safety' until an 'informed decision' could be made on whether or not it was safe for them to return home.

'We never intended to take them all away and keep them for evermore'.

It was not a single-minded approach. There was constant debate among social workers on the issue and the medical diagnosis of anal reflex dilatation. Sue Richardson adds:

'I think if any of us . . . could have found an alternative explanation we would have been glad to take it.

'We would have loved to have found something else that explained it instead of the awful reality of sexual abuse'.

Looking back, she regrets not being able to give parents — particularly mothers — more support.

'I think we didn't do enough to harness the protective capacities of the mother' she said. It was a lapse due mainly to lack of resources.

Some accounts in the press on the plight of the Cleveland families have irritated her because social workers have not been able to give their side of the story. The code of confidentiality meant that they were 'not in a position to correct the facts.'

George Bosnyak

SUE RICHARDSON — Cleveland County Council's child abuse consultant.

appreciate that people had to try to make sense of it somehow and, perhaps, they needed some idea of what kind of person I was.'

Two aspects of support during the height of the one-way mud-slinging have impressed

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where you believe they are being abused, until they are ready to tell'; or to take 'decisive action' to try to bring the issue 'to the surface'.

The first option would have placed 'tremendous responsibility' on the child, she said. In some instances, children do not talk about being abused until they are adults, if at all.

Sexual abuse threatens the 'entire health of a child', she emphasises. Asked whether sexually abused children, generally, could also fear for life and limb, she said:

'People say there is no need to treat sexual abuse as an emergency because it is not a life-threatening thing.

'That isn't strictly true. Abused children have been killed to keep them silent; the emotional toll and damage, the havoc wreaked by sexual abuse, is such that it's got a

'NALGO has been brilliant . . . It just shows what a well-resourced, well-organised union can do to protect the individual.'

Although she has been besieged by the press, and found it embarrassing that her neighbours and her immediate family were also badgered, she is not bitter. She says:

'Obviously it was a matter of great public concern. I

Sue Richardson: social services director, Mike Bishop's 'steadfast refusal to scapegoat his staff' and NALGO's representation.

Mike Bishop, she says, 'has been everything you want from a manager. It takes a lot of courage for people to stand their ground . . .'

NALGO 'has been brilliant, locally and nationally. It just shows what a large, well-resourced, well-organised union can do to protect the individual.'

As to the future, she hopes that the inquiry, which has already shed more light on child abuse, will lead to greater public debate and awareness.

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DEPARTMENT OF HEALTH AND SOCIAL SECURITY

Richmond House, 79 Whitehall, London SW1A 2NS

Telephone 01-210 3000

From the Minister for Health

Prime Minister

FILED ON: PRIME MINISTER: Mtgs with Lady Faithfull, Aug 86.

Your private secretary's letter of 6 July, reporting on your talk with Baroness Faithfull, sought a progress report on ways in which social services training might be improved before the additional resources promised for training are committed to specific programmes. It conveyed the suggestion that Sir Geoffrey Otton or Dame Barbara Shenfield might make a useful contribution to an enquiry on this.

There are two separate areas in which additional resources have already been promised - improvements in qualifying training based on some aspects of the CCETSW "Care for Tomorrow" proposals, which I announced in May, and the grant aided programme of training in child care, announced on 6 July.

On the former I said that up to £1 million would be available in the current financial year and I indicated that I attached very high priority to providing extra resources from next year onwards for a programme to tackle two priority areas in the "Care for Tomorrow" proposals. (Copy of PQ reply attached.) These were the improvements in both the quality and quantity of practice placements and the conversion of one year to two-year post-graduate courses so that all social workers have a minimum of two years training. CCETSW are working up costed proposals on these areas. I also indicated at that time that there was a need for improvements in other areas, not just in qualifying training. To concentrate efforts solely in that area would leave the problems of the existing workforce untouched for several decades.

I have therefore been working up proposals for a programme of improvements to social services training over the next few years aimed at:

- improving qualifying training in social work. This will build on the best parts of the "Care for Tomorrow" proposals;

- by additional specialist training for those with particular needs; and by 'update training' to inform staff of changes in legislation and on new service developments; and in particular by tackling the problems of the existing qualified workforce by training in supervision and management for team leaders and managers;

E.R.

- and, of considerable importance, providing some training for the vast majority of social services staff who do not have a social work qualification but on whom the quality of care for frail elderly people and other vulnerable groups depend. The Training Support Programme for staff working with the elderly is a vital part of this, and has got off to a good start, but in the medium to longer term we need to fit these developments into the National Vocational Qualification framework and to tackle other staff groups.

The proposals will be firmly based on the 'plums' from the 'Care for Tomorrow' package and targeted on the specific needs of different groups of the existing workforce. They will enable us to incorporate the lessons learned from Cleveland and other major enquiry reports.

I intend to put them forward for discussion with colleagues at the first meeting of H Committee after the Recess. I see considerable advantage in having these proposals and the "Care for Tomorrow" package on which some of them are based, subjected to independent scrutiny of the sort you suggest. I would not wish this to be by any sort of public or formal inquiry since that would lead all concerned to want to reopen the CCETSW debate which we have successfully turned into more productive channels. I am pursuing some possibilities to find someone to take this on over the Summer period.

The Training Support Programme for child care is rather different. What I propose there is that we identify the different groups who deal with children who may have been abused - from those involved in identification, assessment and joint working with other agencies through to those who provide care for them after abuse has been confirmed. We would then identify the skills and competencies needed by each of these groups and develop training accordingly. This will range from qualified staff, particularly team leaders, in need of further specialist, supervisory or managerial training to staff of residential homes who may have had no previous training at all yet have the day to day task of caring for very damaged children. We need to ensure, by working with the training bodies and employers, that suitable training is made available by the time the programme is introduced in April 1989. We will ensure that this training incorporates the lessons learned from the Cleveland experience. The administrative arrangements will be based on those we have used for the programme for staff working with the elderly - ie. we would provide authorities with indicative allocations of the amount of grant they can receive (probably based on relevant staff numbers) if they submit appropriate training plans. Much work needs to be done with training providers to ensure that appropriate courses are developed in time for a full programme to be mounted in 1989/90.

The response which we had so far to the proposal has been most encouraging and I am confident that we will obtain good co-operation with CCETSW, employers and training providers in moving this work forward. It is an ambitious target but we cannot delay tackling this problem in a concerted way and I am most grateful for colleagues' agreement to my making an early announcement of the grant so that the necessary preparatory work can be set in train. The aim will be to enable employers and trainers not only to provide a range of training opportu-

E.R.

nities geared to the needs of the particular role of the staff member but which is also realistic in the context of training staff employed in busy front line posts.

I hope that these arrangements meet with your approval.

T N

25 JUL 1988

Enc.

YdeS/D.11

Wednesday 4 May 1988
Written Answer

PQ 6453/1987/88
Han ref vol 132
col 501-503

SOCIAL WORK TRAINING

109 **Mr John Greenway** (Ryedale): To ask the Secretary of State for Social Services, when he expects to be able to respond to the proposals from the Central Council for Education and Training in Social Work for reforms to the education and training for social workers and other care staff. ¶

MR TONY NEWTON

I wrote yesterday to Professor Saul setting out the Government's position in response to the proposals of "Care for Tomorrow". The letter indicates that, while the Government do not feel able to commit resources to the extension of qualifying training for social workers to three years, as proposed by CCETSW, we wish to work closely with the Council in developing a balanced package of improvement not only to improve qualifying training, but also to improve the skills of staff already working in the field.

The Training Support Programme announced by the Government last November is an important step already taken in relation to those working in the care of elderly people. The Health and Medicines Bill includes powers which would enable us to make similar provision in the field of child care. We are making up to £1m available to CCETSW to improve planning and cooperation between the colleges and employers and review the standards of teaching of various aspects of social work. We are also providing support for a variety of other initiatives aimed at extending the availability of training for social services staff in a number of specialist areas such as mental health and mental handicap and child abuse.

In developing qualifying training, our view is that the most important immediate objectives are to improve the quality and availability of "practice placements" and to move to a uniform two-year training period for postgraduates. We attach high priority to both of these. We are seeking the help of the Council to develop detailed proposals for phased development over a five year period starting in 1989/90.

These further measures, building on improvements already taking place, should help to ensure a better prepared and therefore more competent staff for the Personal Social Services.

PQ 6453/1957/88

The full text of my letter is as follows:

"CARE FOR TOMORROW": THE CCETSW TRAINING REFORM PROPOSALS

I am grateful to you, Tony Hall and Rachel Pierce for coming to see me on 20 April. We agreed that it would be helpful if I were to let you have a statement of the Government's position before your Council session on 4 May.

I was able to assure you that the Government agrees that there is a need for improvement in training for the social services. The employers of social services staff have an important role to play in this, as does CCETSW. For social work staff this is necessary both at the qualifying and post-qualifying stages, and more training opportunities are vital for the other staff employed in the social services. We have already introduced a training support programme for staff working with elderly people with that in mind.

We welcome the considerable effort the Council has already put into specifying what needs to be attained by student social workers at the point of qualification; improving planning and co-operation between the colleges and the employers and reviewing the standards of teaching of the various aspects of social work. These are all essential elements in getting the most from the existing public investment in the preparation of social workers. We very much want to encourage and support this work, and the developments that flow from it. We also welcome the contribution being made by CCETSW to the development of the National Vocational Qualification framework. I told you that the Government's financial allocation to CCETSW for this financial year is being increased by up to £1 million to enable the programme of improvements to increase in scale. I asked you to let officials have an action plan for this programme of improvements for their agreement.

We had, in our earlier correspondence, asked CCETSW to provide a set of costed options to enable Ministers to form a view of their relative benefits. In the event the Council provided a single package of measures in its Care for Tomorrow proposals. We discussed those, and I made it clear that the Government did not feel able to make financial provision for the proposals it contains for the extension to three years of qualifying training for social workers. I explained that this conclusion was based principally on our assessment of the relative priority of this development for future generations of social workers among the many other competing calls on public resources in the short to medium term, both in the social services and in other fields, including not least those needed to improve the skills of existing social care staff in such fields as residential care of the elderly and child care.

(cont'd)

PQ 6453/1987/88

You made it clear that three years training was essential in the view of the Council in order adequately to prepare social workers for the tasks they face, and that its achievement would remain your long-term goal.

Against this background, I am concerned to respond to your request for a firm steer on where and how to concentrate planning effort in getting a practical programme of improvement in social work training under way. Our view, which I think you share, is that the two most important objectives in the short-term are to improve the quality and availability of "practice placements" and to move to a uniform two-year training period for postgraduates, both of which have the advantage of building on developments already taking place.

I acknowledge that both require a measure of direct government encouragement or sponsorship, especially in advance of employment-led NVQ arrangements becoming a reality. You understand that I cannot commit myself to specific sums in advance of public expenditure discussions, which will not be completed until the autumn; but I can tell you that I attach very high priority indeed to finding the resources to make significant progress in these two respects, with a start being made from 1989/90. I hope therefore that the Council will bring forward proposals quickly for a phased programme to secure these improvements over a five-year period.

I recognise that you and your Council would have wished us simply to accept the programme set out in "Care for Tomorrow". But I hope that you and they will recognise in turn that the important steps we are suggesting are consistent with the Council's long-term goal, and indeed can be seen as substantial progress towards it. I hope too that the arrangements we have set in train for an annual programme and performance review will provide a good framework for us to work together in building further on this progress in due course.

PRIME MINISTER: meeting with
Baroness Faithfull
Aug 86

File Cleveland.

IMPROVEMENTS IN ARRANGEMENTS FOR CARE PROCEEDINGS

CONSULTATION PAPER

SPEAKING NOTE

The Lord Chancellor's Department issued a consultation paper yesterday, seeking the views of consultees on possible ways of improving the legal arrangements for dealing with child care cases. The paper includes the idea of an office of child protection which was contained in the Report of the Cleveland Inquiry. It was circulated for comment only and does not represent the final views of the Government. The Lord Chancellor hopes to be in a position by the autumn to make an announcement regarding the reform of the present system of handling family business in the courts.

IMPROVEMENTS IN THE ARRANGEMENTS FOR CARE PROCEEDINGS

CONSULTATION PAPER

BACKGROUND NOTE

The Present System

1. Jurisdiction in family and domestic proceedings is currently exercised in the High Court, county courts and magistrates' courts. The present system has been widely criticised. The criticism has focussed on overlapping and incoherent jurisdictions; a multiplicity of separate proceedings providing different remedies; and the adversarial nature of proceedings which, it is claimed, is not condusive to the resolution of family disputes.

Background to the Consultation Paper

2. The Report of the Inquiry into Child Abuse in Cleveland (Cm. 412) identified problems in the legal processes and the jurisdiction of the courts concerned with care proceedings which would not be remedied by the White Paper on the Law of Child Care and Family Services (Cm. 62) of January 1987. In order to deal with some of these problems it was recommended in the Report that consideration should be given to setting up a new Office of Child Protection to scrutinise local authorities' applications for care orders, and call for additional investigations or reports where necessary.

3. In his statement to the House of Commons on the publication of the Cleveland Report on 6 July the Minister for Health, Mr Newton, announced that it was the Lord Chancellor's intention to issue a consultation paper before the House rose on the Report's suggestions regarding a Child Protection Office. The consultation paper published yesterday, titled 'Improvements in the Arrangement for Care Proceedings', is the one to which Mr Newton referred.

The Consultation Paper

4. The consultation paper seeks the views of consultees on possible ways of remedying the deficiencies in the present system within the framework of the simplified child care law contemplated by the White Paper on the Law on Child Care and Family Services and the Law Commission's Report reviewing Child Law, Guardianship and Custody (HC 594) which was published on 26 July.

5. The main features of the paper are:-

(1) the conferring of concurrent jurisdiction in child care cases between magistrates' courts and the County Court and the High Court; and,

(2) the establishment of a system of case management to control delay and to strengthen the protection of the child's interests in the proceedings. This machinery might be operated by an independent Child Protection Office, building on the idea in the Cleveland Report.

6. If these two main proposals were to be accepted they might form the basis for the future phased development of an integrated system of family and domestic jurisdictions. There is, however, no Government commitment to such an approach.

7. **Not for use:** it is hoped that these proposals, if accepted, will be enacted by the Children and Family Services Bill

Government Position

8. The Government is not yet committed to:-

(1) any of the proposals contained in the consultation paper;

(2) these proposals forming the basis of a family court;

(3) the timing of any possible future reform.

Suggested line to take

9. The suggested line to take is contained in the attached speaking note.

The Guardian

Check plea for child care

Clare Dyer
Legal Correspondent

AN INDEPENDENT Office of Child Protection to prevent local authorities making ill-founded applications to take children into care was suggested by the Lord Chancellor's Department yesterday.

The proposal, in a consultation paper on possible improvements to care proceedings, was first put forward by Lord Justice Butler-Sloss in her report this month on the Cleveland sex abuse crisis.

Cleveland magistrates have been criticised for "rubber-stamping" social workers' applications for place of safety orders.

Magistrates made 91 orders on children diagnosed as sexually abused, and no application was refused.

Early scrutiny of cases could reduce pressure on families and cut delays in those cases which go ahead, the paper says.

It proposes that complex and lengthy care cases should be heard in the High Court or the county court, rather than by magistrates.

As well as scrutinising applications to make sure there were grounds for taking care proceedings, the Office of Child Protection would decide which court should hear a case, commission extra investigations or reports, and establish a timetable for the stages of the case.

At present, the paper points out, no one has formal responsibility for monitoring cases to prevent the parties exploiting delays for their own ends.

The office would appoint and manage guardians ad litem — independent social workers who represent children in care cases — and ensure their independence from the local authority bringing proceedings.

It could also protect the child's interests by obtaining information required by the court, making recommendations for dealing with the case and, where appropriate, suggesting that the case should be discontinued.

18/8/1

Daily Telegraph 2

28 JUL 1988

Laws on child care 'must be improved'

By Terence Shaw, Legal Correspondent

OUTLINE proposals for a new court-linked national organisation to review local authority care applications, and to improve protection of the interests of children in care proceedings were published yesterday by the Lord Chancellor, Lord Mackay.

The proposals follow suggestions in the report of Lord Justice Butler-Sloss's inquiry into the Cleveland child sex abuse cases, that new machinery, such as the establishment of an Office of Child Protection, was needed to scrutinise local authority care applications to ensure they were well founded.

In a consultation paper on which it is seeking comments by the end of September, the Lord Chancellor's Department says there is a need to improve arrangements for child care proceedings by reducing delays, ensuring a better match between the case and the level of court and providing early independent scrutiny of the local authority's case.

It suggests that one way to ensure that cases were dealt with at the appropriate level would be to give both the county courts and the High Court similar powers to magistrates to hear original applications for care orders.

If care jurisdiction were extended to the county courts and the High Court, wardship might become simply a "safety net", or be reserved only for cases where the assumption by the courts was that continuous supervision was the only way of protecting the child's welfare.

This change, says the Department, would require a system for allocation and control to ensure effective and quick hearings, and a new organisation which could operate regionally under the direction of a family lawyer with administrative support and help from social workers.

As suggested in the Cleveland report, it would scrutinise local authority care applications to improve the management and training of those appointed to represent the child in court proceedings.

THE INDEPENDENT 3

Support for child protection scheme

THE GOVERNMENT has endorsed the setting up of an Office of Child Protection to monitor local authority care applications, as

In a consultation paper published yesterday by the Lord Chancellor, the Government backs the recommendation and identifies several

Court. It would be necessary to develop a system for allocating cases and controlling them to ensure effective and quick hearings at the right level. The nature and volume of work in-

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A as attached back to
Ian Whitelaw & PM.

PRIME MINISTER 2

I attach a rather long if interesting analysis by John O'Sullivan on press reaction to the Butler-Sloss report on Cleveland.

In brief, the popular press judged the report correctly; the qualities were far too uncritical of it at the outset, though some at least have since found flaws in it. They have promoted the assumption that child abuse is now widespread.

DHSS are firmly on notice that the methodology for any research they do into the extent of the problem really has to be water-tight; and that they must come forward with proposals to improve and reform current training programmes before the additional £7 million Government funding which Mr. Newton announced is actually spent.

DM.

DM

15 July, 1988.

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PRIME MINISTER

15 July 1988

CLEVELAND REPORT - MEDIA REACTION

First media reactions to the Butler-Sloss report were inevitably confused. With its release late on Wednesday afternoon, the Press had little time to read it, let alone to examine its conclusions and recommendations at all critically. Its hidden biases, flawed reasoning and blatant contradictions could hardly be detected and exposed in the time available for that night's news or the next morning's papers.

Moreover, the quality press did a worse job in this regard than either television or the popular papers. The television coverage was influenced in the right direction by moving interviews with some of the innocent parents. An ITV documentary "Crying in the Dark" gave us one of the most vivid accounts of the suffering in Cleveland: both of the horror of child sex abuse and the divisiveness of false accusations.

Three reports in the programme were particularly disturbing:

- A video recording showed two social workers interviewing a young girl. She was told repeatedly that she would not be allowed home for her own sake. Yet she denied that her father had abused her.

- One mother had taken her child to hospital after recurring bowel problems. Dr Higgs diagnosed sex abuse and the child was not allowed home.

SECRET

- A roving drama group visited a school to warn children against unnatural relationships. Their approach was highly suspect. For example, they portrayed an uncle asking his niece for a kiss. The children were encouraged to say no - and to suspect abuse in normal displays of family affection. This would have had a chilling effect on most parents watching.

These images contrasted powerfully with the unapologetic statements from the social workers involved -- and undermined Butler-Sloss's attempt to spread the blame evenly over all involved. The overall effect of the initial TV coverage was to favour the parents and to damage the doctors.

The Quality Populars

Popular papers, like the Daily Mail, had an interest to defend since they had drawn attention to the Cleveland affair and taken a strong line against the two doctors in the first place. They also tend to be suspicious of social workers on general principle. These may not be altogether admirable motives, but they served in this instance to alert the papers to some of the report's biases. The Mail, for instance, pointed out that Butler-Sloss had spread the blame too widely in order to avoid scapegoating Doctors Higgs and Wyatt. The Daily Express too had a clear-headed and sensible editorial sharply criticising the report.

The quality press was considerably more uncritical. It confined itself to reporting (not always accurately) what the report said and to praising its Solomonic wisdom because it had refrained from placing the blame on anyone in particular. (I gather there was a similar response in the Commons.) There was also general approval for Butler-Sloss's

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proposals. With the exception of the Times editorial, which expressed some reservations about the quality of sex abuse training and thus about spending more upon it, "quality" editorials bravely supported better cooperation between social work agencies, doctors and the police.

But it is the quality press rather than the popular press which shapes the terms and topics of debate over the longer period. So the themes that emerged in the first quality coverage of the Cleveland Report were to prove an important influence on later debate. These were that:

- child sex abuse is widespread;

- the report had left a cloud over many families in Cleveland, promoting distrust both within and outside the families.

- Many people (and the very process of inter-agency cooperation itself) were to blame for the Cleveland crisis. Doctors Higgs and Wyatt, and the social workers involved, had been guilty of serious errors but others, notably their doctor critics, had also been guilty of serious errors.

These themes found a ready hearing among newspapers and journalists who are ideologically sympathetic to social workers or believers in the theory of widespread sex abuse within the family.

But the Butler-Sloss report was more critically examined over the next few days, particularly in the weekend papers. Later analyses pointed to its flaws -- and contested some of the early misleading reports of its findings. So, by the weekend, the false facade of general agreement had crumbled and disputes over the report emerged.

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How Many Children Abused?

There were two aspects to this question: how many children are abused in Britain? And how many were abused in Cleveland.

On the first point, the report was ambiguous. It explicitly declared that no good estimate of the prevalence or incidence of sex abuse existed, but it assumed throughout its 320 pages that sex abuse is widespread in Britain. This was then cited as official recognition of the extent of the problem. The Economist duly parrotted that "It is now recognised that the sexual abuse of children is more widespread than was once realised". There were other examples. It took the Sunday Times to point out the report's contradiction in its editorial. Bruce Anderson in the Sunday Telegraph (Appendix 1) made a similar point.

If Butler Sloss was ambiguous on the first point, it was silent on the more crucial question of how many of the Cleveland children had been abused. It said nothing at all on the matter. Later writers on both sides of the argument noted this fact -- and drew different conclusions from it.

The Economist accepted that 98 of the 121 children had returned home, but still went on to state that "Many of the children had indeed been sexually abused". Melanie Phillips in the Guardian argued that the fact that some parents had been accused of abuse meant that it must have occurred (This was reminiscent of A.P. Herbert's Misleading Cases judgment: "It is a principle of English law that a person who appears in a police court must have committed a crime.") And this week, The Times reported a statement made by Michael Bishop, the Director for Social Services in Cleveland that only 26 children, involving 12 families, were cleared by the High Court. He stated "I have had to balance

the damage to those 12 families against literally hundreds of cases where there was, at best, cause for concern but worse, serious sexual abuse." On this view Butler-Sloss's silence meant accusation.

But Mr Bishop's figures are very odd. They cover a longer period and more cases than the 121 children taken into care on the Higgs-Wyatt diagnosis. No other evidence was produced to support these innuendoes. (Presumably, if such evidence had been available, the report would have carried it.)

Bruce Anderson (Sunday Telegraph), Barbara Amiel, Ronald Butt (both in the Times) and the Sunday Times editorial have all cast doubt on these arguments. In effect, they argued that if no firm figures could be given of prosecutions and convictions for abuse against the children, then the presumption must be that the children had been removed from their homes unjustly and an abuse of human rights committed. Barbara Amiel mades the additional point that the children had been exposed to bullying and great psychological pressure in the disclosure interviews to compel them to admit that parental abuse had taken place. Any such admission was therefore open to doubt. Accordingly, those cases where children had been allowed home only under supervision or other conditions were not the evidence of abuse that Mr Bishop has since claimed.

(Furthermore, Barbara Amiel made the point that the actions of the doctors and the social workers were sufficiently coordinated to give rise to a reasonable suspicion that conspiracy or collusion had occurred. That suspicion might not have been sustainable beyond a reasonable doubt, but it was absurd to maintain, as the report did, that there was "no evidence whatsoever" of conspiracy or collusion.)

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All in all, the later press treatment of the report found very serious flaws in it. It had plainly not settled the Cleveland case to anyone's satisfaction -- although the Left found more comfort in it than did the Conservative press. It has, in particular, left the general impression that child abuse is widespread and that probably in this case there was fire as well as smoke. Since that is far from established in fact, methodical research by sensible people to monitor trends in child abuse is needed.

The Central Characters

Marietta Higgs, the consultant paediatrician, has deflected some pressure away from other central characters by announcing that she would not have changed her conclusions in hindsight. The Press was unified in its criticism - "arrogant", "insensitive" and "unrepentent". This concentrated the blame that Butler-Sloss had assiduously distributed.

Stuart Bell was criticised in the report for some of his intemporate and inflammatory remarks made on television and in the press. He has since been denounced by the Left (eg Beatrix Campbell in the New Statesman) as ignorant of the problem of sex abuse and thus reacting hysterically to the first signs of the Cleveland crisis. But others -- notably Bruce Anderson and Barbara Amiel in the Times - came to his defence, pointing out that without his drawing attention to what was happening, the doctors and social workers would have continued removing children from their homes. Bruce Anderson in particular replied to the report's accusation of exaggeration, declaring that Marietta Higgs would have paid no attention whatsoever to a polite remonstrance.

Parental Rights

Letters to the press have raised some illuminating points. Anthony Debruslais, a clerk in the Notthingham Magistrates Court, raises an interesting question in a letter to The Times on Saturday (appendix 2).

> "Do the rights of children and parents normally deserve less protection than a person suspected of a serious arrestable offence?"

The Criminal Evidence Act 1984, requires that a warrant to detain a person suspected of a serious arrestable offence for a maximum of 36 hours should have the following safeguards:

- a hearing in a courtroom at any time of day or night;
- an application on oath;
- the detained person's presence;
- entitlement to legal representation.

Similar safeguards should surely be introduced into the emergency protection order which. And perhaps the proposal to enable parents to challenge a new 7 day emergency protection order after 72 hours could be reduced to 24 hours. Distrust between parents and the inevitable anxieties of the children would be minimised on a shorter time scale.

Nature of Training

Bruce Anderson addressed the issue of increased training - "Before a penny is spent there ought to be an ideological

purge, to drive out those whose opinion would commit them to a campaign of subversion against the family". This might not be possible as Mr Anderson states it. After all, malpractice can be hidden quite subtly, especially in groups. But it does alert us to the fact that in the arguments on child sex abuse there is concealed an ideological dispute over the value of the family and the character oif family life. Many of the comments on the Butler-Sloss report reflect a hostility to the family - and therefore a readiness to remove children from their parents' control - which we should be wary of. This also reinforces one of our earlier recommendations to you that increased resources should be made available only after an inquiry has been made into the character and value of such training - with proposals for reform of the programmes.

JOHN O'SULLIVAN

IAN WHITEHEAD

The Sunday Telegraph July 10 1988

THE CHILD ABUSE SCANDAL

How Lord Justice Butler-Sloss got it wrong

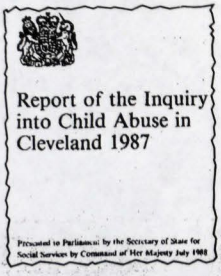
10 JUL 1988

Bruce Anderson analyses the Cleveland child abuse report published last week, and finds that the crucial questions remain unanswered

LORD JUSTICE Butler-Sloss has failed in her remit: this Report* is a disappointing and inadequate piece of work. The author has allowed her material to overwhelm her analysis. Most culpably of all, she does not focus her argument on the central facts and the crucial issue.

Those who read this document will do so in search of the answer to the one, obvious question: were those children sexually assaulted, or were they not? Lord Justice Butler-Sloss does not appear to have sought out the evidence necessary to make such a judgment.

We need details of the original allegations: details about the behaviour and treatment of the children while in care. We want to know about the families' reactions: the reasons why 98 children diagnosed as abused by Drs Higgs and Wyatt have been released to their parents — and also what has happened in the case of the other 23. What stage have the investigations reached: how many prosecutions have taken place, and how many more are pending? None of this information is provided: after 320 pages, the reader is no wiser — nor in any relevant way better informed.



The problem may be that Lord Justice Butler-Sloss could not grasp the magnitude of the evil with which she was confronted. She cites with approval a comment by counsel to the inquiry. In the course of tut-tutting about the manner in which Dr Raine Roberts had phrased her criticisms of Dr Marietta Higgs, he said: "We will not be urging you to adopt... [Dr Roberts's] views, because we seek to stress throughout the vital importance of striving for the middle ground...."

In the Cleveland matter, there could be no middle ground. There are only two starkly opposed alternatives. Either the two doctors discovered a most appalling state of affairs, in which large numbers of small children were being buggered by their fathers, or they assisted in perpetrating a hideous injustice. Children were torn from their parents and subjected to methods of examination which Dr Roberts described as "outrageous sexual assault".

Meanwhile the fathers were accused of the vilest crimes. If a single one of the Cleveland children had not in fact been abused, then there was a terrible psychological assault on that child and its family. If any significant number of the diagnoses were false, then the Cleveland affair is easily the worst abuse of human rights to have occurred in this country in modern times.

In a haphazard, anecdotal fashion, without any sign of comprehending the agony it is describing, the Butler-Sloss report does tend to suggest that there was a large-scale miscarriage of justice.

The problem in Cleveland stemmed from an outbreak of hysteria among doctors and social workers. Some of the key participants clearly saw themselves as embattled, heroic figures in a hostile world. They and only they understood the problem: they and only they cared about the children. Some of them were powerful personalities, and swept others along in their wake. None of them ever seem to have disagreed about anything — and of course they all drew emotional sustenance from each other's loyalty.

Outsiders were not initially aware of this group symbiosis. They thought they were dealing with Drs X, Y and Z who had all arrived independently at the same conclusion. This made it possible for the doctors to have their diagnoses accepted, to brush aside all objections, and to send off social workers to seize sleeping children in the middle of the night — until they succeeded in bringing paedi-

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rage to defy the doctors'
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oves of this, and clearly
olds it against all the par-
es concerned that they
ere unable to get along
ith one another.

In its wilful refusal to face the facts, that is the single most fatuous passage in this report. Those who disagreed with Dr Higgs had no business trying to be polite to her. She was certainly not open to rational argument; so if she was wrong, she had to be stopped. This was not something that could be sorted out by a chat over a nice cup of tea.

As her comments on Stuart Bell MP, and Dr Irvine, the police surgeon, demonstrate, Lord Justice Butler-Sloss clearly dislikes witnesses who express strong feelings. But if Mr Bell believed — and he had grounds beyond all reasonable doubt so to believe — that his constituents were being grossly maltreated, then every degree of intemperate advocacy was justified. Mr Bell's actions have earned him the hatred of the Labour Party's lesbians, man-haters and family haters — so his front bench prospects have probably been destroyed. But he is one of the few public figures involved in the Cleveland case who has no need to reproach himself.

A further area in which the report is deficient is the question of the prevalence of child sexual abuse. At the beginning, we are cautioned against exaggerated estimates, and informed that no reliable evidence exists as to how much abuse takes place. But later sections of the report take it for granted that there is large-scale sexual abuse.

The truth is that we do not know: much more research — proper research — is needed. But there is one interesting datum. Over the past 10 years, although public interest in child abuse has grown, the number of convictions has fallen. It is rare for the conviction rate to fall at a time of increasing public attention unless the number of offences is also falling.

Even one case of child abuse is one case too many. But the trauma caused — to all concerned — by false allegations may be almost as great as that arising from sexual abuse. Those involved in diagnosis have a heavy responsibility: to establish the truth in a complex and difficult area.

If there are grounds for suspecting that a child has been abused, it would seem reasonable to study all aspects of that child's behaviour, to consider the whole child, in its family context — and to seek the help of any GPs, teachers, policemen or social workers who know the family.

None of that happened in Cleveland. Drs Higgs and Wyatt relied absolutely on the evidence of anal dilatation: they merely looked up a child's bottom, and then leapt to a conclusion. But as Lord Justice Butler-Sloss states, the only incontrovertible evidence that a child has been sexually abused is the presence of semen or of blood from a different group (and presumably of venereal disease). The report is firm in its conclusion that though anal dilatation may be grounds for suspicion, it cannot be regarded as proof: too little is known about the factors which induce it in small children.

Such uncertainties did not deter Dr Higgs and her cohorts. Nor were they moved by the pleas of the parents. Though this report does not pay nearly enough attention to the parents, there are some heart-rending passages.

"The mother of two children . . . told the social workers: 'No, you can take them to see anybody you like, any other doctor in the country. I do not want Dr Higgs examining my kids . . . .' They said: 'If that's your attitude, I'll (sic) go back to the office . . . place a safety order and we'll take them that way.'"

The father of three children told the inquiry of a meeting with social workers at which he expressed disquiet at the lack of contact. "He . . . was told 'We do not come to you, you come to us' and that 'they were willing to work with us but until we accept responsibility for what has happened they would not do so.'" His wife concluded that there was "no future for me at all with my children if I continued to support my husband . . . I was being told that my children were going to be taken away for ever and ever."

One little boy, who had already had a pretty rough deal from life, was removed from the "very caring" foster home where he had at last begun to thrive. A consultant who examined him after his eventual release concluded: "there is strong evidence that he has been considerably disturbed by the examinations that have been carried out since the beginning of June".

Stuart Bell, MP: no need to reproach himself

At various stages this report compliments Dr Higgs and her associates for their sincerity and good faith. In this case, those qualities aggravated rather than mitigated the wrong-doing.

Most of those who conducted the 16th- and 17th-century witch-hunts were sincere. They had merely worked themselves into a state of mind in which they placed absolute faith in certain obscure phenomena and allowed their common sense to be wholly over-ridden, and came to believe almost anything.

Certainly, doctors ought to be sincere: but they should also be sceptical, weighing the evidence, reaching a conclusion only after calmly considering all the possibilities. In medicine, a blazing evangelical sincerity is no substitute for maturity and judgment.

The Higgs group was able to act as it did only because of the prevalence of ultra-feminist and anti-family views in some medical and social-work circles. There is a widespread belief that all men are potential molesters, that the family is a prison, and that the interests of children are likely therefore to be in continual conflict with those of their parents — or certainly their fathers.

Persons holding such views are quite unsuited to be social workers, or to be involved in family medicine. The report recommends additional resources for social-work training, but before a penny is spent there ought to be an ideological purge, to drive out those whose opinions would commit them to a campaign of subversion against the family.

This would lead to accusations of authoritarianism — but it would be the only way to ensure that the sort of authoritarian brutality practised against children and families in Cleveland never recurred.

Dr Higgs sincerely believed that she was helping the children. Over the next few decades many of them and their families will indeed need help — to recover from her ministrations.

*Report of the Inquiry into Child Abuse in Cleveland 1987. (HMSO, £14·50)

THE TIMES - 9 JUL 1988

Lessons from Butler-Sloss inquiry

From Dr G. D. Roberts

Sir, Your leading article (July 7) makes the important point that the content of training of professionals working in the field of child abuse is as important as the sums of money devoted to it.

Since one of the problems in Cleveland was the inability of professionals from different disciplines to co-operate fully, the argument in favour of multi-disciplinary training is irresistible.

It is particularly disappointing to me, as an educator of new general practitioners, that medical undergraduates have hardly every met, let alone exchanged views with a social worker working in primary care. Any multi-disciplinary teaching that I organise depends on my own personal contacts and their willingness to fit us into their crowded timetable.

A major advance would be the development of formal links between educators of all the professionals concerned. Ideally this form of teaching should start during their initial training and continue throughout their professional lives.

Yours faithfully,
GEOFF ROBERTS,
37 Upper Gordon Road,
Camberley, Surrey.
July 7.

From Mr Anthony D. Desbruslais

Sir, It is with relief that I note that the Butler-Sloss report suggests some procedural improvements to the power of a magistrate to grant a "place of safety order", which allows the removal of a child from its parents for up to 28 days without notice.

It is by contrast strange to note (section 43 of the Police and Criminal Evidence Act, 1984) that Parliament has insisted that a warrant to detain a person suspected of a "serious arrestable offence" (for a maximum of 36 hours) should have the following safeguards: a hearing in a court-room at any time of day or night; an application on oath; the detained person's presence, and an entitlement to legal representation.

However, a child or its parents will usually know nothing of the application until the child is removed. The order can be granted by a single magistrate. There is no requirement for sworn evidence. Some applications are dealt with in a magistrate's private residence.

Any suggestion that the giving of notice of an impending application might have disastrous consequences for a child can easily be met by the retention of the *ex-parte* application, but limited in duration to 12 or 24 hours, after which a court hearing would be necessary.

Do the rights of children and parents really deserve less protection than a person suspected of a serious arrestable offence?

Yours faithfully,
ANTHONY DEBRUSLAIS,
Clerk to the Justices,
Nottingham Magistrates' Court,
The Guildhall, Nottingham.
July 7.

From his Honour Lyall Wilkes

Sir, Long experience teaches that allegations of child sexual abuse within a family sometimes come from a parent as a weapon to strengthen a weak case for divorce or for custody. That is why giving special video facilities for a child's evidence is undesirable in "within family" cases because it provides insufficient safeguards for a conspiracy between a beloved parent and a child against the other parent.

In allegations of indecency with children by strangers that particular danger is absent, but those investigating such cases should be better trained as to the impropriety of asking a child leading questions. "Experts" sometimes do not even know what a leading question is.

As to child experts in general, the Cleveland and other cases show how much we should be on our guard against the tyrannies of the compassionate mind. To ban access to the mother of a young child because the father may be suspect takes us back for sheer irrationality to the days of witch-craft.

Yours faithfully,
LYALL WILKES,
The Gin -Gan, Ogle,
Newcastle upon Tyne.

From Mr A. McCormack

Sir, The Butler-Sloss report will do absolutely nothing to prevent a recurrence — some time, somewhere — of Cleveland-type excesses. Such abuse of authority is inevitable so long as officials are able to have dubious "diagnoses" rubber-stamped by a lay magistrate in secret.

Natural justice demands that parents should never be deprived of their children for one second except by order of a judge at a hearing at which they have the opportunity to be represented. Or must the doctrine of guilty until proved innocent still prevail?

Yours faithfully,
A. McCORMACK,
67 Hillside Avenue,
Worthing, Sussex.

From the Chief Probation Officer for Greater Manchester

Sir, In the probation service we often (more so than we care to admit) supervise offenders who have, at an earlier period in their lives, been the subject of child sexual abuse. At times, due to our encouragement or their own internal emotional pressures, they tell us about these experiences. A few months ago one of our clients wrote a poem:

Child Abuse

A little child alone at night,
Dares not sleep, eyes full of fright,
Staring round a small dark room,
Wondering if tonight he'll meet his doom.
Father rages, mother weeps,
Child listens, neighbour sleeps,
Mother screams, then no more,
The child watches an opening door.
"Daddy no please don't hurt me."
Cries the child bent over father's knee,
The child cries because of the pain,
Then screams and bawls and is silent again,
No more movement in the child's bed,
As another child now lies dead.

Perhaps the Lord Chancellor, and those Whitehall officials wrestling with the competing pressures so evident at official inquiries, should have a copy of this on their desk as a reminder of what is at stake for the victim.

Yours faithfully,
CEDRIC FULLWOOD,
Chief Probation Officer,
Greater Manchester Probation Service,
5th Floor, Oakland House,
Talbot Road, Manchester 16.
July 6.

CONFIDENTIAL

PRIVY COUNCIL OFFICE
WHITEHALL, LONDON SW1A 2AT

7 July 1988

Dear Tony

CHILDREN AND FAMILY SERVICES BILL:
EMERGENCY PROTECTION ORDERS AND CARE ORDERS

Thank you for your letters of 24 June seeking H Committee's agreement to the terms of a draft statement in response to the Butler-Sloss report and to a number of changes in the law governing emergency protection orders and child care procedures which you intend to incorporate in the proposed Children and Family Services Bill. Following the discussion in Cabinet last week, John Moore circulated a revised version of the draft statement under cover of his minute of 1 July to the Prime Minister.

The Prime Minister indicated, through her Private Secretary, that she was content with the revised draft statement subject to a couple of changes, which I understand have been taken on board. John Major wrote endorsing her suggestions and asked for one or two further changes, notably that there should be no reference to family courts in order to preserve our room for manoeuvre pending further consideration of the issues involved, and I understand that this was acceptable to both James Mackay and John Moore. Douglas Hurd indicated that he was content with the handling arrangements and he, James Mackay and John Major signified their agreement to your proposed changes to the law. You and I discussed the terms of your statement on Monday 4 July.

No other colleague has commented, and this is to confirm that, subject to the points made by the Prime Minister and John Major, H Committee were content with the terms of the revised statement and with the proposed changes to the law governing emergency protection orders and child care procedures.

I am copying this letter to the Prime Minister, members of H Committee, Patrick Mayhew, Kenny Cameron and Sir Robin Butler.

Yours ever

JOHN WAKEHAM

The Rt Hon Tony Newton OBE MP
Minister for Health
Department of Health and Social Security

CONFIDENTIAL

Child Abuse (Cleveland)

3.31 pm

The Minister for Health (Mr. Tony Newton): With permission, Mr. Speaker, I wish to make a statement about the report by Lord Justice Butler-Sloss on the findings of her inquiry into the handling of suspected child abuse cases in Cleveland in the early part of last year. Her report, and her own short version of it, are available in the Vote Office, as is a statement that she is making in Middlesborough this afternoon.

The whole House will be united in its condemnation of sexual or other abuse of children, and in its support for proper action to protect children from it, but it will be no less united in insisting that this must be achieved in a way that does not trample on the rights of parents and inflict unnecessary distress on the very children we wish to be helped.

It is clear from the report that this balance was not achieved in Cleveland during the period in question, even though many children received the protection they needed. The House would wish me to express the deep regret of all of us to those who have suffered as a result. It is perhaps hard to imagine the shattering effect on those parents who were innocent and on the children.

The report contains substantial criticism both of individuals, including the consultant paediatricians, Dr. Higgs and Dr. Wyatt, the police surgeon, Dr. Irvine, and the child abuse consultant, Mrs. Richardson, and of important aspects of the managerial response to the situation as it developed. It confirms that there was an overall failure to achieve essential communication and co-operation between police, health and social services.

It is for the authorities involved in the first instance to address those criticisms and take the necessary action. The Government expect that action to be thorough, speedy and effective. The help of the Government's medical advisers, of the Social Services Inspectorate and of the Her Majesty's Inspectorate of Constabulary will, of course, be made available to assist those authorities.

At the same time, the Government are taking immediate action to ensure that the more general lessons of the report are applied not only to prevent a recurrence of similar events but to improve the handling of child abuse throughout the country.

First, as I have already said, the report confirms the fundamental importance of the professional people and agencies concerned with child abuse working closely together within agreed guidelines. It underlines the need for a balanced assessment of different strands of evidence, and for action to be judged in the light of all the circumstances of the family as a whole. It stresses the need to listen carefully to what the children have to say and to take it seriously, and it re-emphasises the need for parents to be kept informed, consulted, and given reasonable access to their children unless that would be against the best interests of the child.

Those lessons, including the report's recommendations for the creation of special assessment teams, are reflected in comprehensive guidance that is being issued today by my Department and the Welsh Office. Guidance circulars are also being issued today to the police by my right hon. Friend the Home Secretary, and to the education service by my right hon. Friend the Secretary of State for Education and Science. Detailed professional guidance on social work practice is now being tested in the field and will be issued shortly.

On the specific point of ensuring effective co-operation between different agencies, I am also publishing today a survey by the Social Services Inspectorate of current arrangements. I am glad to say that it shows a generally satisfactory picture. In the few cases where this cannot be said, we are asking the inspectorate to monitor the position closely and see that it is improved.

Secondly, the report indicates that medical examination is only one aspect of assessment, and in particular that the test of reflex anal dilatation should not on its own be taken as conclusive evidence of sexual abuse. That view is confirmed by the report of a sub-committee of my right hon. Friend's Standing Medical Advisory Committee, which we asked to consider these matters in parallel with the inquiry. Its guidance for doctors on the diagnosis of child sexual abuse is being published today and sent to every practising doctor. We are also publishing today, and distributing to the nursing profession, guidance for senior nurses on the management of child abuse work from my right hon. Friend's Standing Nursing and Midwifery Advisory Committee. Copies of all the reports and guidance to which I have referred have been placed in the Library.

Thirdly, the report shows a clear need for better training for those who handle child abuse work. We have already included in the Health and Medicines Bill new powers to cover specific grants for social work training in this field. We intend to make available in 1989-90 a grant of 70 per cent. in support of expenditure of £10 million. We shall ensure that this major new programme means not merely more training but better training which takes account of all the lessons learnt from the report.

Lastly, I am glad to say that the report gives general support to the proposals for reforming the law contained in the White Paper on the law on child care and family services, published last year. The aim of the proposals is to make the law simpler and clearer and to strengthen the rights of parents and children. They include the replacement of place of safety orders by a new emergency protection order with stricter criteria and more limited duration. In addition, where an emergency protection order is obtained without the parents being involved, they will have a new opportunity to challenge the order after 72 hours. The Government are firmly committed to a Bill to implement the White Paper proposals, modified as may be agreed in the light of the report. That Bill will be brought before Parliament at the earliest practicable opportunity.

What I have announced covers the great majority of the report's recommendations. Others are being examined urgently. In particular, my noble and learned Friend the Lord Chancellor intends to issue a consultation paper before the House rises on the report's suggestion for an Office of Child Protection, with powers which could include scrutiny of local authority applications in care proceedings and calling for additional investigation or reports.

We are extremely grateful to Lord Justice Butler-Sloss for the thorough and comprehensive work that she has done, and to her three assessors—Professor Hull, Mr. Chant and Mr. Soper—who have supported her in her conclusions and recommendations. The issues with which they have had to deal are immensely complex, and the

the Soviet Union recently made a very significant haul of cannabis. We have also been very successful in our co-operation with Spain, which has led to more than 60 arrests of drug traffickers.

Mr. Tony Banks: Does the Minister accept that the real problem arises from the demand and the criminal activities surrounding the supply of illegal drugs? Are any discussions taking place within the British Government and, indeed, internationally, on the possibility of legalising soft drugs to eliminate the criminal activity associated with the trade?

Mr. Eggar: No, Sir. I imagine that the hon. Gentleman is alone in the House if he really believes that that is the way to send the correct signal to drug traffickers and abusers. Drugs pose a major threat throughout the developed and developing world. The only way to hope to defeat that threat is by a combination of international co-operation and tough measures against drug producers and traffickers.

Toronto Summit

17. **Mr. Favell:** To ask the Secretary of State for Foreign and Commonwealth Affairs if he will make a statement on the Toronto summit.

Sir Geoffrey Howe: I refer my hon. Friend to the statement made by my right hon. Friend the Prime Minister on 23 June.

Mr. Favell: Can my right hon. and learned Friend say something about the discussions that must have taken place about how best to react to recent remarkable developments in Russia? Does he agree with the view expressed in today's leader in *The Times* that Western leaders have a hard job ahead when deciding how best to applaud Mr. Gorbachev's efforts?

Sir Geoffrey Howe: There was certainly a good deal of discussion of the events that have been taking place in the Soviet Union. In the concluding declaration, the Heads of Government stated:

"In the Soviet Union greater freedom and openness will offer opportunities to reduce mistrust and build confidence. Each of us will respond positively to any such developments."

Chile

18. **Mr. Maxton:** To ask the Secretary of State for Foreign and Commonwealth Affairs what representations he has made regarding the presence of foreign observers to monitor the impending plebiscite in Chile.

Mr. Eggar: We suggested to the Chilean authorities earlier this year that they might consider inviting foreign observers. The Chilean Government have since made clear that, while foreigners may visit Chile at the time of the plebiscite, and be present during voting and scrutiny, they will not recognise such foreign visitors as having the status of "observers". I understand, however, that the democratic opposition parties will be able to appoint their own observers at polling stations. I am also aware that a number of hon. Members have received invitations to visit Chile at the time of the plebiscite, from the organisers of the Parliamentary Assembly for Democracy.

Mr. Maxton: In view of the appalling civil rights record of the Pinochet regime in Chile, surely the Minister must do much more to ensure that there are foreign observers to make sure that the plebiscite is carried out fairly by a Government whom the whole world distrusts on that issue?

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reflects the inescapable fact that there is no single simple answer. In acknowledging that, it is right also to balance the picture that has emerged from Cleveland with recognition of how much valuable and successful work is done in this difficult field by doctors, nurses, social workers and police throughout the country. But the plain fact is that what happened in Cleveland should not have happened, and must not be allowed to happen again. The measures announced today are designed to see that it does not.

Mr. Robin Cook (Livingston): I begin by joining the Minister in expressing the gratitude of the whole House to Lord Justice Butler-Sloss for her exhaustive and authoritative report. Her objectivity and skill in conducting the inquiry are confirmed by the fact that, in a situation marked by strong hostilities, she managed to command the respect of all parties to the dispute.

The full report commands more thorough debate than it can receive in the next half hour, and perhaps more careful study than it will receive in tomorrow's instant headlines. Those who study the report will find it a balanced report, which presents on the one hand a vivid and candid account of the nature of child sexual abuse, and upon the other an account of the harrowing experience of those families when no abuse has been confirmed but who were set apart for months by the allegation of abuse.

Given the severe trauma caused by sexual abuse and by the false accusation of abuse, all parties in the House must regret the evidence in the report of the collapse of communication between those agencies with statutory responsibility for detecting abuse, and the inadequate communication within those agencies between middle and senior management.

The most effective way in which we can show appreciation of Lord Justice Butler-Sloss's work is to act on her recommendations. I draw the Minister's attention to five heads of recommendation. I appreciate that some of these issues go beyond his departmental responsibility, and in view of the gravity of the matter I shall be happy if he wishes to reflect on his response and write to me afterwards.

First, may I pick up the Minister's point about the White Paper on child care, which is strongly endorsed in the recommendations? As the Minister will be aware, Lord Justice Butler-Sloss stresses that, in her opinion, it is urgent that the White Paper is turned into legislation. The Minister said that legislation would be brought forward at the earliest practicable opportunity. He will recall that the White Paper, in its foreward contains the commitment of the then Secretary of State that it would be implemented "as soon as the Parliamentary timetable allows".
That was in January 1987.

I understand that it was not possible to legislate this Session while the inquiry was in train, but we now have the report of the inquiry. It stresses the urgency of legislation, and, while I understand the convention prevents the Minister committing himself to legislation this year, I note that he has on one side of him the Leader of the House and on the other the Prime Minister. I am sure that he will recognise that the public would not understand if another Session were to pass without the House legislating on that White Paper.

Secondly, in preparing that legislation, will the Minister note the judge's support for family courts? Is it not clear that one factor in the Cleveland crisis was the rapid way in which it generated a bottleneck in court procedures? Therefore, will the Minister reconsider the Government's decision to amend the law first, and only then tackle the structure by which it is enforced? Would it not be more sensible to act on both fronts together?

Thirdly, will the Minister reflect on the stress placed in the recommendations on avoiding the necessity of removing the child from the home? Will he therefore consider whether it might not be more in the interests of the child, and less disruptive to the family, to bar the suspected perpetrator of abuse from the family home, rather than always removing the suspected victim of abuse —a power that is now frequently available to states in America?

Fourthly, I was disappointed to learn that only £7 million is to be made available for additional training. That is doubly disappointing, as it is only two months since the Minister failed to find £40 million to extend the social work training period from two to three years. As a result, in 1992 Britain will be the only European country with a two-year period of training for social services. Lord Justice Butler-Sloss places particular stress on the importance, in basic training, of training to deal with child sexual abuse. It is difficult to see how yet another topic can be covered adequately in basic training when the Government have already resolved not to extend the period of that training. It would be regrettable if child sexual abuse were to become another example of local authorities being given extra responsibility, with no extra resources and no additional training to deal with it.

Finally, may I put it to the Minister that, with the passage of time, the real significance of Lord Justice Butler-Sloss's report, the real point for which it will be remembered, is the way in which it has documented the reality of child sexual abuse within our society? Her most important recommendation may remain her very first recommendation, which is the need to recognise and measure the extent of that abuse. We must not let our revulsion at the practices that she describes find refuge in the belief that they do not exist; nor must we let the fact that grievous mistakes were made in Cleveland discourage us from finding and protecting the victims of real abuse.

I draw the Minister's attention to the conclusion of Lord Justice Butler-Sloss, that one of the dangers of the Cleveland experience is that it may demoralise the very people whose duty it is to detect abuse. I invite the Minister to associate himself with her observation, which is of particular significance to those who write about our proceedings this afternoon:

"Social workers need the support of the public to continue in the job the public needs them to do."

It is time that the public and the press gave it to them.

Mr. Newton: I am grateful to the hon. Member for Livingston (Mr. Cook) for the way in which he introduced his questions and for the spirit in which he has approached the subject, and I associate myself with his concluding remarks. That is one reason why I recognised at the end of my statement that a great deal of valuable and successful work is being done around the country by all the people who are involved.

To answer the hon. Gentleman's questions in reverse order, I accept that it is desirable to have a clearer understanding of the scale of the problem. He will perhaps recall that when I announced the establishment of the

[Mr. Newton]

inquiry I also announced our intention to make use of the experience of the National Society for the Prevention of Cruelty to Children in running child abuse registers, covering about 9 per cent. of the country's children, to generalise the system for collecting statistics and to build up a national picture. That work is proceeding. We are now receiving the returns for 31 March 1988, and we shall be putting them together with a view to having a clear national statistical return in place as soon as possible, which I hope will be helpful.

When I responded to the Central Council for Education and Training in Social Work's proposals only a month ago, I made it clear that one of the reasons why we were unable to accept them in that form was that we believed that the first priority was to bring about a number of improvements—I think I used the phrase "a balanced package of improvements"—covering some of the most obvious and immediate problems. Training was one of the problems that I had in mind. The expenditure that I have announced today will bring about immediate improvements in social work training, including that for existing social workers as well as future ones. I also made it clear that we wished to make improvements in social work training generally, including the crucial gap of inadequate practice placements. We shall provide additional resources for that purpose.

The guidance that we have published today makes it clear that the removal of the child is not the first and only resort in every case. That, I hope, will be clear to all from this experience. I shall also reflect on the other suggestion that the hon. Gentleman made.

My noble and learned friend the Lord Chancellor is hoping to make an announcement about the Government's approach to family courts later in the year. The Cleveland report considers that family courts could help in some respects, but it did not cover all the issues relating to family courts. However, the report recommended that there should be an Office of Child Protection, to which I referred in my statement. There is no doubt that such an office, together with the reform of child law, would be an important step towards the establishment of such a court. My noble and learned friend the Lord Chancellor intends to issue a consultation document before the summer recess.

The hon. Member for Livingston kindly recognised the constitutional conventions surrounding the translation of the White Paper into legislation. I have to tell him, especially with my right hon. Friends the Leader of the House and the Prime Minister sitting on either side of me, that I could hardly go further without falling over the edge of the constitutional conventions, but I am sure that they heard what he said.

Mr. Stuart Bell (Middlesbrough): I associate myself with the remarks of both the Minister and my hon. Friend the Member for Livingston (Mr. Cook), and congratulate Lord Justice Butler-Sloss on her work and on her report. She spent five months in my constituency of Cleveland and thereabouts, and a further five months preparing her report. We all welcome its recommendations, and the unanimity of the House indicates that Lord Justice Butler-Sloss has an opportunity, linked with last year's child care law reform White Paper, to mould our child care legislation into the next century.

I welcome the Minister's remarks and his expression of deep regret on behalf of the Government to those innocent Cleveland families who, through no fault of their own, were caught up in a horrible vortex, which swept them all down and almost destroyed their lives. For months those families have said, "No one has listened and no one has said sorry." Today, the Minister and my hon. Friend the Member for Livingston, with the Prime Minister in attendance, have indicated that the House associates itself with the agony and plight of those families and expresses to them its deep regret.

My final statement to the House is that all the people of Cleveland wish to put this sad tale behind them. The steady, effective and thorough action to which the Minister referred will, I hope, be welcomed by the agencies concerned, so that we may all learn the lessons of Cleveland and learn to live with the future.

Mr. Newton: I welcome very much the hon. Gentleman's remarks and the welcome that he expressed both for my comments today and for the action that we have put in hand. In return, perhaps I may say that the hon. Gentleman has earned the respect, and will receive the thanks, of those of his constituents who feel that they suffered so much injustice.

Mr. Richard Holt (Langbaurgh): I, too, thank my right hon. Friend and associate myself with the remarks of the hon. Member for Middlesbrough (Mr. Bell). Those of us in Cleveland who have lived through the situation there for the past year know how much sorrow it has brought. We are grateful to the Government for their statement today. We also ought to place on record our thanks to the Middlesbrough *Evening Gazette* reporter who first brought this issue to light, and to acknowledge that the press has played a powerful and meaningful part in the whole saga.

We now look forward to the implementation of the Government's proposals. However, over the years we have seen the publication of the Jasmine Beckford and other reports, all of which caught the emotion of the day, but then died away. Now that Lord Justice Butler-Sloss's report has been published, and once the Government's legislation has been enacted, my right hon. Friend ought seriously to consider some form of continuous monitoring at a Butler-Sloss level, so that never again will we find ourselves in the situation that Cleveland has over the past year.

Mr. Newton: I associate myself with my hon. Friend's remarks about the responsible way in which certain newspapers and other sections of the media helped to expose the injustice, and I thank my hon. Friend for the responsible approach that he has adopted throughout in seeking to resolve the problem.

I hope that my hon. Friend does not feel that the results of the Jasmine Beckford and Tyra Henry cases have been in any way ignored. On the contrary, they have helped to shape and inform the actions and proposals that I put before the House today and the guidance that we have issued, and in other ways. As to future inquiries, I am not sure that I would wish to ask Lord Justice Butler-Sloss to sit in permanent session, and I am not certain that she would wish to do so. We have included in the guidance issued today arrangements relating to proper inquiry procedures within and among the agencies concerned in

DEPARTMENT OF HEALTH AND SOCIAL SECURITY

Richmond House, 79 Whitehall, London SW1A 2NS

Telephone 01-210 3000

From the Minister for Health

Alison Smith
Private Secretary to
The Rt Hon John Wakeham MP
Lord Privy Seal and Leader of the House of Commons
Privy Council Office
Whitehall
LONDON
SW1A 2AT

06 JUL 1989

Dear Alison,

CLEVELAND REPORT

The Minister for Health, Tony Newton, has asked me to let you have a copy of the final Report of the Inquiry into Child Abuse in Cleveland and this is attached.

I am copying this letter, with the Report, to the Private Secretaries to the other members of the Cabinet, the Lord Advocate, the Attorney General, the Captain of the Gentlemen at Arms and Sir Robin Butler.

Yours sincerely
John Anderson

JOHN ANDERSON
Assistant Private Secretary

KW/DNo.5

cc P.D.

NBPM

SECRETARY OF STATE FOR ENERGY
THAMES HOUSE SOUTH
MILLBANK LONDON SW1P 4QJ
01 211 6402

The Rt Hon John Moore MP
Secretary of State
Department of Health & Social Security
Richmond House
79 Whitehall
LONDON
SW1A 2NS

6 July 1988

Dear John,

TRAINING SUPPORT PROGRAMME: CHILD CARE AGD WITH DM

You wrote to John Major on 26 May and 24 June, proposing an extension of your Training Support Programme for social workers to cover child care, to be announced as part of the Government's response to the Cleveland Child Abuse Inquiry Report. John Major's reply of 30 June signifies his agreement. You may therefore take it that you have E(LA)'s approval to proceed.

I am copying this letter to the Prime Minister, to members of E(LA) and to Sir Robin Butler.

Yours ever,
Cecil.

CECIL PARKINSON

HOME AFFAIRS: Assault on Children Sept 83

Child Abuse (Cleveland)

3.31 pm

The Minister for Health (Mr. Tony Newton): With permission, Mr. Speaker, I wish to make a statement about the report by Lord Justice Butler-Sloss on the findings of her inquiry into the handling of suspected child abuse cases in Cleveland in the early part of last year. Her report, and her own short version of it, are available in the Vote Office, as is a statement that she is making in Middlesborough this afternoon.

The whole House will be united in its condemnation of sexual or other abuse of children, and in its support for proper action to protect children from it, but it will be no less united in insisting that this must be achieved in a way that does not trample on the rights of parents and inflict unnecessary distress on the very children we wish to be helped.

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The report contains substantial criticism both of individuals, including the consultant paediatricians, Dr. Higgs and Dr. Wyatt, the police surgeon, Dr. Irvine, and the child abuse consultant, Mrs. Richardson, and of important aspects of the managerial response to the situation as it developed. It confirms that there was an overall failure to achieve essential communication and co-operation between police, health and social services.

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Mr. Favell: Can my right hon. and learned Friend say something about the discussions that must have taken place about how best to react to recent remarkable developments in Russia? Does he agree with the view expressed in today's leader in *The Times* that Western leaders have a hard job ahead when deciding how best to applaud Mr. Gorbachev's efforts?

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Secondly, in preparing that legislation, will the Minister note the judge's support for family courts? Is it not clear that one factor in the Cleveland crisis was the rapid way in which it generated a bottleneck in court procedures? Therefore, will the Minister reconsider the Government's decision to amend the law first, and only then tackle the structure by which it is enforced? Would it not be more sensible to act on both fronts together?

Thirdly, will the Minister reflect on the stress placed in the recommendations on avoiding the necessity of removing the child from the home? Will he therefore consider whether it might not be more in the interests of the child, and less disruptive to the family, to bar the suspected perpetrator of abuse from the family home, rather than always removing the suspected victim of abuse —a power that is now frequently available to states in America?

Fourthly, I was disappointed to learn that only £7 million is to be made available for additional training. That is doubly disappointing, as it is only two months since the Minister failed to find £40 million to extend the social work training period from two to three years. As a result, in 1992 Britain will be the only European country with a two-year period of training for social services. Lord Justice Butler-Sloss places particular stress on the importance, in basic training, of training to deal with child sexual abuse. It is difficult to see how yet another topic can be covered adequately in basic training when the Government have already resolved not to extend the period of that training. It would be regrettable if child sexual abuse were to become another example of local authorities being given extra responsibility, with no extra resources and no additional training to deal with it.

Finally, may I put it to the Minister that, with the passage of time, the real significance of Lord Justice Butler-Sloss's report, the real point for which it will be remembered, is the way in which it has documented the reality of child sexual abuse within our society? Her most important recommendation may remain her very first recommendation, which is the need to recognise and measure the extent of that abuse. We must not let our revulsion at the practices that she describes find refuge in the belief that they do not exist; nor must we let the fact that grievous mistakes were made in Cleveland discourage us from finding and protecting the victims of real abuse.

I draw the Minister's attention to the conclusion of Lord Justice Butler-Sloss, that one of the dangers of the Cleveland experience is that it may demoralise the very people whose duty it is to detect abuse. I invite the Minister to associate himself with her observation, which is of particular significance to those who write about our proceedings this afternoon:

> "Social workers need the support of the public to continue in the job the public needs them to do."

It is time that the public and the press gave it to them.

Mr. Newton: I am grateful to the hon. Member for Livingston (Mr. Cook) for the way in which he introduced his questions and for the spirit in which he has approached the subject, and I associate myself with his concluding remarks. That is one reason why I recognised at the end of my statement that a great deal of valuable and successful work is being done around the country by all the people who are involved.

To answer the hon. Gentleman's questions in reverse order, I accept that it is desirable to have a clearer understanding of the scale of the problem. He will perhaps recall that when I announced the establishment of the

[Mr. Newton]

inquiry I also announced our intention to make use of the experience of the National Society for the Prevention of Cruelty to Children in running child abuse registers, covering about 9 per cent. of the country's children, to generalise the system for collecting statistics and to build up a national picture. That work is proceeding. We are now receiving the returns for 31 March 1988, and we shall be putting them together with a view to having a clear national statistical return in place as soon as possible, which I hope will be helpful.

When I responded to the Central Council for Education and Training in Social Work's proposals only a month ago, I made it clear that one of the reasons why we were unable to accept them in that form was that we believed that the first priority was to bring about a number of improvements—I think I used the phrase "a balanced package of improvements"—covering some of the most obvious and immediate problems. Training was one of the problems that I had in mind. The expenditure that I have announced today will bring about immediate improvements in social work training, including that for existing social workers as well as future ones. I also made it clear that we wished to make improvements in social work training generally, including the crucial gap of inadequate practice placements. We shall provide additional resources for that purpose.

The guidance that we have published today makes it clear that the removal of the child is not the first and only resort in every case. That, I hope, will be clear to all from this experience. I shall also reflect on the other suggestion that the hon. Gentleman made.

My noble and learned friend the Lord Chancellor is hoping to make an announcement about the Government's approach to family courts later in the year. The Cleveland report considers that family courts could help in some respects, but it did not cover all the issues relating to family courts. However, the report recommended that there should be an Office of Child Protection, to which I referred in my statement. There is no doubt that such an office, together with the reform of child law, would be an important step towards the establishment of such a court. My noble and learned friend the Lord Chancellor intends to issue a consultation document before the summer recess.

The hon. Member for Livingston kindly recognised the constitutional conventions surrounding the translation of the White Paper into legislation. I have to tell him, especially with my right hon. Friends the Leader of the House and the Prime Minister sitting on either side of me, that I could hardly go further without falling over the edge of the constitutional conventions, but I am sure that they heard what he said.

Mr. Stuart Bell (Middlesbrough): I associate myself with the remarks of both the Minister and my hon. Friend the Member for Livingston (Mr. Cook), and congratulate Lord Justice Butler-Sloss on her work and on her report. She spent five months in my constituency of Cleveland and thereabouts, and a further five months preparing her report. We all welcome its recommendations, and the unanimity of the House indicates that Lord Justice Butler-Sloss has an opportunity, linked with last year's child care law reform White Paper, to mould our child care legislation into the next century.

I welcome the Minister's remarks and his expression of deep regret on behalf of the Government to those innocent Cleveland families who, through no fault of their own, were caught up in a horrible vortex, which swept them all down and almost destroyed their lives. For months those families have said, "No one has listened and no one has said sorry." Today, the Minister and my hon. Friend the Member for Livingston, with the Prime Minister in attendance, have indicated that the House associates itself with the agony and plight of those families and expresses to them its deep regret.

My final statement to the House is that all the people of Cleveland wish to put this sad tale behind them. The steady, effective and thorough action to which the Minister referred will, I hope, be welcomed by the agencies concerned, so that we may all learn the lessons of Cleveland and learn to live with the future.

Mr. Newton: I welcome very much the hon. Gentleman's remarks and the welcome that he expressed both for my comments today and for the action that we have put in hand. In return, perhaps I may say that the hon. Gentleman has earned the respect, and will receive the thanks, of those of his constituents who feel that they suffered so much injustice.

Mr. Richard Holt (Langbaurgh): I, too, thank my right hon. Friend and associate myself with the remarks of the hon. Member for Middlesbrough (Mr. Bell). Those of us in Cleveland who have lived through the situation there for the past year know how much sorrow it has brought. We are grateful to the Government for their statement today. We also ought to place on record our thanks to the Middlesbrough *Evening Gazette* reporter who first brought this issue to light, and to acknowledge that the press has played a powerful and meaningful part in the whole saga.

We now look forward to the implementation of the Government's proposals. However, over the years we have seen the publication of the Jasmine Beckford and other reports, all of which caught the emotion of the day, but then died away. Now that Lord Justice Butler-Sloss's report has been published, and once the Government's legislation has been enacted, my right hon. Friend ought seriously to consider some form of continuous monitoring at a Butler-Sloss level, so that never again will we find ourselves in the situation that Cleveland has over the past year.

Mr. Newton: I associate myself with my hon. Friend's remarks about the responsible way in which certain newspapers and other sections of the media helped to expose the injustice, and I thank my hon. Friend for the responsible approach that he has adopted throughout in seeking to resolve the problem.

I hope that my hon. Friend does not feel that the results of the Jasmine Beckford and Tyra Henry cases have been in any way ignored. On the contrary, they have helped to shape and inform the actions and proposals that I put before the House today and the guidance that we have issued, and in other ways. As to future inquiries, I am not sure that I would wish to ask Lord Justice Butler-Sloss to sit in permanent session, and I am not certain that she would wish to do so. We have included in the guidance issued today arrangements relating to proper inquiry procedures within and among the agencies concerned in

009/4215

CONFIDENTIAL

NBPM

Treasury Chambers, Parliament Street, SW1P 3AG

The Rt Hon John Moore MP
Secretary of State for Social Services
Department of Health and Social Security
Richmond House
79 Whitehall
London
SW1A 2NS

5th July 1988

Dear Secretary of State,

BUTLER-SLOSS REPORT

Thank you for sending me a copy of your draft statement on the Butler-Sloss report. I have also seen the Prime Minister's comments recorded in her Private Secretary's minute of yesterday.

I endorse both her comments. I have only two further points. First in the final paragraph on the third page, I think it would be better to avoid trailing the possibility of a family court. It is not necessary to do this, and would only run the risk of pre-empting the discussion we still need to have before any more general announcement on the family court issue.

Secondly, in the first full paragraph on the third page of the draft, replace "by extending to the child care field our Training Support Programme for Social Services Departments" with "by introducing a new specific grant from next year for training in the child care field in Social Services Departments". This is to reflect the fact that the existing specific grant for training in the care of the elderly is for this year only, although I recognise that you will be bidding in E(LA) for its continuation in future years.

I am copying this letter to other members of the Cabinet, Kenny Cameron, Patrick Mayhew, Bertie Denham and Sir Robin Butler.

Yours sincerely,

for JOHN MAJOR

(Approved by the Chief Secretary

HOME AFFAIRS : Assaults on Children.

Sep 88

HOME SECRETARY

QUEEN ANNE'S GATE LONDON SWIH 9AT

4 June 1988

Dear John,

REPORT OF THE INQUIRY INTO CHILD ABUSE IN CLEVELAND

I have seen a copy of Tony Newton's letter to you of 24 June outlining the proposed arrangements for the publication of the Cleveland Inquiry report and the Government's response, and for giving pre-publication disclosure to individuals and agencies criticised in the report.

I am content with his proposals and with the text of the prepared Parliamentary statement.

My interest in the report lies in the comments and recommendations about the police and child care law and court procedures. The report criticises the police, and in particular the Chief Constable of Cleveland, for failing to take steps to resolve a crisis caused by a conflict of personalities and professional opinions and reinforced by a breakdown of inter-agency co-operation. The criticisms will undoubtedly be painful, but one of my officials and the Inspector of Constabulary for the area will be meeting the Chief Constable and his Deputy early next week to try to ensure that they meet it openly and constructively. As Tony Newton says, we are planning to issue on 6 July a circular of guidance to the police which will incorporate the main recommendations of the Butler-Sloss report about inter-agency working. Like the DHSS circular, it was drawn up well in advance of the report after wide consultation with, amongst others, the police and the medical and social services. It commands their support and in practice has already been implemented in many police force areas.

My officials are closely in touch with Tony Newton's and the Lord Chancellor's over the recommendations about child care law and court procedures.

Copies of this letter go to the Prime Minister, members of H Committee and to Sir Robin Butler.

Yours,

Douglas.

The Rt Hon John Wakeham, MP.

CONFIDENTIAL

10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

4 July 1988

Dear Geoffrey

The Prime Minister was grateful for your Secretary of State's minute of 1 July following up the Cabinet discussion on the report by Lord Justice Butler-Sloss. She was pleased to see that the draft Parliamentary statement has been strengthened to reflect the views expressed at Cabinet. She would be grateful if there could be two further drafting changes which I have set out in the attached; and if your Secretary of State could consider the possibility of a further enquiry into the character of the training, for which increased resources are being devoted, together with any necessary proposals for reform of the training programmes to ensure that all the lessons from Cleveland are reflected in future training.

I am copying this letter to the Private Secretaries to the members of Cabinet, the Lord Advocate, the Attorney General, the Captain of the Gentlemen at Arms and Sir Robin Butler.

Yours sincerely,

Dominic Morris

(D. C. B. MORRIS)

Geoffrey Podger, Esq.,
Department of Health and Social Security.

CONFIDENTIAL

SUGGESTED ADDITIONS TO STATEMENT

Page 1, third paragraph; after "... as a result" add "to the innocent parents".

Page 3, second paragraph; beginning "Thirdly, the Report shows". At the end add: We need to ensure that this means not just more training, but better training which takes account of all the lessons learnt from the Report.

E.R.

PRIME MINISTER

CLEVELAND

I have read them and agree with John Sullivan.

Mr. Moore's latest minute follows up the discussion in Cabinet yesterday. You already have the earlier papers. I do not have a copy of the earlier draft statement to compare, but the revised draft (Flag A) looks to have been toughened up in the places I have highlighted. I understand it remains Mr. Moore's considered view that Mr. Newton should make the statement.

The extracts from the full Report attached to Mr. Moore's minute (Flag B) read slightly better than the shortened version but you will have seen John O'Sullivan's firm view that the full Report is still a pretty poor piece of work.

DM.

D C B MORRIS

1 July 1988

SD/4311p

CONFIDENTIAL

Prime Minister

This is to follow up discussion in Cabinet on the Report by Lord Justice Butler-Sloss. Our handling proposals are set out in Tony Newton's letter of 24 June to members of H Committee. Briefly the Report will be published with a parliamentary statement on 6 July and the Judge will make a statement simultaneously in Middlesborough. A copy of the draft parliamentary statement is attached.

With the Report we shall be issuing the following set of documents:-

- DHSS/Welsh Office guidance to social services and health authorities "Working Together for the Protection of Children from Child Abuse", which stresses the importance of inter-agency working and has been amended to take account of the Report;

- Home Office guidance to the police;

- DES guidance to the education authorities;

- guidance for doctors on the diagnosis of child sexual abuse, prepared by the Standing Medical Advisory Committee;

- guidance for senior nurses on the management of child abuse work, prepared by the Standing Nursing and Midwifery Advisory Committee; and

- a report by the Social Services Inspectorate on a survey of current arrangments for inter-agency working, which shows good progress in most areas.

Our positive reactions which go wider than the Judge's recommendations will be seen as a substantial response from the Government. We shall be able to look forward to the possibility of a Bill but naturally not commit ourselves in public to introduction next session.

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With Tony Newton's letter we circulated the short version of the Report. We believe the Report to be well balanced. This is seen more readily from the full version. I am therefore enclosing as extracts the Judge's conclusion on the major participants from chapters in the full Report and also her final conclusion in which she brings the criticisms together. I think these show that those press reports which suggested that the paediatricians had been vindicated were inaccurate. Tony Newton is discussing with John Wakeham on Monday what if any reference is to be made of criticism of Stuart Bell.

I am copying this minute and attachments to other members of the Cabinet, the Lord Advocate, the Attorney General, the Captain of the Gentlemen at Arms and Sir Robin Butler.

JM

JM

1 July 1988

A

With permission, Mr Speaker, I wish to make a statement about the Report by Lord Justice Butler-Sloss on the findings of her inquiry into the handling of suspected child abuse cases in Cleveland in the early part of last year. The Report, and a short version of it, are available in the Vote Office.

Mr Speaker, the whole House will be united in its condemnation of sexual or other abuse of children, and in its support for proper action to protect children from it. But it will be no less united in insisting that this must be achieved in a way which does not trample on the rights of parents and inflict unnecessary distress on the very children we wish to be helped.

It is clear from the Report that this balance was not achieved in Cleveland during the period in question. The House would wish me to express the deep regret of all of us to those who have suffered as a result, and not least to the children themselves.

The Report contains substantial criticism both of individuals, including the consultant paediatricians, Dr Higgs and Dr Wyatt, the police surgeon, Dr Irvine, and the social worker, Mrs Richardson, and of important aspects of the managerial response to the situation as it developed. It confirms that there was an overall failure to achieve essential communication and co-operation between police, health and social services.

It is for the employing authorities to address the issues about individuals and to take the necessary action. The Government expect that action to be thorough, speedy and effective. The help of the Government's own medical advisers, of the Social Services Inspectorate and of the [Chief Inspector of Constabulary] will, of course, be made available to assist the authorities in taking it.

At the same time, Mr Speaker, the Government itself intends to make sure that the more general lessons to emerge from the Report are applied not only to prevent a recurrence of similar events but to improve the handling of child abuse throughout the country.

First, as I have already said, the Report confirms the fundamental importance of the professional people and agencies concerned with child abuse working closely together within agreed guidelines. It underlines that any action must rest on a balanced assessment of different strands of evidence, and should be judged in the light of all the circumstances of the family as a whole. And it re-emphasises the need for parents to be kept informed, consulted, and given reasonable access to their children unless this would be against the best interests of the child itself. except in those cases where

These lessons are reflected in comprehensive guidance which is being issued today by my Department and the Welsh Office, and in parallel circulars also being issued today to the police by my rt hon Friend the Home Secretary and to the education service by my rt hon Friend the Secretary of State for Education and Science. They will be further reinforced later this year by guidance on social work practice which is in an advanced state of preparation.

On the specific point of ensuring effective co-operation between different agencies, I am also publishing today a survey by the Social Services Inspectorate of current arrangements. I am glad to say that it shows a generally satisfactory picture. In the few cases where this cannot be said, we shall continue to monitor the position closely through the Inspectorate to see that it is improved.

Secondly, the Report indicates that medical examination is only one aspect of assessment, and in particular that the test of reflex anal dilatation should not on its own be taken as conclusive evidence of sexual abuse.

That view is confirmed by the report of a sub-committee of my Rt Hon Friend's Standing Medical Advisory Committee, which we asked to consider these matters in parallel with the Inquiry. That report is also being published today, and will be distributed widely to the medical profession.

We are also publishing today and similarly distributing to the nursing profession, guidance for senior nurses on the management of child abuse work

from my rt hon friend's Standing Nursing and Midwifery Advisory Committee. Copies of all the reports and guidance to which I have referred have been placed in the Library.

Thirdly, the Report shows a clear need for better training for those who handle child abuse work. We are starting work immediately on the development of a substantial new programme of training, which will build on the more targeted initiatives already undertaken, by extending to the child care field our Training Support Programme for Social Services Departments. We shall make available in 1989/90 a grant of 70 per cent in support of expenditure of £10m.

We need to ensure that this means not just one training, but better training, which takes account of all the issues raised in the Report.

Lastly, in commenting on the framework of child care law, the Report endorses the view that it needs to be made simpler and clearer, and to contain greater safeguards against precipitate action. It gives general support to the proposals which the government has already put forward in the White Paper on the Law on Child Care and Family Services, including the replacement of Place of Safety Orders by a new Emergency Protection Order with clearer criteria and more limited duration.

Some further work on points of detail in the proposals is being undertaken in the light of particular recommendations in the Report, and we will announce our conclusions soon as possible. I can however tell the House today that we intend to provide for an earlier opportunity to challenge Emergency Protection Orders than proposed in our White Paper.

A Bill to implement the White Paper proposals, modified as may be agreed in the light of the Report, will be brought before Parliament at the earliest practicable opportunity.

[Lord Justice Butler-Sloss proposes for consideration the idea of an office for child protection. The Government are proposing to issue a consultation paper on this before the House rises. An office of child protection, if agreed, could be the first step towards a family court.]

Mr Speaker, we are extremely grateful to Lord Justice Butler-Sloss for the thorough and comprehensive work she has done, and to her three assessors - Professor Hull, Mr Chant and Mr Soper - who have supported her in her conclusions and recommendations.

The issues with which they have had to deal are immensely complex one, and the Report reflects the inescapable fact that there is no single simple answer. In acknowledging that, it is right also to balance the picture which has emerged from Cleveland with recognition of how much valuable and successful work is done in this difficult field by doctors, nurses, social workers and police throughout the country.

But the plain fact is that what happened in Cleveland should not have happened, and must not be allowed to happen again. The measures I have announced today are designed to see that it does not.

NLC/4333p

B

NOTE ON REPORT'S FINDINGS ABOUT WHETHER OR NOT
THE CHILDREN WERE ABUSED

The Judge has made no finding on whether sexual abuse did or did not occur in the cases in the review. She reviews the medical techniques of diagnosis at some length and notes that in only 18 of 121 cases was reflex anal dilation said to be the sole physical sign. She nevertheless finds that the sign was given undue weight by the paediatricians.

Dr Higgs - Paediatrician

8.8.74 Her method of diagnosis, followed also by Dr Wyatt, was to exclude other factors and come to the conclusion there was no cause other than sexual abuse. This elimination of other factors did not allow for the boundaries of present knowledge and the possibility of the unknown. In the current state of knowledge she was unwise to come to a firm conclusion rather than a strong suspicion on physical signs alone. As a recently appointed consultant venturing into a new field, at a time when the work of Hobbs/Wynne had not been widely affirmed her reliance upon the physical signs alone and the anal dilatation test in particular was premature To give a firm diagnosis of sexual abuse without other grounds of suspicion, no prior allegation or complaint by adult or child and no social family history was to risk the upheaval of the family and the child without the assurance that the diagnosis would be substantiated. She lacked appreciation of the importance of the forensic element of her work, and the need to justify her conclusions at case conferences, care proceedings and/or in the criminal courts.

8.8.75 From the evidence before the Inquiry we are satisfied that she did not examine children for sexual abuse other than on occasions when in her professional judgment there were grounds to do so. Further we have in general no reason to question the accuracy of her clinical observations. It was the certainty of the conclusions drawn from the findings which was open to criticism. She was prepared to reach a conclusion upon sexual abuse and give an unequivocal diagnosis without giving an opportunity for others such as social workers to obtain a wider assesssment of the family. She herself admitted the child to the hospital and then expected the social worker to obtain a place of safety order.

8.8.76 This form of management of the problem was due to a number of factors:

— In her experience of physical abuse a place of safety order was the likely consequence of the medical diagnosis and she treated sexual abuse in the same way. Her training and inclination led her to the view that families overburdened by social difficulties needed control for their future management which she understood was provided by a place of safety order;

Inadequate Training or wrong training ?

— She also saw the need for a place of safety order for the sake of the child to protect from continued abuse, and believed strongly in the element of compulsive behaviour of abusers suggested in some textbooks. She was also much influenced by the concept of 'disclosure work' the results of which she accepted without question and which she saw as the 'gold standard'. If disclosure was to take place it required a period for the child away from the parent, thereby necessitating removal of the child from home and the denial or restriction of access by the parents. This also applied to siblings who might be silenced. She also saw the result of those interviews as confirmation of her diagnoses, rather than an independent assessment.

8.8.77 The diagnosis was her sole responsibility; the admission to the ward of the hospital was at her direction. Other than retaining the child on the ward for a limited period her responsibility except to advise, came to an end. There were however three matters which contributed to the total reliance of Social Services upon her judgment and gave her diagnosis added authority which was disproportionate.

— First she met in Mrs Richardson someone who shared her outlook and believed equally fervently that there was a great deal of undetected sexual abuse and they were finding it. Mrs Richardson had great influence in her capacity of Child Abuse Consultant and in her personality over other social workers at all levels.

— Secondly, Dr Higgs ought to have appreciated the effect upon social workers with their statutory duty to protect the child of such a firm and unequivocal diagnosis of serious sexual abuse. She encouraged them in their approach to her diagnosis and recommended the taking out of place of safety orders and the children remaining isolated from the family. This does not excuse the social workers who had their own independent judgement to exercise, but it is understandable why they did not do so.

— Thirdly the memorandum of Mr Bishop effectively underlined Dr Higgs' view of the management of these cases.

8.8.78 Her enthusiasm and authority placed her in the position of professional leadership. It is easy with hindsight to see how the situation began and developed. What is less easy for us to understand is how Dr Higgs let it go on. It only came to an end when others installed and operated mechanisms which precluded her taking action on her own. Her view that she was discovering abuse which was 'there to be found' never

faltered during the months of May and June and while abuse of some children did come to light the numbers admitted got out of control.

8.8.79 The numbers of children diagnosed by her or by Dr Wyatt in outpatient clinics sometimes on a single day never appears to have given her pause for thought.

8.8.80 She showed an inability to understand the point of view of others or appreciate their difficulties during the crisis. There was from time to time a marked lack of communication with other professionals trying to cope with the problems which arose, such as the nurses. Her obvious ability to deal with children and empathy with them did not extend to their parents.

8.8.81 Both she and Dr Wyatt saw opposition as the denial of those who could not recognise and acknowledge the problem which existed. In as Dr Wyatt called it "managing the denial" both of them ignored or overlooked wise advice from others they might have heeded, including Dr Wynne. Their belief in the validity of the conclusions from the physical signs led them into over confidence in the diagnosis.

8.8.82 In many cases the result of her diagnosis caused unnecessary distress to children and their families; in some it caused yet further moves for children already upset and whose lives had been disrupted. This leads us to the reflection that some of those children suffered harm after they were removed from home whatever may or may not have happened to them previously.

8.8.83 She did not recognise the place of priorities and the inadequacy of the resources in Cleveland to meet the crisis. If intervention was to take place on the scale implied by her practice she shared with others a responsibility to ensure that the resources necessary to meet the needs of the children were available. This included not only suitable accommodation, but also skilled social workers and a sufficient reserve of experienced foster parents for their care. She had a responsibility to recognise that situation and to take it into account for the sake of the children she was caring for.

8.8.84 In assessing and criticising her part in the events last year we have in mind that she alone did not create the crisis. She was one among many professionals and shares with others the responsibility for what happened. To place it all upon her is to distort reality, and an unjust over-simplification of the complex issues which arose in Cleveland.

Dr Wyatt - Paediatrician

8.9.47 Once convinced of the validity of the diagnosis he took a leading role in the detection of children considered by him as having been sexually abused, and in their admission to hospital. In the space of three months he admitted over 43 children on a diagnosis of sexual abuse. This he arranged without any thought for the consequences, the strain upon resources, human, physical and financial. His belief that extensions to wards could be built very quickly was an example of lack of forethought and commonsense. He became emotionally involved in and committed to his diagnosis in respect of the children under his care.

8.9.48 He did not see the need for a full social work assessment before making a firm diagnosis of sexual abuse.

8.9.49 He shared with Dr Higgs the beliefs in the need for the place of safety order, the removal of the children from home and the restriction or denial of access to parents in the cause of 'disclosure work.'

8.9.50 The volume of admissions did not give him any cause to reconsider his practice. He was deaf to words of caution or appeals for restraint. The pressure of the work had a marked effect upon his approach to parents which was commented upon by some parents as very different from his previous caring attitude to them. There can be no doubt that during May, June and the early part of July both doctors were grossly overworked.

8.9.51 Dr Wyatt did not make any independent inquiries or read any medical literature on the subject until a late stage in the crisis.

8.9.52 Many of the comments made about Dr Higgs at pages 144–146 apply equally to him. He, too, shares a responsibility for the crisis. But as with Dr Higgs it would an unjust over-simplication to place the whole burden of the crisis upon the shoulders of Dr Higgs and him. There were many other contributing factors to the crisis.

Mrs Susan Richardson

With her detailed knowledge of the problems the Department was facing in 1986 in dealing with even the current level of child abuse referrals, it might have been reasonable to expect her to adopt a rather more cautious approach to the prospect of a high rate of referrals of child sexual abuse. There was no evidence that in 1987 she sought to exercise a restraining influence on the processes of work.

Mrs Richardson worked hard to achieve improvements. She tried to use the mechanism of the Joint Child Abuse Committee to take other agencies, particularly the Police, with her. She was frustrated by their lack of enthusiasm and seemed unable to appreciate how wary they would inevitably be of her strongly motivated commitment. She was aware of the "theory of denial" which is said to be a barrier to the recognition of the reality of child sexual abuse. The efforts she made with Dr Higgs to win over the scepticism of the Police and the police surgeons had the opposite effect.

What people needed was to build up practical experience in a measured way, establishing trust, developing skills and joint working relationships. Mrs Richardson's commitment to the protection of children and recognition of the problems of child sexual abuse led her forward at a faster rate than the Police were prepared or able to go. In that context, she must bear a significant share of responsibility for the breakdown in relationship between the two Departments.

When pressed as to how she would regard a situation in which a child had no behavioural problems, where the parents appeared to be good parents, where there were no surrounding circumstances to suggest abuse had taken place but a diagnosis of sexual abuse was made on purely physical signs, Mrs Richardson agreed in evidence that in such a case, the Social Services Department should investigate; if having investigated, the situation was found to be as described then she would regard the outcome as inconclusive. The possibility of sexual abuse could not be ruled out but in the circumstances, it would be extremely unlikely that the Department would be in the position to take matters further. But there was little reflection of this view in the advice she gave.

Mrs Richardson was at pains to point out to us that she was primarily concerned to approach her responsibilities in a child-centred way. She was less concerned with things which she regarded as being "adult agendas". There was much in her attitude and approach which would have been commendable if she was acting as advocate for a child rights' organisation. But the reality was that she occupied a position of some considerable importance and influence in a public authority. Her position was such as to require her to weigh any advice she gave not only with the interest of children but also the rights and responsibilities of parents, the proper consideration of the use of statutory authority, the good name of Cleveland Social Services Department and the wider public interest.

In the closing submission made on Mrs Richardson's behalf it was said "that some might seek to argue that what happened in Cleveland was caused in part by the conjunction forced on them by their jobs of a number of persons from different, though relating, disciplines, all holding strong views about child abuse. Even if the evidence supports this thesis, no single one of those persons can be blamed for the common thread in their backgrounds and the coincidence and necessity which brings her into contact with the others."

In the part she played in subsequent events, she did not have the managerial skills, or the foresight to control or contain the escalation of problems that eventually overwhelmed the department.

Dr Irvine - Senior Police Surgeon

7.37 The issue of child sexual abuse presents difficult problems for all professionals involved in its detection and aftercare. Dr Irvine is an efficient and conscientious police surgeon who tried his best to face these difficulties and got out of his depth. He found himself placed in the position of medical adviser to the Cleveland Constabulary, and did nothing to extricate himself. His strongly held views and emotional behaviour did not help a situation which required a calm, cool and dispassionate evaluation of the problems. Unfortunately his views were strongly reinforced and to some extent formed by his early conversations with Dr Roberts, who was far from neutral on the issues concerned (see chapter 11). The firm approach of Dr Higgs was met by an emotional response of equal strength from him.

7.38 He occasionally expressed his opinions without all the available information and in ignorance of the wider issues of child sexual abuse. He did not appear to have advised the police to seek an outside and independent medical opinion. On the contrary he encouraged them in their stand. He bears a measure of responsibility for the troubled relationships between the Police and the Social Services Department, and the lack of balance in some of the media coverage. ?

7.39 Dr Irvine is not alone in finding the problem of child sexual abuse within the family deeply distressing nor in his concern that families should not be falsely accused. However, on the evidence presented he appears to have adopted a position where his examination was unlikely to support an allegation or complaint and he often implied that negative findings refuted it. He rejected out of hand clinical symptoms and signs that other doctors considered significant; furthermore he became emotionally and personally involved in a way that compromised his professional position.

PART 3

Final Conclusions

1. We have learned during the Inquiry that sexual abuse occurs in children of all ages, including the very young, to boys as well as girls, in all classes of society and frequently within the privacy of the family. The sexual abuse can be very serious and on occasions includes vaginal, anal and oral intercourse. The problems of child sexual abuse have been recognised to an increasing extent over the past few years by professionals in different disciplines. This presents new and particularly difficult problems for the agencies concerned in child protection. In Cleveland an honest attempt was made to address these problems by the agencies. In Spring 1987 it went wrong.

2. The reasons for the crisis are complex. In essence they included:

— lack of a proper understanding by the main agencies of each others' functions in relation to child sexual abuse;

— a lack of communication between the agencies;

— differences of views at middle management level which were not recognised by senior staff. These eventually affected those working on the ground.

3. These tensions came out into the open with Dr Higgs' appointment as a consultant paediatrician to the Middlesbrough General Hospital. She was known to have an interest in the problems of child abuse. As a result of her understanding of the work of Dr Hobbs and Dr Wynne in Leeds, she formed the view that physical signs could help to identify sexual abuse and assist those seeking to protect abused children. She referred the first few children in whom she made the diagnosis to Dr Wynne for a second opinion. In each she received confirmation of her diagnosis, and as a consequence she proceeded with increasing confidence. The presence of the physical signs was elevated from grounds of 'strong suspicion' to an unequivocal 'diagnosis' of sexual abuse.

4. Dr Wyatt, another consultant paediatrician at Middlesbrough General Hospital, became equally convinced of the significance of the physical signs and he enthusiastically supported her.

5. Dr Higgs and Dr Wyatt became the centre point of recognition of the problem. Between them in the 5 months, mainly in May and June they diagnosed sexual abuse in 121 children from 57 families. Children were referred to them in various ways; some were brought by social workers because of a suspicion of sexual abuse or allegations or complaints; others were referred by family practitioners, health visitors, or community medical officers because of a suspicion of sexual abuse; a few from within the hospital were referred by junior medical staff or by nurses. In some the diagnosis arose on children attending outpatient clinics with medical conditions in which the possibility of sexual abuse had not been previously raised. 64 were siblings of or connected with these children.

6. By reaching a firm conclusion on the basis of physical signs and acting as they would for non-accidental injury or physical abuse; by separating children from their parents and by admitting most of the children to hospital, they compromised the work of the social workers and the Police. The medical diagnosis assumed a central and determining role in the management of the child and the family.

7. It was entirely proper for the two paediatricians to play their part in the identification of sexual abuse in children referred to them. They were responsible for the care of their patients. Nonetheless they had a responsibility to examine their own actions; to consider whether their practice was always correct and whether it was in the best interests of the children and their patients. They are to be criticised for not doing so and for the certainty and over-confidence with which they pursued the detection of sexual abuse in children referred to them. They were not solely nor indeed principally responsible for the subsequent management of the children concerned. However, the certainty of their findings in relation to children diagnosed by them without prior complaint, posed particular problems for the Police and Social Services.

8. The response of the Social Services Department to the diagnoses of the two doctors was determined in the main by the newly appointed Child Abuse Consultant, Mrs Richardson, who supported and agreed with Dr Higgs' approach. She advised that immediately the diagnosis was made the child should be moved to a 'place of safety' for further investigation and evaluation and this was ensured by obtaining a place of safety order from a Magistrate. This practice was confirmed by the issuing of a memorandum by the Director of Social Services which in practice had the effect of endorsing the medical diagnoses of the two

paediatricians. In most cases the social workers' own professional responsibilities required them to make a wider assessment before taking action. The number of children separated from their parents increased dramatically and required both the consultants and Social Services managers to reappraise their practice. This they failed to do. They had a responsibility to look into the numbers of referrals and the method of diagnosis. As the crisis developed, both doctors and social workers had a duty to consider their priorities, particularily with children from families with long-standing problems who were well known to Social Services.

9. Another element was the attitude of the Police encouraged by their senior police surgeon, Dr Irvine, who took the view that Dr Higgs was mistaken in her diagnoses. The Police retreated from the multi-disciplinary approach into an entrenched position. They can be criticised for allowing a rift to develop and taking no effective step to break the deadlock. There was no reaction at senior level to the problems being raised and passed on to them by operational officers. The Police blamed the attitude and approach of Mrs Richardson for their reactions. They should not have allowed personalities to stand in the way of an objective assessment of the situation and the need to resolve it. Their requirement that the diagnoses of Dr Higgs should be reviewed by the senior police surgeon was unhelpful in the circumstances.

10. There was a failure by middle and senior managers in each agency to take action appropriate to the seriousness of the situation. The disagreements between the Police and Social Services were allowed to drift and the crisis to develop. In particular, the Chief Constable and the Director of Social Services failed to understand the depth of the disagreement between their staff and as a consequence failed to take some joint action to bring their two agencies together.

11. The lack of appropriate legal advice at case conferences contributed to the failure of those most closely involved with the children to appreciate that the medical opinions they had acted upon might not provide a satisfactory basis for applications in care proceedings. This deprived them of an useful check in consideration of the advisability of the removal of the children from home.

12. There was an understandable response from parents when the diagnosis of sexual abuse was made. Their child was admitted to hospital; a place of safety order was served on them; access was restricted for the purpose of 'disclosure work'. They were uncertain of their responsibilities, distressed and angry. They did not know what to do or where to turn. They were isolated. As the numbers grew many of them formed themselves into a support group and they then received increasing support from others both locally and nationally. The media reported the situation and the crisis became public knowledge.

13. Most of the 121 children diagnosed by Drs Higgs and Wyatt as sexually abused, were separated from their parents and their home, 70% by place of safety order. The majority have now returned home, some with all proceedings dismissed, others on conditions of medical examinations and supervision orders. A few children went to one parent or a different parent and a few children were committed to the care of the Council.

14. It is unacceptable that the disagreements and failure of communication of adults should be allowed to obscure the needs of children both long term and short term in so sensitive, difficult and important a field. The children had unhappy experiences which should not be allowed to happen again.

15. It is however important to bear in mind that those who have a responsibility to protect children at risk, such as social workers, health visitors, police and doctors have in the past been criticised for failure to act in sufficient time and to take adequate steps to protect children who are being damaged. In Cleveland the general criticism by the public has been of over-enthusiasm and zeal in the actions taken. It is difficult for professionals to balance the conflicting interests and needs in the enormously important and delicate field of child sexual abuse. We hope that professionals will not as a result of the Cleveland experience stand back and hesitate to act to protect the children.

16. In many Inquiries it is social workers who are under scrutiny for their failure to act in time. We are concerned that in advising a calm, measured and considered approach to the problem of child sexual abuse, we are not seen to imply either that there are never occasions when immediate action may need to be taken or that there is not a problem to be faced and children to be protected. It is a delicate and difficult line to tread between taking action too soon and not taking it soon enough. Social Services whilst putting the needs of the child first must respect the rights of the parents; they also must work if possible with the parents for the benefit of the children. These parents themselves are often in need of help. Inevitably a degree of conflict develops between those objectives.

17. We are also concerned about the extent of the misplaced adverse criticism social workers have received from the media and elswhere. There is a danger that social workers, including those in Cleveland, will be demoralised. Some may hesitate to do what is right. Social workers need the support of the public to continue in the job the public needs them to do. It is time the public and the press gave it to them.

18. Whilst it was important to try and identify what went wrong, it is equally important not to let that identification impede progress in the future, in Cleveland and elsewhere. We make criticisms of individuals. Those criticisms must not be permitted to obscure the wider failings of agencies; nor would we wish to suggest that the identification and management of sexual abuse within the family is easy. It obviously is not.

19. We hope that the troubles of 1987 will recede for those concerned with the protection of children in Cleveland, and that they will work together, to tackle the exacting task of helping children who are subject to sexual abuse to the lasting benefit of the children, the families and their community.

How society acknowledges the existence of, recognises and then handles child sexual abuse poses difficult and complex problems. There are some issues of importance upon which we did not receive evidence and which we have not addressed. These include specifically the nature of sbusers and the reasons for sexual abuse of children; the effectiveness and appropriateness of the strategies used once the problem has been identified; and the response of society and the agencies to those who abuse.

PRIME MINISTER 2

CLEVELAND

You really should see the attached note by John O'Sullivan of the Policy Unit on Justice Butler Sloss' report. A shortened version of the report together with Mr. Newton's (rather complacent) draft statement was in your box earlier.

The area is fraught but there is much to be said for a tougher statement and for the Policy Unit's suggestion that there should be some scrutiny of training before extra money is simply pumped in.

DM

I find this very disturbing indeed, and so I think will the informed public.

(DOMINIC MORRIS)

30 June 1988

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PRIME MINISTER

30 June 1988

Cleveland Reviewed

We have read the Butler-Sloss Report, all 800 ill-organised pages of it, and discussed it with DHSS officials. In brief, we would like to make the following points.

The Report is a poor one. It makes no serious attempt to narrate the events at Cleveland in a coherent and logical fashion; it gives no overall statistical summing up of the numbers of children who were genuinely abused or falsely said to be victims; it apportions blame in an apparently cavalier fashion, unduly harsh to some and unduly lenient to others; and in general it gives the appearance of spreading blame arbitrarily in order to prevent Doctors Higgs and Wyatt being scapegoated.

When we discussed these points with Michael Partridge at the DHSS, he explained the background to this. It is apparently the view of Mrs Justice Butler-Sloss that 90% of the children were in fact abused. (This is apparently also the view of the DHSS.) Since she is not able to sustain this suspicion in the body of the report, her narrative is at odds with her conclusions.

In those conclusions, she is accordingly more critical, indeed savagely so, of the police surgeons than of Doctors Higgs and Wyatt. She is similarly more hostile to Mr Stuart Bell than to the local social services. The report includes, for instance, the ringing declaration that allegations of conspiracy and collusion between the social services department, particularly Mrs Richardson and Dr Higgs "have no foundation in the facts presented to the inquiry". But Mrs Butler-Sloss privately accepts -- and here her view is in accord with the report's evidence --

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that Mrs Richardson is a sinister figure, who manipulated Higgs, Wyatt, her local authority superiors and others in pursuit of some political objective. She pulls her punches because of a private conviction of parental guilt. It is deeply worrying that the report should be written to support private views which cannot be - or at least are not - openly expressed and argued.

We feel this the more strongly because these are not conclusions which we can share either from our reading of the report or from other sources. For instance, the 90 per cent figure of genuine abuse cases is deeply suspect. The report sets out (see Appendix 1) the conclusions of a medical panel into the Higgs and Wyatt diagnoses of abuse which suggests that between a third and a half of a sample of the children were in fact abused. Another panel, established to provide an independent assessment, gives a considerably higher estimate. Of 22 children diagnosed by Higgs and Wyatt, as sexually abused, 12 were confirmed, 4 were not confirmed and 6 merited further investigation.

But neither of these panels came near 90 per cent confirmation of abuse. Doctors are notoriously reluctant to question the professional judgments of their colleagues (see any complaint against a consulstant). And the second panel included Doctor Wynne of Leeds who had popularised the reflex anal dilation technique (which the Standing Medical Committee has just pronounced to be no more than a reason for suspicion). Her professional reputation was therefore at stake, her judgement questionable. One might say that her presence on the panel was reason for suspicion.

On what, then, is the 90 per cent figure based? Mr Partridge told us that it rested on the private estimates of local social services and also, perhaps, the police. At least some of these sources are tainted since, given their handling of the case, the social services have a vested

interest in the highest possible estimate. Some of the police have a similar interest based upon their adoption of interrogation methods which left them exposed to charges of over-zealousness in the earlier cases. (See Appendix 2, a horrifying account of how one family was treated.)

But the estimate of 90 per cent also have been influenced by the Chairman's belief, evident throughout the report, that there is a massive though unknown pool of undiscovered sex abuse. This is at least doubtful. What there is is an increase in recent years in the number of allegations of child sex abuse in the NSPCC and other figures. But is this because greater awareness of the problem has led to discovering its true extent? Or because it has led to an increase in the number of false diagnoses and allegations?

No-one can answer the above question with certainty. But an expert witness from the United States, which has experienced a similar rise in public concern, testified that in recent years as many as 65% of allegations have turned out to be without foundation. And there is one important indicator in Britain which should give us pause. The crime statistics (see Appendix 3) make it plain that convictions for sexual crimes against minors have in fact been declining over the last decade. Of course, the absolute figures undoubtedly understate the extent of abuse. But the trend is revealing. For it is difficult to reconcile a reduction in convictions with a real increase in offences, especially at a time when greater sexual and social candour would make it more likely that such abuse would be revealed and acted upon.

We enclose (Appendix 4) a careful and authoritative study by Dr Hugh Markowe in Health Trends on the significance of the different figures recording the incidence and the prevalence of child sex abuse. His cautious conclusion, as we would expect, is that officially collected figures under-estimate the extent of the problem, but we cannot be certain by how

much. Estimating its national prevalence he describes as an unsatisfactory exercise. Mrs Justice Butler-Schloss refers in one paragraph to this report, but the rest of her analysis assumes and, indeed, frequently states that such abuse is widespread. And she may well have extrapolated from the general (Britain) to the particular (Cleveland).

It is also interesting that Dr Wynne of Leeds, whom the report treats favourably as an expert witness, quotes with approval a MORI figure of 10% prevalence in her "scholarly" paper on sex abuse. This estimate has been disowned by MORI as an estimate of serious sex abuse. But it forms the background assumption of much discussion of the problem by social workers, doctors and others interested in the field.

Extraordinary though it may sound, child sex abuse has become "politicised" as an issue. It is commonly used by the left to attack the family, by feminists to attack men, and by professional social workers to attack "incompetent" or "sinister" parents. (We enclose Appendix 5, a powerful article by Digby Anderson which illustrates precisely this point.)

In these circumstances, the report must be handled with very great delicacy. It could easily be cited, quite wrongly, to exaggerate the extent of child sex abuse, to exonerate the doctors and the social workers, to restrict parental rights, and to embark upon a vast programme of social work training which might succeed in making matters worse. On the other hand, a defence of parental rights must not be presented in such a way as to imply lack of concern about child sex abuse. We therefore propose the following points:

1. The Minister's draft statement is much too mild in its apology to the parents whose children were wrongly removed. Remember that children were removed from home, sometimes in

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the middle of the night, on the basis of a suspect diagnosis applied in a blanket fashion, kept in isolation from their parents, sometimes illegally, subjected to repeated embarrassing examinations and bullying and deceptive interrogation methods which are rightly criticised in the report, and kept in council care by dubious legal manoeuvres. If only 10% of parents were innocent, that injustice would still be intolerable. But the likelihood is that the majority of parents who suffered in this way were innocent. We must express regret and apology much more forcefully that Mr Newton proposes to do at present.

2. We gather that the Treasury and the DHSS have agreed to finance an extension of sex abuse training for social workers as recommended in the report. Before doing so, we might reflect that Mrs Richardson embarked on her conspiracy after just such a training at Great Ormond Street Sex Abuse Clinic, and Dr Higgs after attending seminars with Dr Wynne at Leeds. The last thing we should be doing is to finance an extension of training in witch-finding.

Increased resources should therefore be made available only after an inquiry has been made into the character and value of such training -- with proposals for reform of the programmes. We would like to suggest this might be conducted by Dame Barbara Shenfield, whom you met this evening. In addition to being head of the WRVS, she is a former lecturer in social policy and social work, the author of several books on social policy, an extremely intelligent and level headed woman, and someone of sensible political and social views. Such an inquiry would complement the report into diagnostic techniques in relation to child sex abuse. We must now ensure that its sensible conclusions are incorporated into any programme of social worker training.

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3. We support very strongly the greater protection accorded to parental rights in the report, notably the reduction of the Place of Safety Order from 28 to 7 days. It is possible that we will return to you later with more detailed recommendations on this score.

4. We propose that any sudden increase in child sex abuse allegations in a given area be regarded as an alarm signal by the DHSS. We should investigate and monitor these upsurges quickly before they become the focus for media attention.

5. We propose that a statement be considered by the Lord Chancellor on the "disclosure" techniques rightly criticised in the report as assuming the guilt of the accused parent and offering various incentives to the (often confused and frightened) child to support the accusation of abuse. Mr Justice Latey's observations on this matter in the Family Division fell short of what was required.

6. In talking on this topic we should stress equally two points: that most children live fulfilled lives in happy and protective families, but that the small minority of abused children must be given all the protection that society can arrange. We should not give exaggerated praise to professional social workers some of whom, like Mrs Richardson, will interpret it as a licence to replace parents. And we should endeavour to restore an atmosphere of calm commonsense to a topic that has suffered severely from heightened emotion and anti-family political ideology.

Ian Whitehead

John O'Sullivan

SECRET

APPENDIX I

Group findings can be summarised as follows:

- In 7 children where sexual abuse had been diagnosed by the clinician, the diagnosis was confirmed;
- In 4 children were sexual abuse had been diagnosed the diagnosis was not confirmed but there was case for concern and further investigations
- In 3 siblings originally found not to have been sexually abused the Reference Group supported the finding;
- In 8 children the referring clinician's original diagnosis of sexual abuse was not confirmed.

As with the findings of the Independent Panel, there are dangers in interpreting the analysis simply at face value.

TORN APART IN CLEVELAND

This is the story of an innocent family caught up in the Cleveland child-abuse affair. It is an ordeal they will never forget. The parents decided to talk to The Sunday Times because they believe it might save others from similar nightmares. Certainly it has left them with wounds which they can only hope that time will heal. In order to protect the identity of the children we have not used real names. No payment was either requested or made

REPORT BY RUSSELL MILLER
PHOTOGRAPHS BY PETER MARLOW

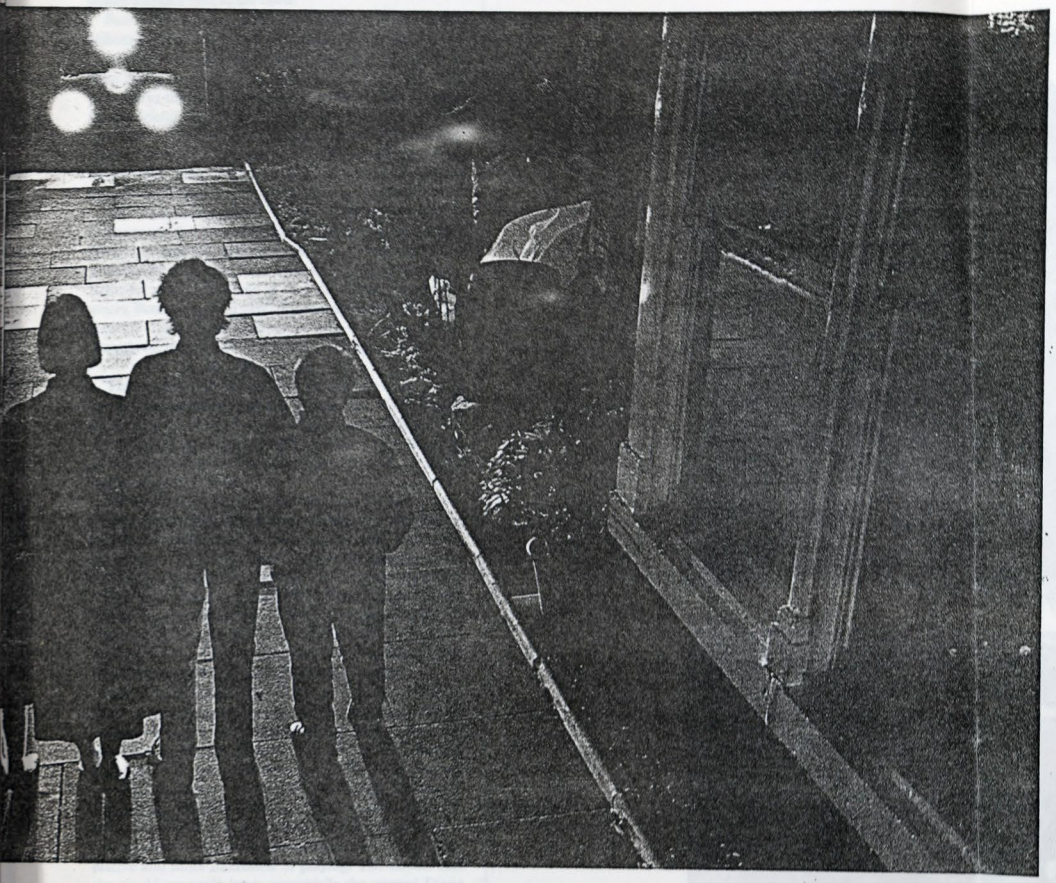
Even now, when the Cookes look back on what happened to them, the horror of the unfolding events has a surreal dimension. How could it have happened? How could it have happened *here*?

At the beginning of 1987 they were a happy, middle-class family, as nice as you could hope to meet, devoted to each other and to their three children. Michael, who had just turned 40, was a teacher. He had met Diana when they were both at college in 1973. She was born in Australia but she had come to England when she was three. By the time she started college no one would have guessed she was not born in Putney, where she grew up. She was 20, tall and slim, with a pale, flawless complexion, dark hair and blue eyes. Michael was the son of an RAF officer from Bradford, a child of the Sixties, with his beard, shoulder-length hair and granny specs.

They met and married within six weeks. In some ways Diana was sorry to lose the independence she had only just started to enjoy, but it was a good marriage. Diana was first to graduate and first to face the difficulty of finding work at a time when many teachers were unemployed. On the day she finally got a job at a junior school she discovered she was pregnant. She still remembers, with a wry smile, trying to teach PE with an enormous bulge under her maternity dress.

Mark was born in March 1976 and Michael sat his finals in July. Diana had given up work to look after the baby and they had very little money. Michael took a job in Harlow new town because it also offered accommodation – a flat in a high-rise block. "Neither of us liked Harlow very much," says Diana, "but at least we had somewhere to live. It was a tough time, quite hard going, really."

Michael continued studying part-time, working for a



A HAPPY, MIDDLE-CLASS FAMILY, AS NICE AS YOU COULD HOPE TO MEET

BA, and Diana found she was pregnant again. Within hours of Sarah being born, in August 1977, the baby was rushed to Great Ormond Street Hospital with an oesophageal atresia. There followed a traumatic period for the family, during which Sarah twice had to undergo major surgery. She was in hospital for five months; Diana spent her time travelling back and forth and trying to cope at home with the demands of a boisterous toddler.

By the time Sarah was allowed home the Cookes had somehow scraped enough money together to buy their first house, in Epping, and Michael was working in an adjustment unit for disruptive children. He was, however, keen to return to his roots in the north of England and in 1979 he was interviewed for a job at the school where he now works, near Stockton-on-Tees.

Diana adjusted to the move without too much difficulty, soon made friends, organised a school for Mark and started a part-time college course in fashion and design, which she very much enjoyed. After the drama with Sarah they had not really discussed having more children but one day Diana mentioned it to Michael and he just said, "When – now?" and very soon Diana was pregnant again. In a suburb of Stockton they found a fine old Victorian semi, still with its original fireplaces and cornices, and set about renovating it.

Diana was by then content to stay at home and just enjoy being a mother. She saw the new baby as a celebration for having made it as a family, for getting through all the ups and downs and the moves and arriving at the big old family house where they were going to be so happy.

Ben was born in January 1985 and Diana entered into what she describes as a "lovely period of time". Ben was a super baby, adored by them all; the older children →

were settled at school; they had lots of friends and counted themselves as blessed with the greatest of good fortune. They were still working hard on the house, but there was plenty of time for holidays, usually caravanning in the Lake District or in Scotland, or visits to Diana's brother's farm in Wales. Once they went abroad, to Denmark, to take the children to see Legoland. On Sundays the whole family attended the local church, where Michael sang in the choir.

Ben had suffered from constipation since birth, although no one worried too much at first. Diana tried increasing the roughage in Ben's diet. But the problem grew worse and the little boy was soon suffering such discomfort that Diana sought the advice of her GP and family friend, Dr Walters. Despite the use of various medications his condition did not improve. By the beginning of March 1987 Ben's bowel problem seemed to be taking over their lives and Michael and Diana asked their doctor if they could take Ben to see a specialist.

On Wednesday March 18 Dr Walters telephoned Diana to say that he had made an appointment for Ben at Middlesbrough General Hospital for the next day. It was possible, he said, that they would want to keep him overnight for observation and if they did Diana was not to worry. Ben was to see a new lady consultant who had only recently arrived in the area but who was very highly thought of. Her name was Dr Marietta Higgs.

★ ★ ★ ★ ★

Thursday March 19 1987 started like any other weekday in the Cooke household except that Michael had taken the day off work – something he very rarely did – so that he could accompany Diana and Ben to the hospital. Diana made arrangements for friends to pick up Mark and Sarah from school.

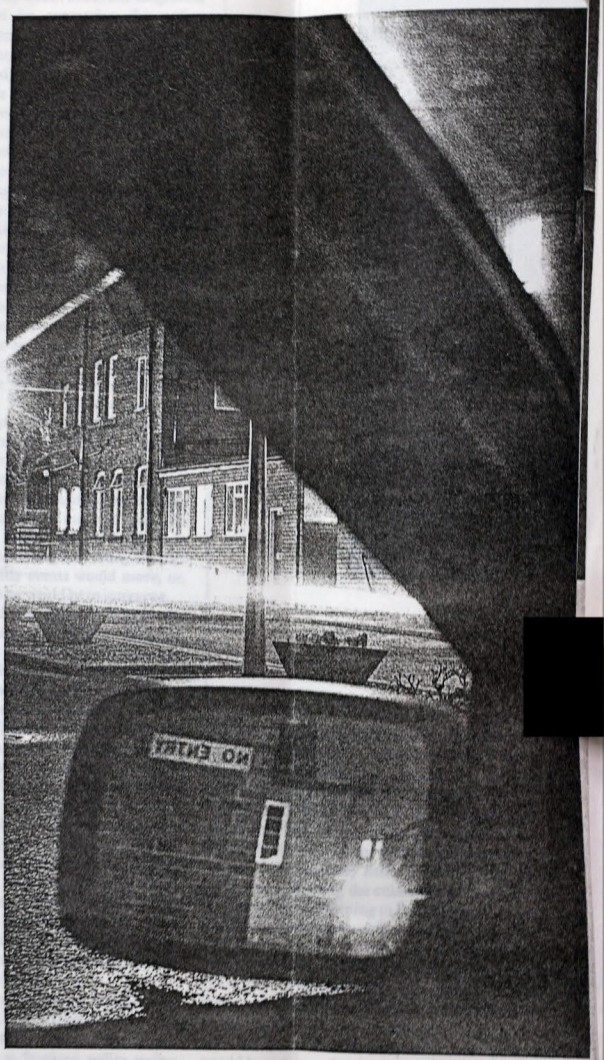
Middlesbrough General Hospital is a sprawling complex of old Victorian buildings and haphazard extensions, largely system-built of concrete panels. The main children's ward, Ward 9, occupies the ground floor of a cheerless annexe close to the main gate. Clinging to the grimy brown brick facade is an iron fire escape, painted green, and by the entrance there is a stern admonition to put all cigarette ends in the bins provided. The bin provided is gripped in the embrace of a large and battered Bugs Bunny, fashioned in plastic and grinning inanely.

The Cookes arrived promptly for their appointment and had to wait some time before they were seen by the doctor, which was hardly a surprise. Dr Higgs, when she arrived, was briskly efficient. She took a brief history, asked about other members of the family and if Ben had any other problems. The Cookes stressed that Ben was an easy, happy, delightful little boy in all respects, except for this one problem with his bowels. Dr Higgs attempted to examine Ben's bottom but the little boy proved uncooperative and more interested in playing. The doctor said she would try again later; meanwhile she wanted Diana and Ben to stay overnight.

Michael went home to look after Sarah and Mark and Diana was given a cubicle, with a bed and a cot, next to the ward office. At about 8.30 that evening Dr Higgs put her head round the door, saw Ben was still awake and said she would like to examine him. There was no need, she added, for Diana to be present. Diana did not protest, thinking perhaps that Ben might be easier to handle if she was not there.

Fifteen minutes later a nurse told Diana that Dr Higgs wanted to see her. In the cramped ward office Dr Higgs asked Diana if she knew if anything had ever been pushed up Ben's bottom. Diana replied that she was absolutely certain nothing ever had. Without further explanation Dr Higgs said she would like to see both Cookes again in the morning.

Diana began to worry, imagining that the doctor had discovered some physical problem with Ben. "At least it can't be an emergency," she thought, "if it can wait until the morning." She telephoned Michael and told him →



WARD 9, MIDDLESBR

what the doctor had said. "Don't worry," he reassured her, "we'll sort it out in the morning."

On the morning of Friday March 20 Michael Cooke drove his two eldest children to school, completely unaware of the maelstrom of fear, suspicion and hostility which was about to engulf his family.

Mark was very excited about his 11th birthday party, which was due to take place the following day at Stockton Baths. How could he know that there would be no party, or that he would not be returning home for more than six months? And who could have predicted that little Sarah Cooke, just nine years old, would soon be separated from her family, her school and her friends and sent to live in an *old folks' home*?

Michael went straight to the hospital after dropping the kids at school and waited with Diana until Dr Higgs was ready to see them. Without any preamble she announced that she was sorry to have to tell them that their child had been sexually abused; there was, she said, no other explanation for the condition of his bottom.

Diana burst into tears, more out of shock than anything else. It was such a preposterous suggestion that adored little Ben, not yet two and a half, could have been sexually abused. After all, he had hardly ever been out of their sight. Michael was not particularly alarmed; obviously Higgs had made a ridiculous mistake.

Dr Higgs was explaining to them that it was a very serious matter and that she would have to inform the police and the Social Services, but first she wanted to examine the other two children. Diana was overcome with a desire to get out of the office and to get back to Ben, but first she asked about Ben's bowel problem. "That will clear up," said Dr Higgs, "when the abuse stops." Michael and Diana were stunned.

Back in the cubicle, Diana said she had to go and tell Dr Walters what had happened. She left Michael to look after Ben and tore back home, to Dr Walters's surgery. She realised she was shaking from head to foot as she blurted out her incredible story. Someone brought her a cup of tea and Dr Walters promised to contact Dr Higgs. "Try not to worry," he said, "we'll sort it out." Diana felt better, knowing he was going to help, and she returned to the hospital.

Once they were over the initial shock the Cookes began to fret about Ben and what was going to be done about his bowel problem. They knew he had not been abused, so they knew that could not be the cause; the doctor had obviously got it wrong and they were worried that the real cause might be overlooked. They were also concerned about what to tell Sarah and Mark. In the end they decided to say simply that Ben's problem might be something in the family and that although it might be embarrassing, they would have to be examined as well.

During afternoon visiting a couple of friends arrived. They had heard that Ben had been kept in hospital and decided to pop by to say hello. They had no idea what was going on. "Michael and Diana were sitting there looking stupefied and bewildered when we walked in," said Mrs Pat Stevenson, a neighbour. "Diana said, 'Do you know what they are saying…?' When she told us we just thought it was ridiculous."

Diana was greatly cheered by her friends. They treated the news almost as if it was a hilarious joke, so patently absurd was it. "Don't worry," they said, "we'll all have a good laugh about it when you get home later."

Michael went to fetch Sarah and Mark from school and brought them to the hospital. They were mystified by what was going on, hungry and somewhat miffed at this disruption of their routine. Michael and Diana did their best to entertain them, but an hour went by with no sign of Dr Higgs and at 5.30 Diana told Michael to take them home for tea. At seven o'clock Dr Higgs appeared and asked where the children were. Diana wearily telephoned her husband and asked him to bring them back.

Each child was examined separately, Sarah first, in Diana's presence. Both were puzzled and embarrassed, but not uncooperative and Diana did her best to distract them while their bottoms were being looked at. It took 15 minutes at the most, and afterwards the Cookes were asked to go into Dr Higgs's office while the children waited in the cubicle.

Neither Michael nor Diana was in any way prepared for what was to come. Dr Higgs announced that both their elder children had also been sexually abused; Mark possibly not lately but Sarah as recently as three weeks previously. There could be no doubt about her diagnosis, she said, and she would be contacting the police immediately. Diana was dumbstruck; Michael managed to mutter, "This is preposterous." Dr Higgs said the children would not be allowed to leave the hospital; Mrs Cooke could go back to the ward, but Mr Cooke was to remain in the examination room until the police arrived.

Diana tried to compose herself for the sake of the children. She knew that Mark was already anxious about getting home because of his party the following day and she wondered how she was going to break the news that they were all going to have to stay at the hospital overnight. As she went back into the cubicle Mark said, "What's all the fuss about, Mum? What's going on?"

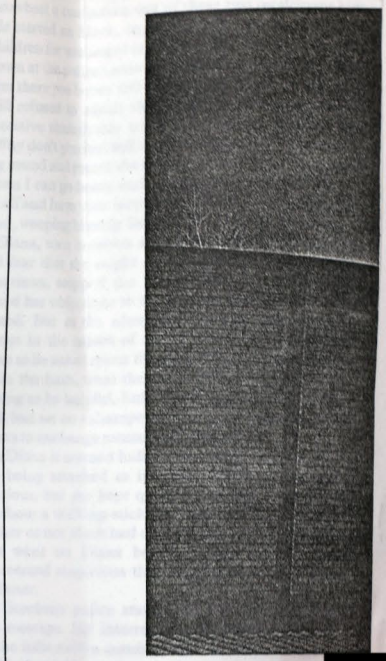
Sitting alone in the examination room, Michael Cooke began to ponder for the first time the implications of what was happening. He had never considered for a moment that such a diagnosis on all three children was conceivable and he at first wondered if it could be explained by some hereditary condition. But Higgs was convinced that sexual abuse was the only explanation. From his experience as a teacher Michael was not unfamiliar with the workings of the Social Services; he realised, with mounting alarm, that if Higgs's diagnosis was accepted it was likely he would be a prime suspect. He also recognised that somewhere down the line, if the Social Services really believed the children were being sexually abused, an attempt might be made to put them into care until the truth was established. He resolved to say nothing of all this to Diana for the time being. He had no way of knowing how swiftly events would move, or, indeed, how utterly powerless he would be to intervene.

Some time after 10 o'clock Dr Higgs arrived in the cubicle where Diana was sitting on the bed and doing her best to comfort and reassure Sarah and Mark. Ben had fallen asleep, exhausted, in his cot. Dr Higgs said she would like to have a little chat with Sarah alone; Diana, not wishing to appear uncooperative, agreed.

Fifteen minutes later Dr Higgs returned, looking very serious. She beckoned Diana into the corridor and said she thought Sarah was about to admit that it was her father who had abused her and could Diana cope? Diana, still determined not to break down in front of the children, nodded mechanically. She found Sarah sitting on a chair in the middle of what appeared to be a store-room. The child was desperately tired and bewildered. She did not seem at all sure what she had been telling Dr Higgs and mumbled something about playing with Mark in the bath and having her pyjama bottoms pulled down and was she going to get into trouble? Dr Higgs said Sarah obviously couldn't talk any more and it would be all right for Mrs Cooke to take her back to the ward.

By this time the police had arrived, along with Dr Walters and a consultant at the Middlesbrough General who also happened to be a friend of the Cookes. Michael was told he would have to report to Stockton police station the following morning at 10.30 and that he would be advised to consult a solicitor in the meantime. Diana, still worrying about Mark's birthday party, asked Dr Walters if he could get permission for them to leave the hospital next day so that Mark could have his party.

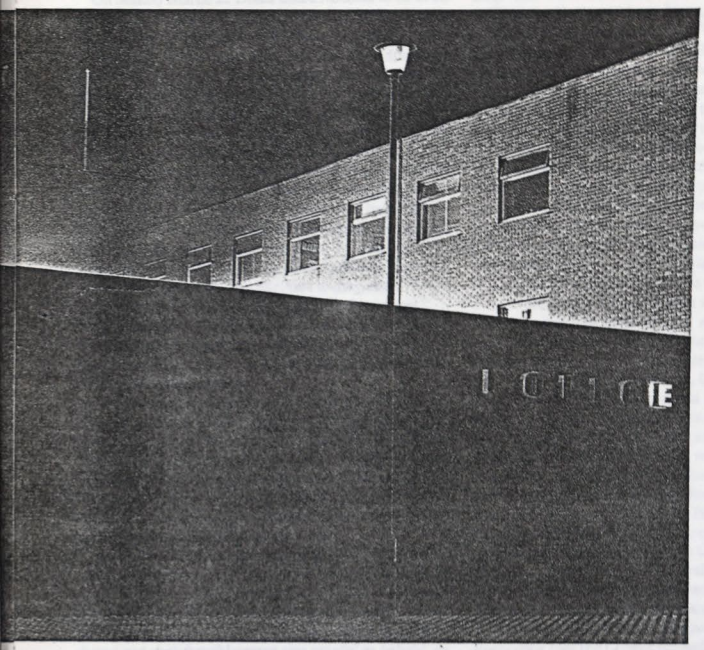
It seemed to Diana that Dr Walters was talking to the police and Dr Higgs for ages. Nurses put up two camp beds in the cubicle, filling all the remaining floor space. Sarah had fallen asleep on the bed in her clothes. Eventually Dr Walters emerged and said it would be all right to take the children to the party. Michael was going to stay with the Walters overnight and they would help him find a solicitor; Diana was to try not to worry.



Cheered by his mother's promise that his party would take place, Mark settled down and was soon asleep. Diana did not even try to sleep; in any case she had no privacy because there was only half a curtain across the window in the wall separating the cubicle from the ward office. So she just sat there, listening to her heartbeat, looking at her sleeping children and trying not to cry.

At four o'clock in the morning Dr Higgs put her head round the curtain, smiled and said she had just finished giving her statement to the police. Diana checked again that it was going to be all right to take the children home in the morning. Yes, said Dr Higgs, but they would have to be brought back to the hospital after the party and they would have to stay for the weekend. With this Diana had to be content; she was almost grateful.

Diana got the children up early on the morning of Saturday March 21, washed them as best she could and got them dressed in their dirty clothes. They were leaving the ward when a nurse barred their way, demanding, "Where are you going?" Diana explained she had permission to take the children home. "I'm sorry," said the nurse, "I've been told not to allow you to leave because the police are coming to question the children."



STATION, STOCKTON-ON-TEES: THE QUESTIONING LASTED SIX HOURS

Mark, who was only interested in his party, promptly broke down in tears. "Come on, Mark, don't cry," Diana pleaded. "We'll probably still be able to leave in time for the party." But the little boy was inconsolable.

A woman police constable in plain clothes arrived shortly and said she wanted to interview the children separately. Diana was told she could sit in on the interviews providing she did not upset the children or "make things difficult". The day clinic, at the other end of the ward from their cubicle, was made available for the interviews and Sarah was first.

Diana would later describe the experience of witnessing her children being interrogated by the police as sheer torture. The questioning of Sarah began gently enough. "I know something has happened to you, Sarah," the woman police constable said with a smile, "and I need you to tell me about it." But Sarah denied anything *had* happened to her and the more she was pressed the more vehemently she denied it, all the time getting increasingly upset. "I can't tell you anything," she sobbed repeatedly, "because nothing has happened." Exasperated, the policewoman snapped; "I know when little girls are lying, Sarah, and you're lying."

At the end of the interview, Diana had to walk back through the ward, holding her hysterical child, with every eye on her. Mark received the same treatment. He, too, denied anything had happened and he, too, became hysterical. After getting nothing from Mark the policewoman confessed to Diana that she was baffled; she normally had these cases sorted out in an hour. She said she was going to telephone the station for advice. Diana realised that she would also be checking to see what had been gleaned from Michael who, as she guessed, was still being questioned.

Michael had found a solicitor overnight with the help of Dr Walters's wife, Jan, a social worker who knew which solicitors specialised in child-care cases. The solicitor told Michael just to play it straight at the police station, not to lose his temper and to tell the police all they wanted to know. He was confident that the situation could be sorted out quickly but stressed that it was very important that neither of the Cookes caused any trouble. "Don't make waves," he warned. "Don't make waves."

At Stockton's modern police station overlooking the River Tees Michael was interviewed by a sergeant and a detective constable over a period of six hours. They were at pains to point out that he was not under arrest and he was free to leave whenever he wished. As if to prove their good intentions they ostentatiously left the door wide open on the frequent occasions they broke off the interview to phone the hospital. The questioning was polite but insistent. Every time Michael was asked if he had abused his children he calmly replied no, he had not. They wanted to know if anyone else could have done it, other members of the family, friends or babysitters. Michael could think of no one; to him it was inconceivable.

At lunchtime a detective constable arrived on Ward 9 at Middlesbrough General Hospital. Since the policewoman's tactics had got nowhere, he decided to try and browbeat a confession out of these two recalcitrant kids. He started on Mark, saying he was very angry with the children for wasting everyone's time. "We've got your dad down at the police station and unless you want us to keep him there you better tell us what happened." When Mark still refused to admit that anything had happened, the detective shamelessly tried to manipulate the little boy. "Why don't you just tell us what happened," he said walking round and round the chair on which Mark was sitting, "then I can go home and watch the football and you can go off and have your birthday party." Still Mark shook his head, weeping bitterly. Sarah was no more forthcoming.

Diana, torn between a desire to protect her children and fear that she might not be allowed to sit in on the interviews, stopped the proceedings several times and voiced her objections to the way the children were being treated. But as the afternoon wore on she detected a change in the nature of the questioning. Both children began to be asked about the games they played, what they did in the bath, what they kept in the dressing-up box. Striving to be helpful, little Mark suggested that perhaps Sarah had sat on a shampoo bottle in the bath, causing the officers to exchange meaningful glances.

To Diana it seemed ludicrously sinister interpretations were being attached to innocent, commonplace family behaviour, but she kept quiet. There was a long discussion about a walking-stick from the dressing-up box and whether or not Mark had ever stuck it up Sarah's bottom. As it went on Diana became aware that the police now seemed suspicious that 10-year-old Mark might be the abuser.

At Stockton police station Michael was getting the same message. His interrogators told him quite openly that the information coming from the hospital suggested that Mark might somehow be involved and what did he think? Michael had been wrestling in his mind with the extraordinary events of the previous 24 hours, trying to find an explanation for why a respected paediatrician should state with such certainty that his children had been sexually abused. He told the police that it was a possibility, he supposed, that Mark might have been playing stupid games. After all, kids experimented, didn't they? But if this was the explanation it certainly was not a case of sexual abuse.

At about half past four in the afternoon the police told Michael that they were finished and would drive him home because they wanted to take away, as evidence, the walking-stick that the children had been talking about.

The two police officers at Middlesbrough General Hospital wound up their interrogation at about the same time, but said that they would return in the morning. Both children were distraught and exhausted. Mark was broken-hearted at having missed his party; Diana had had to telephone a neighbour, asking her to put a notice on their door saying the party had been cancelled.

Jan Walters visited the hospital that afternoon and offered to stay with the children while Diana went home to get some clean clothes and washing things. She arrived home at about the same time as Michael and was angry when she discovered he admitted the possibility of Mark being responsible. Both were suffering from the stress and they exchanged some bitter words.

"It had been a terrible experience for me to watch my children in such distress," Diana explained, "and I really laid into Michael. I was positive the children knew nothing; when they first arrived at the hospital they certainly did not act like two children on the verge of some terrible secret being discovered – they were just tired, hungry and fed up.

"It did not seem to me that anyone was asking →

logical questions. I thought it was an absolutely crackpot suggestion that Mark was involved. If Mark had laid a finger on Sarah, whether it was a game or not, she would have come rushing to tell me straight away. Any mother would have told the police that that is what would have happened."

On Sunday March 22 Diana asked Michael to sit in on the police interrogation of the children at the hospital so he could see how awful it was. When the police arrived at about 10 o'clock they gave Michael the impression Mark was the one they were looking for and that the whole thing would be wrapped up in a couple of hours. The trouble was that Mark would not confess, despite considerable pressure to "tell" so that they could all go home and despite persistently being called a liar.

The little boy tearfully and angrily denied ever doing anything to his brother and sister and in the end Michael stepped in and called the interview to a halt. He had been warned not to interrupt, but he considered the police were over the top and told them so. Michael now agreed with his wife that Mark was completely innocent. "He's telling the truth," Michael said to the police. "You'll get nothing out of him because there is nothing to get."

Sarah was also questioned, but seemed confused. She cried a lot and talked vaguely about dreams and games in the garden. Michael felt she did not have a clue what the police were talking about.

At about four o'clock the police gave up and told the Cookes and Dr Higgs that they were withdrawing because of lack of "secondary evidence" and that as far as they were concerned the case was closed. Michael thought, "Great, that's it, now we can all go home," but Dr Higgs immediately stepped in and said that there was no question of them leaving the hospital since the matter was now in the hands of the Social Services.

Mindful of the solicitor's advice not to "make waves", the Cookes grimly returned to their miserable cubicle to break the news to their unhappy children that they would have to spend yet another night in the hospital. It was hard to explain to them why they were not allowed to go home and their bewilderment was painful to behold. As they all sat there on the beds Mark asked in a small voice, if he said it was him could they all then go home?

"Have you done something to Sarah and Ben?" his mother asked softly. Crying, the boy shook his head. "Then you must not say you did," she said. Both Michael and Diana tried to get across to the children the importance of telling the truth, no matter how difficult that might be. "We know something has gone seriously wrong here," Diana told them, "and we don't really know what the consequences will be, but we must work on the basis that if we all tell the truth things will come out right."

In fact, the possible consequences of what was happening were slowly beginning to emerge. The solicitor had already told Michael it was possible the Social Services would apply for a Place of Safety Order for the children and they had several discussions on the telephone that evening about what they should do. The solicitor thought that if such an order was granted there was a good chance of getting the children placed with friends of the family until they could get it all sorted out.

"I knew there would be no shortage of friends who would be willing to have them and in any case I thought it would only be for a short time," said Diana, "but the prospect was still so awful I didn't really let myself face it or even acknowledge the possibility that it might happen. Trying to keep calm and supportive of the children was all that mattered, it was all I thought about."

The Cookes had also been trying to get a second opinion on Higgs's diagnosis. It seemed their best chance of proving that a terrible mistake had been made, but they had no idea how or where to find a suitable doctor, particularly over a weekend.

In the end, late on Sunday evening Dr Higgs came into the ward and told them that she had herself arranged for a second opinion and that the children would be examined the following day in Leeds by a consultant called Dr Wynne. The Cookes would rather have found a doctor independently of Dr Higgs, but they agreed it was better than nothing. "We just felt," said Diana, "that if the children were seen by another consultant it would soon be discovered that a mistake had been made."

What the Cookes did not know, and would not know for many weeks, was that Dr Jane Wynne was the author of the paper describing the anal dilation test for diagnosing sexual abuse of children. It was this test which convinced Dr Higgs the Cooke children had been abused.

What the Cookes were about to receive was not so much a second opinion as a rubber stamp.

Monday March 23 was Mark Cooke's 11th birthday. It was a cheerless little occasion in the cubicle in Ward 9. His parents propped up as many cards as they could on the window shelf and made sure he had a few small presents to open. But the racing bicycle he had longed for had to remain at home, leaning against the end of his bed. "It's waiting for you at home," Diana promised. "Don't worry, it won't be long before you're riding it."

At mid-morning a social worker arrived to escort them to Leeds, but she stressed that she was not actually assigned to their case and so she was unable to answer any of their questions. The children were agitated at the prospect of yet another examination, but when they got to Leeds Hospital Dr Wynne proved to be very warm and sensitive and she immediately put the children at ease, even making them laugh on one occasion. Michael and Diana thought the examinations seemed very thorough and did not object when Dr Wynne said it was necessary to photograph the bottoms of all three children.

The family was away at Leeds Hospital for five hours. Dr Wynne said she would telephone Dr Higgs later that evening with her opinion and the Cookes trailed back to Ward 9 at Middlesbrough General. Michael and Diana were optimistic that their ordeal would soon be over; Dr Wynne had seemed so nice and sensitive.

It was thus with a sense of shock, dismay and deep foreboding that the Cookes learned that evening that Dr Wynne had telephoned to confirm the diagnosis that all three of their children had been sexually abused.

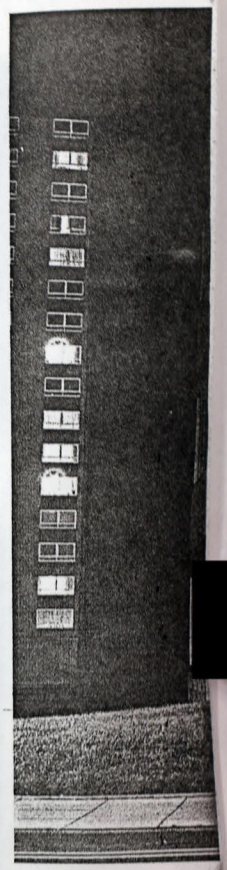
"We were at a total loss," said Diana. "It was at that point I really began to feel frightened."

Tuesday March 24 was the day of ultimate horror. In the morning two social workers showed up at the cubicle in Ward 9, waved a piece of paper and quite openly, in front of the children, said they were going to the magistrates to obtain a Place of Safety Order for all three children. An hour later they were back with the order. It was the nastiest piece of paper Diana had ever seen. "It said the reason for the order was that we had failed to adequately protect the children," she said. "I was appalled by that. In effect it said I was unfit to be a mother."

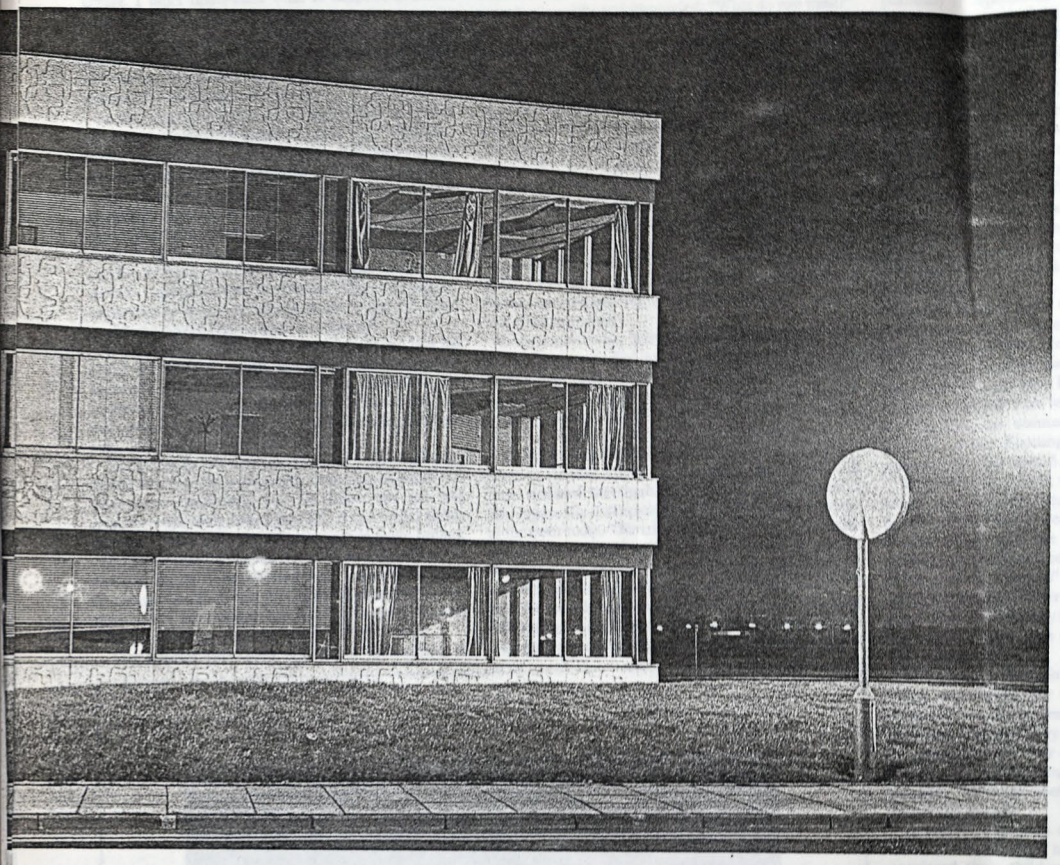
Meanwhile, a case conference was being held to decide what to do with the children. In the afternoon the Social Services area officer called Michael and Diana into an office and told them that, largely as a result of representations made by the Walters, they were prepared to consider placing Ben with their friends the Stevensons, but that it had been decided Mark and Sarah were to be placed in foster care separately the following day and was that all right? "No, it's not bloody well all right," Michael snapped, his temper breaking at last. "What kind of stupid question is that?" But he knew, as did Diana, that they were powerless to stop their children being taken away.

"By then people were walking all over us," said Diana. "We were completely overtaken by events, just pawns really. It seemed we didn't have the right to say anything, or object to what they were doing."

Their friends felt the same. Jan Walters thought there was no justification for a Place of Safety Order. No assessment had been made of the family and she knew Diana would never fail to protect her children – her heart ached for her friend. "It is very hard to convey the shock," she said. "We all seemed to be suffering from an awful paralysis because we could not believe it was happening."



Diana insisted on telling the children herself what was going on. It was the most difficult thing she had ever done in her life. Sarah cried and cried pitifully, pleading with her mother and father not to let it happen, not to let them take her away. Mark got violent, banging and kicking the beds and shouting, "Why have we got to do this when we haven't done anything?" Diana tried to explain to the children that the law said she and Daddy could not stop what was happening, but they would sort it out and



STOCKTON SOCIAL SERVICES DEPARTMENT: HOSTILE AND UNHELPFUL

would stay closely in touch. Everything would be all right.

"It was horrendous," said Diana. "The worst thing was that the only way they could see it was that Mummy and Daddy were going to let people take them away and we were not stopping it. They thought we were abandoning them; it was awful. They were also terribly upset that they were not going to be together and worried about school. They were just completely bewildered."

She tried to keep them occupied, making lists of things they wanted to take with them and all the questions they wanted answered. They got the children undressed and into bed. Michael sat on the end of one bed, Diana on the other, and they kept talking, kept trying to reassure the children that it would all be all right. Ben, too young to be too troubled, had already fallen asleep in his cot.

Suddenly a nurse popped her head into the cubicle and said Dr Higgs wanted to see them. They promised the children they would be back in a few minutes and walked down the corridor to Higgs's office. She was apologetic, said there was a bed problem on the ward and that it was impossible to keep the children overnight. She suggested the best thing would be for the Cookes to leave the hospital first and then social workers would take Sarah and Mark to their foster homes later that night.

The Cookes had no stomach for protest. They simply walked out of Higgs's office and stood in the corridor, clinging to each other, tears streaming down their cheeks. It was the first time Diana had seen Michael cry. "I was at breaking point," she said. "I felt on the verge of being destroyed. I knew we hadn't done anything to anybody and I felt we were all being terribly punished."

After a while they composed themselves and went back to the cubicle to break the news to Mark and Sarah that they would be leaving that night. Both broke down. Michael and Diana somehow got them dressed in their dirty clothes and tried to kiss them goodbye. →

Mark, his anger dissolved in grief, clung to his father; Katy held on to her mother. Dr Higgs and a social worker came in and each took hold of one child while Michael and Diana walked out of the ward and into the night. As they crossed the car park, they could hear, very distinctly, their children screaming.

Two days after their children had been taken away the Cookes received a tear-stained letter from Mark. "I am sorry about all the smudges," he wrote, "but I can't stop crying. I don't understand what is happening. Please come and get me soon. I want to come home."

Diana Cooke, who had no idea where her son was or when she would see him again, was shattered by the letter and her inability to respond to his cry for help. "It was," she said, "an absolutely awful letter."

In the days following the devastating diagnosis at Middlesbrough General Hospital that their three children – Mark, 11, Sarah, nine, and Ben, two – had been sexually abused, Michael and Diana Cooke were at a complete loss to know what to do, or where to turn for help. There was an aching loneliness and eerie silence in their big family house; they could hardly bear to go into the empty bedrooms or look at the toys scattered in the playroom. The childish drawings proudly pinned up in the kitchen only served to emphasise their desolation. "What was happening seemed to be unreal," said Michael. "I kept thinking I would wake up and find it was a bad dream."

If there was anything to be thankful for it was that the Social Services had agreed, as a special concession, that Ben could be fostered with friends of the Cookes living in a nearby suburb of Stockton-on-Tees. Diana was pathetically grateful. "I think if they'd taken Ben away, too," she said, "it would have destroyed me."

Their friends had been shocked that such a close and loving family could be so swiftly broken up and they rallied round wonderfully, but the simple fact was that nobody could really help them. The thrust of the advice that the Cookes were receiving was not to make trouble. Michael Cooke's inclination was to write to his MP or the newspapers, but he was warned that it would be a mistake to antagonise the people who held his children. "It was almost as if the children had been kidnapped," he said. "We felt we had no alternative but to follow orders."

One positive step Diana took was to start a diary to keep a record of events. As the pages filled up, her narrative began to take on a kind of Kafkaesque horror.

On Friday March 27, three days after the children had been taken away, the Cookes had their first meeting at the offices of Stockton-on-Tees Social Services department, an ugly modern building on a windswept tract in Alma Street, overlooking the gasworks. The Cookes arrived with a long list of questions and were somewhat taken aback when a woman walked into the room where they were waiting, did not bother to introduce herself or disguise her hostility, and demanded: "What do you want?"

"The answer was no to everything," said Diana. "No, we were not allowed to know where the children were; no we couldn't phone them; no, we could not send them letters unless they were opened; no, they could not write to us except through the Social Services; no, she could not give us any details about access, except that it would be very restricted and constantly supervised." The meeting ended with the Cookes being given a booklet titled *A Hundred Helpful Hints for Children in Care*.

That afternoon someone telephoned to say that they could see their children for one hour at 3.45 on Monday afternoon at a house in Hartington Road, Stockton, owned by the Social Services department. The meeting would be in the presence of two social workers and the Cookes were warned they would not be allowed to discuss "what had happened".

Diana wrote in her diary: *"Spent morning trying without much success to find national support groups. Felt very isolated and anxious about protecting the children within our local community. How to explain their sudden absence without causing loads of gossip which might be unhelpful to them on their return, which we are sure will be soon."*

The first access meeting with the children, on the afternoon of Monday March 30, was stilted and painful. All three children were brought separately to the house in Hartington Road where Michael and Diana were waiting in the front room. "We tried to make the best of the hour and not upset them," said Diana. "It was all so strange. They were very anxious and hyped up, but they didn't cry and they didn't ask when they were coming home. We kept the conversation general and just said we were doing everything we could to sort things out. I tried to be very cheerful and positive; the last thing I was going to do was break down in front of the children. At the end of the meeting the social workers suggested Michael and I left first so things were not too prolonged. When I got outside into the car where no one could see me I just collapsed."

During that week the Cookes devoted all their energies to getting help and advice. They were pinning their hopes on being able to get their children back when the Interim Care Order expired on April 15, and on advice they retained one solicitor to represent the children and another to represent themselves. They also discussed the possibility of separating, temporarily, if that would improve the chances of the children returning. Despite all the activity, Diana confessed in her diary: *"We feel so badly informed and ill-equipped to cope with what is happening to our family."*

On Friday April 3 the Cookes discovered that Sarah was being fostered by a middle-aged woman who was single and worked as the warden of an old people's home. They were dismayed that she had not been put with a family and protested vigorously to Stockton Social Services that an old people's home was not a suitable environment for a nine-year-old girl, particularly as they had been assured that every effort was made to place children in comparable situations to those they had left. "We were more or less told," said Michael, "that it was none of our business."

One bit of good news that week was that their GP arranged for Ben to be examined by an independent paediatrician, Dr Hans Steiner, at the Fleming Hospital in Newcastle. Dr Higgs had said that Ben's bowel problems would clear up when he was no longer being abused, whereas the friends who were looking after him reported that his condition seemed to be worsening. Ben was admitted to the Fleming for investigation, with his mother, on Sunday April 5.

While Ben was still at the Fleming the Cookes were asked to attend a meeting at Alma Street on Tuesday April 7. Three social workers were present when the Cookes arrived and the atmosphere quickly became acrimonious. Michael Cooke complained that they were being treated like "lepers" and expressed amazement that no one from the Social Services had bothered to visit their home or put together any kind of family assessment. "We don't come to you," one of the social workers retorted, "you come to us."

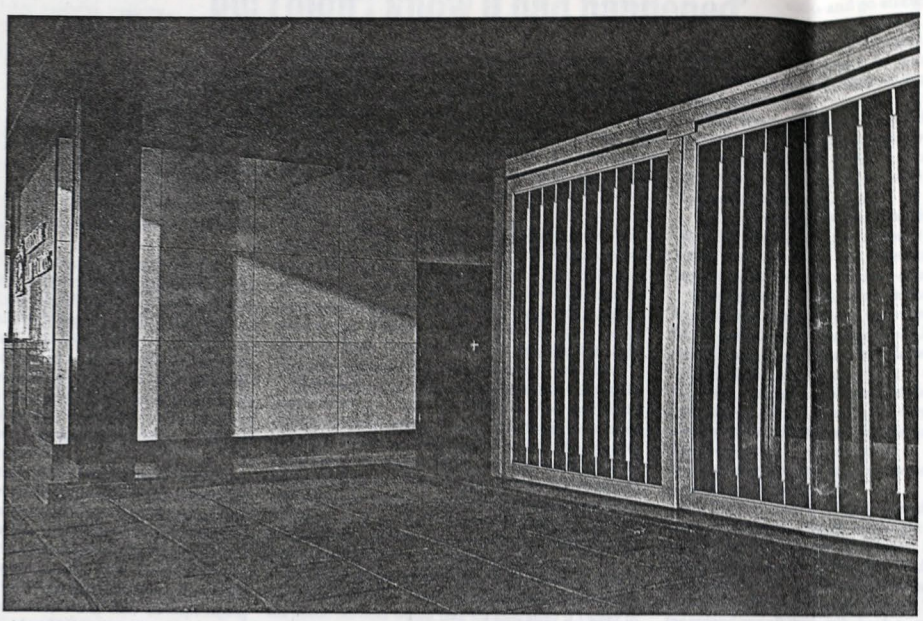
The Cookes were informed that they would have to accept responsibility for what had happened before the Social Services department would work with them. They both responded that they could not accept responsibility for something that they did not believe had happened. "You're in a no-win situation," the same social worker snapped. "Until you accept responsibility you won't get your children back."

A terrible realisation dawned on Michael and Diana Cooke at that moment: not only were the Social Services convinced their children had been abused, they also clearly believed that Michael was the abuser and that Diana knew it was going on. "Up to then I had never thought of myself as the prime suspect," said Michael. "But when they kept on at me about accepting responsibility I suddenly thought, 'These buggers are after *me*.' It was quite a shock."

Later that day Diana returned to Newcastle to be with Ben. Both she and her husband realised Dr Steiner's report on Ben would be crucial when the Interim Care Order came up for consideration at Middlesbrough Magistrates' Court. Dr Steiner took a full social and family history and seemed friendly and sympathetic. They began to feel a little bit optimistic.

On the morning of the court hearing on Wednesday 15 April the Cookes were given a copy of Dr Steiner's report. "There is no conclusive evidence of sexual abuse in so far as Ben is concerned," he concluded. "It is my firm view that the appearances that have been noted are compatible with his bowel problem. This does not exclude the possi-

THE HOUSE IN HARTINGTON ROAD: PAINFUL FAMILY MEETINGS



MIDDLESBROUGH MAGISTRATES' COURT: THE CHILDREN WERE WHISKED AWAY

bility of sexual abuse, but in my view there needs to be corroborating evidence to support it."

They were jubilant. "We thought it was all over," said Diana. "I imagined the court hearing would be no more than a formality and, hey presto, all the children would come home."

Diana had never been in a court before, but she was encouraged to find Dr Steiner was already in the court-room when they arrived. He immediately came over and shook their hands. There seemed to be some confusion about the amount of time allocated for the case and there was a delay because Dr Higgs was late, but the Cookes were content to wait. They had waited this long to get their children back; what was a few minutes more?

When Dr Higgs appeared, carrying a large envelope, she immediately buttonholed Dr Steiner and went into a huddle with him on the other side of the courtroom. The Cookes could not hear what was going on, but they could clearly see that Higgs was showing photographs to Steiner. Eventually Dr Steiner, looking very solemn, came back to where they were sitting. He took Diana's hand and said that he was very sorry but, on the basis of the photographs he had just seen, he no longer felt able to challenge Dr Higgs's diagnosis.

"I think the world collapsed around me then," said Diana. "We seemed to be so near to getting the children home. It was like a good friend letting you down."

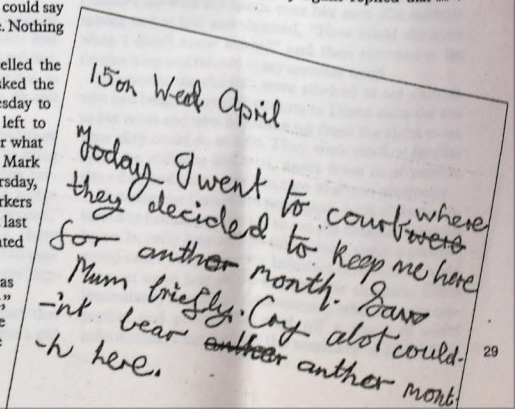
Without the support of Dr Steiner the Cookes were unable to contest the case. Mark and Sarah, desperately shy and overwhelmed by the court, had to make a brief appearance to identify themselves, after which the magistrate granted a further 28-day Interim Care Order. Diana was allowed to see the children briefly outside the court but they were able to say little to each other before they were whisked away.

Later that day the Cookes were advised that since Michael was obviously considered to be the prime suspect there was a conflict of interest which would require them to retain separate solicitors. The family had some money saved up which they had intended to use that summer to buy a caravan in the Lake District. With three solicitors on the payroll – one for the children, one for Diana and one for himself – Michael knew they could say goodbye to that idea. It did not matter, of course. Nothing mattered but getting the children back.

On April 17 Stockton Social Services cancelled the next access meeting with the children and asked the Cookes to attend a meeting the following Tuesday to discuss a "development". The Cookes were left to spend the Easter weekend alone, worrying over what this meant. At the meeting they were told that Mark had been very distressed on the previous Thursday, the day after the court hearing. The social workers believed the cause of his distress was that he at last wanted to say what had happened but first wanted his parents' "permission".

The Cookes viewed this interpretation as ludicrous. "We knew why Mark was so upset," said Diana. "It was because he expected to be able to come home after the court case. All he wanted was for his mummy and daddy to get him out of this mess. But the social workers were interpreting it in quite a different way. We were each asked to write a letter to Mark giving him "permission" to say what had happened. Imagine how difficult it is writing a letter to your child telling him he can talk about something you don't even think has happened. Michael's letter was rejected three times before the Social Services considered it to be suitable."

A week later there was another meeting at which the Cookes were again asked if they accepted responsibility for what had happened. They again replied that →


15th Wed April

Today I went to court where they decided to keep me here for another month. Saw Mum briefly. Cry alot could-nt bear another month here.

they did not. This time the Social Services did not beat about the bush. One of the social workers looked Michael in the eye and said: "We think you are the abuser, Mr Cooke." Michael responded angrily: "You can think what you like, but you're wrong and in time you will realise that." Diana supported her husband, insisting that she had no reason to believe he had abused their children.

At this point the four women social workers present left the room for a few minutes and returned to say that they had decided to show the Cookes part of a video film of Mark. "This was obviously a pre-planned tactic," said Diana, "because the video was all set up. They showed us a clip, no more than about 10 seconds, of Mark screaming, in great distress. It was terrible. Presumably this was a shock tactic designed to push us into confessing. All it did was cause us great pain that we could not be there to comfort our son."

After this the Social Services evidently changed tack and decided to work on Diana. On Friday May 8 she was asked to attend a meeting with the social workers alone and was blandly informed that as long as she continued to support her husband the Social Services could see no future for them as a family and would have to consider long-term care arrangements. "*I got the impression*," she wrote in her diary that night, "*that nothing was going to change whilst Michael and I were together and I continued to say I didn't believe he had abused the children…I left very distressed and despondent.*"

What Diana did not admit to anyone, even in her diary, was that she had reached a point of such desperation after seven weeks without the children that she was actually beginning to wish that her husband would confess to being an abuser. "I became obsessed with the idea that if I knew it had happened and if I knew it was Michael I could at least face up to that and start trying to re-build my life with the children. As it was, we kept saying nothing had happened and it wasn't getting us anywhere. The children were just being taken further and further away from us. That was what was so intolerable."

On Wednesday May 13 the Interim Care Order was again renewed at Middlesbrough Magistrates' Court. "*This took all of two and a half minutes*," Diana noted bitterly in her diary.

Six days later Michael and Diana Cooke separated. Diana had been asked to attend a second meeting alone at Alma Street at which it was made clear to her that her only hope of being re-united with her children was to get rid of her husband. "They kept saying it was my decision and they didn't want to influence me, but I came out certain that Michael and I would have to separate. I felt so pushed into a corner that there was no alternative."

Diana arrived home in tears and begged Michael to move out. "I remember he said, 'They've got you now, Di, they've got their claws into you.' I kept saying, 'I'm going to lose the children.' That's all I could think about. I believed that if Michael moved out there would be no reason for the children not to come home very soon, a couple of weeks at the outside."

Michael did not believe it would be that simple, but agreed to move out temporarily. He telephoned his brother Peter, who lived nearby, and asked if he could come and stay with him for a while. To Michael's fury and amazement his brother prevaricated and said he would have to think about it.

Although the Cookes were receiving constant support from their wide circle of family and friends, there were many in that circle who were regretfully coming to the conclusion that something unspeakable might have happened to the Cooke children. The Cookes' troubles seemed so unending and there seemed so many experts ranged against them. If nothing had happened, why couldn't they get the children back after all this time?

'I must have been abused,' Mark said to his mother, 'because that's what Dr Higgs told me, but I didn't know it had happened'

Pat Stevenson, who was fostering Ben, was as good a friend to Michael and Diana as they could ever hope to find, but even she was beginning to have her doubts. "When Dr Steiner built up our hopes and then changed his mind, people began to wonder whether there was something there. Before that I had not even entertained the idea, but then I thought, 'Good grief. Am I being naïve, can it really be true?' I thought I would just have to keep an open mind."

Peter Cooke, an engineer, suffered similar reservations. "Michael asked if he could come and stay when his credibility was at its lowest point with me. When I first heard what had happened I was speechless, thunderstruck. But as the weeks dragged by and nothing happened I began to wonder why it hadn't all been sorted out and I really began to worry. I couldn't make it out, but I thought, 'There's no smoke without fire, maybe he *is* a nutcase.'

"My first reaction when he telephoned was to wish he hadn't asked me. I have two children of my own and I didn't know what to do. I was worried that if I let Michael come and stay in my house they'd try and take my kids away, too. In the end I rang the senior case officer at the Social Services to ask for advice. He was very guarded, but he gave me the distinct impression that new evidence was about to be produced that would prove my brother had abused his children. That made up my mind. I called Michael and told him I was very sorry…"

"My brother was very logical and explained it in black and white," said Bill. "He said his main concern was that the Social Services would take his kids away if I went to stay with him. I felt pretty pissed off about it. By then it had become apparent to me that we weren't dealing with the truth any more. The truth had long been overlooked."

Michael moved into a £25-a-week bed-sit in Stockton, leaving Diana all alone at home. "I rang the social worker to tell her that Michael and I had decided to separate," Diana said. "I knew he was innocent and I felt I was betraying him completely."

On Tuesday May 26 a letter was delivered by hand to Michael Cooke. It was from his local education authority, suspending him with immediate effect from his job as a teacher. "This action is being taken," the letter blithely explained, "as a result of information which I have received which gives rise to allegations of misconduct."

That same day Diana had been invited to Alma Street to participate in a "disclosure session" with the children, attended by the Social Services team and a psychologist. She had the strong impression that the invitation was her "reward" for getting rid of her husband.

The session, which was video-taped, began inauspiciously when Diana told the children that Daddy had gone to live in a little flat while things were sorted out. Mark went very quiet and Sarah howled, wanting to know where he had gone, what he was going to do and who was going to cook his dinner.

As the meeting progressed, Diana became concerned that the children, Mark in particular, seemed to be using a new vocabulary, as if repeating what had been previously suggested to them. They also appeared to accept that they had been abused. "I must have been abused," Mark said to his mother, "because that is what Dr Higgs told me, but I didn't know it had happened." He rationalised this by adding that he supposed it must have happened while he was asleep.

Great significance was also attached to the fact that Sarah had watched a film a few days earlier about a girl who had been sexually abused and afterwards wrote "Daddy" on a piece of paper and gave it to a social worker. (Sarah confessed to her mother, many months later, that she thought when she did this she would be allowed to go upstairs, pack her clothes and go straight home.) The social workers considered both children were "indicating" strongly what had happened; Diana still thought that such an interpretation was incredible and that the social workers were only hearing what they wanted to hear.

"*I don't know if the team expected this session to convince me that Michael was the perpetrator, because it didn't*," Diana wrote in her diary. "*But it was the beginning of my deep anxiety that the children were actually coming to believe that he had abused them.*"

The following day Michael received a further, final blow. He was notified that under the provisions of the Child Care Act of 1980 his access to the children was being terminated with immediate effect.

Diana's diary: "*I think this was the day Michael and I really hit rock bottom. We were separated, he had in effect lost his job and was going to be faced with 24 hours a day on his own in a bed-sit and he was not allowed to see the children. Also, he felt that everyone was trying to turn me against him. I was in a dreadful state because I didn't know how he was going to cope. I told him he had to keep on fighting and he was to make sure that he wrote or telephoned somebody every day. For my part, I was desperate to convince the Social Services I was not a dreadful mother and could be trusted to care for my own children.*"

On Tuesday June 2 Diana attended another video-taped "disclosure session" with the children. At this meeting the psychologist produced little pin-men diagrams depicting the alternatives facing the family and asked the children to choose which they considered to be most likely. The first diagram showed "Daddy in prison"; the second was all the family back together; the third was "Daddy in flat, children with Mummy"; the fourth was "Daddy gone away, children with Mummy"; the last was "Daddy and Mummy together, children together".

The children immediately rejected the possibility that Daddy would go away and after some discussion reluctantly concluded that the most likely result was "Daddy in flat, children with Mummy". The psychologist then brought out another diagram showing a flight of steps with Mummy at the top and the children at the bottom. On each step was written what would need to happen for the children to climb up to Mummy. The first step was to talk to the psychologist about what had happened, the second was to talk to the police. Diana was appalled; she thought it was tantamount to blackmail. She was, however, careful not to show her feelings.

Later in the same session the psychologist asked Sarah what she thought of the fact that Mummy didn't know what had been going on. Sarah was curled up on her mother's lap with her hands over her ears. She suddenly sprang to her feet and shouted, "How could she know when I didn't know either?" and then returned to her mother's lap and refused to say another word.

Afterwards the children were allowed to see a couple who had been like second parents to Diana since she was in her teens and who had come up from the south to see what they could do to help. They were the first familiar faces the children had seen, apart from their parents, since they had been taken into care 10 weeks previously.

Now that the Cookes had separated, both of them continued to campaign tirelessly to get the children returned home. In early June a friend told Diana about a pressure group called Parents Against Injustice (PAIN) which had been set up to help people in just their situation. Diana immediately telephoned the secretary, who was very supportive and promised to send off a batch of useful information. Later that day the secretary of PAIN →

called back and said something very curious had happened – another family from their area had made contact and related a very similar story. It was the first indication the Cookes had that they were not alone in their ordeal.

On Thursday June 18 both Michael and Diana were invited to a "family meeting" with the children at Alma Street. They were hopeful it would be an opportunity to talk together as a family, resolve some of the problems and make real progress towards getting the children home. The children arrived at the same time as Michael and Diana; the minute Sarah saw Michael she ran all the way up the street and threw herself into his arms. He picked her up and swung her into the air. It was a sight Diana thought she would never forget.

The meeting started badly and got worse. Mark, still staunchly denying anything had happened, was asked how he would feel about going home. He came out with a little statement about how he thought he would feel all right now he knew what had happened; his parents were convinced it had all been discussed with him beforehand. By that time Michael and Diana felt their children were so disturbed that it was difficult to be rational about what they were saying. "The children seemed to be tacitly accepting by then that if everyone said it happened it must have happened," said Diana. "They certainly knew that no one wanted to hear anything else. Both of them were trying to work out how the hell to get home. That's all they were interested in."

The worst moment of the family meeting was when the psychologist suddenly turned to Diana and asked if she believed the children had been abused by their father. The question took her breath away. She protested that it was an unfair question, but a social worker insisted that she answer. Her awful dilemma was that if she said no, there was a risk that the children would be taken away from her forever; if she said yes, their family was likely to be damaged forever. "To say I believed Michael had done something when he hadn't would have destroyed them," she explained. "If I said I thought nothing had happened I was sure the children would be taken further from me."

Unable to answer, Diana broke down in tears. It was the first time she had cried in front of the children since the start of the whole saga. She had tried so hard, throughout, not to upset them. Little Sarah walked across to her mother, put her arms round her and said, "Don't worry Mummy, it's all going to be all right. Don't cry." At the end of the meeting Sarah stood resolutely in front of her father to try and stop him leaving. She had to be restrained by social workers as her parents left the room.

By this time other parents in the same plight as the Cookes were beginning to make contact with each other. That evening there was a meeting of parents, all of whose children had been detained in Ward 9 at Middlesbrough General Hospital. Diana's diary: *"It was an amazing experience after all that time to walk into a room full of other angry and hurt people all in a similar situation."*

Michael's enduring memory was of talking to an outraged father whose story bordered on farce. When Dr Higgs said his son had been sexually abused he scoffed at the idea and said she didn't know what she was talking about. Dr Higgs insisted the condition of the boy's bottom was proof. The father had a bright idea. His nephew was sitting in the car outside; why didn't he bring the boy in so that Dr Higgs could show him what a normal bottom looked like? Dr Higgs agreed, examined the nephew and declared that he had been abused, too.

It was that day that a group of parents stormed the children's ward at Middlesbrough General to try and get their children back, making headlines in the newspapers the following day. MPs began asking questions about what was going on in Cleveland and the parents began to organise.

On Wednesday July 1 Diana was shown two videos at Alma Street by the psychologist. In one of them the children were shown some anatomical dolls. Sarah cried when she was pushed to demonstrate what might have happened, but Mark, asked to "imagine" what had happened, just put the two dolls together and said he supposed it was like that. Diana was even more convinced that the children were parroting what someone else had told them. Mark speculated that maybe his dad had been abused when he was a little boy and Sarah offered the view that abuse was an addiction. Diana was convinced Sarah had no idea what addiction meant. She also felt there was a complete absence of the sort of detail that would indicate actual, rather than imagined, experiences.

Diana's diary: *"I felt that after 16 weeks I could not really blame them if they had come to believe they must have been abused – how else could they explain to themselves why they had been taken away from their parents, each other and everything and everyone familiar to them? ... They* [the Social Services] *seemed totally unprepared to discuss returning the children because I believed Michael was innocent ... I did not feel they saw any future for the family together unless Michael was to admit responsibility ... I tried to make the point that when Michael was late home from work Mark also stayed awake and came to call from the top of the stairs to make sure his daddy went up to see him. My view is that if he was being sexually abused, on those nights his head would have been under the cover ... People are not interested in my view, however. At the end of the session I left the room in tears and had to sit in my car in the car park for 20 minutes before I felt able to drive home."*

On Saturday July 4 Michael returned home: their separation had not resulted in the children being allowed home, so there seemed no point in them living apart.

The following Wednesday the Cookes attended another meeting at Alma Street and taped the discussion. Diana noted part of the transcript in her diary:

"Michael: I am concerned about the children's mental state, my wife's mental and physical state, the total lack on the Social Services' part to do anything per se with my family as a group and the minimum information on myself, my wife and my family. Yet from that information you seem to be able to extrapolate the most incredible 'evidence' with very little or no substantiation ...

"Social worker: What are your views Mrs Cooke?

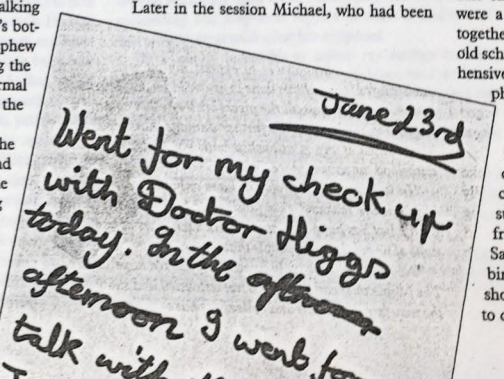
"Diana: I am at the point of complete despair. In particular yesterday [at the regular weekly access meeting] *Sarah was in the most appalling state ... I cannot believe that you won't see any way for our family unless you have an admission of responsibility ... You have written us off completely and are totally unprepared to look at any other point of view.*

"Psychologist: What? Explain what other point of view would explain the situation that we're in, when the children have made these disclosures to us and we have medical evidence. Can you explain this in any other way, because we would like to hear it?

"Diana: Presumably the videos you showed me were the ones most appropriately going to tell me that the children were making disclosures ... they didn't say anything to me.

"Psychologist: I think that's part of the problem, Mrs Cooke."

Later in the session Michael, who had been


June 23rd
Went for my check up with Doctor Higgs today. In the afternoon talk with

doing a lot of reading during the weeks in the bed-sit in Stockton, forcefully summarised their objections: "The literature pertaining to this sort of activity spells out quite clearly, the majority of it, that you actually get your information and family background *before* you start brainwashing the kids. What you are doing is totally wrong. You have made assumptions on what I believe to be erroneous medical information, which is currently under some scrutiny, as you are no doubt aware. From that original premise that the kids have been sexually abused you assume you have a mandate to do precisely as you wish."

"We assume it is a mandate to do an assessment," the psychologist retorted.

"I don't think you have been doing an assessment at all," said Michael. "It's a travesty of an assessment."

On Thursday July 23 all three children were examined by two eminent doctors who had agreed to provide independent medical assessments for the parents. While they were waiting at the hospital to see the doctors, Diana could see that Ben was getting tired and she tried to get him to sit on her lap, but he struggled free and went across to sit on the lap of his foster mother. "I had to endure watching him cuddle up to her and twiddle her hair the way he used to do with me," Diana recalled. "It was very painful to realise that she had become more important in his life than I was."

The next day Michael's solicitor phoned to say neither doctor had found any sign that the children had been sexually abused, although they would not commit their opinions to paper until they had seen the photographs taken at the time of Dr Higgs's diagnosis. "It was the first time I felt elated," said Diana. "I thought, 'This is the turning-point, at last we are on our way.'"

On Friday July 31 the Cookes were told that Ben, who was clearly becoming confused as to who was his mother, could return home on two conditions – first that Michael left the family home, and second that Diana's care of her son was to be supervised at all times by a live-in guardian. Michael packed his bags immediately and went to stay with his brother, who had had a change of heart and now said that Michael would be welcome.

After Michael's departure Diana drove to Pat Stevenson's house, where Ben had been staying. "It was terribly strange," Diana said. "When we got home Ben kept asking me, 'Is this your house? Is this where you live?' We didn't rush things. Pat stayed for a cup of tea but when she got up to leave Ben naturally assumed he was going, too, and was really quite puzzled. I remember feeling panic-stricken when she had gone. The worst bit was when he got a tummy ache in the bath and started to cry for Pat and was quite inconsolable. I can remember sitting on the bathroom floor with my child wrapped up in a towel on my lap while he was crying for someone else. It was a pretty devastating experience."

Through the long weeks of the summer holiday the Cookes continued to fight for the return of their two older children against bitter resistance from the Social Services. The only concessions they wrung from the authorities were a promise that the children would soon be put together in a foster home, that Sarah would return to her old school and that Mark would start at the local comprehensive. Michael and Diana talked constantly on the telephone and met frequently in pubs in the evenings to discuss strategy.

After the start of the official inquiry in August into what soon became known as the "Cleveland child-abuse scandal", Diana noticed a distinct change in the attitude of the Social Services, who suddenly seemed to be going out of their way to be friendly and co-operative. When Diana asked if Sarah would be allowed to telephone on her 10th birthday, a social worker actually suggested Diana should visit Sarah at her foster home and even offered to drive her there. "You could have knocked me

r with a feather," said Diana. "Suddenly they were falling over backwards to help. It was so transparent what was going on but obviously I was going to take advantage of it."

On Thursday September 3 Michael's access to the children was reinstated, for one hour a week, beginning on 17 September, but Mark and Sarah were not to be returned until further investigations had been completed. The date for a full hearing of the case in the High Court was set for December 7. "*I was very surprised and disappointed to learn the final hearing was not for so long*," Diana noted unhappily in her diary.

A new problem arose for Diana in September. She was taking Ben to a play-group next door to Sarah's school and she often saw Sarah being dropped outside the school by taxi. Diana was still so terrified of breaking any of the rules of access that she just averted her eyes and hoped that Sarah didn't see her. "It was terribly painful, but I didn't want to risk another setback. I just had to drive by and pretend Sarah wasn't there."

In the third week of September there was a sudden flurry of legal activity after confirmation that the independent medical reports would indeed exonerate the family, and the Cookes' solicitors decided to go to the High Court to try and get the children home before the full hearing. Diana and Michael had an access meeting with the children on Wednesday September 30, the day before they were due to go to court. "*Felt quite desperate to tell the children*," she wrote in her diary, "*that we were going to court tomorrow to try and get them home. I so badly wanted them to know how hard we were fighting for them... however, common sense prevailed.*"

Diana sat through the High Court proceedings in a daze and barely registered the words as the judge ordered the children to be returned home immediately. Outside the court Diana asked her solicitor, "What happens now?" "You can start being a mother again," he replied. "You can go and get your children." "Just like that?" she asked, hardly able to believe her ears.

When Sarah came out of school that afternoon her mother was waiting. The little girl's mouth dropped open when she saw Diana standing at the gate. She ran down the path and threw herself into her mother's arms. Diana picked her up, hugged her tight and said, "You're coming home. It's all over." Both were in tears, as were most of the parents around them. Even the headmaster was crying.

By the time they arrived at the foster parents' house, Mark, who had already heard the news, was piling their belongings on the pavement. He hardly stopped to say hello, but started frantically throwing everything into the boot of the car. Diana remembered feeling faintly embarrassed at her children's haste to get away.

Back home they ran around the house like mad things. Mark got his first glimpse of his newly-decorated bedroom and the racing bicycle his parents had bought him for his birthday six months earlier. Both were thrilled to see their little brother again. "They were high, absolutely over the top," said Diana. "We eventually got Sarah to bed and then Mark came and sat with me on the sofa. He was very tense and overwhelmed by the day's events and I put my arms round him and said, 'It's very hard to be grown up when you're only 11½ years old, isn't it?' At that he just dissolved into floods of tears. I took him upstairs, tucked him into bed and said, 'It's all right Mark, you're home now and no one is ever going to take you away again.'"

Almost two months were to pass before Michael Cooke was allowed to return home. During that time a family friend had to continue her role as home guardian, helping Diana cope with the outpouring of pain, anger, fear and bewilderment that flowed from the children after their initial euphoric return. Sarah, in particular, far from clamming up, as a psychologist had predicted, lurched from one frenzied outburst to another as she finally began to release the pent-up agony of her ordeal. Diana will never forget the sound of her crying – at times like a wounded animal, whimpering in terrible pain.

'I took him upstairs, tucked him into bed and said, "It's all right, Mark, you're home now and no one is ever going to take you away again"'

Diana's final entry in her diary, written on November 16, six weeks after the children had returned home, charted her progress in putting their lives back together:

"*Ben: his initial disturbed behaviour on his return home was very painful for me in that I had to rebuild my relationship with my child, who at that time would rather have been with his foster mother. This was, however, soon achieved and I am sure the bonding is as strong as it was before. As far as his constipation is concerned, he has achieved some stability with medication and so is generally more comfortable. As pre-March 1987, he is a very happy, lively, cheerful and sociable little boy...*

"*Sarah appears clearly to be the more disturbed. I was very shocked by her – it was like someone taking away the child I had and giving me back someone completely different. It goes beyond her need for love and reassurance, to coping with a complete personality change. We are rebuilding and even in the last six weeks have come a long way, but I foresee a very long time before the damage of the last nine months is resolved. From the day after she returned home words have poured out of her about all that has happened. One of the main problems is that I don't think she fully understands what is supposed to have happened to her. Consequently she is not altogether sure that she won't get taken away again, as she obviously thinks 'it' can happen at any time. She doesn't seem to relate feelings of safety to Michael's absence, but equally she is in the intolerable position of wanting Daddy to come home but remembering that the 'team' said if Daddy came home 'it' would start again.*

"*Mark: on the surface he has, and is, coping unbelievably well. Although he was initially subdued, this is gradually being replaced by his old noisy and very lively personality. He is quite clear that he has not been abused and that he had not said that he was. However, it seems to me that he is wrestling with his conscience and this is causing him considerable distress. He realises that he has, at least according to some people, given the impression that he has been abused, and by his father. He needs reassurance that we recognise and understand how alienated and confused and frightened he felt.*

"*Conclusions: my firm belief is that the children have not been sexually abused, not by their father or anyone else. I have always held this view, although the intense pressure on me to believe what the children were allegedly saying led me to conclude that I was being placed in a position of choice between my husband and my children.*

"*I am certain that this view is being confirmed by Mark and Sarah, even though I have gone out of my way not to impress my beliefs upon them. I think they will need skilled counselling and long-term support in order to understand and come to terms with what has happened.*

"*It is almost impossible to express my outrage at what these 'professionals' have done to my children, but I do know I have to try and put all the pieces back together again. I am frightened to think of the further damage that might have been caused if my relationship with my husband had not withstood the strains placed upon us.*

"*In some ways our problems have only just begun if, as I hope, we are reunited as a family. We have to learn to live with what has happened, to live with each other again – and none of us are the same people that we were.*

"*No one will ever truly know the pain we have suffered. The people who caused it have not witnessed and shared in it the way family, friends and colleagues have.*

"*Nothing will ever persuade me that the people responsible for determining the fate of my children during the last nine months had 'their best interests at heart'*."

During this time Michael Cooke was allowed to see his children once a week at a friend's house – he was still rigorously banned from his own home. In a strange way he was looking forward to the full hearing of their case in the High Court, scheduled for early December: he wanted people to know what had happened to them, what they had been through, and he wanted those responsible to account for their actions in open court. He was to be denied this satisfaction. On November 30, a week before the hearing, Cleveland County Council unexpectedly withdrew from the case. Michael was advised by his solicitor that there was nothing to stop him going home.

Little Ben had been told that his father was away on holiday. When Michael walked through the back door of his house, his youngest son came running up to him and said, "Hello Daddy, have you finished your holiday?"

On Tuesday December 7 the family assembled at Middlesbrough High Court to hear Mr Justice Eastham's scathing judgement: "I am satisfied that these children were not sexually abused by their father; I am satisfied that they were not sexually abused at all... These children are about to be de-warded by me because I am satisfied that they have caring and loving parents who have not harmed them in any way whatsoever. The wardship is going to be terminated and I sincerely hope that whatever tongues may have been wagging in the locality may now be stilled and that this family will be left to pick up the pieces after their awful experience... They should now feel free of the dreadful suspicion and trauma which has been hanging over their heads since March of this year."

Four months later, Diana Cooke: "When Michael came home he was very apprehensive, quite self-conscious about whether the children would get into bed with us, that sort of thing. But there was no panic or anxiety from them. Everyone had told Sarah that if her father came home 'it' would start again, but she was not in the least worried. In fact, Mark and Sarah's anxieties seemed to melt away when their daddy came home. For them, once we were all together it was the end of the nightmare.

"It hasn't been easy settling down together again; individual pain keeps bubbling to the surface. I have had the most terrible loss of self-confidence and we are really only just beginning now to establish life as it was before. The problem is I don't think it has ended. The people who caused all this are still saying they think they were right. I have the feeling they believe we slipped through the net.

"It does not seem to me that there can ever be any justification for what happened. Michael and I weren't treated like human beings and I am quite certain that taking children away from their parents, their home and everything they know, is not the way to protect them.

"We now have to try and regain our sense of worth in the eyes of our children, who saw us as being incapable of preventing them being taken away. It is impossible to know what is in their hearts. I sometimes wonder what they will think of it all when they are adults. Will they want then to convince the people who wouldn't listen to them as children that they were telling the truth?

"I want people to know what happened to us. I want people to know about the devastation and near destruction that can be caused to a family by a false diagnosis of sexual abuse. I want those responsible to have some idea of what they put us through, in the hope that child-care procedures will improve as a result of our experience and others like it. When my daughter asked me the other day why we were doing this article, I simply said, 'Because I never want it to happen again.'

"You do need to feel that you have suffered for some purpose, don't you?" ●

(11)

APPENDIX

From: Criminal Statistics E & W. 1986

Table 5.14 Offenders found guilty at all courts or cautioned for indictable sexual offences by offence

England and Wales

Number of offenders

Offence		1977	1978	1979	1980	1981	1982	1983	1984	1985	1986
16	Buggery	270	293	248	299	280	248	254	225	281	301
17	Indecent assault on a male	850	780	749	814	736	725	789	748	770	656
18	Indecency between males	1,685	1,942	1,520	1,711	1,550	1,237	1,338	905	826	831
19	Rape	325	339	392	457	326	412	330	359	450	415
20	Indecent assault on a female	3,466	3,465	3,470	3,490	3,258	3,391	3,235	3,147	3,316	3,127
21	Unlawful sexual intercourse with girl under 13	161	127	128	156	111	141	149	158	168	162
22	Unlawful sexual intercourse with girl under 16	2,047	2,061	2,111	1,906	1,689	1,559	1,673	1,473	1,550	1,426
23	Incest	157	151	177	171	143	133	152	162	149	211
24	Procuration	232	271	216	335	327	343	311	344	509	347
25	Abduction	19	35	33	29	29	25	27	27	23	29
26	Bigamy	70	78	79	80	68	65	62	47	49	29
27	Soliciting by a man	488	716	836	1,208	919	801	739	424	482	542
74	Gross indecency with a child	274	269	270	280	247	245	255	283	328	291
	Total sexual offences	10,044	10,527	10,229	10,936	9,683	9,325	9,314	8,302	8,901	8,367

APPENDIX 4

The frequency of childhood sexual abuse in the UK

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Introduction

This paper primarily addresses the issue of the *frequency* of childhood sexual abuse (CSA) in the UK.

Figures for the frequency of CSA are often quoted out of the context of the study from which they are derived. This can be very misleading, either because the study was inherently faulty—in design, performance or analysis—or because though a valid study, the results were not suitable for generalisation. Assessment of the *validity* and *generalisability* of the study results is dependent on a detailed examination of the methodology. Appendix 1 lists several major features of study methodology which need consideration before the results can be interpreted. Appendix 2 presents a summary of the most widely quoted British studies of CSA.

Attempts to estimate the national prevalence of CSA require the condition to be carefully defined. The various studies and data sources presented in Appendix 2 all use different *case definitions*. This can have a major effect on the reported prevalence. For example it is necessary to decide whether non-contact sexual abuse such as indecent exposure constitutes CSA. No single case definition is necessarily 'correct', it depends on the reason for which the definition is required (e.g. medical, psychological, criminal, social).

CSA in many ways exemplifies the classic iceberg description of disease. On the surface are those cases which come to the attention of police or health professionals. Beneath the surface however are an undoubtedly larger number of people who have encountered sexual experiences during childhood which, for whatever reason, have not come to the attention of the authorities.

Review of available data

Crime statistics (Appendix 2, section 1) represent the most serious end of the CSA spectrum. They do however provide little insight into the true frequency of CSA in the UK. The same criticism can be made of the *NSPCC statistics* (Appendix 2, section 2). They represent cases of CSA of sufficient severity that they have necessitated a child's inclusion on a local Authority Child Abuse Register. Assuming that all such cases have truly suffered CSA, then one can extrapolate from the NSPCC's reported sexual abuse *annual incidence* rate in 1986 of 0·57 cases per 1,000 children aged under 17 years to estimate a national *incidence* in 1986 of 6,330 cases per approximately 11 million children in that age-group. (NB An *incidence* rate is the number of *new* cases occurring in a population during a single year, and contrasts with *prevalence* which in the present context is the proportion or percentage of the adult population who have suffered CSA at any time during childhood). Extrapolation assumes that the abuse registers maintained by the NSPCC are representative of all other area registers.

Mrazek et al (Appendix 2, section 3) studied the frequency of CSA by approaching relevant health professionals and determining how often they had had contact with a sexually abused child during a single target year. From their results they estimated an annual *incidence* of CSA of 0·17 per 1,000 children in 1978. This figure is substantially less than that reported by the NSPCC in 1986, perhaps reflecting a true change in incidence, a change in ascertainment and reporting practice, differences in case definition, an unrepresentative result from Mrazek's study where the response rate from the professionals was only 39%, or most probably a combination of several of these factors.

Various attempts have been made to ascertain how prevalent is CSA that does not come to the attention of the authorities. *19 Magazine* and the *BBC Childwatch* programme (Appendix 2, sections 4 and 5) performed surveys in which readers/viewers were asked to write-in for a self-completion questionnaire of the subject. Such studies are useful in publicising a topic of general concern, provide an outlet for those affected and supply important information on the background and natural history of child abuse. They are however a totally inappropriate means of assessing national prevalence of CSA as the respondents are clearly not a random sample of the general population (e.g. one third of respondents to the BBC survey had consulted a psychiatrist or psychotherapist in the last five years).

Some researchers have focussed on a specific aspect of CSA, such as *Gittleson et al's* work on indecent exposure (Appendix 2, section 6). Over 20% of a group of nurses reported being subject to indecent exposure before their 15th birthday, although in the majority this was only an isolated episode. However a group of nurses is unlikely to be representative of the general population experience.

Two recent surveys have attempted to provide data on CSA in a 'nationally representative' sample of the UK (BBC Childwatch interview survey—Appendix 2, section 7) and Great Britain (MORI survey—Appendix 2, section 8). The main problem with these studies is their use of *quota sampling*—different households are approached until the required quota of subjects is obtained. Thus individuals in the study do not represent a true *random* sample, instead they represent those who are at home when the interviewer calls and those agreeable to participate in the survey. The MORI poll is perhaps better in this respect as it was part of 'a more general attitude survey' (not further defined) whereas the BBC study was actually introduced as a survey of child abuse. Therefore prevalence figures derived from these studies must be viewed with caution.

The study of *Nash and West* (Appendix 2, section 9) was at least performed on a defined population—women registered with a single GP. However, aside from the lowish response rate (53%), the generalisability of the study must be in doubt as the age-group studied was restricted to 20 to 39 years, and more importantly the GP was non-randomly selected—perhaps he was known by his patients to have a particular interest in CSA and related topics. The complementary study by the same authors on 148 female students (Appendix 2, section 10) had a better response rate (64%) but selection biases strictly limit its generalisability.

Prevalence

The foregoing paragraphs have been a methodological critique of the available UK data on CSA. Is it possible to assess the national *prevalence* of sexual abuse in childhood from such data? For the following reasons, it would be unwise to assume that the CSA prevalence figures determined in any of the individual studies quoted here are truly representative of the national figure:

(i) The validity of case ascertainment remains in doubt because a 'gold standard' test to confirm responses is unavailable.

(ii) The study samples are—in varying degrees—unrepresentative of the general population.

(iii) A variety of case definitions are used (see appendices).

Each study described here has reported a figure for the prevalence of CSA amongst respondents: Childwatch questionnaire survey 90%; 19 Magazine 36%; Childwatch interview survey 3%; MORI survey 10%; Nash and West (GP study) 42%; Nash and West (student study) 54%. However the various data can best be used to provide an overall picture of the spectrum of CSA in the community, its causes and natural history.

Although the prevalence figures vary widely, there is more consistency amongst the surveys concerning: (i) the greater frequency of CSA in females than males; (ii) the large proportion of CSA which does not involve physical contact; and (iii) the minority of CSA involving actual intercourse (sexual or anal) or attempted intercourse.

Time trends

Time trends in CSA can be investigated in several ways. Firstly, recent trends in crime statistics (no evidence of a rise in major CSA offences) and the NSPCC register (an 111% increase in the sexual abuse rate between 1985 and 1986) can be observed. However crime statistics reflect detection and prosecution practice, and the NSPCC register reflects ascertainment and reporting practice in addition to true changes in CSA incidence. An alternative approach is to compare reports of CSA by adults of different ages. The MORI survey shows a significantly higher proportion of 15–24 year olds (13%) reporting CSA than those aged over 64 years (3%). This may indicate a true recent increase, but could also reflect poorer recall with age or a difference in tendency to admit to CSA between the generations. The BBC Childwatch interview survey reported child abuse to be "distributed evenly across generations" although full results of this study are unavailable. If prevalence studies using similar methodology and case definition had been performed in different years, this would have offered an alternative approach to study of secular trends although the limitations just discussed would still remain relevant. However such studies have not been performed. The evidence for a recent rise in incidence of CSA remains weak.

International comparisons

Comparison *between* countries is even more problematic than comparison *within* a single country—are case definitions similar?; methodology comparable?; are perception of childhood experiences and willingness to report them alike in different countries? Studies of prevalence of CSA are inevitably going to produce a wide range of results because of differences in methodology and study population. Thus in the USA reported rates range from 6%[1] to 62%[2] for females and from 3%[3] to 30%[3] for males. One US study[4] of 796 college students using similar criteria to those used in the MORI population survey produced a similar reported prevalence of CSA (14%) to British subjects of the same age (13%). However it is possible that college students are more likely to report past CSA than a general population sample. Lack of comparable data effectively precludes drawing reliable conclusions about international differences in CSA.

Further work

(i) Uniformity of recording cases of CSA by all the local Area Review Committees, and collation of these data would supplement the information already derived from the NSPCC research register. (The Association of Directors of Social Services have recently attempted to assess the total number of children on the child abuse register of each authority, but the data obtained are not comprehensive particularly with respect to type of abuse).

(ii) A survey of CSA in *children* presents probably insuperable practical and ethical difficulties. Therefore adult recall remains the method of choice. It is important however that any study sample should be *randomly* selected. Use of large national surveys such as the General Household Survey would be one possible method.

(iii) The three national birth cohorts recruited in 1946, 1958 and 1970 are also nationally representative and much background social and demographic information is already available. Addition of questions on past CSA to their future follow-up would be useful.

Conclusion

Data concerning the frequency of CSA in the UK are scarce. The information that is available is open to criticism that it is invalid and/or not representative of the general population. *This makes estimating a figure for the national prevalence of CSA an unsatisfactory exercise.*

It is apparent from several studies that much CSA never reaches the attention of professionals—often the abuse is disclosed to no-one. Thus officially collected statistics will always underestimate the extent of the problem. Also however it is evident that a considerable proportion of CSA reported in surveys is non-physical (e.g. indecent exposure) and is often only experienced on a single occasion. The most severe forms of CSA (sexual and anal intercourse or attempted sexual intercourse) represent only a minority of reported childhood sexual experiences.

Acknowledgements

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Appendix 1: *Epidemiological assessment of CSA studies*

(1) *Study population*	children (crime statistics; NSPCC; Mrazek adults (national sample e.g. MORI; or selected groups e.g. nurses or college students).
(2) *Type of study*	cross-sectional (with recall of past events); longitudinal (characteristics of children are determined *prior* to occurrence of CSA; as a defined population is being followed-up over a period of time, an incidence rate can be calculated).
(3) *Incidence or prevalence*	an incidence rate is the number of *new* cases of CSA occurring in a defined population over a specified time period. e.g. the NSPCC figures are annual incidence rates; prevalence is the proportion of a defined population who have suffered CSA during a specified period of their childhood (technically, a period prevalence 'rate'). The studies of adult recall of CSA will yield the prevalence of the condition.

(4) *Method of sampling*

Volunteer
Quota
Random
National random.

Sampling method is vital because it has a major effect on the *validity* and *generalisability* of the study results.

(5) *Case ascertainment*

Questionnaire

Interview (? structured ? male or female interviewer).

Examination (only applicable in limited circumstances).

(6) *Context and wording of questions*

survey restricted to CSA;

survey restricted to all forms of child abuse;

more general survey.

The 'presentation' of the survey to study subjects will have major effects on who agrees to participate and how particular questions are answered.

(7) *Case definition*

How is CSA defined?—

e.g. age limits of 'childhood';

age limits of abuser (e.g. abuse by peers may be excluded);

is non-physical contact included?;

is only co-ercive or unwanted childhood sexual contact included?;

case definition is of primary importance when comparing prevalence estimates obtained from different studies, or when assessing secular trends.

(8) *Response rate*

is the response rate presented? (in quota samples it will often be absent)

have attempts been made to contact non-responders?;

have characteristics of non-responders been presented? (e.g. age, sex, other demographic variables)?

Non-responders are likely to differ from responders, particularly with respect to the outcome of interest (CSA). Poor response will thus result in a biased assessment of prevalence of the condition.

(9) *Missing data*

if critical questions concerning CSA are frequently not answered (refusal to answer; response box left blank) then underestimation of CSA prevalence may result.

Appendix 2: *Some of the most widely quoted British studies of CSA and related data*

Section 1: *Home Office criminal statistics*

	Magistrates Court (Total proceeded against)			Crown Court (Total for trial)		
	1980	1982	1984	1980	1982	1984
Unlawful sexual intercourse with girl under 13	104	87	115	96	66	73
Unlawful sexual intercourse with girl under 16	571	449	434	158	99	135
Incest	136	120	137	156	100	139

Section 2: *NSPCC statistics*

Method:

Each local government and health authority area in England and Wales has a Child Abuse/Protection Register. All children living in the area who are found to be abused or at risk of abuse will be placed on the local register. The management of the local register is the responsibility of the Local Area Review Committee.

The NSPCC manages local child abuse registers for Area Review Committees in 11 different areas, covering 9% of the total child population in England and Wales. The NSPCC combine data from these registers to form a Research Register and use it to *estimate* the national child abuse picture.

Key results:

	1985	*1986*
Number of sexually abused children placed on register in specified year.	222	527
Sexual abuse incidence rate per 1,000 under age 17 years.	0·27	0·57
Estimated number of new cases of sexually abused children aged 0–16 years England and Wales.	2,932	6,330

(i) The mean age of these sexually abused children was 10 years 2 months.

(ii) 18% of the sexually abused children registered in 1986 were less than 5 years old.

(iii) Over 80% of the sexually abused children were girls.

Section 3: *Mrazek et al—Survey of health professionals*

Performed: 1977–78.

Method:

Questionnaires were circulated to 1,599 family doctors, police surgeons, paediatricians, and child psychiatrists to determine the frequency and nature of child sexual abuse. Subject selection: all of the GPs in one London Area Health Authority and one rural county were circulated; paediatricians and child psychiatrists were selected from membership lists by their professional organisations; and all members of the Association of Police Surgeons were circulated.

The response rate was overall 39%, ranging from 24% of GPs to 51% of paediatricians.

Respondents were asked to report on (i) whether they had *ever* seen a case of CSA during their career; and (ii) the frequency of sexually abused children seen during the target year (ending in May 1978).

Case definition:

Type I: Battered child whose injuries are primarily in the genital area.

Type II: Child who had experienced attempted or actual intercourse or other inappropriate genital contact with an adult.

Type III: Child who has been inappropriately involved with an adult in sexual activities not covered by I or II.

Children were defined as aged 15 years or younger. Only sexual abuse by adults was included in the study; sexual activities between adolescents and sibling incest (unless one of the sibling was an adult) were excluded.

Key results: 16% of GPs who responded reported seeing one or more cases of CSA during their career as did 56% of responding police surgeons, 28% of paediatricians and 54% of the child psychiatrists.

By extrapolation from the data obtained during the target year the authors estimated a national incidence of over 1,500 cases of CSA per year, and suggest that in 1977–78 at least 3 per 1,000 children were being recognised as sexually abused at some time during their childhood.

Section 4: *BBC Childwatch questionnaire survey*

Performed: 1986.

Method: BBC viewers were invited to write to 'That's Life' for a questionnaire about their own childhood experiences. Just under 4,000 questionnaires were distributed of which almost 3,000 were returned. 40% of men who requested a questionnaire failed to return it compared to 16% of women. Of the 2,530 questionnaires analysed 93% were from females, and 64% from people aged under 35 years.

Case definition: (and results) General question: relating to childhood experience of "sexual interference".

RESULT: 90% of all respondents said they had suffered some form of sexual interference.

Specific questions:

(1) I was shown pornographic material by an adult or photographed by an adult in a pornographic way. (15% of respondents).

(2) I was asked/made to touch an adult's private parts/I was touched on my private parts by an adult. (83% of respondents).

(3) I was asked/made to engage in some form of sexual intercourse with an adult. (56% of respondents).

Section 5: *19 Magazine survey*

Performed: September 1982.

Method: The magazine invited readers to fill in a self-report questionnaire on their experiences of sexual abuse.

Over 3,000 readers replied.

Case definition: (The questionnaire and introduction have not been examined but have been described as "angled towards intrafamilial experiences").

Key result: 36% of respondents claimed to have been victims of sexual abuse as children and adolescents. Half of these cases were incestuous.

Section 6: *Gittleson et al—Victims of indecent exposure*

Performed: ? (reported 1978).

Method: Female nursing staff in a Sheffield hospital were given a personal structured interview and completed a standard questionnaire. No refusals or resistance was encountered. The study attempted to assess the frequency and experience of becoming a female victim of indecent exposure.

Case definition: Indecent exposure—not otherwise defined. Episodes occurring in the course of professional nursing duties were excluded.

Key results: 44% of the 100 subjects studied had been victims of indecent exposure, two thirds of the affected subjects having suffered only one exposure. 51% of all exposure episodes occurred before the 15th birthday.

Section 7: *BBC Childwatch national interview survey*

Performed: August 1986.

Method: An interview survey of 2,041 adults aged 16+ selected from different areas within the UK. The sample was a *quota* sample of individuals in a probability sample of areas. Presented as a survey to find out how much people know about child abuse and what their opinions are.

Case definition: A child is sexually abused when another person, who is sexually mature, involves the child in sexual activities for the abuser's satisfaction or gratification. This might involve intercourse, exposure of sexual organs or showing pornographic material.

Key results: (NB full results are not yet available). 3% of subjects reported being sexually abused (4% of females, 1% of males). Sexual abuse was proportionately represented throughout all the social classes. Girls were abused for the first time at a younger age than boys. (60% of girls abused age 10 or under and 45% of boys).

In those reporting sexual abuse, type of abuse was reported as:

— being touched or kissed in a sexual way	62%
— being made/forced to do something sexual	23%
— attempted sexual intercourse	22%
— sexual intercourse	10%
— suffered something else	18%
— not stated	9%

(some suffered more than one type of sexual abuse)

Abuse as children was said to be evenly distributed across generations.

In only 16% of cases was the abuser a total stranger, although about 30% did not state who abused them.

Section 8: *MORI survey (Baker and Duncan)*

Performed: ? (published 1985).

Method: Interview survey of a 'nationally representative' sample of all adults aged 15+ in Great Britain. 2,019 men and women interviewed in the context of a more general attitude survey. Female interviewers. Random sampling of parliamentary constituencies then *quota* sampling of respondents.

Case definition: A child (anyone under 16 years) is sexually abused when another person, who is sexually mature, involves the child in any activity which the other person expects to lead to their sexual arousal. This might involve intercourse, touching, exposure of the sexual organs, showing pornographic material or talking about sexual things in an erotic way.

Key results: 10% of subjects reported being sexually abused before age 16 years (12% of females; 8% of males). No increased risk associated with specific social class categories. Younger respondents reported significantly more abuse than older respondents.

63% of respondents reported only a single abusive experience, 23% were repeatedly abused by the same person and 14% were subjected to multiple abuse by a number of people.

49% of the abusers were known to the victims and 14% of all the reported sexual abuse took place within the family.

51% of the experiences reported as abusive involved no physical contact, 44% involved physical contact but not sexual intercourse and 5% reported full sexual intercourse.

Section 9: *Nash and West—GP study*

Performed: 1982.

Method: A 50% random sample of female patients aged 20 to 39 years listed on the register of a single GP were the target sample. Questionnaires were sent to 542 women, and after excluding 31 subjects who had moved, there was a response rate of 53% (223). The questionnaire survey was followed by an interview in a non-random selection of 109 women, 78 of whom had reported childhood sexual abuse.

Case definition: Subjects were asked to report the occurrence of various sexual events which happened to them as a child, defined as under 16 years old. Adult was defined as "someone at least 5 years older than yourself". The various sexual events presented, included both contact and non-contact experiences.

Key results: 42% of respondents reported "some degree of sexual contact with an adult" during childhood. Of these affected subjects, 45% had experienced only a single such event, and about 48% reported only non-physical contact (i.e. exhibitionism, verbal suggestions and obscene telephone calls).

Overall 22% of all the study respondents reported physical (contact) sexual experiences.

Section 10: *Nash and West—student study*

Performed: 1982.

Method: 148 female students consisting of "medical lecture audiences and women on the register of two colleges for graduate students" were invited to participate. 92 did so, a response rate of 64% after correction for undelivered questionnaires.

Case definition: As specified for Nash and West's GP study.

Key results: 54% of respondents reported "some degree of sexual contact with an adult". Of these affected subjects, 34% had experienced only a single such event, and 52% reported only non-physical contact (e.g. exhibitionism). Overall, 28% of all the study respondents reported physical (contact) sexual experiences.

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The microbiological contamination of food

Based upon a talk given by Sir Donald Acheson at a British Airways Seminar at London Airport on 10 April 1987

In 1984 a report of the Joint FAO/WHO Committee on Food Safety stated that "illness due to contaminated food is one of the most widespread health problems in the contemporary world and an important cause of reduced economic productivity." It concluded that "a considerable proportion of gastrointestinal infection was carried by food."

The problem is greater in third world countries but surveillance data in Britain show that despite educational programmes and legislation to improve the general standards of food hygiene food-borne illness is on the increase. This is particularly true for salmonellosis and campylobacter enteritis. In 1985 about 13,000 salmonella and 23,000 campylobacter isolations were reported by laboratories in England, Wales and Scotland to the Communicable Disease Surveillance Centres (CDSCs). Provisional figures for England and Wales for 1986 show a marked increase to almost 15,000 salmonellae and 24,500 campylobacter isolations.

Trends

Salmonellosis is endemic in Britain. Over the last 20 years the number of infections has continued to rise. In considering the scale of the problem one must take into account a serious degree of under-reporting of cases.

Figure 1 shows the number of notifications and laboratory reported incidents of food poisoning and salmonellosis in England and Wales between 1941 and 1984.

The proportions of different *serotypes* of salmonella have varied over the years. The peak in reporting of *Salmonella typhimurium* in the late 1950s was attributed to infection in cattle and was associated with changes in animal husbandry. The rise in other serotypes in the late 1960s and early 1970s was attributed to symptomless excretion in poultry. The more recent steeper rise in *S. typhimurium* has not been satisfactorily explained although it is thought that this may also be due at least in part to bovine infection. Figure 2 shows the organisms responsible for outbreaks of food poisoning and salmonellosis in England and Wales between 1980 and 1984.

Salmonellosis—clinical features

Most infections with salmonellae produce a self-limiting though unpleasant illness but complications and even deaths can occur.

Between 1975 and 1984 in England and Wales over 100,000 cases of salmonellosis were reported to CDSC and about 1,500 developed serious complications. More than 1,000 cases of bacteraemia (84 with osteomyelitis or specific arthritis) and

Com... • DIGBY ANDERSON

APPENDIX 5

Abus... the family

A huge folder of papers has just arrived from a reader of this column who has taken an interest in child abuse. It consists of a two-year survey of press reports and correspondence with various child abuse agencies and experts.

The first case is of an unmarried mother and her boy friend who burned their daughter; the second of a teenage man who killed the seven-year-old daughter of a divorcée. Other children are variously sexually abused, strangled, thrown to their death, locked up then burned, starved, tortured, beaten, raped, bitten and electrocuted.

There are now well-known problems of how to define child abuse, estimate its extent and detect and prevent it. But both in the United States and Britain an additional worry is emerging about the degree to which concern with abuse has become ideological ammunition. At the extreme, men-hating feminists point out with relish how many child-abusers are men.

Both they and their socialist allies have drafted child neglect and cruelty into their long war against the family, claiming that it is now revealed not as the source of love, safety and social stability, but of perversion, torture and death. Some of the abuse lobby have found it easier to collude with this claim, or at least to leave it more or less unchallenged, than to deny it.

For example, a recent book, *Child Sexual Abuse*, by Danya Glaser, a consultant psychiatrist at Guy's hosp... and Dr Stephen Frosch, lecture... in psychology at Birkbeck College, suggests that incest could occur in any family, and that any man could be capable of abusing a child. Men guilty of child sex presented "in an extreme way patterns of behaviour present in all men". The families in which abuse happened might be "dramatising an aspect of family life inherent in all families".

The press survey in the reader's file suggests that vigorous denial is urgent. Certainly there is case after case of cruelty and neglect in the home. But in case after case this home is anything but traditional.

Not only is it untrue that the family in any traditional sense is to blame: it is precisely in those homes where traditional family norms are broken that abuse is disproportionately frequent and likely.

The experts the reader consulted ought, broadly, to have confirmed this speculation in the correspondence. Child abuse is heavily correlated with the presence in the home of unrelated males and with the mother being young and single. If the mean age of abused or neglected children is four, then some 77 per cent of cases appear to occur in such families, though they are but 16 per cent of homes. With children up to 10, such homes are a fifth but account for three-fifths of cases.

Most experts did not say this. Some pointed out, quite redun... ly, that abuse occurs also in ...tional families and waffled on about "many" non-traditional homes being "warm" and "loving." Others said how complicated it all was and how much research remained to be done. One tortuously admitted the relationship but blamed inadequate handouts and state help.

The fact that the matter being "complicated" does not prevent simple general statements being made was shown by the National Society for the Prevention of Cruelty to Children's helpful reply, which, while aware of the dangers of "over-simplification" and of correlations being mistaken for causes, agreed that "child abuse, or reports of child abuse, are much more likely to occur in alternative rather than traditional families."

The reader, however, wanted to go one further. What many agencies meant by "traditional" was a family in which the children were with their biological parents. In addition to that, he meant that the parents were married. Some experts said this would be difficult to establish. What is much more interesting is the number who couldn't see the point in establishing marital status, even regarding it as merely legalistic.

Yet there are a host of reasons why marriage *might* be important. Research has shown unmarried couples to be less secure in their status as well as less committed. Marriage is a public and ceremonial commitment and sociologically it is highly plausible that married families will prove different from unmarried families.

One expert written to was Edwina Currie, Under Secretary at the DHSS, whose department is organizing a national return on the statistics of child abuse. She appeared totally unappreciative of the potential relevance of marriage.

It is undoubtedly true that child abuse is complex and multi-factorial in cause – what social problem isn't? But currently there is an absurd situation in which abuse is being used to discredit the traditional family and marriage at a time when such information as there is shows it to be related to non-traditional associations, especially single, young mothers with unrelated males.

It is most odd that this government, which is making much of its commitment to the traditional family, is not publicizing the relationship between deviant associations and abuse and seeking to use the benefit structure to discourage both. Instead, it is precisely the category of parents most likely to abuse which is growing fastest, fed with increasing subsidies.

As for the experts, they, with exceptions such as the NSPCC, appear to be part of the problem.

The author is Director of the Social Affairs Unit.

003/4206

CC BG

CONFIDENTIAL

NSRM

Treasury Chambers, Parliament Street, SW1P 3AG

The Rt Hon John Moore MP
Secretary of State for Social Services
Department of Health and Social Security
Richmond House
79 Whitehall
London
SW1

30th June 1988

Dear John,

TRAINING SUPPORT PROGRAMME: CHILD CARE

Thank you for your letters of 26 May and 24 June proposing a new specific grant for child care.

As you know, we have a number of reservations about specific grants in general. They are designed to lever up local authority expenditure in a specific area, and since there is no equivalent pressure for an expenditure reduction elsewhere, the result is higher public expenditure. Moreover, specific grants reduce the ability of authorities to deliver services efficiently and economically by tending to distance management and financial responsibility, with the result that it is difficult for the management and budgetary control procedures to operate fully to ensure the minimum cost of a service.

I accept however that against these general objections, there is a growing feeling that action is needed in the area of child care training in the PES, which will be reinforced by the forthcoming Cleveland report. I am prepared therefore to agree to the new specific grant you propose.

Finally, I note your intention to propose a specific grant for the needs of those with AIDS or HIV infection. I have yet to be convinced that there is as strong a case for this as you suggest and propose we might return to it later. That need not, of course, in any way delay your announcement of the child care grant.

I am copying this letter to the Prime Minister, members of E(LA) and Sir Robin Butler.

Yours Ever, John

JOHN MAJOR

HOME AFFAIRS: Assaults on Children. Sep 83

Dealwith
Yes please

PRIME MINISTER

You may care to see Mr. Newton's attached letter to the Lord President summarising the main points in Lord Justice Butler-Sloss' report on "Cleveland" , and his proposed statement (Flag A) to come out next week. It is interesting that it is he and not Mr. Moore making the statement on the Report.

Also attached is the shortened version of the report itself (Flag B). The recommendations relevant to central government are on pages 55-59. Central government is one of the few players not to come out badly from the report. But what most strikes me was how muted the Report's criticism is - and how limited its recommendations - in the face of what those parents and children who were innocent of any wrong encountered. The Government's response, within the framework the Report sets, can be positive, particularly since I understand that the Chief Secretary is about to agree to Mr. Moore's request for an additional £7 million grant to extend the training support programme into child abuse.

What you may want to consider is whether the Government response should seek to limit itself to the almost neutral framework the Report sets.

DOMINIC MORRIS

29 June 1988

KAYAHC

Prime Minister

Flag C is John O'Sullivan's recent note on Cleveland which is well worth a read.

DM 1/7

CONFIDENTIAL

DEPARTMENT OF HEALTH AND SOCIAL SECURITY
Richmond House, 79 Whitehall, London SW1A 2NS
Telephone 01-210 3000
From the Minister for Health

Mr Michael Saunders
Legal Secretary to
The Rt Hon Sir Patrick Mayhew QC MP
Attorney General
Attorney General's Chambers
Royal Courts of Justice
LONDON
WC2A 2LL

27 JUN 1988

Dear Mr Saunders

STATUTORY INQUIRY INTO CHILD ABUSE IN CLEVELAND
CHILDREN AND FAMILY SERVICES BILL

I regret that the attached letters of 22 June to the Lord President were not copied to the Attorney General owing to an administrative error. We also omitted to include the Lord Advocate in our circulation. Please accept my apologies for this omission.

I am copying this letter for information to the Private Secretaries to the Lord Advocate, members of 'H' Committee, the Prime Minister and to Sir Robin Butler to alert them to the need to include this additional department on any further correspondence.

Yours sincerely

John Harper

pp

MISS JENNY HARPER
Private Secretary

/0234t/2

CONFIDENTIAL

DEPARTMENT OF HEALTH AND SOCIAL SECURITY

Richmond House, 79 Whitehall, London SW1A 2NS

Telephone 01-210 3000

From the Minister for Health

Mr Alan Maxwell
Private Secretary to
The Rt Hon Lord Cameron of Lochbroom QC
Lord Advocate
Lord Advocate's Department
Fielden House
10 Great College Street
Westminster
LONDON
SW1P 3SL

1 July 1988

Dear Mr Maxwell

STATUTORY INQUIRY INTO CHILD ABUSE IN CLEVELAND
CHILDREN AND FAMILY SERVICES BILL

I regret that the attached letters of 22 June to the Lord President were not copied to the Lord Advocate owing to an administrative error. We also omitted to include the Attorney General in our circulation. Please accept my apologies for this omission.

I am copying this letter for information to the Private Secretaries to the Attorney General, members of 'H' Committee, the Prime Minister and to Sir Robin Butler to alert them to the need to include this additional department on any further correspondence.

Yours sincerely

John Ashton

MISS JENNY HARPER
Private Secretary

CONFIDENTIAL

NYSPA

DEPARTMENT OF HEALTH AND SOCIAL SECURITY

Richmond House, 79 Whitehall, London SW1A 2NS

Telephone 01-210 3000

From the Minister for Health

The Rt Hon John Wakeham MP
Lord President of the Council and
Leader of the House of Commons
Privy Council Office
70 Whitehall
London SW1A 2AT

24 JUN 1988

Dear John,

CHILDREN AND FAMILY SERVICES BILL : EMERGENCY PROTECTION ORDERS AND CARE ORDERS

I wrote to you earlier today about the terms of the Government's initial response to Lord Justice Butler-Sloss' report on the Cleveland Child Abuse Inquiry, which will be published on 6 July. This letter seeks colleagues' agreement in the law governing emergency protection and child care procedures.

As you know, we published our proposals for reforming child care law in the White Paper 'The Law on Child Care and Family Services' (Cm 62, Jan 1987) and have approval for a Bill of some 80 clauses in next session's programme. I have reviewed our proposals in the light of the Judge's recommendations, in consultation with interested Departments at official level.

The Judge supports the White Paper and makes a point of saying that our proposals should be implemented as a matter of urgency. In response to her recommendations we shall:

i. make clear that applications for emergency protection orders, which authorise removal of the child, need not be made ex-parte, though in practice full hearings on notice to the parents will usually not be practicable;

ii. omit the requirement that extensions of emergency protection orders and interim care orders should be granted only in exceptional circumstances (which the Judge thought might be difficult to prove), but provide for specific criteria which magistrates should follow rather than, as she suggested, give them complete discretion;

E.B.

iii. make refusal to disclose to the court the whereabouts of a child who is the subject of an emergency protection order subject to penalties which could include imprisonment;

iv. provide that magistrates should be able to dispense with attendance of the child during court proceedings, subject to the child being allowed to attend if she/he wishes;

v. provide that court clerks should be required to keep records of all emergency protection orders made, including those made by single justices outside court hours.

Virginia Bottomley and others have been pressing for a medical assessment order as a lesser alternative in some situations when an emergency protection order might seem unnecessarily strong. Their aim is to promote co-operation between parents and social workers and avoid as much as possible the trauma of removing children suspected of having been abused from home. The Judge makes clear that she does not favour a separate order which with different grounds and effects would be confusing and potentially dangerous. Instead she proposes the EPO might be conditional in certain circumstances. I shall be considering this. In any case, however, I intend to provide a new duty on the holder of the EPO not to remove or keep a child away from home if satisfied that to leave him or return him would not put him at risk. This would reinforce our concern that children under the order should not be kept away from home unnecessarily.

Although Lord Justice Butler-Sloss did not address this question, I now think it necessary to give parents and guardians an earlier opportunity to challenge emergency protection orders than would be possible under the White Paper proposals. Under these proposals they would have to wait for up to eight days until an extension of the order is applied for or care proceedings are initiated. This is too long a period to go unchallenged and could get us into further trouble with the European Convention on Human Rights. I therefore propose that parents, guardians and others who had custody of the child at the time of removal should, in cases where the order was made on ex-parte application, be able to apply to a magistrates court for discharge of the order after 72 hours. I would not expect this opportunity to be heavily used.

The Judge also recommends that, subject to practice directions, parents should in future be able to initiate wardship proceedings in cases which would otherwise have to be pursued in magistrates courts; and that a new Office of Child Protection should be established to improve the handling of child care business by the courts. These proposals are for James Mackay to consider in the first instance. They are relevant to the case for a family court on which, I understand, he will shortly be writing to you.

James Mackay will also be seeking policy clearance from colleagues in due course for inclusion in the Bill of provisions to reform private child law. I understand that these provisions will be based on proposals prepared following public consultation by the Law Commission who, in accordance with their usual practice, will shortly be publishing a report and draft Bill in support of their proposals. This draft Bill will include clauses on the Court's powers to make care and supervision orders in proceedings initiated by local authorities

E.R.

as well as in family proceedings. These particular provisions cover matters of public rather than private child law, and strictly run beyond the scope of the Law Commission's report. I am told that the Law Commission have included such clauses to show how the agreed objective of complete consistency between the two schemes could be achieved, for example, by having the same grounds and effects for compulsory committals to care in all civil proceedings. They will make clear in their report that their draft clauses on public law are intended to be illustrative only, and therefore have no official standing. We have an opportunity to consider the detailed provisions on public child law reform when the draft Bill prepared by Parliamentary Counsel is available. In the meantime I am content that the care order clauses should be trailed in this way without any commitment by the Government.

I trust that these additional limited proposals are acceptable to colleagues. We shall, of course, be expected when the Bill is introduced to indicate how we have provided for the recommendations on child care law in the Cleveland Report, and I am confident that these changes will be seen as a reasonable response.

I shall be writing separately to you about other aspects of the Children and Family Services Bill and we shall be producing more precise estimates of cost in due course, including any changes (not likely to be substantial) attributable to the proposals in this letter. As a rough estimate we now expect the full additional cost, including local authority expenditure, legal aid and court costs (but not including any costs attributable to changes in court jurisdiction) to be of the order of £7-8 million, with one-off start costs principally on local authority staff training of about £4.5 million. The Treasury are aware of these figures.

I am copying this letter to James Mackay, Douglas Hurd, Kenneth Baker and Peter Walker, to other members of H Committee and to Sir Robin Butler.

Yours ever,
Tony.

TONY NEWTON

YdeS/D.10

CONFIDENTIAL

DEPARTMENT OF HEALTH AND SOCIAL SECURITY

Richmond House, 79 Whitehall, London SW1A 2NS

Telephone 01-210 3000

From the Minister for Health

The Rt Hon John Wakeham MP
Lord President of the Council and Leader
of the House of Commons
Privy Council Office
Whitehall
LONDON
SW1A 2AT

24 JUN 1988

Dear John,

On 9 July 1987 I announced to the House the establishment of a statutory inquiry headed by a High Court Judge into child abuse in Cleveland. The Judge, Mrs (now Lord) Butler-Sloss, was assisted by three assessors with experience of medical, social work and police services.

I received the Report of the Inquiry on 6 June, and immediately set in hand arrangements for printing and publication. Copies of the report, which runs to some 800 typescript pages, have been circulated to Government Departments on a 'need to know' basis; and initial reactions are that its recommendations are generally helpful. The Judge has also prepared a short version of her report. A copy of this is attached. Publication is proposed at the earliest feasible date - 6 July - and will be announced by means of a statement to Parliament. The date has been chosen partly for the convenience of Lord Justice Butler-Sloss who will issue a prepared statement in Middlesborough. Neither she nor her expert assessors will be interviewed.

The full report is critical of a number of individuals concerned with the events in Cleveland - notably Mrs Richardson, the Social Services Department's consultant on child abuse, Drs Higgs and Wyatt, the two paediatricians centrally involved, Dr Irvine, the Senior Police Surgeon and Stuart Bell, the Middlesborough MP. The chief constable and director of social services are also criticised for failing to take corrective action quickly enough. All these and others criticised significantly will be given advance copies of the Report on the morning of publication, at the same time as it is released under embargo to the media. Other than this it is not intended to issue advance copies of the report, although I propose that officials should hand over to the main agencies involved - the local authority, regional health authority and the police - relevant extracts two or three days in advance of publication, as well as the full report on the day. This is I am sure essential so that they can prepare their initial response. Officials will do what they can to prevent defensive or divisive local reactions.

E.R.

The report also makes a number of recommendations about good practice. We can respond positively and quickly to these. Along with publication of the Report I intend to issue, jointly with the Welsh Office, a circular and guidance to social services and health authorities on 'Working Together for the Protection of Children from Child Abuse'. A draft was widely circulated in 1986, it has now been substantially amended to take account of comments and of the Cleveland recommendations. I propose that my officials should give the relevant professional and other organisations informal briefings on the guidance shortly before publication. The Home Office and Department of Education and Science are also planning to issue circulars on the same day and may wish to give similar briefings in the fields for which they are responsible.

We are corresponding separately with the Chief Secretary about the case for specific grants to local authorities in respect of social services training in child care and will adjust the draft statement as necessary in the light of the outcome.

I enclose a preliminary draft of the statement I propose. If you or copy recipients have any comments on this or on the arrangements, I shall need to know by 1st July.

I am sending copies of this letter and enclosures to the Prime Minister, members of H Committee, and Sir Robin Butler.

Yours ever.
Tony.

TONY NEWTON

Enc.

KW/DNo.10

CONFIDENTIAL

DRAFT.

On the 9th of July last year I announced that my Rt Hon Friend had ordered an inquiry into the arrangements for dealing with suspected cases of child abuse in Cleveland. The inquiry arose from an unprecedented rise in the number of cases of child sexual abuse diagnosed in Cleveland during May and June, and the serious concern expressed in this House and elsewhere about how those cases were being dealt with.

I am extremely grateful to Lord Justice Butler-Sloss for agreeing to undertake this inquiry, and to the three assessors who helped her, Professor David Hull, Mr John Chant and Mr Leonard Soper all of whom supported her conclusions and recommendations. Mr Rt Hon Friend has published her report today. It is also available in a short version and copies of both are in the Vote Office.

The Report contains some criticisms of the part played by individuals in the events of last year. It will be for their employers to consider these and take any action which is appropriate.

The report confirms that communications and co-operation between the agencies in Cleveland fell short of what was required, and that those in authority were unable to act sufficiently speedily or effectively to restore the orderly and effective handling of cases. Action in some cases was taken too precipitately, with insufficient attention to the weight of the evidence, the interests of the child and the parents, and the possibility of taking action falling short of removing the child from home.

Nevertheless, many children undoubtedly received protection that was needed. I am sure the House would wish to join me in expressing regret and sympathy to those families for whom the standard of service provided fell short of what should have been.

A number of important lessons should be learned at once from the report.

First, it is of fundamental importance that in assessment of child sexual abuse professionals shouldl work closely together with agreed guidelines.

Second, medical examination forms only part of multi-agency assessment, and the reflex anal dilation test should not on its own be regarded as sufficient evidence of child sexual abuse. This view is confirmed in a report of a sub committee of the Standing Medical Advisory Committee which my Rt Hon Friend is also publishing today, and distributing widely to the medical profession.

Third, when all the available evidence supports a conclusion that the child needs protection against sexual abuse, action needs to take account of all the circumstances including those of the family, and immediate removal of the child will not always be necessary.

Fourth, wherever practicable, whatever action has to be taken, parents should be consulted, involved and kept informed of what is done. They should be given reasonable access to their children unless this would be against the childs best interests.

Fifthly, better training of all the professions in the handling of child sexual abuse is urgently needed.

The report stresses the importance of effective inter-agency working, and that is the subject of comprehensive guidance which my Department and the Welsh Office are issuing today. This guidance takes in the messages of the Report. Parallel circulars are being issued to the police and education authorities by my Rt Hon Friends the Home Secretary and the Secretary of State for Education and Science.

A report by the Social Services Inspectorate on a survey of current arrangements for inter-agency working is also being published today. It shows good progress in almost all areas. In the relatively few areas where further progress needs to be made we will monitor the situation closely to ensure that satisfactory arrangements are developed.

Also being published today is guidance for senior nurses on the management of child abuse work, prepared by the Standing Nursing and Midwifery Advisory Committee. Guidance on social work practice will be issued in October.

Copies of the reports and guidance to which I have referred have been placed in the Library.

Those recommendations in the report that require legislation will be considered when we implement our proposals in the White Paper on The Law on Child Care and Family Services which are intended to provide a clearer and fairer framework for the protection of child care services to families and for the protection of children at risk. The report supports our proposals, and we will introduce legislation as soon as the Parliamentary timetable allows.

We already have in hand a number of initiatives on the prevention and management of child abuse. We will press ahead with these and begin discussions immediately on how we can build on those initiatives and develop a further programme to meet the needs rightly identified in the Report. /Reference to Specific Grant if approved./

It is clear from the Report that some of the events in Cleveland should not have occurred. But I invite the House to remember the uniquely difficult circumstances facing doctors, the police and social workers when evidence of sexual abuse is presented. Those circumstances will always be fraught with tension, anxiety and some uncertainty. We should thank and support those who daily take on responsibility for dealing with these appallingly difficult cases. Given the difficulties they face it will never be possible to ensure that no errors are made. I hope and believe that this Report, together with the action I have announced today, will make it significantly less likely that such an unhappy series of events will happen again in this country.

KW/DNo.10

JB/0227t

CONFIDENTIAL

DEPARTMENT OF HEALTH AND SOCIAL SECURITY

Richmond House, 79 Whitehall, London SW1A 2NS

Telephone 01-210 3000

From the Secretary of State for Social Services

The Rt Hon John Major MP
Chief Secretary to the Treasury
HM Treasury
Parliament Street
LONDON
SW1P 3AG

24 June 1988

Dear John.

TRAINING SUPPORT PROGRAMME: CHILD CARE

I wrote to you on 26th May, in advance of receipt of the Cleveland Child Abuse Inquiry Report, seeking agreement to an early announcement that the Training Support Programme would be extended to the field of Child Care once the legislation permits.

We have now received the Report and it confirms our view that we must take and be seen to be taking urgent action to improve training in this field, particularly with relation to child sexual abuse. Some quotations will show the strength of the Report's view on this:-

Recommendations

Para 9. 'Training is one of the major needs shown by the Cleveland experience'. There is an urgent need to give immediate in service training to professionals.

Report

Para 15.5. "It was our overwhelming impression that the training provided nationally is inadequate".

and "Many social workers experienced difficulty in responding to sexually abused children because they had not received the training necessary to the task they were undertaking".

E.R.

Para 15.6. "There is an urgent need for training in child abuse and child sexual abuse to be properly co-ordinated and validated on a national basis. We share and endorse the concern expressed by the national social work organisations that a new initiative and additional resources are needed to ensure adequate training for the various professional groups involved."

Our response to the Report will be seen as politically quite inadequate if we do not address one of the few issues where we do have the prospect of some central control and action. The experience with the Programme we are running this year for staff working with elderly people shows that a specific grant is a very powerful means of ensuring significant progress. We will come under tremendous pressure from our own supporters as much as from others - to use our extended powers to achieve some much needed progress in child care training. We will have lost a valuable political opportunity if we seem to be doing this only in response to pressure from others rather than from our own desire to press forward with some positive measures. And I have no doubt whatsoever that we would need to concede this in due course. Moreover until we can make some progress in preparing staff better for the immensely difficult tasks they face in the field of child sexual abuse, we will continue to have inquiry after inquiry once things have gone badly. Since the statistics show that known cases of child sexual abuse continue to rise inexorably the situation can only get worse unless we take rapid action to improve the capacity of staff to respond effectively and humanely.

Tony Newton will be making an oral statement to the House on 6 July in response to the Report and will be sending a draft of that statement to members of H shortly. I attach substantial importance to his being able to announce in the statement the extension of the training support programme to the child care field. I hope therefore that I can now have your agreement to my proposals. If you see any difficulties in agreeing, I suggest that we need to discuss the issue at the meeting of E(LA) on 29 June.

I am copying this letter to the Prime Minister, members of E(LA) and Sir Robin Butler

JOHN MOORE

HOME AFFAIRS: CHILD ABU
SEP

ccgk

16pm yet.

DEPARTMENT OF HEALTH AND SOCIAL SECURITY

Richmond House, 79 Whitehall, London SW1A 2NS

Telephone 01-210 3000

From the Secretary of State for Social Services

CONFIDENTIAL

The Rt Hon John Major MP
Chief Secretary to the Treasury
HM Treasury
Parliament Street
LONDON
SW1P 3AG

26 May 1988

Dear John.

TRAINING SUPPORT PROGRAMME: CHILD CARE

I expect to receive very shortly the Cleveland Child Abuse Inquiry report and, subject to colleagues agreement, I am planning to publish it in the first week of July. It is highly probable that the report, as many before it, will recommend that greater attention be given to developing and extending child care training. It is vitally important that social services staff - including field social workers involved in the diagnosis and assessment of child abuse and those staff working with children in care who may be victims - receive appropriate further training. The need to take action to improve performance in these critical tasks is reinforced by the escalating numbers of child abuse cases; for example, the NSPCC "at risk" registers show a 43% increase in names added in the two years to 1987.

You will be aware that, in last year's discussion of local authority expenditure provision, I obtained colleagues' agreement to the introduction of a Training Support Programme for those working with the elderly, based on a specific grant. This has been widely welcomed and is already showing clear signs of worthwhile results.

The Health and Medicines Bill contains powers which would enable us to extend this targetted approach to the improvement of training in the child care field. Subject to your agreement, I would like to include in our response to the Cleveland report that we propose to make such an extension of the Training Support Programme, based on further specific grant of £7 million covering £10 million of expenditure. A more detailed explanation of the proposal is annexed to this letter.

While I would not normally have wished to press you on this at this stage, I am convinced that it will be of considerable importance politically to demonstrate an immediate positive response to the Cleveland report and to the widespread anxieties about the quality of services dealing with child abuse. This need has been further strengthened by the criticism of our decision not to endorse the CCETSW proposals for the training of future social workers, which we have answered by saying that we prefer a balanced programme of improvement which gives due weight to enhancing the skills of existing social workers, not least in handling child abuse.

To assist you in considering this request, I should mention that I shall not be seeking any increase beyond inflation in the existing Training Support Programme. I do however expect to put forward in the normal way a proposal for a specific grant of about the same order in respect of social service provision for the needs of those with AIDS or HIV infection.

I am copying this letter to the Prime Minister, members of E(LA) and Sir Robin Butler.

JOHN MOORE

ANNEX A

SOCIAL SERVICES TRAINING SUPPORT PROGRAMME

PROPOSAL TO EXTEND PROGRAMME TO CHILD CARE

1. I wish to extend the coverage of the Training Support Programme to cover child care for the following reasons:

- Local authorities along with other agencies are facing an escalating problem of child abuse and in particular child sex abuse. NSPCC "at risk" registers (about 10% of the total) showed an increase in added names from 1586 in 1985 to 2137 in 1986 to 2266 in 1987 (1987 figure is provisional). The proportion of sexual abuse has increased dramatically.The Cleveland Child Abuse Inquiry like many before it is likely to point up a lack of appropriate training as a major contributory factor to the mishandling of child sex abuse cases.

- There is a particular shortage of the skills relevant to the proper assessment of child abuse, even amongst experienced social workers. Both the findings of recent research and work by our own Social Services Inspectorate have indicated that although social workers often have a grounding in the signs and symptoms of physical abuse and neglect they lack the skills to translate their knowledge into effective assessment when cases of child abuse were identified (which raises some concern about the adequacy of basic qualifying training). I intend to make the training in the skills of assessment an important priority in my programme.

- Although social workers take a lead role in handling child abuse cases they are not the only social services staff group who will have to deal with children who have been the victims of abuse. It is very important that residential and day care workers who handle cases of abused and sexually abused children receive appropriate training.

- I am anxious to see greater emphasis placed on training in the implications of child care law. A number of Child Abuse Inquiry reports have pointed to a need for better training in this field. This might take the form of specialist training for local authority lawyers or more general training for social workers and others engaged in working with children. The forthcoming Child Care and Family Services Bill, due to come before Parliament in 1988/89 will have important training implications both in 1989/90 and beyond and I hope I will be able to use the Training Support Programme as a means of covering that need.

2. I am strongly convinced that a specific grant presents the most effective way of achieving these aims. Our strategy for the Training Support Programme has been to focus on authorities making coherent plans for the training of relevant staff groups which can they can manage and implement over the duration of the programme and beyond. The mechanism of the Training Support Programme with its process of annual bidding for indicative allocations of grant allows me to keep a firm check on authorities' progress against their plans and to target authorities activities onto areas I see as priorities.

3. The programme would cover in its first year of operation the following staff groups:

- field social workers including team leaders - 26,882

- staff in residential care homes for children - 20,397

- staff working in day nurseries - 10,666

- other management and advisory staff with child care responsibilities

4. I intend to administer the child care scheme on the same basis and as part of the Training Support Programme. The main features of the Training Support Programme as we have set it up in 1988/89 for the elderly are:

- authorities expected to draw up training plans coveringa 3-5 year period for the relevant staff groups and to set themselves annual targets based on those plans.

-annual guidance from the Department on Ministerial priorities for the programme.

- a system of bidding against indicative allocations of grant. Confirmation of grant is dependent on approval of authorities' training targets and in future years on their performance.

- annual returns on progress against targets. Regular monitoring by the Social Services Inspectorate of authorities progress against their plans.

5. There is at present only a limited amount of suitable training available covering child abuse. I have under way a modest central programme - worth £326,000 in 1988/89 - of six projects to produce training materials, train a small number of specialist staff and provide central resources in sexual abuse training. I plan to extend this in 1989/90 to some extent but this only makes a small contribution to training needs. I intend to bring into discussions at an early stage CCETSW and other social services training agencies on how the training support programme might be used to develop necessary training. In the first year of the programme, I intend to encourage social services departments to appoint a specialist training officer post in child care who could:

- utilise fully as part of in-service training, the increasing number of open learning packages on the subject

- arrange training contributions from external consultancies and agencies

- enhance Social Services Departments capacity to contribute to multi-disciplinary learning under the auspices of area review committees

- arrange and support a increased supply of practice placements in work with children and families for social work students

TIMING

6. I seeking an early agreement to my proposals for the Training Support Programme for 1989/90 :

- to allow me to make a positive response to the report of the Cleveland Child Abuse Inquiry to be published in July.

- to give Social Services Departments sufficient time to develop training plans and make arrangements for their training activities in 1989/90.

DHSS

May 1988

CARE FOR TOMORROW

The Case for Reform of Education and Training for Social Workers and Other Care Staff

The Central Council for Education and Training in Social Work (CCETSW) has recently submitted a proposal to the Government for the funds required to make major reforms in the training of social workers and other care staff in the personal social services. This leaflet summarises the need for change, outlines the main proposals, identifies the costs of reform and describes what needs to happen now.

WHY IS CHANGE NECESSARY?

Present training arrangements for social workers have been overtaken and overwhelmed by change. The Certificate of Qualification in Social Work (CQSW) was introduced 15 years ago; the Certificate in Social Service (CSS) followed three years later. Neither has been able to keep pace with demands created by the massive changes which have occured since

* in legislation (62 Acts of Parliament since 1972 have particular significance for social work practice);
* in national and agency policies;
* in patterns of service delivery, in particular the move towards care in the community, and
* in society itself, and in the nature and extent of social needs contained within it.

All these changes have resulted in massive increases in the demands upon and expectations of social workers and the agencies in which they work. They are expected to be skilled and effective in dealing with child abuse and neglect, family violence, mental disorder, people with mental handicaps, the growing population of elderly people, young offenders and recidivists, communities damaged by poverty, and unemployment. They are expected to be able to deal with the social consequences of new problems such as AIDS, and to be in the front line in the aftermath of national disasters such as those in Bradford, Zeebrugge and Hungerford. They must be sensitive to and be effective within a multi-racial, multi-cultural society of a kind unforseen when training programmes were first devised.

Training for social workers, in spite of the efforts of course teachers, has failed to keep pace with rising demands for knowledge and skills. Present courses (lasting one or two years) are simply not long enough to ensure that students acquire the knowledge, skill and practice competence they need to be effective as social workers. Longer and reshaped training is urgently needed if we are

* to prepare social workers properly to carry the wide range of responsibilities placed upon them; and

* to enable social workers to work effectively in multi-professional teams.

No other professional group within the 'care' sector is trained in less than three years, and this is the minimum required to bring social work into line with EEC harmonisation proposals.

These shortcomings apply to training arrangements for social workers. Many more care staff in personal social services agencies - care assistants, home helps and others - have little or no training for the work they do, and there is no national system of qualifications to demonstrate their competence and allow them to progress to more complex and demanding work.

There are some 60,000 social worker posts in field, residential, domiciliary and day care settings in the UK personal social services; other care staff number at least 375,000. **Action to provide proper training and qualifications for all of these staff is urgently needed.**

ACTION PROPOSED

In its submission to Government (Care for Tomorrow), CCETSW proposes a comprehensive, progressive system of training and qualifications for social work and social care staff throughout the UK. It has taken account of government plans for further and higher education, and builds upon the framework of five levels used by the National Council for Vocational Qualifications (NCVQ).

For Social Work CCETSW proposes a new Qualifying Diploma in Social Work (QDSW) to replace the existing CQSW and CSS awards.

Under the proposal:

* Most students will train for three years; although two-year programmes will be available for some graduates and others with approved experience.

* All QDSW students will be required to develop a defined knowledge base, core skills, professional values and to demonstrate competence to practice.

* All students will spend up to one quarter of their course studying an area of special emphasis - a client group, a social work method, or work in a particular setting.

* Course structures will vary to meet the needs of a broad entry of students of different ages and backgrounds including those in employment.

* All students will be assessed to a high, common, national, minimum standard set and controlled by CCETSW through CCETSW-approved external assessors.

* QDSW programmes will be provided by colleges and social service agencies working together.

* At least 5,000 new QDSW holders a year will be needed to meet the needs of the statutory, voluntary and private sector services.

In addition, CCETSW plans to raise the standards of practice teaching for training social workers through a new system of accreditation of practice teachers, and the agencies in which they work.

These proposals represent "the minimum the Council believes necessary to produce qualified social workers with the knowledge, skill and practice ability needed to justify a professional qualification and which the social services will need during the last years of this and the early decades of the next century." **(Professor Berrick Saul, Chairman, CCETSW, April 1987).**

For Social Care, CCETSW is hoping to develop, in collaboration with others, a range of training opportunities and qualifications at NCVQ levels 2, 3 and 4 designed to cope with the wide ranging complexities of work in a variety of care jobs.

This would involve:

* at least one new qualification (a Certificate in Social Care), and possibly 'preliminary' and 'advanced' awards as well;

* the opportunity of progression to higher levels of qualification including, for those wishing to train as social workers, entry to (or exemption from part of) QDSW programmes;

* work-based assessment following prescribed minimum periods of training;

* in-service and college-based routes to the CSC and related awards;

* core and specialist modules, and maximum use of distance-learning methods, to meet the needs of staff preparing for a broad range of jobs; and

* broadly-based access to encourage entrants from a variety of social groups, ages and backgrounds.

The new awards(s) will eventually replace, and draw upon the staff and resources of existing social care training programmes which do not lead to any kind of qualification.

WHEN AND HOW WILL THESE NEW ARRANGEMENTS BE INTRODUCED?

If the necessary funds are made available, QDSW and social care training programmes could have their first intakes in 1991. Meanwhile, 10 representative interim planning groups throughout the UK will be advising CCETSW on the number and range of programmes required to meet employment needs, and promote collaboration between employers, educational institutions and other interests.

WHAT WILL IT COST?

CCETSW believes that for an additional investment of £40m per year it will be possible to introduce

* the new QDSW for 4,700 students per annum;

* a system of accreditation of practice teachers and agencies; and

* training and qualifications for two-thirds of social care staff in the statutory personal social services within the first 10 years.

To achieve this, development funds of £2.5m rising to £8.5m per annum will be needed between 1988/9 and 1992/3; the full £40m will not be required until 1994/95.

DO CCETSW'S PROPOSALS HAVE SUPPORT FROM OTHERS?

Leading employer, academic, professional, trade union and voluntary interests recently combined to press the Secretary of State to support and finance CCETSW's strategy for change. Bodies involved were as wide-ranging as the Association of County Councils and NALGO, the British Medical Association and NUPE, Social Work Education Committee of the Joint Universities Council and the Association of Chief Probation Officers, the Association of Directors of Social Services (and Association of Directors of Social Work in Scotland) and the National Council for Voluntary Organisations; the Convention of Scottish Local Authorities, the Social Care Association and many more.

REQUEST TO GOVERNMENT

These plans are dependent upon the Government commiting the necessary resources, and protecting them for this purpose. CCETSW believes its proposals to be practically and financially realistic and essential to produce the efficient and effective social work service which the profession wants, society demands and recipients of social work need and deserve.

"A remarkable consensus has emerged around the need for change in social work and social care training and the form which that change should take. We have, I believe, argued the case clearly and powerfully. We must now wait - but we cannot afford to wait for too long - for the government to announce its support for our plans and to commit the necessary resources for us to go ahead." **(Tony Hall, Director, CCETSW, October 1987)**

Copies of the main document **Care for Tomorrow** are available from CCETSW price £5 post free.

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The Qualifying Diploma in Social Work

Statement of Minimum Requirements of the Social Worker at the Point of Qualification

CCETSW Paper 20.9 February 1988

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Contents

Foreword page 4

Introduction 5

Part I The Major Aims of Social Work 6

Part II Minimum Requirements of the Social Worker at the point of Qualification 7

Section 1 A Relevant Knowledge Base 7

Section 2 Social Work Practice 9

Section 3 Professional Values 11

Section 4 Accountable Professional Practice 12

Section 5 Area of Special Emphasis 13

Section 6 Conclusion 14

Part III A Synopsis of the Requirements 15

Foreword

From the long debate about qualifying education and training for social workers, culminating in the Council's proposals for a new Qualifying Diploma in Social Work (QDSW), has emerged a remarkable consensus among employers, educators, professionals and unions. In particular they have agreed on the statement of the knowledge, skills, values and practice competencies to be required of all new social workers qualifying with the QDSW contained in this document.

All parties to this statement have agreed to alert CCETSW if, at any point, the statement requires revision. CCETSW, for its part, has undertaken to institute a regular review of the requirements and to bring to the attention of all parties any changes that it considers necessary (paragraph 6.2).

This agreed statement provides a firm foundation for the QDSW which, if government funds are forthcoming, is planned to begin in 1991. It enables programme providers to plan their courses, guides examiners on the knowledge, skill and competencies they must assess and gives employers a clear idea of what they can expect from a newly qualified QDSW holder.

It is a statement 'owned' by all parties to the provision of social work education, training and practice.

Tony Hall
Director

February 1988

Introduction

This statement prescribes the minimum requirements of all newly qualifying workers gaining the Qualifying Diploma in Social Work (QDSW). Employer, educational, professional and union interests have endorsed the statement which represents an important innovation in social work education and training in the United Kingdom.

Part I The Major Aims of Social Work

Social work is an accountable professional activity which enables individuals, families and communities to identify personal, social and environmental difficulties adversely affecting them. Social work assists and empowers them to manage these difficulties through supportive, rehabilitative, protective or corrective action. Social work promotes social welfare and responds to wider social needs promoting equal opportunities for every age, gender, class, disability, race, culture and creed.

Social workers are part of a network of welfare, health, criminal justice and penal provision. They have a responsibility to ensure proper use of the resources available to them. Parliament lays down the legal framework and delineates the powers of statutory, voluntary and private agencies within which social workers practice. Their role can vary in residential, day care, domiciliary, fieldwork and community settings, but they share a common core of knowledge, skills and values.

Part II Statement of Minimum Requirements of the Social Worker at the Point of Qualification

The primary aim of education and training leading to the Qualifying Diploma in Social Work (QDSW) will be to provide the foundation for accountable professional practice (Section 4 page 6). To ensure that this foundation is provided newly qualified social workers will be expected to have acquired

- a relevant knowledge base and the ability to assess competing theories and research evidence (Section 1 page 7);
- core social work skills applicable in a variety of settings (Section 2 page 10) and developed in an area of special emphasis (Section 5 page 13);
- a system of professional values (Section 3 page 11).

SECTION 1. A RELEVANT KNOWLEDGE BASE

1.1 A newly qualified social worker must be able to demonstrate knowledge of the following:

- social work methods and processes (para 1.2);
- relevant social and behavioural sciences (para 1.3):
  human and social development and behaviour (para 1.3.1)
  social and community studies (para 1.3.2);
- social and economic policies (para 1.4);
- professional, ethical and moral issues (para 1.5);
- health, disability and social conditions (para 1.6);
- organisational structures and processes (para 1.7);
- law (para 1.8).

1.2 Social Work Methods and Processes:

core skills; social work processes; working with individuals including children, families groups and communities; working with people from different racial and ethnic groups; inter-professional work; evaluation of social work research; social work practice drawing on the knowledge base outlined below.

1.3 Relevant Social and Behavioural Sciences:

1.3.1 Human Social Development and Behaviour:

child rearing and developmental milestones; child abuse; family patterns; cultural patterns; adulthood; sexuality; ageing; disability; personality; groups and communities.

1.3.2 Social and Community Studies:

society, social structure, social class; unemployment, deprivation, poverty; race, gender; the inner city; rural deprivation; deviance, crime, victimisation and violence.

1.4 Social and Economic Policies:

social welfare; welfare rights; equal opportunities; race relations; criminal justice system; crime and treatment of offenders; relevant central and local government structures and policies.

1.5 Professional, Ethical and Moral Issues:

professional ethical codes and dilemmas; conflicts between organisational and professional values; understanding the processes of institutional disadvantage and discrimination; prejudice and labelling.

1.6 Health, Disability and Social Conditions:

effects of demographic trends; disability and handicap; mental health; illness and death; addiction, alcohol and substance abuse; AIDs; prevention and rehabilitation.

1.7 Organisational Structure and Processes:

organisational and institutional theory and structures; statutory framework and provision; statutory, voluntary and private services; working with volunteers; indirect work with clients; social workers' duties and responsibilities within departmental policies; computer and information technology; data protection and access to information.

1.8 Law:

legal framework of social work; statutory duties of social workers; major legal requirements and relevant circulars and notes of guidance; issues of child protection, legal rights, personal protection and individual liberty.

SECTION 2. SOCIAL WORK PRACTICE

2.1 Newly qualified social workers will have to demonstrate that they can engage with individuals, families, groups and communities in all the essential processes of social work practice:

- assessing needs, strengths, situations, risks (para 2.2.1);
- planning appropriate action (para 2.2.2);
- implementing action (para 2.2.3);
- evaluating aims and effectiveness of outcomes (para 2.2.4).

Necessary for these processes are:

- use of self (para 2.3.1.);
- interpersonal skills (para 2.3.2);
- recording skills (para 2.3.3);
- decision making skills (para 2.3.4);
- skills in deploying resources (para 2.3.5).

2.2 Essential Processes of Social Work Practice

Social workers must demonstrate competence in all the essential processes of social work practice:

2.2.1 Assessing needs, strengths, situations, risks

Assessing the needs of children and adults (of different age, gender, class, disability, race, culture and creed) in a variety of settings or environments.

- careful checking of facts, history and perceptions with clients, and from other sources;
- marshalling and selecting essential data, employing systematic assessment methods and findings from research;
- gathering and evaluating information about community resources, social networks and support systems;
- understanding the impact of the multi-dimensional nature of needs in society;
- appreciating the indicators of risk to clients and others and the social workers' responsibilities within the legal framework.

2.2.2 Planning appropriate action

- planning and contributing to programmes of care, supervision, rehabilitation and control as appropriate;
- planning such work with individuals, families, groups and communities, and their existing informal systems and network, including colleagues and/or other professionals as necessary;

- setting objectives, agreeing contracts in the light of resources, constraints, legal powers and levels of responsibility;

- working effectively and confidently in case discussions, courts, and/or Hearings, policy meetings and interprofessional meetings.

2.2.3 Implementing action

Newly qualified social workers will be required to demonstrate their knowledge, skills and values in all the three main spheres of social work practice:

- working with individuals and families including counselling skills;

- working with groups including group care;

- working within a community including community social work.

2.2.4 Evaluating aims and outcome

- appraising progress towards agreed objectives with clients and colleagues;

- modifying the action plan where necessary;

- reflecting on the process and outcome of the work.

2.3 Core Skills of Social Work

To carry out the processes of social work the following core skills are required:

2.3.1 Use of self

- self awareness;

- analysing and evaluating personal experience as a tool of learning;

- sustaining an appropriate working relationship;

- responding appropriately to major emotions, depression and grief etc. and understanding the impact on self;

- responding effectively to aggression, hostility and anger, with full consideration of risk to self and others.

2.3.2 Interpersonal skills

In different settings and with individuals, families and groups:

- observing and interpreting behaviour, feelings and attitudes;

- asking questions, listening, empathising, responding to unspoken communication; using or seeking specialist communication techniques including, if necessary, the use of interpreters;

- initiating and responding to written communication;

- structuring and carrying out interviews;

- assisting with the provision of physical care.

2.3.3 Recording skills

- recording accurately, succinctly and regularly as appropriate to agency requirements;

- sharing records with clients;

- preparing reports for specific purposes, for courts, hearings, case conferences.

2.3.4 Decision making skills

- making appropriate and informed decisions with, or on behalf of clients, families, groups, or communities;

- distinguishing between decisions requiring immediate action, routine decisions and those which must be referred to senior staff;

- understanding accountability and working within the decision making processes in organisations;

- analysing and resolving or containing tensions where there are dilemmas between professional judgement and agency policy.

2.3.5 Skills in Deploying Resources

- using the social worker's own resources;

- appraising and using effectively the client's resources and those of the community, family, social networks and other support systems;

- working towards individual clients, groups and communities becoming independent of social work systems;

- making effective use of the physical environment and physical activities, e.g. in residential and day care;

- using administrative systems such as computerised records and information banks, and understanding the potential of information technology.

SECTION 3. PROFESSIONAL VALUES

3.1 To achieve the necessary standard of practice, qualifying social workers will have to show that they can:

- protect the dignity and promote the rights and responsibilities of individuals, families, groups and communities;

- demonstrate through practice a commitment to the values of the profession;

- identify and challenge structural disadvantage, discrimination or prejudice on grounds of age, gender, sexual preference, class, disability, poverty, race, culture or creed;

- work effectively and purposefully when there are conflicts of values between the worker and the client, or the agency or the profession.

SECTION 4. ACCOUNTABLE PROFESSIONAL PRACTICE

4.1 The knowledge base, essential processes, core skills, and the system of professional values provide the foundation for effective accountable professional practice. Qualifying social workers will have to demonstrate a capacity to:

- put into effect the major aims of social work (para 4.2);
- apply legal requirements to work with clients, and recognition of clients' rights (para 4.3);
- practice effectively within the policies and structures of social work agencies and with other services and professions (para 4.4);
- understand and be able to challenge structural disadvantage and discrimination (para 4.5);
- understand and be able to combat racism and to work in an ethnically sensitive way (para 4.6);
- develop and use a positive, caring and creative approach (para 4.7).

4.2 **Put into effect the major aims of social work:**

- promote welfare and rights; protect clients and others at risk; where possible work in partnership with clients; prevent breakdown; provide care, control and where possible rehabilitation; promote social education.

4.3 **Apply the legal requirements to work with clients, and recognition of clients' rights:**

- work within the relevant legal requirements, which prescribe social workers' responsibilities (as appropriate to different parts of the UK);
- apply the legal requirements, statutes and circulars, which directly affect social work practice with vulnerable or dangerous clients;
- refer to and use specialist legal advice, and legal facilities including courts, tribunals and hearings;
- inform clients of their basic rights to social security and income maintenance and the provision of health, housing, legal and educational services.

4.4 **Practice effectively within the policies and structures of social work agencies and with other services and professions:**

- manage a workload, as an individual or as part of a group care team;
- analyse and appreciate the limitations of professional autonomy, the explicit and implicit powers of social workers in teams, in different settings in statutory, voluntary and private social work agencies;
- understand the ways in which policy is developed and implemented in statutory and voluntary agencies including the role of committees;

- work as a team member within an agency and with other professionals;
- appreciate the need to play a part in developing social work policy and practice.

4.5 **Understand and be able to challenge structural disadvantage and discrimination:**

- understand and counteract the impact of discrimination on the grounds of age, gender, sexual preference, class, disability, culture and creed;
- show an awareness of the effects of poverty and unemployment.

4.6 **Understand and be able to combat racism and to work in an ethnically sensitive way:**

- show an awareness of both individual and institutional racism and the capacity to combat both through anti-racist practice;
- knowledge of transcultural factors which effect clients' needs and social work practice in order to provide an ethnically sensitive service.

4.7 **Develop and use a positive, caring and creative approach:**

- recognition that the social workers' use of themselves is one of their most important resources;
- an appreciation that effective social work practice requires a positive, thoughtful approach to problem solving based on an enjoyment of and interest in people;
- use professional supervision to develop their knowledge, skills and practice;
- analyse their own experience and styles of learning so that knowledge and skill can be consciously adapted, developed and transferred to meet changing demands and new learning needs;
- understand the need to continue their professional development through analysis of their practice, reading, research and study.

SECTION 5. AREA OF SPECIAL EMPHASIS

5.1 In addition to the demonstration of core knowledge, skills and values, every student will be required to develop in more depth an area of special emphasis based on work with a particular client group, or practice in a particular context or setting, or using a special social work method. The area of special emphasis will form part of the assessment for the QDSW and there will be requirements for competence for each type of special emphasis.

5.2.1 Some examples of areas of special emphasis based around client groups would be work with children, work with offenders, work with people with a sensory handicap; examples emphasising settings or contexts would be residential work, patch-based social work, and work in health care settings; methods-based examples would be community work, group work and counselling. Those students wishing to work in the Education Welfare or Probation Services will be expected to use this period to develop particular competence in these fields, as well as relating the core content of their studies to the setting in which they wish to work after qualifying.

5.2.2 A transcript to accompany the QDSW, available on a separate CCETSW proforma, will be available to employers. It will confirm the details of the student's final area of special emphasis practice:

- Client Group(s);
- Contexts or setting(s);
- Method(s);
- Type of Agency (Agencies).

SECTION 6. CONCLUSION

6.1 This statement sets out:

- the major aims of Social Work (Part I page 1);
- minimum requirements of the social worker at the point of qualification (Part II pages 2-9).

Since social work must ever be responsive to new needs and social problems, neither the aims nor the requirements can be expected to stand for all time. But they do provide the foundation for the QDSW.

6.2 All parties to this statement share a responsibility to alert CCETSW if, at any point, the statement requires revising. CCETSW, on its part, undertakes to institute a regular review of the requirements and to bring to the attention of all parties any changes that it considers necessary.

6.3 For this education and training programme to be fully effective these skills will have to be developed and maintained in the context of adequate agency and resource provision.

Part III A Synopsis of the Requirements

The QDSW will be awarded to those who have been assessed to a common national minimum standard and who have demonstrated:

1. **A relevant knowledge base** (See Section 1 page 7)

Knowledge of the relevance and application to practice of social work studies, health studies, policy studies including law and relevant social and behavioural sciences; within an informed understanding of the effects on individuals, families, groups and communities of attitudes in society to age gender, sexual preference poverty, disability, race and creed.

2. **Social work practice** (See Section 2 page 9)

Competence in core social work skills and processes in different settings with individuals, families, groups and communities: assessing situations; planning appropriate action; seeking and using support; decision making; communicating; mobilising individual family, community and agency resources; acting effectively to reduce or resolve problems; evaluating the effectiveness of their work.

3. **A system of professional values** (See Section 3 page 11)

The capacity to apply a system of professional values:

- protect the dignity and promote the rights and responsibilities of individuals, families, groups and communities;
- demonstrate through practice a commitment to the values of the profession;
- identify and challenge structural disadvantage, discrimination or prejudice on grounds of age, gender, sexual preference, class, disability, poverty, race, culture or creed;
- work effectively and purposefully when there are conflicts of values between the worker and the client, or the agency or the profession.

4. **Accountable professional practice** (See Section 4 page 12)

The ability to practise as an accountable professional when given adequate agency and resource provision, including:

- put into effect the major aims of social work;

- apply the legal requirements to their work with clients;

- practise effectively within the policies and structures of social work agencies and with other services and professions;

- understand and be able to challenge structural disadvantage and discrimination;

- understand and be able to combat racism and to work in an ethnically sensitive way;

- develop and use a positive, caring and creative approach and ability to use professional supervision to continue development of their knowledge, skills, values and practice.

5. **Knowledge, skills and values in an area of special emphasis**

(See Section 5 page 13)

The ability to use knowledge and apply core social work skills in more depth in an area of special emphasis, in relation to a selected client group **or** context or setting, **or** social work method, and to demonstrate the transfer of learning.

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CONTENTS

1. **INTRODUCTION** Page 5

2. **THE EXISTING PATTERNS: A summary of shortcomings** 8

- Piecemeal and pragmatic responses to training needs 8
- Major social changes overtake existing training pattern 9
- Lack of workforce planning and data base 9
- Many untrained staff and no progressive qualification system 9

3. **PROPOSALS FOR SOCIAL WORK** 12

3.1 The Problem: the need for change 12

- Separate qualifications are divisive 12
- CQSW/CSS under-resourced 12
- CQSW/CSS inadequate preparation for new duties: 12

(A) The impact of new legislation 13

(B) The impact of changes in government policies and service reorganisation 13

(C) The impact of new and changing social problems, demographic and social change 14

(D) Criticisms of social work education and training 15

- concern about general competence
- failure to meet special needs of client groups 15
- failure to cover drug abuse, race, etc 15
- failure to know legal powers 15

- Restructured and longer qualifying training required 15

- to prepare for the increasing responsibilities imposed on social workers (para 3.1.22)
- to provide the breadth of knowledge and skills required (para 3.1.23)
- to ensure the necessary expertise to meet special client needs (para 3.1.23)
- to produce a high standard of accountable professional practice (para 3.1.23)
- to work in multi-professional teams (para 3.1.25)
- to achieve comparability with other caring professionals (para 3.1.25)
- to bring within EEC harmonisation proposals (para 3.1.26)

3.2 The Proposals 17

(A) Aims and Content 18

- Core content and areas of special emphasis 19
- A high common national minimum standard 20

(B) Length and structure of programmes 20

- The minimum period of education and training will normally be three years 20

- Access to social work education and training will be as broadly based as possible 20

- There will be a variety of patterns in the arrangements for education and training leading to the QDSW 21

- There will be collaboration between educational institutions and social work agencies 21

(C) Planning arrangements 22

3.3 Alternative approaches 22

3.4 Social Work - Conclusion 23

4. **PROPOSALS FOR SOCIAL CARE** 24

4.1 Introduction 24

4.2 The Proposals 25

Key components of social care training: 25

1 a new qualification 25
2 a progressive system 27
3 assessed competencies in work 27
4 within a national framework 27
5 prescribed days of training at each level 27
6 core and specialist modules 27
7 wide access 27
8 variety of routes 28
9 different entry points 28
10 links with present PCSC and ICSC training 28
11 planning for workforce needs 28

5. **THE COSTS** 29

- Social Work 29
- Accreditation 30
- Social Care 30
- Post Qualifying Study 31
- Summary of Costs 31

6. **ACTION REQUIRED** 33

7. **CONCLUSION** 35

REFERENCES 37

ANNEXES

Annexe 1	Current education and training arrangements and intakes	Page 44
Annexe 2	Extracts from Workforce Planning and Training Need in the Personal Social Services	46
Annexe 3	List of statutes in force relating to social work practice	54
Annexe 4	Draft statement of minimum requirements of the social worker at the point of qualification	57
Annexe 5	Estimating the costs of running the QDSW	66
	A Overall costs to the public purse	66
	B Departmental responsibility for costs	73
	C Phasing of costs from 1991	79
	D QDSW development costs 1988 - 1991	79
Annexe 6	Estimating the costs of accreditation	83
Annexe 7	Estimating the costs of social care	83
Annexe 8	Timetables for implementing QDSW and CSC by 1991	94

1 INTRODUCTION

1.1 The Central Council for Education and Training in Social Work (CCETSW) has a statutory responsibility to promote and validate training in 'relevant social work' for the needs of the personal social services throughout the United Kingdom. This remit includes the statutory services (social services and social work departments, probation and education welfare) and the voluntary and private sectors. This submission makes detailed proposals for reforming the structure of qualifying education and training for these services. CCETSW on behalf of its constituencies, - social services, education, professional, union and users of the services - requests the financial support of the Government to implement these proposals so that the first intake of new students can take place in 1991.

1.2 Current patterns of education and training for the personal social services were developed in response to the needs and circumstances of the 1970s. They no longer fit conditions in the late 1980s and the anticipated needs of the 1990s and early decades of the twenty-first century.

1.3 In preparing its proposals for change the Council's initial concern was with the shortcomings of existing patterns of training leading to a CCETSW qualification. In the face of extensive changes in social service delivery, the original distinction between qualifying education and training programmes approved by the Council had become outmoded. A broader view of social work enncompassed by them both was being adopted by the public, the caring professions and employers. Furthermore, major demographic and social changes, developments in government policy and new legislation had greatly increased the demands on social workers, and there was growing evidence that current training programmes were no longer equipping them to fulfil these increased responsibilities.

1.4 Extensive consultations with CCETSW's constituencies were held over a six-year period, culminating in a set of detailed proposals for reform. As a result, CCETSW plans to integrate the two existing qualifying programmes (the Certificate of Qualification in Social Work and the Certificate in Social Service), into a single, new qualification in social work - The Qualifying Diploma in Social Work (QDSW). This will involve extending the education and training period and changing the structure of programmes, in particular by requiring colleges and agencies to collaborate more effectively in their provision. The Council also intends to raise standards on all qualifying programmes and ensure that they are applied uniformly throughout the UK. These proposals aim to prepare social workers properly for accountable professional practice, in a wide range of agencies, by equipping them with essential knowledge, basic skills and professional values together with competence in an area of special emphasis in order to meet the needs of particular client groups, settings and services. CCETSW

believes that the QDSW should be the appropriate qualification for social workers in field, residential, domiciliary, day care and health care settings in the statutory, voluntary and private sectors.

1.5 As these plans were being developed, however, it became increasingly evident that the education and training needs of social workers, important as they are, cannot be divorced from those of the tens of thousands of other care staff in a variety of posts throughout the personal social services, for whom there is little if any training to equip them to deal with the responsibilities they carry and no system of qualifications. These staff include those providing direct care of clients in residential and domiciliary services: for example, care assistants working in old people's homes, day service officers working with people with mental handicap, and home helps providing domiciliary service to elderly and frail people at home. The Council therefore began to develop plans to provide both training and a system of qualifications for the various levels of social care staff, based on agreed expectations of the knowledge, skills and competence required at each level.

1.6 This submission, therefore, contains proposals for a coherent, progressive system of training and qualifications for social work and social care staff in the personal social services throughout the UK. They take into account the Government's plans for further and higher education and build upon the framework for vocational and professional qualifications being developed under the auspices of the National Council for Vocational Qualifications.

1.7 In the absence of comprehensive, workforce data or any continuing system of workforce planning for the personal social services, CCETSW has engaged the main social services employers in a workforce planning exercise, so that its proposals are now backed by the best available estimates of the numbers of staff employed and required at different levels of the services.

1.8 The Council's proposals for social work resulted from a long but necessary process of consultation and now command the support of social service employers, educationalists, unions and professional bodies. Those for social care are more recent, and are still in the process of development. CCETSW is working on them with other key bodies, notably the Local Government Training Board (LGTB), the National Health Service Training Authority (NHSTA), and the Manpower Services Commission (MSC).

1.9 Estimates have also been made of the costs associated with the Council's proposals (see Annexes 5, 6, 7). Essential changes in social work training, which represent the minimum the Council believes to be necessary, require an additional investment of £40m per annum by 1994/5. The potential investment in social care training is far greater, reflecting the large numbers of staff involved and the rate of turnover in some types of post. However, for the purpose of this submission, the Council has based its proposals on what can be achieved within existing educational and agency resources. Of course, more could be achieved, and faster, if such a limit was not imposed. A range of costings in Annexe 7 indicate what could be achieved with a relatively small additional investment.

1.10 In developing its proposals Council has concentrated on the standards of education and training to ensure that as many staff as possible are properly prepared to carry the responsibilities placed on them. However, Council would like to emphasise that good training of itself is not enough; competent practice requires appropriate organisation, climate and support, and these responsibilities fall to employers.

1.11 Details of the Council's proposals and the case for change are in Sections 2 to 7 below, with annexes which provide supporting data and evidence. The structure is as follows:

2. Existing patterns : summary of shortcomings
3. Proposals for social work
4. Proposals for social care
5. The costs
6. Action required
7. Conclusions

2 THE EXISTING PATTERNS: A summary of shortcomings

Piecemeal and pragmatic responses to training needs

2.1 The personal social services are a major arm of public policy, whether provided by the public, voluntary or private sectors. CCETSW has statutory responsibility for promoting and validating education and training for staff who work in these services.* At CCETSW's inception in 1971 the bulk of this workforce was untrained; only some 40% of field social workers were qualified and under 4% of staff in residential services. CCETSW inherited responsibilities from several previous training councils and a diverse range of mainly specialist courses and qualifications but without any government and employer strategy for the workforce needed.

2.2 Responding to the establishment of unified social services departments from 1970 (1), and to urgent demands for more trained and qualified staff, CCETSW with its key constituencies, developed:

- two qualifying programmes: CQSW courses and CSS schemes;
- preliminary and in-service courses; and
- post qualifying courses.

Brief details of these developments, together with current education and training arrangements and intakes are in Annexe 1.

2.3 With hindsight, while CQSW and CSS were intended to meet the training and qualification needs of the services, they can be criticised as piecemeal and pragmatic responses to the immediate needs of a rapidly growing workforce. They also lacked a planned progression to meet career training needs. Even then the chosen two-year education and training period for social work was recognised as too short, but was accepted reluctantly as the only feasible way for an expansion target to be met.

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*Originally the Council's powers derived from the Health Visiting and Social Work (Training) Act 1962 and were extended by various Orders in Council. Under the Health and Social Services and Social Security Adjudications Act 1983, CCETSW is required to promote training and validate courses in 'relevant social work' for staff in health, education, social services, the probation service and voluntary agencies throughout the UK. Over the years, Council and the Government have interpreted the legislation to mean that CCETSW's remit includes a wider range of posts in the social service field, including the private sector.

Major Social Changes overtake existing training patterns

2.4 Since 1971, major social changes have altered the ways in which social services are provided and the training needs of staff. More frail old people, and handicapped adults living beyond the age at which their parents can care for them, endorse the need for care in the community policies. Mentally ill people and those with physical and sensory handicaps are now encouraged to be self reliant within their families and communities. Reformers of the criminal justice system, including governments, have sought to provide more alternatives to custody, particularly for juveniles. Progressive policies like these have greatly increased the responsibilities of staff in all sectors. Their success depends on having social workers who are able to appraise fully the risks to their clients and others of maintaining them in the community. Likewise, skilled staff in residential services are increasingly needed to care for the most damaged clients who are too vulnerable (or dangerous) to remain in the community. These highly skilled professionals need the back up of a wide range of support staff who provide the direct care, including physical care, of a variety of client groups.

Lack of workforce planning and data base

2.5 CCETSW has been thwarted in its attempts over the years to develop a training strategy to cope with these changing needs by the lack of workforce planning across the various sectors of the personal social services. This has been exacerbated by an absence of suitable data upon which to base proper estimates of training needs and numbers. The Council was therefore pleased to have gained support from the main employing bodies in establishing a workforce planning group earlier this year, convened by the LGTB and chaired by Professor Adrian Webb from Loughborough University. The group has worked intensively in the relatively short time available to produce a report (2), extracts from which are reproduced in Annexe 2. In tracing the history of workforce planning, the group confirms the absence of any consistent work on a strategy for workforce planning since the Birch Working Party on Manpower and Training of 1976. (3) While there are inevitably limitations to their work, imposed by time, the two approaches adopted provide a very consistent picture of the training needs of the existing workforce* within the proposed NCVQ training framework (see table 1, page 10).

Many untrained staff and no progressive qualification system

2.6 Analysis of data in table 1 brings out the clear shortcomings in the current arrangements. Although CCETSW currently promotes a variety of education and training opportunities at different levels there remains:

- no recognised system of qualifications for care staff;
- no system of progression between different levels of training;
- large numbers of staff at all levels who are untrained and ill-prepared for the work they do.

Table 1

Estimated numbers of staff in the personal social services in Great Britain related to NCVQ competency levels

NCVQ level	Description	Number of staff*
Social work		
Level 5	Professional	60,000
Social care		
Level 4	Higher vocational	24,000
Level 3	Advanced vocational	59,500
Level 2	Standard vocational	288,500
All Levels		432,000

Source: Summary of national projection (excluding Northern Ireland*) of the North West personal social services workforce analysis.

* For various short-term practical reasons N.Ireland was not included.

2.7 As presently arranged, education and training is adequate neither in quantity nor quality for the many staff providing direct social, including physical, care of clients. Those carrying some of the most demanding jobs, the direct care of frail, handicapped, damaged clients, are least likely to be trained. The low proportion of trained staff in the residential sector has been well documented elsewhere (4).

2.8 For the 60,000 requiring level 5 (Professional) training in social work, continuing two separate programmes and qualifications, though possibly justified in the early years of social service reorganisation in the 1970s, is no longer appropriate. Neither programme provides adequate education and training in length and depth for the increasingly complex demands imposed on social workers. Indeed, some of those holding existing qualifications who are given professional and statutory responsibility to protect the vulnerable have demonstrably lacked the knowledge and skills to do so (5).

2.9 The Workforce Planning Group did not address post qualifying training needs, but CCETSW figures show that the current take up of CCETSW-approved post qualifying courses is extremely low (475 students a year). Little progress has been made following the Birch Committee's aim that every working qualified social worker should have an opportunity for professional updating at regular intervals. Also, in spite of the serious need for post qualifying specialist training eg. in child abuse, many courses have had to close, mainly because of the high cost to employers of seconding experienced staff. This leaves most social workers without opportunities to develop their knowledge and skills beyond basic qualification level, and as required for the more complex cases and specialised areas of work. An exception has been the Council's programme of training for social workers seeking approval under mental health legislation for which specific funds were made available.

2.10 In summary, current education and training programmes are separate and discrete, with no planned progression between levels. They do not make the best use of the available resources, have demonstrably lacked a workforce planning and training rationale, and have failed to meet the needs of the large number of staff who remain untrained.

2.11 The particular shortcomings of the arrangements for social work are expanded and the Council's proposals to address the deficiencies outlined in Section 3, while the problems and proposed remedies in the broader field of social care are presented in more detail in Section 4.

3 PROPOSALS FOR SOCIAL WORK

3.1 THE PROBLEM: THE NEED FOR CHANGE

3.1.1 Since CCETSW began its review six years ago the need for change of its qualifying training provision has become imperative. There is growing evidence that in spite of the valiant efforts of many people and some remarkable against-the-odds achievements, current education and training arrangements can no longer routinely equip social workers with the knowledge and skills they need to fulfil the responsibilities placed upon them.

Separate qualifications are divisive

3.1.2 The Council began its consultations from the standpoint that changes in service delivery and the record of its two qualifying training programmes - the CQSW and the CSS - called into question the continuance of two distinct forms of professional education and training leading to two different qualifications. The process of consultations has endorsed the conclusion that their separate continuance is divisive, does not meet the changing needs of the social services and is wasteful of resources. Each system, however, does have major strengths which, together with the experience gained during the past 17 years, provide a firm foundation for the Council's plans.

CQSW/CSS chronically under-resourced

3.1.3 Their weaknesses are also considerable and must not be repeated. Both have suffered from being under-resourced. In the CSS this is manifest in the low level of funding of the college component, variation in the amount of protected time from employment requirements, and the lack of frequent practice experience outside the students' own employing agencies. The CQSW has suffered from a shortage of good learning experiences for students on their practice placements, inconsistent arrangements between the college and the agencies, failure properly to relate theory and practice, under-resourcing of both the college and practice elements and the uncertainty of student funding.

CQSW/CSS inadequate preparation for new duties

3.1.4 Both current training systems are not sufficiently flexible to prepare social workers for the 1990s and beyond because they have been unable fully to take adequate account of the impact of:

(A) new legislation;

(B) changes in government policies and service reorganisation; and

(C) changing social problems, demographic and social change.

Symptomatic of the strains imposed by these extra demands is

(D) increasing criticism of social work education and training.

Each of these is considered in turn.

(A) The impact of new legislation

3.1.5 Eighty-eight Acts of Parliament are in force relating to social work (England and Wales) of which 59 are of particular significance for social work practice (see Annexe 3). Sixty-two of the Acts listed have come onto the statute book since 1972 when the CQSW, and the present norm of two years training, was established. As well as relevant statutes, there are many statutory Regulations, Rules, Orders and Government Circulars in force.

3.1.6 Social workers have to take decisions on a wide range of difficult professional issues requiring knowledge of the law including:

- Is it safe to leave a child at home when abuse has been alleged?

- What is an acceptable degree of risk for a mentally disordered person in a community?

- What stress can the caring relatives of a mentally handicapped or elderly senile person be reasonably expected to bear?

- When is it safe to recommend an alternative to custodial care for an offender?

- When is a young girl in moral danger or a child out of parental control?

Social workers also have to cope with the practical consequences of their recommendations and decisions, by taking the necessary supportive, rehabilitative or corrective action.

Civil liberties and the public interest must constantly be weighed against the possible danger to the client. For example, local authority social workers and probation officers are required to make decisions which result in people being deprived of their liberty. They have to judge when to seek compulsory admission of a mentally ill person to hospital, or removal of a child to a place of safety, or to recommend custodial sentences.

Pressure for clients' rights (6), the recent legislation allowing clients access to their social work records and the intervention of the European Court of Human Rights all illustrate the increasing complexity for social workers of these matters of judgement, law and practice.

(B) The impact of changes in government policies and service reorganisation

3.1.7 To enable people to live as independently as possible from welfare provisions, the Government has implemented policies to care for a growing number of vulnerable people in the community. It falls to social workers to translate ideals embodied in those policies into reality. Community-based social workers are thus called upon to

support and provide protection for people unshielded by institutional walls (7); to mobilise neighbourhood care, support relatives, recruit volunteers, involve voluntary and private organisations, provide and ration the resources of their organisations, and work in multi-professional teams across health, education, housing and personal social services. Similarly, it falls to probation officers to support and control offenders for whom the courts seek alternatives to imprisonment. As was recently stated, "the (Probation) Service has also become increasingly involved in the community's wider response to offending, for example through participation in schemes providing housing, education and employment or in the support of victims".(8)

3.1.8 In residential care, social workers are increasingly involved in planning and coordinating purposeful treatment and rehabilitation designed to restore the maximum degree of independence, often enabling residents to return to life in the outside community.(9) For example, this may include programmes of practical training and support of people with mental handicap to enable them to live independently in the community.(10) It may involve providing training and support for the natural parents of a child in care who has been abused as part of a plan to return him/her to the care of the family.(11) Staff therefore work more intensively, with a more dependent and damaged population than in the past, and with higher turnover of residents. This puts the small number of qualified social workers in residential care under immense pressure to guide the work of others and to create a positive and rehabilitative environment.

3.1.9 All this goes far beyond face-to-face individualistic work with 'clients', the traditional focus of social work practice for which training programmes were originally designed.(12)

(C) The impact of new and changing social problems, demographic and social change

3.1.10 Local authority social workers and probation officers, whether in community or residential work, are often among the first to feel the impact of new or growing social problems. They must respond to the needs of the increasing number of elderly people (13), of physically and mentally handicapped adults (14), single parents resulting from more frequent family breakdown (15), rising teenage violence and substance abuse (16) and, not least, physically and sexually abused children whose numbers, according to the NSPCC, have doubled in the last 10 years.(17)

3.1.11 The inner cities, where poor housing, unemployment and the impact of social disadvantage and racism are most apparent, make particularly intense demands on social workers.(18)

3.1.12 The needs of a multi-racial and multi-cultural society are emerging on a scale not envisaged when CQSW courses were established in the early 1970s. Social workers must have additional understanding of race, culture, creed and sometimes language.(19)

3.1.13 Violence against social workers themselves and the fear of it should not be overlooked, brought home by a series of tragedies.(20)

3.1.14 Finally, recent examples of social workers being expected to meet new needs as they arise are evident in their immediate care and support of the victims of disasters, such as those at Bradford, Zeebrugge and Hungerford.(21)

(D) Criticisms of social work education and training

Concern about general competence

3.1.15 In spite of the many good social work courses with dedicated college and agency tutors, evidence is growing that the impact of the new demands outweigh the capacity of these courses, within the time and other resource constraints, routinely to produce competent social workers.

3.1.16 Criticism of social workers is symptomatic of the strain which more varied and more intensive demands are making. The Jasmine Beckford and other enquiries into child abuse have criticised social workers and their training in terms that prompt concern about general competence, not just specialist competence in child protection. Government inspections have corroborated these concerns pointing not just to gaps in specialist expertise, but also to shortcomings in the systematic and sustained application of general social work principles and practices, and in effective collaboration with other professions.(22)

3.1.17 Employers of social workers were among the first to draw attention to the need for a more consistent output from qualifying courses, and to criticise the basic social work skills training on CQSW courses.(23) Many other contributors to the CCETSW consultations have implied this too in the emphasis they have placed on the need for improved and consistent social work skills training for the future.

Failure to meet special needs of client groups

3.1.18 Current training arrangements have also been criticised for their failure to provide adequately for the special needs of particular client groups, as the following examples record.

(a) Children: The Short Report on Children in Care recommended that CCETSW examines critically the practical child care content of qualifying training.(24) The criticism seems justified in the light of CCETSW's subsequent investigation (25), and the figures taken from a survey of a sample of social workers during their first year after training.(26) This latter study showed that in 1985, child abuse was actually the major emphasis in the work of 13% of these inexperienced workers and a second emphasis in the work of an additional 5%; by their second year in work as many as 22% of these newly qualified workers were spending the largest portion of their time working with children at risk.

(b) Mental Handicap: Representatives of MENCAP before the Social Services Committee on Mental Handicap in 1984 said "Our quarrel with CCETSW is that their social workers are trained generically with no emphasis on the mentally handicapped and we would very much like .... (them) to change their courses and take much more notice of the mentally handicapped specifically".(27)

It had also been argued that it should be made possible for all staff in direct contact with mentally handicapped people and their families to become thoroughly skilled and proficient in methods of helping people with handicaps to learn and to develop their skills and abilities. Social workers should be able to inform parents of provision of services from the time of the child's birth and on through to adult life.

(c) Education Welfare: The Association of Chief Education Social Workers, while appreciating that CCETSW has been under considerable pressure in recent years to build in more and more material into CQSW courses eg. racism awareness, work with the elderly etc, etc has also said that they would be anxious not to contribute further to that problem. However, it was felt that at some stage there should be consultations on what is seen as core elements of the new qualifying training. There is a need for specialist input into training for E.W.O.s.(28)

Failure to cover drug abuse, race, etc.

3.1.19 In addition, social work courses have variously and frequently been criticised for failing to include adequate coverage of drug, alcohol and substance abuse, gender and race issues, the needs of elderly people, welfare rights, handling violence, sexuality, sexual abuse, AIDS, and so on.(29) The follow-up survey of CQSW holders showed that many newly qualified workers were only too aware of the gaps and shortcomings in their own training; a number of topics which respondents would have found most useful included coping with violence and stress, child abuse, managing work loads and work with others, welfare rights, child care and race.(30)

Failure to know legal powers

3.1.20 The failure of social workers to know their legal powers as these affect their responsibilities to protect those at risk and safeguard their clients' rights has been evidenced in child abuse enquiries and in recent research by the Law and Social Work Research Group.(31)

Restructured and longer qualifying training required

3.1.21 These concerns do not just relate to gaps in specialist expertise which might be filled by specialist training within the existing courses or by post qualifying provision. Nor would such extra training within existing frameworks equip social workers for the complex roles described above or enable them to adapt to new responsibilities which, if recent experience is any guide, may be even more far reaching in the coming years.

3.1.22 These extended and intensified duties of social workers mean that existing qualifying courses are too short a preparation for the current demands of social work practice. This is particularly so for the one-year CQSW courses (for graduates with 'relevant' degrees), for these often only last an academic year (nine-10 months). Even the longest courses have only two years of social work studies, including both teaching and practice.

3.1.23 It is no longer possible within these constraints:

- to provide the breadth of knowledge and depth of skills all social workers need to be effective and efficient in their work;

- to include sufficient opportunity to develop any special expertise, to meet the needs of the student and the expectations of the public and the profession itself; and

- to allow students to develop their knowledge and skills under close supervision in conditions as close as possible to real-life agency practice.

3.1.24 Perhaps one of the most compelling reasons for longer training springs from the need for students to learn how to follow through all stages in planning and mobilising care and treatment, evaluating and coping with their outcomes. Longer training would give students the time they need to develop real skills and acquire, through supervised experience, a proper level of practice competence throughout all of these stages. Learning to follow through is presently impossible within existing one- and two-year courses, particularly when allowance is made for the time which needs to be spent in college studies.

3.1.25 Such learning is also essential if they are to develop the confidence to work alongside other professionals in multi-disciplinary teams as in mental health and child abuse work.(32) In comparison with doctors, teachers and other caring professions, social workers alone have only two years training.

3.1.26 Although the case for extended training has been developed wholly through our experience of current training needs in the UK it reflects equivalent developments elsewhere. Recent moves seek to harmonise professional qualifications across the EEC (33) have been based on a minimum of three years at higher education diploma level. Most EEC countries, the United States, Australia, Canada and elsewhere provide social work education and training well above this minimum; current UK provision, with its two-year pattern, is significantly less.

3.1.27 Social work is not alone in needing to strengthen its knowledge base while also providing more substantial learning for practice competence. But it is alone in having to achieve them in such a short period of qualifying education and training. Given the responsibilities which society now places on social workers, the inadequacies of the present training structure summarised above cannot be allowed to continue. The Council believes that the following proposals represent the minimum essential for an effective social work service.

3.2 THE PROPOSALS

3.2.1 The Council's proposals directly address the inadequacies in current arrangements and lay the foundations for social work education and training for the next 40-50 years. They propose the establishment of a new qualification in social work, the Qualifying Diploma in Social Work (QDSW), to replace the two existing qualifications.

3.2.2 Throughout the consultations evidence has been presented that changes in social service delivery, in particular care in the community

strategies require flexible staffing policies, interchangeability at the professional level and qualifications of equal status in the range of social work settings. The QDSW is therefore intended for all social workers employed in day, community, residential, field, health care and domiciliary services provided by social service and social work departments, the probation and education services, and voluntary and private agencies.

3.2.3 The Workforce Planning Group (see Annexe 2) estimates that some 60,000 posts in Great Britain require the QDSW. Assuming a wastage/replacement rate of 10%, an annual intake of approximately 6,000 would be required for annual replacement; 6,500 allowing for training wastage. This confirms CCETSW's own earlier assumption that the combined intakes of 4,704 CQSW and CSS students in 1985 (on which the costings in Annexe 5 are based) would be the minimum annual number of QDSW intakes required. The findings of the Workforce Planning Group echo the recent LACSAB survey (34) which found that shortages of qualified social workers are currently acute, and not only in London and the South East. The study found that 19% of departments were noting sustained vacancies, and that social workers were among the hardest groups to recruit.

3.2.4 The detailed proposals for the QDSW are arranged in the following sections:-

(A) aims and content
(B) length and structure of programmes
(C) planning arrangements

(These proposals are described in more detail in CCETSW Paper 20.8, The Qualifying Diploma in Social Work - A Policy Statement, June 1987.)

(A) Aims and content of the QDSW (Paper 20.8, Section 2, page 15)

3.2.5 The primary aim will be to ensure that all newly qualified social workers are prepared, through their education and training, for effective, accountable professional practice, based on a statement of minimum requirements at the point of qualification.

3.2.6 This statement of minimum requirements (reproduced in full as Annexe 4) is an innovation in social work education in the UK. It provides a definition of social work and details

- the knowledge;
- the core social work skills, and
- the professional values

that each student must acquire through the education and training period, and which provide the foundation for accountable professional practice. The statement will provide trainers with a focus for their course planning and employers with a clear idea of what they can expect from a newly qualified QDSW holder.

3.2.7 The statement is the product of collaborative work by employer, educational, professional and union interests, and is in the process of being formally endorsed by the respective organisations. The approach adopted is consistent with the employment-led competency requirements

now being developed for NCVQ accreditation. The statement is to be finally considered and endorsed by Council in November 1987.

Core content and area of special emphasis (Paper 20.8, paras. 2.2 and 2.4)

3.2.8 Social workers obtaining the QDSW will be employed, as now, in a variety of settings, by different employers, for work with a wide range of people and using many different methods. The statement of minimum requirements details the core, the essential knowledge and the competencies required for all social work practice.

3.2.9 It also provides an approach to the problem identified earlier of the need for particular knowledge and competence for selected areas of practice. The new QDSW regulations will require all students to spend 125 days, including their final practice placement of 100 days, on an area of special emphasis based on work with a particular client group, practice in a particular type of context or setting, or using a specific social work method. QDSW programmes will be approved in part for their capacity to provide particular areas of special emphasis. Examples based on client groups would be: work with children, work with offenders, work with people with a sensory handicap or with a mental handicap (35); examples emphasising settings or contexts would be residential work, patch-based social work, and work in health care settings; methods-based examples would be community work, group work and counselling. Those students wishing to work in the education welfare or probation services will be expected to use this period to develop particular competence in these fields as well as relating the core content of their studies to the setting in which they intend to work after qualifying.

3.2.10 The area of special emphasis (ASE) will form part of the assessment for the QDSW, and CCETSW will specify the requirements for competence for each type of area of special emphasis ie. for those based on client groups, those based on settings, and those based on social work methods. All will require additional knowledge, but the competence requirements will vary. For example, all client group ASE's will require competence in the application of the law; whereas those based around contexts and settings of social work practice (residential or day care settings) may require competence in supervisory and managerial skills. CCETSW will provide curriculum guidance for the development of these areas of special emphasis.

3.2.11 A transcript to accompany the QDSW, available on a separate CCETSW pro forma, will detail:

- the type of agency;
- client group;
- context or setting, and
- methods

of the students' final area of special emphasis practice and will be available for employers. This long placement experience will develop confidence and competence in the social work role, will provide them with the opportunity to develop special expertise, and offers the chance to test out in protected supervised practice some of the core skills developed through the remainder of the programme.

There will be a high common national minimum standard (Paper 20.8, Section 6, page 25)

3.2.12 The Council intends to secure a high, common, national, minimum standard for all those qualifying with the QDSW. To this end it will be placing great emphasis on assessment systems and procedures and requirements about the role and powers of external assessors who will be approved by and report to CCETSW. It will also establish a system for moderating and monitoring standards.

(B) Length and structure of QDSW programmes (Paper 20.8, Section 4, page 20 and Section 5, page 23)

The minimum period of education and training will normally be three years

3.2.13 The case for extending the education and training period has been made in paras. 3.1.4 - 3.1.26; and the 'statement of minimum requirements' and the area of special emphasis demonstrate the use to be made of the extension. At its simplest, the awesome demands of social work necessitate adequate preparation time, a minimum of three years, as for other caring professions. But the Council is tempering its requirement in the light of obvious resource constraints and in order to make the best use of higher education, and proposes shorter, specially designed two-year programmes, for students with relevant degrees (or other professional qualifications) and practice or work experience directly relevant to social work. In addition, some students may be exempted from those parts of three-year programmes which have already been undertaken as part of a previous course, including modules and distance learning. (See Section 4)

Access to social work education and training will be as broadly based as possible (Paper 20.8, paras. 5.1 and 5.2)

3.2.14 Social work benefits greatly from its broadly based entry, including graduates, undergraduates, mature entrants, people from ethnic minorities, employees in the social services and others. The new proposals seek to preserve this variety and extend it by providing for alternative modes of entry. In addition to the basic requirement for 'A' level entry, it is also planned to extend eligibility from the proposed Certificate in Social Care at NCVQ level 3 (see para. 4.2.5), and for applicants over 21 allowing entry through assessment processes endorsed by CCETSW.

3.2.15 Concerns have been expressed by the National Association of Probation Officers, the Home Office and the Minister of Health about the impact of an extended training on recruitment of mature students. CCETSW has analysed current entry patterns on to courses, with particular attention to recruitment on its existing longer courses, and found that mature entrants are already well represented among intakes to both current three- and four-year programmes. In 1985 four-year programmes recruited over 30% mature entrants and three-year programmes nearly 60%. CSS Schemes recruit even higher proportions of mature students including those which already last three years. This combined evidence, together with the proposals for access from social care training (see para. 4.2.5) would suggest that the variety of education and training arrangements proposed for the new QDSW may enhance rather

than reduce the recruitment of mature entrants into social work. There is certainly no evidence to suggest that numbers will decline.

There will be a variety of patterns in the arrangements for education and training leading to the QDSW (Paper 20.8, Section 4, page 20)

3.2.16 In order to build on the best features of existing CQSW and CSS courses, the Council is committed to a flexible pattern of programmes which will ensure continued training routes both for new entrants and for those already employed. Paper 20.8 outlines the programme patterns most likely to be developed and provides details of the effects on current courses of the proposed extension. It also anticipates that programme providers may offer modular and distance learning packages and part-time programmes taken over a longer period.

3.2.17 There are, however, a number of features which will be required of all programmes and which will be controlled by CCETSW regulations:

- appropriate entry requirements;
- periods of practice of approximately 50% of the total length of the programme;
- two-year programmes must be a minimum of 80 weeks spread over two academic years;
- three-year programmes must be a minimum of 108 weeks spread over three academic years;
- a final practice period of 100 days;
- defined areas of special emphasis; and
- assessment arrangements and processes for the award of the QDSW.

There will be collaboration between educational institutions and social work agencies (Paper 20.8, Section 3, page 18)

3.2.18 As the primary aim of social work education and training is to produce a competent and accountable professional, ie one who can use theory and skills acquired in training, educational institutions and agencies will be required to collaborate in the development and provision of the new programmes.

3.2.19 One result of the failure of many courses and agencies to collaborate effectively in the past has been that arrangements and standards of practice teaching urgently need improvement. There is evidence of high turnover of practice teachers, inadequate preparation and training, poor agency facilities and sometimes a lack of any agency support for the placement or practice teacher.(36) These agency problems are compounded by the absence of consistent arrangements with colleges. CCETSW in conjunction with agencies, colleges, and other main interests, is seeking to tackle these problems and there is growing support for major reform. Thus, independently of the QDSW plans, though closely linked, the Council is developing proposals for the accreditation of agencies and practice teachers. A discussion document (Paper 26.1) has just been published and consultations are in progress. The aim is that as soon as possible after the introduction of the QDSW all

social work students will receive their practice tuition under the supervision of a trained and accredited practice teacher working in a CCETSW-approved agency. A separate submission identifying the costs of this related development is in Annexe 6.

(C) Planning arrangements (Paper 20.8, Section 7, page 28)

3.2.20 In order to fulfil its statutory role, CCETSW needs to ensure that on a UK basis:

- there are sufficient numbers of appropriately qualified people to meet service needs;

- there is a sufficient variety of patterns of training and numbers of places available for new entrants and existing staff, and that these are appropriately distributed;

- there is an appropriate range of areas of special emphasis on offer by programme providers in each region to meet the special needs of the services; and that

- there are sufficient resources available to provide this level of opportunities, especially practice placements.

Hence CCETSW is establishing 10 interim planning groups to advise it on the adequacy of provision in each of seven regions in England, and one each in Wales, Scotland and Northern Ireland. It is intended that these planning groups will also take on a wider planning function in relation to social care and post-experience/qualifying training (see Section 4).

3.3 ALTERNATIVE APPROACHES

3.3.1 The Council approached the review of its qualifying education and training systems believing that the minimum requirement for qualified social workers for the personal social services could only be met by continuing intakes into qualifying social work training at around 5,000 per annum (the combined number of annual entrants to CQSW courses and CSS schemes). That this figure is the minimum required, and may be an underestimate is shown by the findings of the Workforce Planning Group (see Annexe 2).

3.3.2 Aware of the inadequacies in the current education and training systems, the Council puts forward these proposals for reforming social work education and training having considered other alternatives, in particular:

(i) the use of post qualifying education and training, in order to develop social workers' competence in specialist areas, to meet the expectations of consumers and the public, particularly in high risk cases;

(ii) giving greater attention to these areas of special practice within the limits of existing qualifying training programmes, and

(iii) changing the use of the existing period of qualifying training.

3.3.3 These alternative approaches have been rejected on the grounds that the essential pre-requisite for improving standards of social work practice is a sound qualifying system supported by the arguments and evidence set out in section 3.1 above. Mere tinkering with the present system, or adding through post qualifying training to an inadequate initial preparation, will not provide the foundation for a better social work service. The Council recognises the need to plan and develop a progressive post qualifying structure and associated qualification. Progress is hampered by the lack of a common base: some post qualifying training at present is merely remedial, filling gaps in the knowledge and skills which all social workers should have acquired. CCETSW's proposals for qualifying training offer a foundation of core knowledge and skills upon which later specialist studies and practice can be built.

3.4 SOCIAL WORK - CONCLUSION

3.4.1 CCETSW's plans for a new social work qualification are the culmination of six years' discussion and consultation with all the constituent interests within and outside social work. The plans address the concerns identified in the current system. They propose:

- major restructuring in the delivery of education and training, with colleges and agencies working together to provide effective programmes;

- lengthening of the education and training period to achieve a sound core foundation for all social workers in knowledge, skills and professional values, and arrangements for developing appropriate special knowledge and skills as required by the services (and capable of adapting to changes in service and special needs), and

- assessment arrangements to achieve a high, common, national, minimum standard for all new social workers.

3.4.2 These proposals for the reform of social work education and training have matured over a long period. Action is now urgently needed.

4 PROPOSALS FOR SOCIAL CARE

4.1 INTRODUCTION

4.1.1 There would be little purpose in the improvement of the competence of social workers and the arrangements for their training if the context in which they train and work continues to be based on a large workforce which suffers from diverse and ill-defined roles and tasks, reinforced by fragmented and pragmatic in-service training arrangements or no training at all.

4.1.2 The government's review of policies for vocational education leading to the recent establishment of SCOTVEC (in Scotland) and the NCVQ (for England, Wales and N. Ireland) provides a valuable framework within which the personal social services can develop a training strategy linking professional and technical staffing, widening access and providing opportunities for progression from the most routine tasks and modest training to the most complex managerial and professional activities.(37)

4.1.3 The approach upon which the government's review of vocational qualifications is based makes Industrial Lead Bodies (ILB) a key means of agreeing the competencies required for the industry concerned. Collaboration in ILBs is being encouraged by the Government, and the 'care sector' is well ahead of many other occupations in bringing together a diverse range of employer interests in the formation of an ILB. CCETSW has a key role because of its UK coverage and its work across the personal social service and education sectors.

4.1.4 Work on social care training within the NCVQ framework has only been underway for a year so plans are inevitably not so far advanced as for the QDSW. It would in any case not be appropriate for CCETSW to confirm detailed plans independently of the partnership it has encouraged and which it is in the process of formalising within a care sector ILB in conjunction with the MSC and the NCVQ.

4.1.5 While debate may continue about the necessary competencies and appropriate training and qualifications for posts on the margins between social work and social care, there is now a greater willingness to analyse systematically the competencies required and to acknowledge that the posts vary in the demands they make and the complexities of training they justify. For example, using data from a survey of training needs and numbers in the North West, social services employers within the region have identified the jobs/posts they consider fall into the various training levels.

4.1.6 The Workforce Planning Group (see para 2.5 above and Annexe 2) used these estimates of training needs and numbers for the North West of England and extrapolated an estimate of the numbers of staff in the social services in Great Britain currently in posts at NCVQ levels 2, 3 and 4, together with the numbers of social workers. The estimates were checked against other available data and were, as far as possible, verified. The Group estimates that there are about 425,000 social work and social care posts in the public, voluntary and private sectors of personal social services in Britain. Of these, about 280,500 posts are thought by these employers and senior managers who were consulted in the North West to involve tasks which require competencies comparable to those described by the NCVQ at level 2. Some 59,500 and 24,000 required competencies at about levels 3 and 4 respectively. (See Table 1, page 10).

4.1.7 We understand that directors of social services and of social work in other areas are already testing out the framework devised in the North West and are finding it a valid guide to the identification of levels of work and relative staff numbers.

4.1.8 While the number of social care staff needing training is large, a significant proportion of them have already undertaken some form of training, mostly in-service and largely without national acknowledgement or qualification; some will have studied on CCETSW's own PCSC and ICSC programmes. The Council has long recognised the need for such studies and training to be recognised in an award and is seeking to make the necessary arrangements to do so.(38)

4.2 THE PROPOSALS

4.2.1 CCETSW's aim is to establish (in collaboration with others) a comprehensive and progressive system of training and qualifications in social care, based on credit accumulation, which is sufficiently flexible to meet the needs of a wide range of staff and new entrants and allows maximum accessibility and transferability. Present thinking is summarised in Figure 1 (page 26).

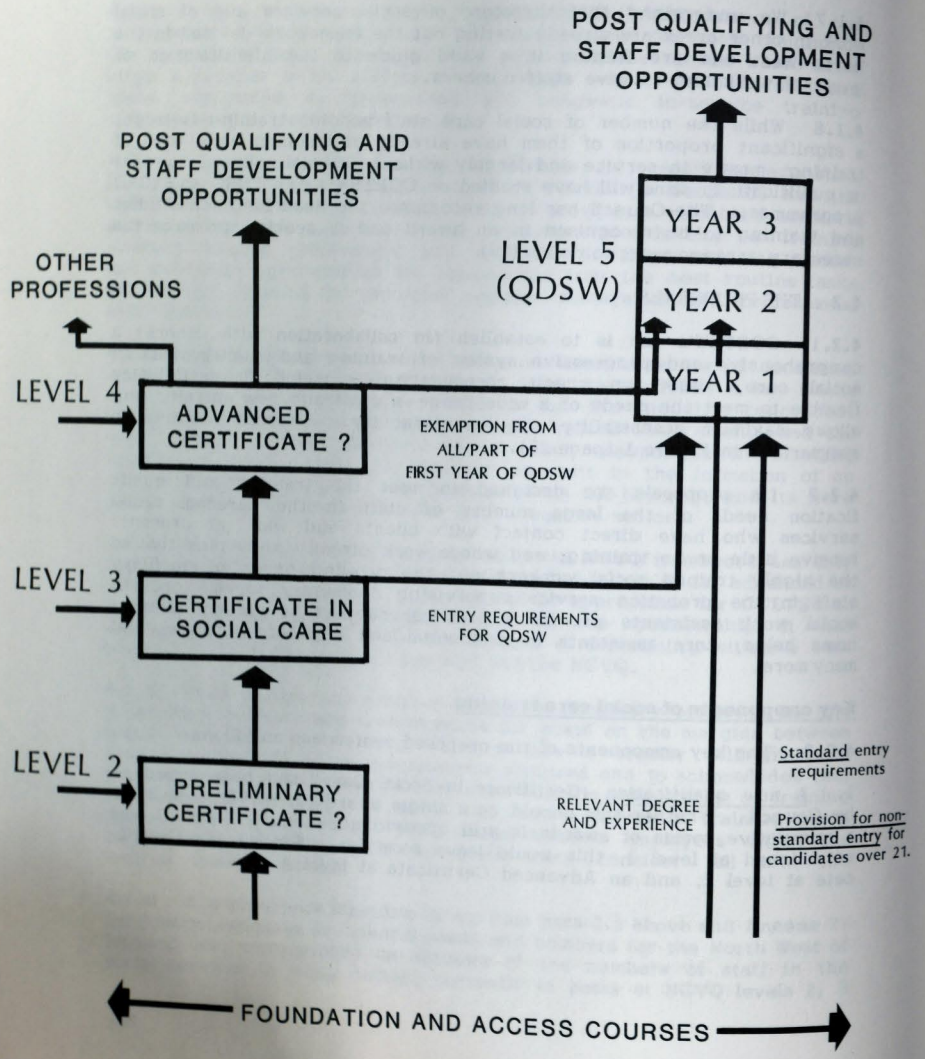
4.2.2 Its proposals are designed to meet the training and qualification needs of the large number of staff in the personal social services who have direct contact with clients and who, at present, receive little or no training; and whose work directly underpins that of the highly trained social workers eg. the growing group of ancillary staff in the probation service supervising community service orders, social work assistants providing practical support to elderly clients, home helps, care assistants in residential and day care settings, and many more.

Key components of social care training

4.2.3 The key components of the proposed system are as follows:

1. A new qualification (Certificate in Social Care) has been approved by Council. Whether this should be a single award (at NCVQ level 3) or a cumulative series of awards is still open to question. If a CSC was established at level 3, this would leave room for a Preliminary Certificate at level 2, and an Advanced Certificate at level 4.

Figure 1 Proposed structure for Education and Training in Social Work and Social Care



2. Part of a progressive system. The new qualification(s) will be regarded both as a qualification in its own right for a wide range of social care posts within the personal social services, and as a further route of entry to higher levels of training (including the QDSW) for those who wish and are able to proceed. Figure 1 (page 26) shows how a certificate at level 3 could be also regarded as the entry requirement for a three-year QDSW programme, while a level 4 award could provide exemption from all or part of the first year of such a course, or provide access to a two-year programme.

3. Based on assessed competencies in work. The NCVQ attaches importance to identifying and assessing the competencies of staff in work, rather than prescribing minimum periods of training. A Certificate in Social Care (at all levels) would therefore be related to identified competencies, but CCETSW might also wish to prescribe minimum periods of training before candidates could present themselves for assessment. CCETSW would certainly want to determine regulations and criteria for student assessment to ensure national standards.

4. Within a national framework. It is hoped that proposals for a comprehensive system of social care training can be developed through collaboration between personal social service and health care interests covering the statutory, voluntary and private sectors. An MSC-sponsored Industry Lead Body for Social Care is scheduled to be in place by Christmas 1987 and CCETSW expects to collaborate with the LGTB and NHSTA and others within such a body. The ILB will need to ensure that plans developed for England, Wales and Northern Ireland accommodate parallel but somewhat different developments through SCOTVEC in Scotland. The aim will be to promote maximum transferability of staff and qualification throughout the UK, between the social and health care services and between the statutory, voluntary and private sectors.

5. Prescribed days of training at each level. The Workforce Planning Group estimated the numbers of personal social services staff requiring training at each of the three key NCVQ levels. The following numbers of training days for each of these groups are currently under discussion and provide the basis for the costs outlined in Annexe 7:

15	days at level 2	(65% of staff)
70	days at level 3	(15% of staff)
90	days at level 4	(6% of staff)

6. Core and specialist modules. Social care training is likely to be organised in modular form to offer maximum flexibility for staff in a wide variety of posts. Modules are likely to be provided through a combination of core content to be required by all CSC students and specialist content which will vary according to employment setting. Preliminary discussions indicate that at level 4 some general and special management modules may be included.

7. Wide access. The CSC will be planned and developed to provide the opportunity for training and qualification to as broad a range of staff and new entrants as possible. It will cater for the access needs of disadvantaged groups, such as ethnic minorities, women joining or rejoining the labour market and people changing careers, as well as the in-service training needs of staff.

8. Variety of routes. The dominant routes to the new award are likely to be through in-service training/day release options, but CCETSW is keen to ensure that college-based routes of entry are preserved at all levels, both for new entrants and as an alternative to those currently in work. It is hoped that maximum use can be made of new technology and distance learning options through the Open University, Open College and other institutions.

9. Different entry points. Entry will be possible at each level. Career counselling will be an essential feature of the new system. It will provide advice to students on the appropriate entry points, to promote their development and build on previous learning.

10. Link with present PCSC and ICSC training. Provision will be made for those trained on PCSC and ICSC schemes (which did not provide a qualification) to obtain a CSC at the appropriate level. This could be either through the provision of 'topping up' training before a special assessment, or simply by inviting PCSC and ICSC graduates to present themselves for the CSC work competence assessment when the new machinery is in place.

The CSC will need to build in large part upon the expertise and resources currently available within the further education sector on PCSC and ICSC programmes. It is unlikely that the new framework can accommodate the two-year, full-time PCSC programme currently provided for 16-19 year olds. Some PCSC courses might continue under different auspices; other one-year courses will, it is hoped, be developed from PCSC resources to preserve a college-based route to the new award.

11. Planning for workforce needs. CCETSW will be advised by the Interim Planning Groups, currently being established to ensure there are adequate training arrangements in all regions of the UK for social care as well as for social work. Whatever national variations may prove necessary, UK comparability will be monitored by CCETSW.

4.2.4 If these proposals can be implemented, they will be a major advance in the training and qualification arrangements for social care staff. Given the good will currently prevailing, and the continued support of all the interests, the Council aims to achieve the starting date of 1991* for the social care provisions. Before that date it may be possible under transitional arrangements to award the proposed Certificate in Social Care to those who have successfully completed existing PCSC and ICSC programmes.

*The 1991 starting date would be consistent with the NCVQ timetable for the implementation of the framework for levels 1-4.

5 THE COSTS

5.1 This section discusses the costs for social work, for accreditation of practice teaching and arrangements for social care. It also notes the need for post qualifying training, but does not seek to put forward proposals at this level until the foundation of basic qualifying social work education and training is firmly established.

Social Work

5.2 The process of estimating the costs of the social work proposals has involved all the key interests which together have agreed a series of estimates subsequently endorsed by Price Waterhouse. The details are in Annexe 5, Section A, while the more detailed working papers have already been submitted to relevant government departments.

5.3 The process of estimating these costs has brought out the hidden costs in the existing systems, and the evident concerns that current arrangements in both educational institutions and agencies are seriously under-resourced. As is well established in teacher training, professional education requires a higher input of resources than purely academic courses. The costings for the QDSW identify one particularly important aspect, the cost of professional supervision of practice.

5.4 Annexe 5 makes explicit the detailed assumptions. Broadly, costs are calculated on the existing intake numbers and assume that the same proportions of each of the existing intakes to qualifying training, as restructured for the QDSW requirements, progress through the system. However, in relation to the numbers on the current two-year postgraduate courses it assumes that 75% will be eligible to take two-year QDSW programmes in future; the remaining 25% being costed as for three-year programmes.

5.5 Annexe 5, Section B attributes the costs to the respective government departments on the basis of the current allocation of responsibilities. Figure 2 in Annexe 5 shows the respective proportions and brings out the strikingly important role of the DHSS.

5.6 CCETSW's first concern must be to secure the Government's commitment to providing these additional resources. Next it must try to ensure that they are made available in a way which will enable the arrangements for education and training to be economical, efficient and effective. The appropriate resources will have to be channelled to their requisite destination. Funds for practice teaching, for instance, must get to the agencies promoting the service. Grants for students must be available to those best suited for social work, and not left to the discretion of local education authorities. Only with secure student funding can recruitment for social work be cost effective. With workforce planning the numbers can be determined in advance.

5.7 CCETSW already dispenses postgraduate awards, and grants for supervision of practice in voluntary agenices. CCETSW requests the Government to consider ways in which all or part of the required additional funds could be channelled through the Council. This could help to strengthen CCETSW's ability to ensure high standards and secure their effective use for the purpose for which they are provided.

5.8 Finally, the costs to CCETSW and to colleges and agencies of developing the QDSW are estimated in Annexe 5, Section D. These are identified from 1988, and indicate that development costs will increase during the next three years of planning and preparation. CCETSW has already submitted to the DHSS the additional costs of its own development work, eg the administrative back up of the planning groups, curriculum and assessment development, etc but, without a government decision on the QDSW propsals, has not previously identified the time and costs involved in collaboration, development and preparation by college and agency staff. These development costs must now be recognised and estimates for government approval are included in Annexe 5, Section D.

Accreditation

5.9 The Council is convinced that the proposals for the accreditation of agencies and practice teachers referred to in para. 3.2.18 will raise the standard of training, particularly if it could become a requirement that all QDSW placements were with accredited agencies and practice teachers. This proposal is neither conditional on QDSW, nor is QDSW predicated on its achievement. But the Council considers both are necessary to secure the standards required for the education and training of social workers for the 1990s.

5.10 Annexe 6 outlines costs of accreditation and promotes two options for implementing accreditation with and without QDSW. Both sets are almost entirely developmental costs and, if authorised now, would have peaked and stabilised to a maintenance level by the time of the first intakes to QDSW courses. The eventual effect could be a saving through the more effective and concentrated use of a scarce professional resource.

Social Care

5.11 The Social Care costings start from the assumption that there are currently resources in the education and agency systems which, if redeployed within a new framework, could make possible considerable training at levels 2, 3 and 4. There has been less opportunity to develop these costings in collaboration with employers and other interests, but they have been discussed with a number of directors of social services. Some of the key elements had already been costed for the QDSW. On the basis of the assumptions adopted in Annexe 7, namely that a day's training costs £50 at level 2, £58.00 at level 3 and £66.00 at level 4, detailed calculations of how much this could provide (within the given quantum of resource) are computed.

5.12 Two options are also put forward to indicate the time required to transform the various levels of the workforce into a largely trained and qualified service. These options refer to social care staff in the statutory sector in England and Wales.* A policy decision from government is needed on who should meet the costs in the voluntary and private sectors - the agencies themselves, government, or some combination of the two. Financial data drawn together from a number of sources in the statutory sector (see Annexe 7) indicate that about £21m. is available within the current systems which would make it possible to provide qualifying training for:

55% of staff at levels 2 - 4 in 5 years;
66% of staff at levels 2 - 4 in 10 years; or
74% of staff at levels 2 - 4 in 15 years.

Hence this no cost option (option 2 in Annexe 7) could achieve appropriate training and qualifications for two thirds of the social care workforce in the statutory sector in England and Wales within 10 years. With an additional investment of £9m. per annum from 1991 onwards, providing for a gross annual expenditure of £30m. per annum the proportion trained and qualified would rise to 87% (option 1 in Annexe 7).

Post Qualifying Study

5.13 Estimates for post qualifying study are not part of this submission to government. Council hopes that as soon as possible after the QDSW is established it will provide the foundation for post-experience/ qualifying training. It is anticipated that the ASE components could also be offered as post-experience programmes for workers taking other areas of special emphasis in their qualifying programmes. The Council has already made available a small sum to develop a credit accumulation approach to post-experience training from the QDSW base, jointly funded with the Council for National Academic Awards.

5.14 Council believes it essential that funding of the basic qualifying social work programme should be established first.

Summary of costs

5.15 Estimates for the development and running costs of all these proposals are composited, and resources required from 1988 through until full implementation in 1994-5 are indicated in table 2 (page 32). This assumes full implementation of QDSW and accreditation, and the 'no cost' option 2 for social care. The full additional costs of this programme would rise to approximately £40m. in 1994/5 (at 1986/87 prices). If option 1 for social care was included, an extra £9m. p.a. from 1991 would be necessary.

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* Estimates for Scotland, N. Ireland and probation pend further discussion.

Table 2 **Summary of total development and running costs for QDSW and CSC**

(1986/87 prices in £000s)

	88/89	89/90	90/91	91/92	92/93	93/94	94/95
(1) QDSW running costs	-	-	-	2,800	8,600	38,200	40,000
(2) QDSW development costs	1,977	1,977	1,977	-	-	-	-
(3) Social care running costs (option 2)	-	-	-	200	250	300	350
(4) Social care development	160	175	175	-	-	-	-
(5) Accreditation with QDSW	+824	+1,815	+1622	+349	-277	-572	-572
Total	2,961	3,774	3,348	3,349	3,378	37,528	39,978
NET COST	2,446*	3,452*	3,259*	3,349	8,373	37,528	39,978

* Actual net cost: £515,000 appears in both QDSW development (2) and accreditation (5) costs.

6 ACTION REQUIRED

6.1 The Council is committed to 1991 as the year for the introduction of a completely new system of training and awards. This is in line with the Government's target for a new structure for vocational qualifications. Originally it was hoped that the social work proposals could have begun in 1990, but more time was needed for their development; it is essential that there is no further postponement. Already there is danger of planning blight through uncertainty, and the longer the period of delay the greater the problems to be resolved with a dwindling supply of foundation resources.

6.2 Annexe 8 outlines the timetable to be adhered to if the proposed 1991 starting date for QDSW and CSC is to be possible. It is critically important to have a decision within the current financial year if the timetable for a 1991 start is to be realised. Even this delay will cause difficulties. Any later decision would make a 1991 start impossible.

6.3 Pending a Government decision about the proposals, the parties directly concerned in the education and agency sectors are engaging with CCETSW in making such improvements as are possible within existing arrangements (as outlined in the Minister's letter of 6 April 1987). With the help of some development money from the DHSS, CCETSW is seeking short term improvements which will also lay the foundations for the proposed QDSW. In particular the Council is committed to promote the involvement of employers in consistent arrangements with colleges in planning the programmes, providing practice learning opportunities and taking forward the accreditation proposals.

6.4 The Council has considered ways in which its proposals might be phased in, recognising the Minister's wish to delay the full cost of implementation. It nevertheless considers the timetable must be adhered to, so that there are no further intakes to the present courses and schemes after 1990: as the QDSW is a new award, it should be available from an appointed date. However, having identified the principle, it should be noted that the varying length of courses from two to four years will provide a phasing effect financially, causing the full impact not to be felt until the academic year 1994-5.

6.5 At the time of writing CCETSW hopes that the rapid efforts of the workforce planning group will evolve into routine workforce planning for the personal social services as a whole. This would place the Council in a far better position to predict the nature and level of training needs for which it is responsible. By 1991 the workforce planning data should be able to provide, with greater authority, the requirements for training at levels 2, 3, 4 and for QDSW at level 5.

6.6 It is essential that CCETSW, with the relevant government departments, and with employer interests is able to plan training both

nationally and regionally to secure the education and training places needed to meet staffing needs and to ensure their appropriate distribution and resourcing. The Council looks to the Department of Education and Science in particular to facilitate educational planning and resource allocation through the arrangements to be established for the proposed Universities Funding Council and Polytechnics and Colleges Funding Council.

6.7 CCETSW has a statutory responsibility to meet the training needs for relevant social work in the personal social services. Now that it is able to estimate and control the numbers going into training, it needs mechanisms to ensure that the places are efficiently and effectively provided.

7 CONCLUSION

7.1 High standards of service and good professional practice can only be achieved when the staff involved are properly trained for the responsibilities they are expected to carry.

7.2 CCETSW and its constituents therefore call on government to make this training possible.

7.3 Social work needs:

- restructured and longer qualifying training:

  - to prepare for the increasing responsibilities imposed on social workers;
  - to provide the breadth of knowledge and skills required;
  - to develop the expertise required to meet special client and service needs;
  - to prepare students to the standard of accountable professional practice;
  - to enable social workers to work effectively in multi-professional teams;
  - to achieve comparability with other caring professions, and
  - to bring social work training within EEC harmonisation proposals.

7.4 Social care needs:

- a progressive system of training and qualifications:

  - to meet the training needs of a wide range of staff;
  - to clarify the knowledge, skills and competence required at each level;
  - to provide staff with a clear ladder of opportunity for career development, and
  - to achieve a largely qualified and competent workforce.

7.5 Government is asked:

- to endorse these proposals as the way ahead;

- to commit the necessary resources for their implementation from 1991, with the full costs required from 1994/5 onwards;

- to secure effective mechanisms for their allocation and dispersal to achieve:

  - the requisite number of education places to meet workforce needs;
  - adequate resourcing of these places in both sections of education;
  - secure student funding for these places;

- resources for practice learning in the agencies providing the training;

- to meet the necessary development costs from 1988/9;

- to protect existing resources within the education and training systems as the essential foundation for the new programmes.

7.6 With these resources and with the commitment of government departments, education institutions, employers, professional bodies and unions, the Council believes it will be possible to produce the education and training required for social workers and social care staff to enable them to provide high standards of care for tomorrow.

7.7 These are realistic proposals; they represent the minimum the Council considers to be necessary to produce the competent workforce which employers need, the profession wants, society demands and the recipients of social work and social care need and deserve.

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26. CENTRAL COUNCIL FOR EDUCATION AND TRAINING IN SOCIAL WORK Data on employment of newly qualified CQSW holders CCETSW 1987 Part I February 1987, Part II forthcoming

27. HOUSE OF COMMONS SOCIAL SERVICES COMMITTEE Community Care: with special reference to adult mentally ill and mentally handicapped people HMSO 1985 (House of Commons paper 1984-85 13)

28. CENTRAL COUNCIL FOR EDUCATION AND TRAINING IN SOCIAL WORK Policies for qualifying training: report on consultations CCETSW 1985 (Paper 20.4) and correspondence

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30. see 26 op.cit.

31. LONDON BOROUGH OF BRENT A child in trust: the report of the panel of inquiry into the circumstances surrounding the death of Jasmine Beckford London Borough of Brent 1985

- The Law and Social Work Research Group with support from CCETSW has taken forward the recommendation of the Beckford Inquiry that CCETSW undertake a follow-up to the Nigel Walker Study, CCETSW Paper 4 (1974); their report is to be published early in 1988

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33. Proposed Directive of European Commission, Rights of Establishment: Proposals for a Council Directive on a general system for the recognition of higher education diplomas

34. see 2 op.cit

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35. ENGLISH NATIONAL BOARD FOR NURSING, MIDWIFERY AND HEALTH VISITING Cooperation in qualifying and post qualifying training: mental handicap ENB 1987 (Press release 10 September 1987)

- CCETSW and the ENGLISH NURSING BOARDS have reached agreements about shared training at qualifying level with the aim of developing core teaching and an area of special emphasis in working with people with mental handicap. Discussions are also being held with the Boards in the other countries of the UK.

36. Confirmatory evidence available from a number of sources including a recent survey of practice arrangements carried out by the ADSS, CCETSW regional surveys and a survey by the Standing Conference of Heads of CQSW Courses

37. MANPOWER SERVICES COMMISSION and DEPT. OF EDUCATION AND SCIENCE Review of vocational qualifications in England and Wales HMSO 1986 (De Ville report)

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38. CCETSW Residential work is part of social work: Report of the Working Party on Education for Residential Social Work January 1974 (Paper 3) Chapter 4 and recommendation 9: "A majority of the Working Party recommend that there should be two levels of training for social work. The qualification at the first level might be called the Certificate of Proficiency in Social Work. The second level qualification could be the Certificate of Qualification in Social Work."

- CCETSW Review of Qualifying Training Policies Final Report of the Council Working Group Paper 20.2 paras 6.1 and 6.2 CCETSW May 1984

- CCETSW Review of Qualifying Training Policies Report of the Council Working Group Paper 20.1 Para 7 (iii) CCETSW December 1983

ANNEXES

ANNEXE 1 CURRENT EDUCATION AND TRAINING ARRANGEMENTS AND INTAKES

A1. Qualifying education and training

Currently the Council promotes and validates two different education and training programmes, leading to two different qualifications: full-time courses leading to the Certificate of Qualification in Social Work (CQSW), and schemes for employees of the social services leading to the Certificate in Social Service (CSS). These currently comprise:

A1.1 134 CQSW courses. The CQSW was approved by CCETSW in 1972 as the one generic qualification in social work, replacing the previous 'specialist' qualifications. It is awarded by CCETSW on satisfactory completion of an approved course, and is recognised as a qualification for all forms of social work. CQSW courses are first accountable to the education institution through which they are approved by CCETSW and accountable to CCETSW for the award. CCETSW inherited some social work courses, mainly those based in the universities, and throughout the 1970s carried out a major expansion programme, particularly in the public sector of higher education, reaching intakes of 4,000 in the mid 70s; currently some 3,500. CCETSW encouraged a broad-based entry into social work by promoting CQSW courses at postgraduate, undergraduate and non-graduate levels, and maintained a 50-50 balance between graduate and non-graduate intakes, while intakes to undergraduate courses were kept at 15% of the total. At the time a maximum of two years of education and training was seen as the only practical way to meet the expansion programme. Taking just the social workers employed in field social work in the personal social services, this programme has achieved an 85% qualified service throughout the UK.

A1.2 29 CSS schemes CCETSW planned and promoted CSS education and training to meet the needs of a large number of staff in the personal social services with a varied range of tasks. The schemes are run jointly by colleges (mainly in the further education sector but some in all sectors particularly in Scotland) and social service agencies, and the education and training programmes which last at least two years involve part-time college study and practice largely based on the students' own work experience. The CSS qualification is related to particular jobs and areas of work. Management of CSS schemes and assessment of students' performance is the sole responsibility of a Joint Management Committee, which is formally accountable only to CCETSW. As the CSS introduction coincided with cuts in public expenditure, intakes envisaged originally at 9000 a year have not yet reached 1500. This much smaller programme has been used by employers largely to meet the training needs of staff in the residential and day care sectors, many of them at senior levels. It has become de facto an in-service route for qualification in these sectors; yet there is no declared link between the CSS and CQSW training systems and qualifications.

A2. Preliminary and in-service courses

The Council currently promotes and validates a Preliminary Certificate in Social Care (PCSC), a two-year full-time programme largely for 16-19 year-olds, and an In-service Certificate in Social Care (ICSC), a one-year, day release, education and training programme for unqualified staff in the social services. Both are popular courses (with intakes to PCSC of nearly 2,500 and to ICSC of nearly 4,500) but they are discrete forms of training and do not lead to any qualification. There is also no declared link with the qualifying programmes, although a minority of students progress from ICSC to CSS and a few from PCSC to CSS or CQSW.

A3. Post qualifying education and training

CCETSW has promoted and validates a large number of post qualifying courses, mainly in areas of specialist practice. In spite of the acknowledged need for post qualifying specialist training, eg. in child abuse, the take up of places only rose to 475 in 1986 and many courses have had to close. The main reason has been the high cost to employers of seconding experienced staff on the programmes. Although a basic qualification (CSS or CQSW) plus two years post qualifying practice confers eligibility for post qualifying studies, no systematic link or planned progression has been established between basic training and PQS studies, and CCETSW does not make an award.

Table A1.1 Intakes to CCETSW-approved education and training programmes

		1985
i)	Qualifying education and training	
a)	C Q S W	
	one-year postgraduate	620
	two-year postgraduate	636
	four-year undergraduate	431
	two year non-graduate	1,469
	three-year 'extended'	124
	TOTAL CQSW	3,280
b)	CSS	1,424
	TOTAL intake to Qualifying programmes	4,704
ii)	Preliminary and in service	
	PCSC	2,619
	ICSC	4,155
iii)	Post qualifying studies	421
	TOTAL	11,899

ANNEXE 2 EXTRACTS FROM WORKFORCE PLANNING AND TRAINING NEED IN THE PERSONAL SOCIAL SERVICES (Report of the Working Group)

Membership of the Working Group

Lesley Bell	-	Senior Training Advisor, LGTB
Steve Coombes	-	Project Officer, CCEETSW
Geoff Kelly	-	Assistant Secretary, LACSAB
Tim O'Brien	-	Assistant District Manager, Strathclyde Regional Council. (Representing ADSW and COSLA)
David Peryer	-	Director of Social Services, Humberside CC. (Representing ADSS and ACC)
John Ransford	-	Director of Social Services, Kirklees MDC. (Representing ADSS and AMA)
Tony Smith	-	Divisional Training Coordinator, LGTB
David Wakefield	-	Director of Social Services, Cheshire CC. (Representing ADSS and ACC)
Adrian Webb (Chair)	-	Professor of Social Administration, Loughborough University of Technology
Ian White	-	Director of Social Services, London Borough of Hillingdon. (Representing ADSS and AMA)
Reg Wright	-	Assistant Director, CCETSW

"1. The Origins and Role of the Working Group

The Personal Social Services are, as ever, beset by turbulence: government policies and social conditions generate substantial and continuous change. Training policies cannot escape this turbulence and major developments are now occurring, or are imminent, at all levels of expertise. However, the lack of a staffing data base on which to base sound policies, to which CCETSW had consistently drawn attention, was again forcibly underlined in the Autumn of 1986 at a meeting of CCETSW officers and representatives of the employer bodies. The single qualifying award in social work proposed by CCETSW was supported in principle by the employer bodies as part of a broader commitment to developing appropriate types and levels of training throughout the Personal Social Services. Such a comprehensive commitment implied information on the workforce which was not immediately to hand; the urgent need for a workforce planning exercise was recognised.

The decision to establish a working group on workforce planning was subsequently agreed in April 1987 at a meeting of ACC, AMA, COSLA, ADSS, ADSW, LGTB, LACSAB and CCETSW. The role assigned to the group was to collate existing workforce data, initiate discussions on the scale and

"nature of future training needs throughout the workforce, and promote the systematic collection of the data needed for future decision-making. The working group was convened by the LGTB in May 1987. The willingness of all members of the group to contribute information and mobilise the resources of their parent organisations has been vital.

The group's approach has been severely circumscribed by the time limits within which it has had to work. An initial set of estimates had to be produced by September 1987 if present policy making on the scale and nature of future training was usefully to be informed. Given the timescale, estimates had to be based on existing workforce data; no substantial body of new data could be collected on a national basis. Existing data are incomplete and extremely uneven in their scope and quality. They must be treated with caution.

To move from workforce data to estimates of future training needs demands policy decisions. The working group is not empowered to make such decisions; they are the prerogative of the parent bodies which established the working group - and ultimately of the Government. Effective debate on future training needs requires some information on the implications of different training strategies, however. We have, therefore, adopted two approaches in an attempt to shed some light on this issue.

First, we have projected forward the existing pattern of staffing by reworking the findings of the survey conducted by the LGTB in 1986. This is comparatively easy to do in the case of social workers if it is assumed that the present need for CQSW and CSS holders translate directly into a future need for QDSW holders. It is much less meaningful to extrapolate patterns of training need other than for social work, however. Moreover, the future need for QDSW holders cannot necessarily be extrapolated from existing patterns, it is itself a matter for policy decisions.

Our second approach recognises these problems by extrapolating a field-tested set of senior managers' estimates of future training needs in the North-West Region. These estimates represent a break with the past, they are an attempt authoritatively to think through future staffing needs at all levels throughout the personal social services. They are, therefore, a very valuable additional source of information and we have converted them into national training need estimates. That the North-West survey could be concluded so speedily and effectively is impressive and augurs well for workforce planning providing the present momentum can be maintained.

We would emphasise, however, that all our estimates must be regarded as only a preliminary attempt to assess training need. We would also emphasise that none of our estimates are intended to imply particular policy decisions about training. Our remit at this initial stage of workforce planning has been to inform as best we can the bodies which must take those decisions. To do so, we have felt it right, indeed essential, to produce some rough indication of the scale of future training requirements, without wishing to foreclose policy debate in any way. A broad consensus on future staffing needs is essential in our view and it would allow a more sophisticated approach to workforce planning. However, as we indicate in a later section, such planning also demands a national data base on the workforce itself. The absence

of such a national data base is almost incomprehensible in view of the size, importance and cost of the personal social services. It is a deficiency which must be remedied." (Pages 1 to 3 of the Report).

"5. **Conclusions**

The estimates summarized below are based on considerable detailed work; we are confident about the general message which they convey. However, we have emphasized throughout that some of our figures must be treated with caution. We have also implied that they can best be construed as minima in so far as they do not allow for Northern Ireland, or for future growth in staffing needs. Despite the constrained expenditure environment of the past decade, posts in the personal social services have grown. Demographic trends suggest that growth will continue to be needed in services for the elderly at least, though the respective rates of growth of different services and sectors are more difficult to assess.

Although the assumptions and methods used in our two approaches are radically different, the training need figures for QDSW are remarkably similar. If the Level 5 estimates arrived at by our second methods are reduced by 1000 per annum for 'steady state' and 1200 per annum for 'backlog' intakes in order to allow for other forms of professional training, the figures for QDSW become:

QDSW Training Intakes

Estimate 1		Estimate 2	
'Steady State'	Meeting Backlog Over 10 Years	'Steady State'	Meeting Backlog Over 10 Years
5,000+	7,600+	5,500	7,500

Our estimate of the total training need at NCVQ/SCOTVEC Level 2, using our second approach, was 288,000. A separate estimate using our first approach produced a figure of 230,000 - which confirms the scale of need.

Our two approaches also produced reasonably compatible estimates of the total need for training at NCVQ/SCOTVEC Levels 3 and 4:

Total Training Need at NCVQ/SCOTVEC Levels 3 and 4

Estimate 1	Estimate 2
101,000	83,500

To convert these into annual intake figures is more difficult in that the rate at which the training backlog is to be overcome is crucial. Associated with this is the question of how and to what extent the training and experience of existing staff could be 'topped up' in order to reduce the backlog in the short term. Nonetheless, the 'steady state' figures are indicative of the scale of replacement training need and the figures noted below, which allow for the reduction of the crude

backlog over a ten year period, serve to underline the scale of that need.

Training Intakes at NCVQ/SCOTVEC Levels 3 and 4

	'Steady State'	Meeting Backlog Over 10 Years
Level 2	31,500	-*
Level 3	6,500	10,000
Level 4	2,500	4,000

* We have not yet been able to estimate the training backlog at Level 2.

If our various 'best estimates' are brought together, the final picture is:

Training Intakes (excluding Northern Ireland)

	'Steady State' (1986-87)	Allowing for 'Backlog' (but not for growth)
Level 2	31,500	-
Level 3	6,500	10,000
Level 4	2,500	4,000
Level 5 (QDSW	5,500	7,500
('Other Professional'	800+	1,200 "

(Pages 23 to 25 of the Report.)

Table A2.1 TRAINING NEEDS PER ANNUM - Estimates Based on LGTB Survey (not including N. Ireland)

	Professional social work training per annum			Other relevant professional training			Proposed VOC cert in social care (11)	In-service training
	STAFF REPLACEMENT	NEW POSTS	(1) BACKLOG OF TRAINING NEED	STAFF REPLACEMENT	NEW POSTS	(1) BACKLOG OF TRAINING NEED	NCVQ LEVEL 3/4	NCVQ LEVELS 2 & 3
FIELDWORK								
Social work	3,000	250	-	-	-	-	-	-
Social work assistant	-	-	-	-	-	-	(3) 3,500	-
OT & OT aides				200	40	(2) 200	200	-
All others	20	20	-	-	-	-	1,300	-
DOMICILIARY CARE								
Organisers/ Managers	20	5	(4) 400	20	10	(4) 2,600	(4) 1,000	-
Home carers (not inc. Scotland)	-	-	-	-	-	-	-	48,300
All others	neg	neg	?	-	-	-	1,400	-
RESIDENTIAL DAY CARE								
Management - childrens homes/centres	100	-	(12) 5,000	-	-	-	(13) 450	
Care Officer childrens homes	-	-	-	-	-	-	(6) 11,000	
Nursery Nurse	-	-	-	500	50	1,700	-	
All other staff childrens homes	-	-	-	-	-	-	500	-
Management - adult homes/ centres	150	20	(5) 6,500	-	-	-	8,000	-

Table A2.1 (Continued) TRAINING NEEDS PER ANNUM - Estimates Based on LGTB Survey (not including N. Ireland)

	Professional social work training per annum			Other relevant professional training			Proposed VOC cert in social care (11)	In-service training
	STAFF REPLACEMENT	NEW POSTS	(1) BACKLOG OF TRAINING NEED	STAFF REPLACEMENT	NEW POSTS	(1) BACKLOG OF TRAINING NEED	NCVQ LEVEL 3/4	NCVQ LEVELS 2 & 3
Care staff - adult homes/ centres	-	-	-	-	-	-	(6) 9,500	
Instructors	20	-	250	-	-	-	(10) 4,000	-
All other staff	-	-	-	-	-	-	300	-
Care Assistants	-	-	-	-	-	-	-	45,000
Domestics (ex Scotland)	-	-	-	-	-	-	-	29,900
Cooks/kitchen staff (ex Scotland)	-	-	-	-	-	-	12,000	-
All other manual	-	-	-	-	-	-	-	16,400
PROBATION SERVICE	300	-	-	-	-	-	850	-
VOLUNTARY SECTOR	300	NK	(7) 3,500	-	-	-	(5) 20,000	-
PRIVATE SECTOR	500	NK	(8) 7,240	-	-	-	(5) 27,000	-
TOTAL	4,410	295	22,390	720	100	4,500	101,00	139,600

Source of Table: Reproduced from Appendix 1 (Table 1.7) of Workforce Planning and Training Need: the Personal Social Services, September 1987
Source of data: LGTB Survey, LACSAB, Firth Report: All figures rounded.

NOTES on Table A2.1

(1) Staff replacement and new posts relates to the total in any one year. Backlog relates to the training need which should be taken account of over a number of years if the backlog is to be reduced.

(2) Backlog includes backlog in unfilled OT posts plus training needs of unqualified OT aides because qualified OT's are not available.

(3) Allowing for the number currently untrained, plus loss to service.

(4) Assuming:

- organisers already holding the Diploma in domiciliary care management are part of the backlog for full professional training
- existing unqualified organisers are eligible for the DipDCM
- replacement staff and some newly appointed organisers eligible for NVQ
- progression is assumed. There is therefore an element of double counting between the columns.

(5) Assuming a target of an average of 1.5 professionally qualified managers in local authority residential and day care establishments for adults.

(6) Assuming all care officers, childrens homes and homes for adults require the NVQ initially and progress to professional training as appropriate.

(7) Assuming a target of 2 professionally qualified managers per day and residential establishment in the voluntary sector.

(8) Assuming a target of 1 professionally qualified manager per residential establishment in the private sector.

(9) Assuming care staff in the voluntary and private sectors will participate in NVQ.

(10) Instructors in centres for mentally handicapped adults are assumed to require the new proposed NVQ certificate initially with progression to professional training.

(11) As NVQ has not previously existed, staff replacement and new posts are not relevant.

(12) Assuming ideally that all managers in residential homes for children should hold a professional qualification.

(13) Assuming that NVQ is appropriate for newly appointed managers in childrens homes, before they move on to professional social work training.

..e A2.2 NATIONAL PROJECTIONS (Excluding N. Ireland) OF NORTH WEST PERSONAL ..CIAL SERVICES WORKFORCE ANALYSIS

	Level 2	No. Unqual.	Level 3	No. Unqual.	Level 4	No. Unqual.	Stand. Prof.	No. Unqual.	All staff	No. Unqual.
Met. District & Counties (70.1%)	140,542	-	25,957	12,971	6,931	3,640	27,060	5,941	200,490	-
England & Wales (a)(b) (100%)	200,488	-	37,029	18,504	9,887	5,193	38,602	8,475	286,006	-
Probation	294	-	1,474	678	1,193	1,145	6,156	-	9,117	-
Scotland	21,793	-	7,196	2,696	2,401	1,364	3,829	186	35,219	-
Voluntary Bodies (c)	2,400	-	2,209	1,755	900	509	1,255	591	7,764	-
Private & Voluntary	63,457	-	11,752	-	2,928	-	10,250	5,212	88,587	-
Total	288,432	-	59,660	-	24,240	-	60,092	20,405	426,493	-

Note:

a) By projecting up to 100%, one includes Wales. As Wales produces statistics on certain staff it is possible to test the projection against the actual numbers in Wales.

Using standard professional level as the test, the projection predicts 2,007 (5.2%) in Wales. Taking field social workers and applying the formula of 1.5 professional standard staff per day care or residential unit, the actual figure for 1985 is 2,050.

b) The projection to 100% includes London. The likelihood is that any over estimating of counties arising out of the N.W. survey will be more than compensated by its underestimating of staffing in London.

c) The N.W. survey does not distinguish between "private" and "voluntary" but between "voluntary bodies" and "private - voluntary" homes, hence the distinction in the projection.

(Reproduced from Table 2.13 in Appendix 2 of Workforce Planning and Training Need in the Personal Social Services)

ANNEXE 3 LIST OF STATUTES IN FORCE RELATING TO SOCIAL WORK PRACTICE

Acts are listed in chronological order. Those marked with an asterisk have particular significance for social work practice.

*Children and Young Persons Act 1933
*Disabled Persons (Employment) Act 1944
*Education Act 1944
*National Asssistance Act 1948
*Nurseries and Child-Minders Regulation Act 1948
*National Assistance (Amendment) Act 1951
*Magistrates' Courts Act 1952
*Prison Act 1952
*Adoption Act 1958
*Disabled Persons (Employment) Act 1958
*Mental Health Act 1959
*Criminal Justice Act 1961
*Children and Young Persons Act 1963
Criminal Procedure (Insanity) Act 1964
Local Government Act 1966
*Criminal Justice Act 1967
Criminal Appeal Act 1968
*Health Services and Public Health Act 1968
*Social Work (Scotland) Act 1968
*Children and Young Persons Act 1969
*Family Law Reform Act 1969
*Chronically Sick and Disabled Persons Act 1970
*Local Authority Social Services Act 1970
*Guardianship of Minors Act 1971
Immigration Act 1971
*Misuse of Drugs Act 1971
*Criminal Justice Act 1972
*Guardianship Act 1973
*Matrimonial Causes Act 1973

*Powers of Criminal Courts Act 1973
*Rehabilitation of Offenders Act 1974
Legal Aid Act 1974
*Children Act 1975
*Adoption Act 1976
*Bail Act 1976
Race Relations Act 1976
*Criminal Justice Act 1977
*Criminal Law Act 1977
*National Health Service Act 1977
*Domestic Proceedings and Magistrates' Courts Act 1978
*Child Care Act 1980
*Education Act 1980
*Foster Children Act 1980
*Magistrates' Courts Act 1980
British Nationality Act 1981
*Contempt of Court Act 1981
*Education Act 1981
*Supreme Court Act 1981
*Children's Homes Act 1982
*Criminal Justice Act 1982
Mental Health (Amendment) Act 1982
*Health and Social Services and Social Security Adjudications Act 1983
*Mental Health Act 1983
*Data Protection Act 1984
*Matrimonial and Family Proceedings Act 1984
*Mental Health (Scotland) Act 1984
*Police and Criminal Evidence Act 1984
*Public Health (Control of Disease) Act 1984
*Registered Homes Act 1984
Administration of Justice Act 1985
Child Abduction and Custody Act 1985
*Housing Act 1985
Housing (Consequential Provisions) Act 1985
Intoxicating Substances (Supply) Act 1985
Landlord and Tenant Act 1985
Local Government Act 1985

Local Government (Access to Information) Act 1985
*Prosecution of Offences Act 1985
Surrogacy Arrangements Act 1985
*Children and Young Persons (Amendment) Act 1986
*Disabled Persons (Services, Consultation and Representation) Act 1986
Drug Trafficking Offences Act 1986
Education (No.2) Act 1986
Family Law Act 1986
Health Service Joint Consultative Committees (Access to Information) Act 1986
Housing and Planning Act 1986
National Health Service (Amendment) Act 1986
Protection of Children (Tobacco) Act 1986
Public Order Act 1986
Sex Discrimination Act 1986
*Social Security Act 1986
*Access to Personal Files Act 1987
*Aids (Control) Act 1987
Consumer Protection Act 1987
Criminal Justice Act 1987
*Family Law Reform Act 1987
Landlord and Tenant Act 1987
Social Fund (Maternity and Funeral Expenses) Act 1987

October 1987

ANNEXE 4 STATEMENT OF MINIMUM REQUIREMENTS OF THE SOCIAL WORKER AT THE POINT OF QUALIFICATION

INTRODUCTION

This statement prescribes the minimum requirements of all newly qualifying workers gaining the Qualifying Diploma in Social Work (QDSW). Employer, educational and professional interests have endorsed the statement which represents an important innovation in social work education and training in the United Kingdom.

PART I THE MAJOR AIMS OF SOCIAL WORK

Social work is an accountable professional activity which enables individuals, families and communities to identify personal, social and environmental difficulties adversely affecting them. Social work assists and empowers them to manage these difficulties through supportive, rehabilitative, protective or corrective action. Social work promotes social welfare and responds to wider social needs promoting equal opportunities for every age, gender, class, disability, race, culture and creed.

Social workers are part of a network of welfare, health, criminal justice and penal provision. They have a responsibility to ensure proper use of the resources available to them. Parliament lays down the legal framework and delineates the powers of statutory, voluntary and private agencies within which social workers practice. Their role can vary in residential, day care, domiciliary, fieldwork and community settings, but they share a common core of knowledge, skills and values.

PART II MINIMUM REQUIREMENTS OF THE SOCIAL WORKER AT THE POINT OF QUALIFICATION

The primary aim of education and training leading to the Qualifying Diploma in Social Work (QDSW) will be to provide the foundation for accountable professional practice (Section 4 page 6). To ensure that this foundation is provided newly qualified social workers will be expected to have acquired

- a sound knowledge base (Section 1)
- core social work skills applicable in a variety of settings (Section 2, and developed in an area of special emphasis (Section 5)
- a system of professional values (Section 3)

SECTION 1. A SOUND KNOWLEDGE BASE

1.1 A newly qualified social worker must be able to demonstrate knowledge of the following:

- social work methods and processes (para 1.2)
- relevant social and behavioural sciences: (para 1.3)
human and social development and behaviour (para 1.3.1)
social and community studies (para 1.3.2)
- social and economic policies (para 1.4)
- professional, ethical and moral issues (para 1.5)
- health, disability and social conditions (para 1.6)
- organisational structures and processes (para 1.7)
- law (para 1.8)

1.2 Social Work Methods and Processes including:-

core skills; social work processes; working with individuals including children, families, groups and communities; working with people from different racial and ethnic groups; inter-professional work; evaluation of social work research; social work practice drawing on the knowledge base outlined below.

1.3 Relevant Social and Behavioural Sciences:-

1.3.1 Human Social Development and Behaviour including:-

theories of: child rearing and developmental milestones; child abuse; family patterns; cultural patterns; adulthood; sexuality; ageing; disability; personality; groups and communities.

1.3.2 Social and community Studies including:

theories of: society, social structure, social class; unemployment, deprivation, poverty; race, gender; the inner city; rural deprivation; deviance, crime, victimisation and violence.

1.4 Social and Economic Policies including:-

theories of: social welfare; welfare rights; equal opportunities; race relations; criminal justice system; crime and treatment of offenders; relevant central and local government structures and policies.

1.5 Professional, Ethical and Moral Issues including:-

professional ethical codes and dilemmas; conflicts between organisational and professional values; understanding the processes of institutional disadvantage and discrimination; prejudice and labelling.

1.6 Health, Disability and Social Conditions including:-

effects of demographic trends; disability and handicap; mental health; illness and death; addiction, alcohol and substance abuse; AIDs; prevention and rehabilitation.

1.7 Organisational Structure and Processes including:-

organisational and institutional theory and structures; computer and information technology; statutory framework and provision; statutory, voluntary and private services; working with volunteers; indirect work with clients; social workers' duties and responsibilities within departmental policies; data protection and access to information.

1.8 Law including:-

legal framework of social work; statutory duties of social workers; major legal requirements and relevant circulars and notes of guidance; issues of child protection, personal protection and individual liberty.

SECTION 2. SOCIAL WORK PRACTICE

2.1 Newly qualified social workers will have to demonstrate that they can engage with individuals, families, groups and communities in all the essential processes of social work practice:-
- assessing needs, strengths, situations, risks (para 2.2.1)
- planning appropriate action (para 2.2.2)
- implementing action (para 2.2.3)
- evaluating aims and effectiveness of outcomes (para 2.2.4)

Necessary for these processes are:-

- use of self (para 2.3.1.)
- interpersonal skills (para 2.3.2)
- recording skills (para 2.3.3)
- decision making skills (para 2.3.4)
- skills in deploying resources (para 2.3.5)

2.2 Essential Processes of Social Work Practice

Social workers must demonstrate competence in all the essential processes of social work practice:

2.2.1 Assessing needs, strengths, situations, risks

Assessing the needs of children and adults (of different age, gender, class, disability, race, culture and creed) in a variety of settings or environments.

- careful checking of facts, history and perceptions with clients, and from other sources;
- marshalling and selecting essential data, employing systematic assessment methods and findings from research;
- gathering and evaluating information about community resources, social networks and support systems;
- understanding the impact of the multi-dimensional nature of needs in society;
- appreciating the indicators of risk to clients and others and the social workers' responsibilities within the legal framework.

2.2.2 Planning appropriate action:-

- planning and contributing to programmes of care, supervision, rehabilitation and control as appropriate;

- planning such work with individuals, families, groups and communities, and their existing informal systems and network, including colleagues and/or other professionals as necessary;

- setting objectives, agreeing contracts in the light of resources, constraints, legal powers and levels of responsibility;

- working effectively and confidently in case discussions, courts, and/or hearings, policy meetings and interprofessional meetings.

2.2.3 Implementing action

Newly qualified social workers will be required to demonstrate their knowledge, skills and values in all the three main spheres of social work practice:

- working with individuals and families including counselling skills

- working with groups including group care

- working within a community including community social work

2.2.4 Evaluating aims and outcome

- appraising progress towards agreed objectives with clients and colleagues;

- modifying the action plan where necessary;

- reflecting on the process and outcome of the work.

2.3 Core Skills of Social Work

To carry out the processes of social work the following core skills are required:-

2.3.1 Use of self

- self awareness;

- analysing and evaluating personal experience as a tool of learning;

- sustaining an appropriate working relationship;

- responding appropriately to major emotions, depression and grief etc. and understanding the impact on self;

- responding effectively to aggression, hostility and anger, with full consideration of risk to self and others.

2.3.2 Interpersonal skills

In different settings and with individuals, families and groups:

- observing and interpreting behaviour, feelings and attitudes;

- asking questions, listening, empathising, responding to unspoken communication; using or seeking specialist communication techniques including, if necessary, the use of interpreters;

- initiating and responding to written communication;

- structuring and carrying out interviews;

- assisting with the provision of physical care.

2.3.3 Recording skills

- recording accurately, succinctly and regularly as appropriate to agency requirements;

- sharing records with clients;

- preparing reports for specific purposes, for courts, hearings, case conferences.

2.3.4 Decision making skills

- making appropriate and informed decisions with, or on behalf of clients, families, groups, or communities;

- distinguishing between decisions requiring immediate action, routine decisions and those which must be referred to senior staff;

- understanding accountability and working within the decision making processes in organisations;

- analysing and resolving or containing tensions where there are dilemmas between professional judgement and agency policy.

2.3.5 Skills in Deploying Resources

- using the social worker's own resources;

- appraising and using effectively the client's resources and those of the community, family, social networks and other support systems;

- working towards individual clients, groups and communities becoming independent of social work systems;

- making effective use of the physical environment and physical activities, e.g. in residential and day care;

- using administrative systems such as computerised records and information banks, and understanding the potential of information technology.

SECTION 3. PROFESSIONAL VALUES

3.1 To achieve the necessary standard of practice, qualifying social workers will have to show that they can:

- protect the dignity and promote the rights and responsibilities of individuals, families, groups and individuals;

- demonstrate through practice a commitment to the values of the profession;

- identify and challenge structural disadvantage, discrimination or prejudice on grounds of age, gender, sexual preference, class, disability, poverty, race, culture or creed;

- work effectively and purposefully when there are conflicts of values between the worker and the client, or the agency or the profession.

SECTION 4. ACCOUNTABLE PROFESSIONAL PRACTICE

4.1 The knowledge base, essential processes, core skills, and the system of professional values provide the foundation for effective accountable professional practice. Qualifying social workers will have to demonstrate a capacity to:-

- put into effect the major aims of social work (para 4.2)

- apply legal requirements to work with clients, and recognition of clients' rights (para 4.3)

- practice effectively within policies and structures of social work agencies and with other services and professions (para 4.4)

- understand and be able to challenge structural disadvantage and discrimination (para 4.5)

- understand and be able to combat racism and to work in an ethnically sensitive way (para 4.6)

- develop and use a positive, caring and creative approach (para 4.7)

4.2 **Put into effect the major aims of social work:**

- promote welfare and rights; protect clients and others at risk; prevent breakdown; provide care, control and where possible rehabilitation; promote social education.

4.3 **Apply the legal requirements to work with clients, and recognition of clients' rights:**

- work within the relevant legal requirements, which prescribe social workers' responsibilities (as appropriate to different parts of the UK);

- apply the legal requirements, statutes and circulars, which directly affect social work practice with vulnerable or dangerous clients;

- refer to and use specialist legal advice, and legal facilities including courts, tribunals and hearings;

- inform clients of their basic rights to social security and income maintenance and the provision of health, housing, legal and educational services.

4.4 **Practice effectively within the policies and structures of social work agencies and with other services and professions:**

- manage a workload, as an individual or as part of a group care team;

- analyse and appreciate the limitations of professional autonomy, the explicit and implicit powers of social workers in teams, in different settings in statutory, voluntary and private social work agencies;

- understand the ways in which policy is developed and implemented in statutory and voluntary agencies including the role of committees;

- work as a team member within an agency and with other professionals;

- appreciate the need to play a part in developing social work policy and practice.

4.5 **Understand and be able to challenge structural disadvantage and discrimination:**

- understand and counteract the impact of discrimination on the grounds of age, gender, sexual preference, class, disability;

- show an awareness of the effects of poverty and unemployment.

4.6 **Understand and be able to combat racism and to work in an ethnically sensitive way:**

- show an awareness of both individual and institutional racism and the capacity to combat both through anti-racist practice;

- knowledge of transcultural factors which effect clients' needs and social work practice in order to provide an ethnically sensitive service.

4.7 **Develop and use a positive, caring and creative approach:**

The recognition that the social workers' use of themselves is their greatest resource;

- an appreciation that effective social work practice requires a positive, thoughtful approach to problem solving based on an enjoyment of and interest in people;

- use professional supervision to develop their knowledge, skills and practice;

- analyse their own experience and style of learning so that knowledge and skill can be consciously adapted, developed and transferred to meet changing demands and new learning needs;

- understand the need to continue their professional development through analysis of their practice, reading, research and study.

SECTION 5. AREA OF SPECIAL EMPHASIS

5.1 In addition to the demonstration of core knowledge, skills and values, every student will be required to develop in more depth an area of special emphasis based on work with a particular client group, practice in a particular context or setting, or using a special social work method. The area of special emphasis will form part of the assessment for the QDSW and there will be requirements for competence for each type of special emphasis.

5.2.1 Some examples of areas of special emphasis based around client groups would be work with children, work with offenders, work with people with a sensory handicap; examples emphasising settings or contexts would be residential work, patch-based social work, and work in health care settings; methods-based examples would be community work, group work and counselling. Those students wishing to work in the Education Welfare or Probation Services will be expected to use this period to develop particular competence in these fields, as well as relating the core content of their studies to the setting in which they wish to work after qualifying.

5.2.1 A transcript to accompany the QDSW, available on a separate CCETSW proforma, will be available to employers. It will confirm the details of the student's final area of special emphasis practice:

- Client Group(s)
- Contexts or setting(s)
- Method(s)
- Type of Agency.

SECTION 6. CONCLUSION

6.1 This statement sets out:-

- the major aims of Social Work (Part I)

- minimum requirements of the social worker at the point of qualification (Part II)

Since social work must ever be responsive to new needs and social problems, neither the definition nor the requirements can be expected to stand for all time. But they do provide the foundation for the QDSW for the forseeable future.

6.2 For this education and training programme to be fully effective these skills will have to be developed and maintained in the context of adequate agency and resource provision.

PART III. A SYNOPSIS OF THE REQUIREMENTS

The QDSW will be awarded to those who have been assessed to a common national minimum standard and who have demonstrated:

1. **A sound knowledge base** (See Section 1)

Knowledge of the relevance and application to practice of social work studies, health studies, policy studies including law and relevant social and behavioural sciences; within an informed understanding of the effects on individuals, families, groups and communities of attitudes in society to age, gender, sexual preference, poverty, disability, race and creed.

2. **Social work practice** (See Section 2)

Competence in core social work skills and processes in different settings, with individuals, families, groups and communities: assessing situations; planning appropriate action; seeking and using support; decision making; communicating; mobilising individual, family, community and agency resources; acting effectively to reduce or resolve problems; evaluating the effectiveness of their work.

3. **A system of professional values** (See Section 3)

The capacity to apply a system of professional values:-

protect the dignity and promote the rights and responsibilities of individuals, families, groups and communities;

demonstrate through practice a commitment to the values of the profession;

identify and challenge structural disadvantage, discrimination or prejudice on grounds of age, gender, sexual preference, class, disability, poverty, race, culture or creed;

work effectively and purposefully when there are conflicts of values between the worker and the client, or the agency or the profession.

4. **Accountable professional practice** (See Section 4)

The ability to practise as an accountable professional when given adequate agency and resource provision, including:-

- put into effect the major aims of social work;

- apply the legal requirements to their work with clients;

- practise effectively within the policies and structures of social work agencies and with other services and professions;

- understand and be able to challenge structural disadvantage and discrimination;

- understand and be able to combat racism and to work in an ethnically sensitive way;

- develop and use a positive, caring and creative approach and ability to use professional supervision to continue development of their knowledge, skills, values and practice.

5. **Knowledge, skills and values in an area of special emphasis** (See Section 5)

The ability to use knowledge and apply core social work skills in more depth in an area of special emphasis, in relation to a selected client group, context **or** setting, or social work method, and to demonstrate the transfer of learning.

October 1987

ANNEXE 5 ESTIMATING THE COSTS OF RUNNING THE QDSW

A. OVERALL COSTS TO THE PUBLIC PURSE

INTRODUCTION

The following costs are based on Council's policy decisions for QDSW, and incorporate and adapt the great deal of work undertaken by the ADSS, AMA, ACC, COSLA, the ADSW, CCETSW itself, and the consultants Price Waterhouse. The information on which they are based has been gleaned from many quarters - government departments, the National and Welsh Advisory Bodies, the University Grants Committee, Regional Advisory Councils for Further Education and many others - and CCETSW is indebted to all concerned for their help. This Annexe comprises a summary of more detailed calculations already made available to the relevant government departments.

THE CALCULATIONS

1. General Assumptions

The calculations are based on certain general assumptions:

(a) The total intake will be 4704 students (i.e. the 1985 intake to CQSW and CSS courses, excluding the Republic of Ireland).

(b) The figures are calculated on a UK basis: no allowance is made for differences in funding arrangements in relation to Scotland and Northern Ireland. This simplification does not materially affect the calculation of the total costs.

(c) The figures are at 1985/86 prices (the most recent consistent figures available). Key totals indicated have been recalculated by 4.7% to take account of overall pay and price increases for 1986/87.

(d) No allowance is made for the differences of college costs within the maintained sector and universities, nor between postgraduate, undergraduate and non-graduate courses. Instead, an average DES-approved estimate of £3,100 per student per annum is used throughout of which £1,632 is estimated as the post graduate fee element and £600 as the non-graduate fee element.

(e) A figure of £2,700 p.a. for a student on grant is based on a CCETSW calculation and confirmed by the DES. Although an average, it includes full maintenance and travel. The figure does not apply to post-graduates.

(f) A figure of £6,900 p.a. for the cost of each CSS student is taken from revised CCETSW and ADSS estimates, in the light of advice from Price Waterhouse and the ADSW. The costs include full college costs and assume a replacement of 45%.

(g) A figure of £12,570 p.a. for the cost of each student seconded to CQSW is taken from ADSS estimates and includes full college costs rather than fees and assumes 100% replacement.

(h) A figure of £1,650 per student p.a. for the full opportunity cost of the agency supervision of a student on practice is taken from the ADSS estimates.

(i) Figures of £6,038 (outside London) and £7,355 (inside London) have been taken as the average cost of Home Office sponsorship for the Probation Service. These figures are derived from Home Office data and include travel and allowances and where appropriate London Weighting, but do not include college costs or agency supervision.

On these assumptions it is possible to estimate the current costs of qualifying training in the UK per cohort as £75m - £80m. Background figures are given in Tables A5.1-3.

Table A5.1 Student Intake and Sources of Student Financial Support (1985)

	INTAKE	GRANTS	SECONDMENT	PROBATION	OTHER/NOT KNOWN
CQSW					
4 year degree	431	431	-	-	-
3 year diploma	124	99	4	-	21
2 year post-graduate	636	386	100	135	15
1 year post-graduate	620	473	72	40	35
2 year non-graduate	1469	763	424	131	151
Sub Total CQSW	3280	2152	600	306	222
CSS	1424				
TOTAL	4704				

Source: CCETSW Data on training 1985, tables 2 and 6.

Table A5.2 CCETSW Estimates: Existing Training: Breakdown of Unit Costs

COST ITEM	CSS	CQSW SECONDMENTS	CQSW GRANTS (1)
Student maintenance	8240	8870	2700
Student expenses	150	400	0
College costs	1100	3100	3100
Employer support	600	200	0
Supervision	1350	0	0
Service contribution	(-4540)	0	0
Total cost/student/year	6900	12570	5800

(1) Undergraduate or Non-Graduate

Table A5.3 Price Waterhouse Estimates: Existing Training: Total Costs

	(i) COST/ STUDENT/ YEAR	(ii) COURSE LENGTH (YEARS)	(iii) COST/ STUDENT (i)x(ii)	(iv) ANNUAL INTAKE	(v) TOTAL COST PER COURSE (iii)x(iv)
	£		£		£m.
CSS	6900	2	13800	1424	19.65
CQSW: Secondments	13270	2	26540	906	24.05
CQSW: Grants					
- 4 year degree	)	2*	13800	431	5.95
- 3 year post-graduate	)	3	20700	120	2.48
- 2 year post-graduate	) 6900 (1)	2	13800	401	5.53
- 1 year post-graduate	)	1	6900	508	3.51
- 2 year non-graduate	)	2	13800	914	12.61
					73.78

(1) This figure includes an estimate of current agency supervision costs for QDSW.

2. Specific Assumptions about Patterns of Education and Training leading to the QDSW

Apart from the general assumptions, certain specific assumptions are made about particular modes or patterns of QDSW education and training.

Dominant Modes

(a) Two-year programmes for graduates and others who can meet entry requirements which justify exemption from a three-year programme:

(i) NUMBERS: total postgraduates 1097

made up of: grants 809
secondments 147
Home Office sponsorship 141

The figures assume that 25% of those currently taking two year post graduate CQSW courses will in the future take three-year QDSW courses.

(ii) LENGTH: The assumption is that all postgraduate courses will last two years (ie a minimum of 80 weeks) and that all students will be funded on the basis of 52-week years.

(iii) GRANTS: The figures assume that 22% of postgraduates will be trained in London and therefore grants for 52 weeks will be:

LONDON £3,237

OTHER £2,644

plus £300 p.a. across the board for travel costs.

(b) Programmes for undergraduates within the context of a four-year degree:

(i) NUMBERS: 431

(ii) LENGTH: The figures assume that the programmes remain four years in length but allow additional weeks of student grant funding to meet the extra weeks' requirements, and also include a full year of agency supervision.

(c) Three-year programmes developed from two-year non-graduate courses (excluding secondments):

(i) NUMBERS:

grants 1,014

(includes 25% of current two-year postgraduate grants, 100)

Home Office sponsorship 165

(includes 25% of current two-year postgraduate sponsorships, 34)

1,179

(ii) LENGTH: A total period of at least 108 weeks spread over a minimum of three academic years.

The figures assume one extra year of college costs, agency supervision and student support.

(d) Three-year programmes developed from two-year non-graduate courses (secondments):

(i) NUMBERS: 449

(includes 25% of current two-year postgraduate secondments, 25)

(ii) LENGTH: A total period of at least 108 weeks spread over a minimum of three academic years

(iii) SECONDMENT: With the advent of QDSW employers are unlikely to second for a full three years, if other options exist. Therefore those in employment are likely to be financed through training as for employed students i.e. one-year secondment; two years education and training as for employed students.

(e) Three-year programmes developed from CSS schemes:

(i) NUMBERS: 1,424

(ii) LENGTH: A total period of 108 weeks spread over a minimum of three academic years.

The figures assume that the extra cost of the development is equivalent to an additional full year on secondment plus an additional full year of agency supervision.

(iii) ADVANCED GRADING: The figures allow for the cost of these developments being regraded.

Alternative Modes

The Council's proposals seek to promote alternative modes, including modular and distance learning packages and programmes which are taken over a longer period (including part-time). These costings therefore include existing examples of alternative modes:-

(f) Four-year 'extended' programmes developed from three-year 'extended' courses:

(i) NUMBERS:

120	Grants
4	Secondments
124	

(ii) LENGTH: The figures assume one extra year of college costs, agency supervision and student support.

Table A5.4 Estimated Sources of student financial support

	Intake	Grants	Employment Finance: Secondment	Employment Finance: Employment	Probation Sponsorships
2 yr QDSW developed from 1 yr PG CQSW	620	508	72	-	40
2 yr QDSW developed from 2 yr PG CQSW	477	301	75	-	101
4 yr QDSW degree developed from 4 yr degree CQSW	431	431	-	-	-
3 yr QDSW developed from 2 yr NG (Grants)	1014	1014	-	-	-
3 yr QDSW developed from 2 yr NG (sponsorship)	165	-	-	-	165
3 yr QDSW developed from 2 yr NG (secondment)	449	-	449	-	-
3 yr QDSW developed from CSS	1424	-	-	1424	-
4 yr QDSW developed from 3 year 'extended' CQSW	124	120	4	-	-
TOTAL	**4704**	**2374**	**600**	**1424**	**165**

(g) Summary of additional costs of QDSW proposals

Table A5.5 Total Extra Costs of QDSW

Two-year programmes	1097 students	= £6,690,691
Four-year programmes	431 students	= £1,011,701
Three-year programmes		
(grants)	1014 students	= £7,554,300
(sponsorships)	165 students	= £1,827,827
(secondments)	449	= £1,293,120*
(students in employment)	1424 students	=£20,249,280*
Four-year 'extended' programmes	124 students	= £ 950,880
Cost of regrading to AFE		= £ 400,000
Collaboration, assessment, and CCETSW costs		= £1,000,000
Agency collaboration costs		= £ 500,000
College collaboration costs		= £ 500,000
Total	**4704 students**	**=£41,977,799**
	say	**=£42,000,000**

Offsets

Taking account of the student's contribution to the work of the agency:

Basis: half the supervision cost ie £890 per year (Price Waterhouse assumption)
£890 x 4,704 = £4,186,560

say = £4,000,000

with offset net cost = **£38m**

Adjustment for an overall increase in pay and prices

All of the detailed figures are at 1985/86 prices (the most recent consistent figures available).

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* Given the assumption of the cost of full-time secondment, the distinction between three-year QDSW (secondment) and three-year QDSW (employment) rather arbitrarily distorts the comparative costs of training students in employment. Both three-year QDSW (secondment) students and three-year QDSW (employment) students will be undertaking the same pattern of training with the same total costs attached per student. The reason why three-year QDSW (secondment) appears to be much cheaper in terms of extra costs compared with three-year QDSW (employment) is that CQSW secondment is currently significantly more expensive than CSS. Therefore, three-year QDSW developed from this base requires less extra cost, as there are more current resources to be redeployed. A perhaps easier way to regard such costs would be to treat these students as one group - students in employment - and not distinguish between developments from CQSW and CSS in this instance.

The totals in Table A5.6 have been adjusted by 4.7% to take account of overall pay and price increases for 1986/87.

Table A5.6 Consolidated QDSW Costs Figures

	1985/86 £	1986/87 £
GROSS COSTS	42m	44m
LESS POSSIBLE OFFSETS	4m	4m
NET COSTS	38m	40m

B. DEPARTMENTAL RESPONSIBILITY FOR COSTS

DEPARTMENT OF EDUCATION AND SCIENCE AND DEPARTMENT OF HEALTH AND SOCIAL SECURITY

INTRODUCTION

Ascribing the estimated extra costs of QDSW between the DHSS and the DES is fraught with ambiguity and difficulty. Unlike the other departments, the areas of responsibility are not always clear cut. In some instances, both the DHSS and DES share the costs of the same student. While there is a maximum extra cost attributable to each of the two departments, the extra costs of agency fall almost inevitably within the province of the DHSS, those of regrading belong to the DES; there is also a large grey area of cost which could arguably fall to either. There is not one and only one way to fund QDSW. Instead, there are a myriad of options and trade-offs between options.

Taking this into account, the paper assumes that, apart from probation, between them the DES and DHSS are responsible for all qualifying training in England and Wales and that costs can be ascribed on the basis of extrapolation from current practices with appropriate rationalisations where necessary.

THE CALCULATIONS

The calculation of costs is based on the costs in England and Wales (excluding probation), i.e. it assumes that spending in England and Wales on social work training is ultimately the responsibility of either the DES or the DHSS. Another way of expressing this assumption is that ascription of costs is based on the numbers and types of students attending England and Welsh Institutions. Finally, for the sake of simplicity, no attempt has been made to disaggregate figures for Wales

alone. Instead, figures for England and Wales have been combined as Welsh officials have joined Whitehall officials throughout.

The division of students by types of finance is taken from CCETSW Clearing House Data 1985 and is confidential.

Table A5.7 Numbers of Students by Types of Finance (England and Wales)

current 1 year P/G CQSW					527
current 2 year P/G CQSW					370
current 4 year degree CQSW					361
current 3 year diploma CQSW					80
current 2 year nongrad CQSW (excl sec)					804
current 2 year nongradCQSW (sec)					406
current CSS					1213
				Total	3761
2 year P/G QDSW developed from 1 year P/G CQSW					527
2 year P/G QDSW	"	"	2 year P/G QDSW		278
4 year QDSW	"	"	4 year degree CQSW		361
4 year QDSW	"	"	3 year dip CQSW		80
3 year QDSW	"	"	2 year non-grad CQSW (grants)		876
3 year QDSW	"	"	2 year non-grad CQSW (sec)		426
3 year QDSW	"	"	CSS		1213
				Total	3761

The discrepancy between current and future numbers in the breakdown reflects the assumption that 25% of current two-year postgraduate students will not be eligible for exemption to the two-year postgraduate QDSW and will in consequence take the three-year QDSW.

Table A5.8 Summary of Additional Costs of QDSW Proposals-DHSS

	No. of Student	Costs (£)
Two-year Programmes	805	4,618,024
Four-year Programmes	361	595,650
Three-year Programmes (grants)	876	1,683,000
(sponsorship)	0	0
(secondments)	426	1,226,880*
(Students in Employment)	1,213	15,468,176*
Four-year 'extended' Prog.	80	172,280
Cost of regrading to AFE		0
Collaboration, assessment, and CCETSW costs		799,532
Agency collaboration costs		399,766
College collaboration costs		0
Totals	3,761	24,963,308
Offset for student contribution to work of the agency		3,347,290
Net costs		21,616,018

* See footnote to page 72

Table A5.9 Summary of Additional Costs of QDSW Proposals - DES

	No. of Student	Costs (£)
Two-year Programmes	805	832,356
Four-year Programmes	361	254,876
Three-year Programmes (grants)	876	4,843,200
(sponsorship)	0	412,500
(secondments)	426	0
(Students in Employment)	1,213	1,780,684
Four-year 'extended' Prog.	80	450,800
Costs of regrading to AFE		400,000
Collaboration, assessment, and CCETSW costs		0
Agency collaboration costs		0
College collaboration costs		399,766
Totals	3,761	9,374,182
Offset for student contribution to work of the agency		0
Net costs		9,374,182

THE HOME OFFICE

INTRODUCTION

The ascription of cost is based on past practice, i.e. that the Home Office pays for the training of approximately 65% of the students who become probation officers. The remaining 35%, being unsponsored, are not its concern.

THE CALCULATIONS

Table A5.10 Numbers of Students Financed by Home Office

Current 1 year p/g CQSW	40
Current 2 year p/g CQSW	135
Current 2 year n/g CQSW	131
	306

2 year p/g QDSW developed from 1 year p/g CQSW	40
2 year p/g QDSW developed from 2 year p/g CQSW	101
3 year n/g QDSW developed from 2 year n/g CQSW	165
	306

The discrepancy between current and future members in the breakdown reflects the assumption that 25% of current two-year postgraduate students will not be eligible for exemption to the two-year postgraduate QDSW and will in consequence take the three-year QDSW.

Table A5.11 Summary of Additional Costs of QDSW Proposals - Home Office

	No. of Student	Costs (£)
Two-year Programmes	141	551,303
Four-year Programmes	0	0
Three-year Programmes		
(grants)	0	0
(sponsorship)	165	1,415,327
(secondments)	0	0
(Students in Employment)	0	0
Four-year 'extended' Prog.	0	0
Costs of regrading to AFE		0
Collaboration, assessment, and CCETSW costs		65,051
Agency collaboration costs		32,526
College collaboration costs		32,526
Totals	306	2,096,732
Offset for student contribution to work of the agency		272,340
Net costs		1,824,392

THE SCOTTISH OFFICE

INTRODUCTION

The ascription of costs is based on the costs to Scotland and not just the costs to the Scottish Office, i.e. it assumes that Scottish spending is ultimately the responsibility of the Scottish Office. Another way of expressing this assumption is that the ascription of costs is based on the numbers and types of students attending Scottish Institutions and ignores the fact that some Scottish students attend institutions outside Scotland and some outside students attend Scottish Institutions. The division of students by types of finance is taken from 1985 CCETSW Paper Student Support and Release and is confidential. No distinction has been drawn between the various sources of grant funding, nor between different types of secondment.

THE CALCULATIONS

Table A5.12 Numbers of Students (costs to Scotland)

CQSW		
	current 1 year p/g	53
	current 2 year p/g	92
	current 4 year degree	38
	current 3 year	44
	current 2 year n/g	103
CSS		159
	Total	489

2 yr p/g QDSW developed from 1 year p/g CQSW	53
2 yr p/g QDSW developed from 2 year p/g CQSW	69
4 yr degree QDSW	38
4 yr programme developed from 3 year CQSW	44
3 yr programme developed from 2 yr n/g CQSW (grants)	116
" " " " " " " (sec)	10
" " " " CSS (employment)	159
Total	489

The discrepancy between current and future numbers in the breakdown reflects the assumption that 25% of current two year postgraduate students will not be eligible for exemption and, in consequence, will take a three-year programme.

Table A5.13 Summary of Additional Costs of QDSW Proposals - Scottish Office

	No. of Student	Costs (£)
Two-year Programmes	122	621,355
Four-year Programmes	38	87,495
Three-year Programmes		
(grants)	116	864,200
(sponsorship)	0	0
(secondments)	10	28,800*
(Students in Employment)	159	2,260,980*
Four-year 'extended' Progr	44	327,800
Costs of regrading to AFE		0
Collaboration, assessment, and CCETSW costs		103,954
Agency collaboration costs		51,977
College collaboration costs		51,977
Totals	489	4,398,538
Offset for student contribution to work of the agency		435,210
Net costs		3,963,328

* See footnote to page 72

NORTHERN IRELAND OFFICE

INTRODUCTION

The ascription of costs follows the same basis as Scotland and is based on the costs of the Northern Irish Institutions.

THE CALCULATIONS

Table A5.14 Numbers of Students (costs to Northern Ireland)

current 2 yr p/g	(CQSW)	=	39
current 4 yr degree	(CQSW)	=	32
current 2 yr n/grad	(CQSW)	=	25
current CSS		=	52
	Total		148

2 yr p/g QDSW developed from 2 yr p/g CQSW	=	29
4 year QDSW	=	32
3 yr QDSW (grants)	=	22
3 yr QDSW (sec)	=	13
3 yr QDSW (employment)	=	52
Total		148

Table A5.15 Summary of Additional Costs of QDSW Proposals - Northern Ireland

	No. of Student	Costs (£)
Two-year Programmes	29	67,653
Four-year Programmes	32	73,680
Three-year Programmes		
(grants)	22	163,900
(sponsorship)	0	0
(secondments)	13	37,440*
(Students in Employment)	52	739,440*
Four-year 'extended' Progr	0	0
Costs of regrading to AFE		0
Collaboration, assessment, and CCETSW costs		31,463
Agency collaboration costs		15,731
College collaboration costs		15,731
Totals	148	1,145,038
Offset for student contribution to work of the agency		131,720
Net costs		1,013,318

* See footnote to page 72

C. PHASING OF COSTS FROM 1991

Table A5.16 Summary of net costs by department 1991-95 *

	91-92	92-93	93-94	94-95
DHSS	£1,428,987	£5,100,872	£19,988,762	£20,364,202
DES	£ 799,766	£1,717,081	£10,090,240	£10,625,998
HOME OFFICE	£ 130,103	£ 555,916	£ 1,824,393	£ 1,824,392
SCOTTISH OFFICE	£ 244,967	£ 728,948	£ 3,637,543	£ 3,963,328
N. IRELAND OFFICE	£ 71,548	£ 111,728	£ 982,038	£ 1,013,318
TOTAL	£2,674,391	£8,214,545	£36,522,976	£37,791,238
TOTAL (at 1986/87 prices)	£2.8m	£8.6m	£38.2m	£39.6m say £40 million

D. QDSW DEVELOPMENT COSTS 1988-91

The development costs, outlined below, identity essential preparatory work for CCETSW, for colleges and agencies in order to secure the key elements of the new QDSW programmes starting in 1991.

These key elements are:

1. The development of consistent collaboration between colleges and agencies in the delivery of the QDSW programmes, i.e. collaborating together as Programme Providers.

2. The development of regional planning to promote the required numbers of training places to meet service needs (for Social Work and Social Care), with adequate range of programmes and areas of special emphasis, etc.

3. Curriculum guidance and assessment regulations for QDSW programmes, based on the statement of minimum requirements at the point of qualification AND including areas of special emphasis.

* Assuming 1985/86 prices and based on academic year (October - September) rather than financial years (April - March)

4. The reorientation and preparation of staff to enable them to prepare students for these new expectations.

5. The establishment of mechanisms to guarantee the high, common, national, minimum standard.

The development costings below are based on the following costing assumptions:

I. CCETSW costs:

1. (a) The administration by CCETSW of the Interim Planning Groups

(b) Contribution to the administrative costs of the larger programme providers

2. (a) Payment of consultants to assist in curriculum development

2(b) and (c) Work with consultants to assist in assessment development, payment of assessors and administrative costs of moderating systems

3. Provision by CCETSW of reorientation courses for social work tutors, college and agency.

II. College and agency development costs

These assume a contribution to the development costs of:

1. Collaboration

2. Programme development : curriculum and assessment

3. Staff preparation

On the basis, agreed in the Price Waterhouse costings, that QDSW would require an injection of £500,000 p.a. to each sector as a contribution to the additional costs. Colleges and agencies have made strong representation to CCETSW that resurces are required during the development period 1988-1991.

Table A5.17 QSDW Development Costs 1988/89 - 1989/90 - 1990/91

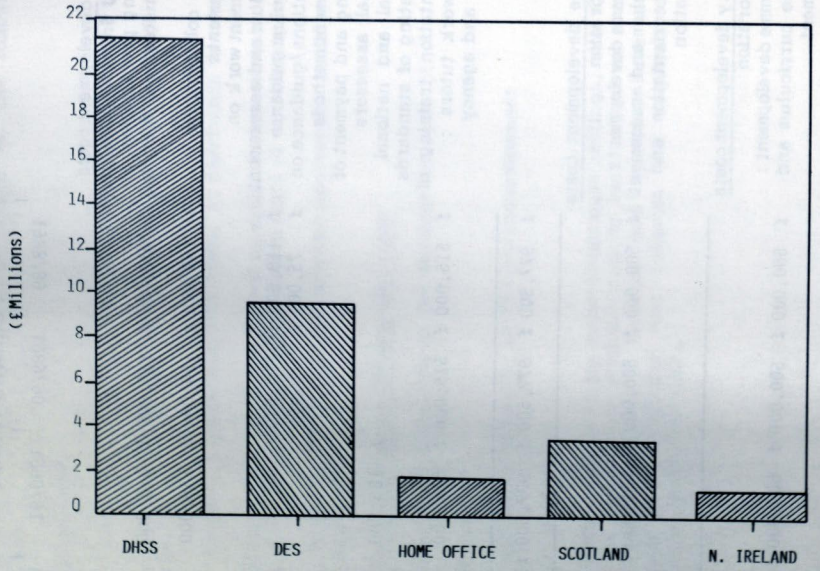
(From 1991/92 development costs are subsumed in the running costs of QDSW)

	FINANCIAL YEARS: 1988/89	1989/90	1990/91	RUNNING COSTS 1991/92
I CCETSW development costs				
1. Planning & Development of Qualifying programmes				
(a) Interim Regional Planning Groups	£ 118,000	£ 118,000	£ 118,000	
(b) Local collaborative arrangements	£ 159,000	£ 159,000	£ 159,000	
2. Development work on curriculum and assessment				
(a) Curriculum guidance	£ 110,500	£ 110,500		
(b) Regulations/guidance on assessment methods	£ 75,000	£ 75,000		
(c) Training and payment of external assessors regional and national moderating of standards			£ 185,000	
3. Reorientation training of social work tutors : College and agency	£ 515,000	£ 515,000	£ 515,000	
	£ 977,500	£ 977,500	£ 977,500	£1,000,000
II College development costs				
1. Collaboration				
2. Programme development : curriculum and assessment	£ 500,000	£ 500,000	£ 500,000	£ 500,000
3. Staff reorientation and preparation				
III Agency development costs				
1. Collaboration				
2. Programme development : practice curriculum and assessment	£ 500,000	£ 500,000	£ 500,000	£ 500,000
3. Staff preparation or practice supervision				
TOTAL DEVELOPMENT COSTS	£1,977,500	£1,977,500	£1,977,500	£2,000,000

Costings in this table are based on financial years. They are realistic estimates of the resources required. The CCETSW development costs have been bid for; the college and agency development costs could not be bid for in advance of QDSW approval. In the event that there is delay the costs will roll forward.

FIGURE 2

APPORTIONMENT OF ANNUAL QDSW RUNNING COSTS FROM 1994 -95
(1985/86 PRICES)



ANNEXE 6 ESTIMATING THE COSTS OF ACCREDITATION OF AGENCIES AND PRACTICE TEACHERS

Council's policy is to introduce a system of accreditation of agencies and practice teachers. Discussions about how such a scheme might work are continuing on the basis of a discussion document (Paper 26.1) published in September. In the absence of firm decisions about the details of the scheme, the costings outlined in this annexe have been based on a series of assumptions which may change as discussions proceed. At this stage, therefore, costings have not been apportioned to Departments or countries, but are UK wide. Accreditation can be introduced independently of QDSW and this has been reflected in the costings below.

THE CALCULATIONS

1. Assumptions on accreditation

The calculations are based on the following general assumptions.

(a) Practice teachers will be accredited by CCETSW on the basis of certain (to be established) criteria plus attendance at a CCETSW-approved course.

(b) Agencies will be accredited by CCETSW on the basis of certain criteria to be established by CCETSW.

(c) Until March 31, 1991 practice teachers can be 'accredited' under interim arrangements on the basis of their attendance at a CCETSW promoted two weeks' course and certain (to be determined) previous practice teaching experience and qualifications.

(d) From the start of the 1991/2 academic year all students on basic qualifying level training will be required to undertake a placement in an accredited agency with an accredited practice teacher.

(e) CCETSW will expect a reduction in the number of singleton practice teachers (ie those who take only one student at a time) and the average to be three to four per year (though not necessarily at the same time) students per practice teacher.

(f) On the basis of about 13,000 students in training in 1993/4, on QDSW approximately 4,000 practice teachers will be required each year. It is assumed that QDSW students in employment will continue to have 'study supervisors' with perhaps a somewhat different role. For present purposes study supervisors have been included in the overall numbers.

(g) If accreditation is introduced without QDSW 3000 practice teachers will be needed because of the smaller number of students.

(h) The turnover of practice teachers will, once accreditation is established, be considerably reduced. The figure used in the calculation is a 10% wastage rate per annum.

(i) All statutory agencies and approximately 150 voluntary agencies will wish to be accredited, giving a total of 300.

(j) Costs of practice teachers' salaries etc, while teaching students are not included. However, if QDSW does not go ahead the issue of central funding to meet these costs will undoubtedly be raised by employers.

(k) CCETSW will wish to use some of its training support funds through voluntary agencies to develop training. However, as CQSW placements will need to be available until 1993, this contribution will be limited so has been excluded from the calculations.

(l) Accreditation of practice teachers for courses/programmes other than at the basic qualifying level is not considered.

(m) CCETSW will wish to give consideration to the accreditation of college-based teachers at a later date.

(n) If accreditation is introduced without QDSW a 35-day training course, including supervision of practice teachers, will be required.

(o) If accreditation is introduced alongside QDSW the greater involvement of agency staff with colleges as programme providers will enable there to be a shorter, 20-day, training course.

2. Assumptions on current costs for training practice teachers

A basic problem for calculating current costs of training is the lack of an accurate data base. In producing the calculations the following assumptions are made:-

(a) On CQSW courses there are 5,000 - 6,000 practice teachers per year. On CSS programmes there are 500 - 1,000 singleton 'study supervisors' who perform similar roles for CSS students as practice teachers on CQSW courses. The 'study supervisors' are not appointed as such by an agency and should to be distinguished from full/part time study supervisors who are appointed as such. For the purposes of these calculations, a combined figure of 6,000 practice teachers/'study supervisors' is used (the term 'practice teacher' is used below).

(b) Turnover of practice teachers is 50% per year.

(c) Although length, content and nature of training vary widely, all practice teachers receive some. Training is taken to include:- (i) basic introductory course; (ii) learning about the particular qualifying course for which supervision is to be given; (iii) support for the practice teacher on the job. Elements of (ii) and particularly (iii) overlap with the necessary on-going links between course and practice teacher. On this basis the average current training is calculated as five days per practice teacher.

(d) Training costs (salary and cost of course) are currently absorbed by agencies and colleges but the issue is likely to be raised when accreditation is discussed and costed.

3. Cost Tables

Costs given in tables A6.1-A6.4 are £000s at 1985/6 prices and in financial years.

Table A6.1 Accreditation without QDSW (35 day training course)

	1988/9	1989/90	1990/1	1991/2	1992/3	1993/4
Training costs						
(a) interim	515	515	515	-	-	
(b) full	-	516	516	1032	1032	1032
System costs	12	12	12	12	12	12
CCETSW costs	148	310	336	138	98	98
Agency	628	1280	1280	588	10	10
College *	340	510	510	510	340	340
Totals	1643	3143	3169	2280	1492	1492

* calculated on the basis of running cost of £2000 for each CQSW, CSS course per year and £3000 per course during development years. This cost is not carried over to accreditation with QDSW costings as it will be absorbed in general development costs.

Table A6.2 Accreditation with QDSW (20 day training course)

If accreditation takes place alongside QDSW certain development costs can be absorbed.

	1988/9	1989/90	1990/1	1991/2	1992/3	1993/4
Training costs						
(a) interim	515	515	515	-	-	
(b) full	-	884	982	1081	1081	786
System costs	12	12	12	12	4	4
CCETSW costs	148	268	284	119	79	79
Agency costs	628	1280	1280	588	10	10
Totals	1303	2959	3073	1800	1174	879

Table A6.3 Comparative Costs (£000s)

	1988/9	1989/90	1990/1	1991/2	1992/3	1993/4
Continuing costs of present system if no Accreditation	1451	1451	1451	1451	1451	1451
Accreditation without QDSW	1643	3143	3169	2280	1492	1492
Accreditation with QDSW	1303	2959	3073	1800	1174	879

Comments

Until 1990/91 when target numbers of practice teachers will have been trained under the new system, a decreasing number of practice teachers will need to be trained under the current system. Accreditation without QDSW, once development has been completed (1991/2) is only marginally more expensive, £1,492,000 as compared with £1,451,000. Accreditation with QDSW running costs are, at £879,000 compared with £1,451,000, about 40% cheaper than costs of the present system.

It is difficult to calculate net costs of accreditation during the development period. This has been attempted in table in order to provide some indication of development costs. A6.3

Table A6.4 Net costs of accreditation - with and without QDSW

Without QDSW

	1988/9	1989/90	1990/1	1991/2	1992/3	1993/4
Accreditation without QDSW	1643	3143				
Continuing costs of present system	972	307	-	-	-	-
Total cost	2615	3450	3169	2280	1492	1492
Present system if no accreditation	1451	1451	1451	1451	1451	1451
(+) (-) Added/lesser net cost	+1164	+1999	+1718	+829	+41	+41

With QDSW

Accreditation with QDSW	1303	2959				
Continuing costs of present system	972	307	-	-	-	-
Total cost	2275	3266	3073	1800	1174	879
Present system if no accreditation	1451	1451	1451	1451	1451	1451
(+) (-) Added/lesser net cost	+824	+1815	+1622	+349	-277	-572

October 1987

ANNEXE 7 ESTIMATING THE COSTS OF SOCIAL CARE

The following costs are based on development work in the light of Council's policy decision to establish a progressive system of education and training in social work and social care including the introduction of QDSW and a lower level award(s). These plans will be developed within the NCVQ framework for vocational qualifications.

The costings fall into four sections:

1. The daily and unit costs of 'in service' social care training at all levels.

2. An illustrative model of the gross costs of social care over a 15-year period in the statutory sector in England and Wales only.

3. An estimate of current expenditure in the statutory sector in England and Wales only.

4. An estimate of the net costs for the statutory sector in England and Wales only.

1. DAILY COSTS AND UNIT COSTS OF IN-SERVICE TRAINING Table A7.1)

1. General assumptions

The calculations are based on certain general assumptions:

(a) The length of training will be:

LEVEL 2 15 days
LEVEL 3 70 days
LEVEL 4 90 days

(b) The figures are at 1986/87 prices. The salaries quoted came into effect in England and Wales from 1 July 1987.

(c) The figures assume the full opportunity cost of staff replacement for each day of training. It should be noted that a large number of authorities currently treat this as a marginal cost and do not include or calculate the effects of loss of service.

(d) The average annual salaries upon which the daily replacement costs are based are as follows:

LEVEL 2: Spinal Column Point (SCP) 10 i.e. £6225 + 15% 'on costs' = £7,159

LEVEL 3: SCP 20 i.e. £8256 + 15% 'on costs' = £9,494

LEVEL 4: SCP 25 i.e. £9654 + 15% 'on costs' = £11,102

(e) A year is assumed to be equivalent to 220 working days. Therefore the daily replacement costs are:

LEVEL 2: £32.50 per day
LEVEL 3: £43.00 per day
LEVEL 4: £50.50 per day

(f) The daily college costs are calculated on a fee basis derived from the fees for ICSC and CSS and should be taken in conjunction with agency supervision and tuition costs.

(g) The agency supervision costs assume a 10:1 supervisor/trainee ratio at all levels on all training days and are calculated as follows:

Supervisors/trainers salary:

£12,519 (SCP 33) + 15% 'on costs' = £14,400
£14,400 : 220 (working days p.a.) = £65.45 per day
£65.45 : 10 (supervisor/trainee ratio) = £6.50

the daily cost of agency supervison = £6.50

(h) A residential component is included at Levels 3 and 4 at a cost of £200 per person.

(i) Expenses are included at £3 per day and assume local travel (£1.50) and the provision of lunch (£1.50).

Table A7.1 Summary of Daily Costs and Unit Costs

Level 2 = 15 days; Level 3 = 70 days; Level 4 = 90 days

COST	Level 2	Level 3	Level 4
Replacement	£32.50	£43.00	£50.50
College	7.00	7.00	7.00
Supervision	6.50	6.50	6.50
Expenses	3.00	3.00	3.00
Daily Total	**SAY £50.00**	**£59.50**	**£67.00**
Residential	-	£200.00	£200.00
Unit Total	**£750.00**	**£4067.50**	**£5895.00**
Average Daily Cost	**£50.00**	**SAY £58.00**	**SAY £66.00**

2. A Dynamic Model of Social Care and Workforce Planning (Table A7.2)

Through the use of a computer, CCETSW has been able to model the changing effects of different amounts of social care training over a 15-year period. Features of the model incorporate wastage, transfer within levels, transfers to qualifying training and the numbers at the various levels deemed to be already trained before the starting year. Given an annual expenditure, the model can calculate the amount of training generated and the proportion of staff trained year by year. Likewise, given a target proportion of trained staff in a given period, the model can calculate the annual cost. The model, however, takes no account of current agency expenditure on such matters and therefore produces gross, not net costs.

As an illustration, we have applied the model to the staff of the statutory sector in England and Wales and reproduce a summary of the results. Given similar unit costs, the model could apply to all other sectors of the workforce; the private and voluntary sector, probation, Scotland and N. Ireland but, in some instances, depending on data on wastage rates and current levels of training becoming available.

Assumptions

The model for the statutory sector in England and Wales incorporated the following important assumptions.

(a) the numbers of staff requiring social care training in the statutory sector in England and Wales:

	Numbers of staff	already trained
LEVEL 2	200,000	60,000
LEVEL 3	37,000	17,000
LEVEL 4	10,000	4,000
Total	247,000	81,000

These figures are taken from the Workforce Planning Group Report's projection of the North West survey (reproduced here in Annexe 2, table A2.2). The use of these figures rather than LGTB survey figures (Annexe 2, table A2.1) is purely a matter of convenience. Being the more recent exercise, the North West survey uses the NCVQ levels 2, 3 and 4. The LGTB survey, being earlier, distinguished between staff at level 2/3 and staff at level 3/4.

It should be noted the LGTB estimate for the total numbers of staff in the statutory sector in England and Wales is slightly lower than North West survey's projection, and consequently the use of its figures would produce a lower figure for the gross annual costs of social care training.

(b) At levels 3 and 4, in addition to in-service training, Council intends to continue with a college-led training and the model assumes an

annual input of 1750 (ie. students undertaking a one-year course, 50% college; 50% practice in the further education sector).

Such courses will emerge from current PCSC courses (two years duration, UK intake: 2430) and can be resourced by the appropriate proportion of PCSC staff and funding.

(c) The model assumes a transfer of 1500 trained staff a year to qualifying training in the statutory sector in England and Wales.

Table A7.2 Summary of Social Care Workforce Model for Statutory Sector: England and Wales

Option 1

average % of staff trained at all levels in 5 years 66%
" " " " " " " " " 10 years 87%
" " " " " " " " " 15 years 90%

gross annual expenditure required = **£30m.**

Option 2

average % of staff trained at all levels in 5 years 55%
" " " " " " " " " 10 years 66%
" " " " " " " " " 15 years 74%

gross annual expenditure required = **£21m.**

3. Estimating Current Expenditure in the Statutory Sector in England and Wales

There are a number of factors which make such estimates complex and necessarily tentative. They are as follows:

(a) Loss of service and staff replacement

The element allowed for loss of service or for the replacement of staff determines much of the overall cost. Methods vary. Thus, it can represent anything from nil to 75% of the gross cost. Broadly speaking, loss of service, ie. the non-replacement of staff, carries no discernible financial consequence; whereas the replacement of staff obviously does. Consequently, there are at least three ways in which this element can be costed:

(i) on a marginal cost basis (ie. loss of service)
(ii) on a replacement cost basis (ie. excluding 'on' costs)
(iii) on a full opportunity cost basis (ie. including 'on' costs)

As there are no stipulated criteria, different agencies use different methods. Unfortunately, some even use all three together.

CCETSW has chosen to cost on a 'full opportunity' basis, believing this to be the only realistic approach. Nevertheless, the most important factor is consistency, ie. the same method of costing applied in every instance. The current mixture simply gives rise to confusion. By using a full oppoprtunity basis, CCETSW's estimates of current expenditure will not tally with any of the other available estimates. But to use such estimates and to be consistent, future costs would have to be calculated on a marginal basis.

(b) High-spending and low-spending authorities

Authorities do not spend the same amount or even the same proportion of their personal social services budget on training. For some agencies, training is a high priority, for others not. Furthermore, many authorities split the costs of 'in service' training between central budgets and districts. Given the already confused picture, it is difficult to project from a sample basis. As a way round, CCETSW has projected up from samples of both high and low spending authorities.

(c) The Manpower Services Commission

Currently, via YTS, JTS, and the Community Programme, a large number of people are given work experience and preliminary training in preparation for a career in the personal social services. While the MSC would be an inappropriate vehicle for training at levels 3 and 4, CCETSW believes such programmes have an important contribution to make at level 2. Thus it assumes that 25% (approximately 4,500) of the target numbers for this level will be trained via the MSC.

The Calculations of Current Expenditure:

(i) ICSC:

current numbers in England and Wales (statutory sector)	3,999
full opportunity cost per day	£58
numbers of days training (including residential)	40

Total (3999 x £58 x 40) = £9.3m. per annum

(ii) Other 'in service' training appropriate to NCVQ

By sampling various agencies budgets, converting the costs to a 'full opportunity' basis and only including those activities that realistically are likely to fall under the NCVQ umbrella in the future, CCETSW estimates such training as follows:

(a) on a low spending authority basis = £6m. per annum
(i.e. £51,000 per annum (including full replacement costs) in average-sized agency or 0.17% of their total personal social services budget)

(b) on a high spending authority basis = £11m.
(i.e. £93,000 per annum (including full replacement costs in an average sized agency or 0.3% of their total personal social services budget)

Taking a midpoint = £8m.

(iii) MSC input at level 2

Assuming 25% at level 2, the following has to be deducted from the gross costs to avoid double counting:

25% = 18,000

unit cost of level 2 = £750

4,500 x 750 = £3.4m.

(iv) Total estimate of current expenditure

ICSC	£ 9.3m.
Other "in" service	£ 8m.
MSC	£ 3.4m.
Total	£20.7m.
	say £21m.

4. Net Costs of Social Care Training

Option 1:	gross costs	£30m.
	current expenditure	£21m.
	net costs	£9m
Option 2:	gross costs	£21m.
	current expenditure	£21m.
	net costs	Nil

Both options assume annual service costs of £200,000 in 1991/2 rising to £350,000 to cover wastage from the pool of trainers, assessment and CCETSW costs.

ANNEXE 8 TIMETABLES FOR IMPLEMENTING QDSW AND CSC BY 1991

1. Key action dates for QDSW

1987	April	Council decisions on QDSW structures
1987	July	Council endorsement of the Interim Planning arrangements
1987	October	Launch of the improvements programme
1987	November	Establishment of 10 Interim Planning Groups Development of local collaborative arrangements Council endorsement of the statement of minimum requirements of the social worker at the point of qualification
1988	January	Publication of draft regulations and guidelines including requirements for the validation of programmes
1988	Spring	Interim planning groups advise CCETSW on regional needs and resources
1988	July	Programme Providers submit outline plans to Interim Planning Groups
1988	Dec 31	CCETSW approval of outline plans completed
1989	July 31	Final date for submission of programmes to CCETSW for approval
1990	January	CCETSW approval of programmes completed
	Spring	Publication of list of approved programmes and Clearing House literature
	By Autumn	External assessors to QDSW programmes approved
1990/91	Academic Year	Last intakes to CQSW courses and CSS Schemes
1993	Summer	First QDSWs awarded

2. Key action dates for CSC*

1987	November	Council decides framework for future action on social care assessment and training; Establishment of a consortium/industry lead body (ILB) which includes the LGT and CCETSW, the main purpose of which will be to endorse competencies in the care sector - public, voluntary and private; Interim planning groups begin to include social care assessment and training in their work; Negotiations for financial arrangements for the support of social care assessment and training continue;
1987/88/89		In conjunction with ILB, identification of standards/performance indicators as basis for work performance evaluation of types of social care at the various levels; Development and determination in consultation with existing trainers and social care projects of units and modules of assessment criteria and training objectives;
1988	June	Council to determine progressive framework based on credit accumulation for the levels and types of CCETSW qualifications in social care; In collaboration with its partners in the ILB, CCETSW to formulate conditions for award(s); Negotiate with SCOTVEC about the relationship of UK qualifications in social care to the present arrangements in Scotland; Negotiations of transitional arrangements by which PCSC and ICSC courses and awards adapt to new arrangements; Preparation and submission to the NCVQ of the case for accreditation;
1988/89		CCETSW promoted and financed programme of short courses for senior trainers (agency and college) to enable them to prepare line managers and staff for the evaluation of performance in work and in training;

* Many items in this timetable assume that the work is undertaken within the consortium/industry lead body.

1988/89 cont.	Begin negotiations for training arrangements in time for 1990 - development of local schemes;
	Negotiate and make acceptable arrangements for moderation of assessment of work performance and training;
	Train personnel to carry out the functions of moderators under appropriate CCETSW regulations;
	Negotiate conditions under which holders of PCSC and ICSC awards with experience in personal social services can obtain a social care qualification (level 3);
	Planning and initiating arrangements for up-dating courses for PCSC and ICSC holders;
	Preparation of draft CCETSW regulations for social care award(s);
	Negotiate arrangements for admission and exemptions for holders of social care qualifications who seek entry to QDSW courses;
1989/90	Implementation of programme of up-dating courses for PCSC and ICSC holders;
	Programme of courses for senior trainers and for moderators continues and becomes a routine programme to replace wastage;
	Consultations about and formulation of final version of regulations;
1990/91	Certificate in Social Care available for award to eligible holders of PCSC and ICSC;
	Programmes of training and arrangements for assessed work performance in place and underway, at least at levels 2 and 3;
	PCSC and ICSC courses fully phased out;
1991/92	Certificate in Social Care (level 3) available for award;
1992/93	Advanced certificate in social care (level 4) available for PCSC and ICSC holders;
1995/96	Transitional arrangements for PCSC and ICSC holders completed.

CCETSW

Central Council for Education and Training
in Social Work

Central Office
Derbyshire House, St. Chad's Street
London WC1H 8AD

Bristol Office
58 Royal York Crescent, Clifton
Bristol BS8 4JP

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GR?

DEPARTMENT OF HEALTH & SOCIAL SECURITY

Alexander Fleming House, Elephant & Castle, London SE1 6BY

Telephone 01-407 5522

From the Secretary of State for Social Services

P A Bearpark
Private Secretary
10 Downing Street
London
SW1A 2AA

19 October 1987

Dear Andy PBB 20/10

Your letter of 11 September to William Fittal refers.

The Interdepartmental Group on Child Abuse considered the matter of an inspired question to the Prime Minister on child abuse and concluded that this would be inappropriate at the present time. This is because the Cleveland inquiry is still in progress and is not expected to finish taking evidence until mid December or to produce its final report before the spring. Consequently, the guidance which is being prepared by this Department, the Home Office and the DES on interagency working will be delayed. In addition, the position on children's evidence in court is to be clarified during the passage of the Criminal Justice Bill.

In the meantime, you might wish to note that on 27 October my Secretary of State is due to answer the attached question tabled by Mrs Virginia Bottomley. In his reply, he will outline briefly this Department's plans in relation to the expected timing of the Cleveland report.

I am copying this letter to William Fittal (Home Office), Rob Smith (Department of Education and Science), Robin Masefield (Northern Ireland Office) and Paul Skellon (Welsh Office).

Yours ever

Flora

FLORA GOLDHILL
Private Secretary

19. X PM 87

ARLIAMENTARY QUESTION

YEAR ORAL

D 659 1987 / 88

NOTICE PAPER

DATE PAGE

R ANSWER ON 27/10/87 20/ 7/87 544

SET REPLY TO REACH RLIAMENTARY BRANCH NOT LATER THAN 16. NOON

TLE (For Parly's use only):

ESTION :

*†59 **Mrs Virginia Bottomley** (South West Surrey): To ask the Secretary of State for Social Services, what steps he is taking to improve the procedures for dealing with child abuse and neglect. ¶

MP : 1529 MRS VIRGINIA BOTTOMLEY JP MP

RTY : C DATAFLEX RECORD NO 659

DEPARTMENT OF HEALTH & SOCIAL SECURITY

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Yours ever

Flora

FLORA GOLDHILL
Private Secretary

CHILD Abuse
25/9
1) 29/9
2) 6/10
3) 13/10

10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

11 September, 1987.

CHILD ABUSE

Thank you for your letter of 3 September. I agree that it was right not to arrange a Written Answer before the Recess. We can indeed be in touch again after Parliament reassembles, but as well as considering the content of any reply, I should be grateful for advice on whether a Question and Answer are still appropriate.

(P.A. Bearpark)

W.R. Fittall, Esq.,
Home Office.

From: THE PRIVATE SECRETARY

NA CCIF GR?

HOME OFFICE
QUEEN ANNE'S GATE
LONDON SWIH 9AT

3 September 1987

PAB (2/1)
Wcat considering whether the line is still ripe for an inspired PQ like this, I think.
MSA 4/9

Dear Andy

CHILD ABUSE

You rightly reminded me of your letter of 7 July.

We agree in principle that an inspired Written Question to the Prime Minister on child abuse would be useful. But the bulk of Home Office initiatives mentioned in the Home Secretary's minute have already formed a Written Reply given to Mr MacLean and Mr Watts (Official Report, 18 December 1986, Cols 645-646). To that extent a further Written Answer before the Recess would simply have repeated the Home Secretary's statement. Moreover, the emphasis has now switched to Cleveland.

We propose to give consideration to what the Prime Minister could say after Parliament re-convenes. The position on Cleveland may be clearer and several Government initiatives will be nearing fruition. For example, DHSS should by then have issued their important circular on inter-agency working to deal with child abuse; we in the Home Office hope also to have ready for issue a circular to the police and to have clarified policy on matters connected with the Criminal Justice Bill, such as admissibility as evidence of a video recording of a child.

Officials here will liaise with other Departments and we will provide a draft Question and Answer for the Prime Minister's consideration after Parliament reassembles.

Yours ever

W R FITTALL

P A Bearpark, Esq.,

PRIME MINISTER 10 August 1987

CHILD SEX ABUSE

Mr Addison has asked me if I would like to comment on the DHSS letter outlining the views of the Minister for Health with regard to the proposal to establish an independent (and speedy) review of the statistics on child sexual abuse.

This proposal was expected to correct the false and exaggerated estimates of such abuse which might otherwise continue to influence policy decisions, public debate and in particular the Cleveland enquiry. If the proposal has merit, therefore, it would make little sense to delay a review until after the Cleveland enquiry has reported and guidelines on diagnosing abuse have been issued.

The argument that such a review would actually retard progress on Cleveland and the guidelines is itself unconvincing. A review of existing statistics by a distinguished statistician could be carried out in less than a month, perhaps less than a fortnight, whereas the Cleveland report will not be concluded before October at the earliest, nor the guidelines before the end of the year. Moreover, the arguments for instituting such a review will actually be less strong after Cleveland and the guidelines since it might then risk upsetting conclusions reached after much difficulty.

Also, since a review will probably conclude that the most widely quoted figures are exaggerated, often considerably so, it is likely to reduce rather than, as the DHSS fears, to stimulate pressure for more resources.

Finally, an independent report would be more likely to influence public and professional attitudes than one

prepared by a DHSS clinical epidemiologist (particularly since the DHSS study is not intended for publication). Of course, it would be entirely up to Ministers to decide whether or not to publish the independent report in the light of its findings.

I have raised some of these points with Strachan Heppell of the DHSS who is taking a second look at the matter and will discuss it with me later in the week when he returns from Cleveland.

Recommendation

It remains my view that a review of the evidence by a distinguished and independent statistician like Professor Durban would be valuable. If the DHSS attitude changes following my discussions with Mr Heppel, well and good. If not, I suggest we press the matter more strongly.

J. O'S

JOHN O'SULLIVAN

MR. O'SULLIVAN

As you know, the Prime Minister wanted to have advice from Tony Newton on your proposal that independent statisticians should be appointed urgently to examine the statistics on child abuse. I attach a copy of a letter setting out Mr. Newton's views. I should be glad to have any comments you may wish to make before putting this in to the Prime Minister.

MEA

MARK ADDISON

3 August 1987

DEPARTMENT OF HEALTH AND SOCIAL SECURITY
Alexander Fleming House, Elephant & Castle, London SE1 6BY
Telephone 01-407 5522
From the Minister for Health

Andy Bearpark Esq
10 Downing Street

31 July 1987

Dear Andy,

Thank you for your letter of 21 July about the possibility of commissioning an independent statistician to examine estimates of child sexual abuse.

The Secretary of State's Standing Medical Advisory Committee was asked last month to prepare guidelines on the diagnosis of child sexual abuse, and as a contribution to the Committee's work, one of the Department's clinical epidemiologists is already examining the statistics available on prevalence. My Minister would prefer not to commission additional work from an independent statistician at this stage. He feels that this might be taken by the various agencies involved as a signal that they should await a further, 'definitive' statement on prevalence before establishing proper procedures for dealing with child abuse, and he is anxious that any delay in this area should be avoided. He also thinks that a report on prevalence alone, outside the context of what services are already provided, might lead some to argue for additional resources for dealing with child abuse, without first examining how far existing resources could be put to better use.

His recommendation is therefore not to pursue the idea of an independent study on prevalence for the present, but to look at the proposal again when the results of the Cleveland inquiry and the work being carried out by the Standing Medical Advisory Committee and others are available.

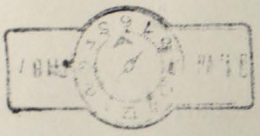
Yours,

Jenny

MISS J M HARPER
Private Secretary

KW/DNo.7

HOME AFFAIRS : Assaults on young children : Sept 83



10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

21 July, 1987.

CHILD SEX ABUSE

I think you may know that it is being proposed to the Prime Minister that there would be advantage in appointing an independent statistician to examine the various statistical estimates of child sex abuse. The main question appears to be what the timing of such an inquiry should be, i.e., whether it should start before the Cleveland judiciary inquiry is complete, or whether it should await the result of this. Could you please let me have a short note on this, and in particular your Minister's recommendation as to the best timing of any such inquiry.

(P.A. Bearpark)

Mike O'Connor, Esq.,
Department of Health and Social Security.

Prime Minister.

If you wish, I will seek Tony Newton's views. I think DHSS would also wish to consult the judge leading the inquiry. MEA 17/7

PRIME MINISTER

17 July 1987

CHILD SEX ABUSE

You ask whether it would be better to delay appointing an independent statistician to examine into the various statistical estimates of child sex abuse until after the Cleveland judicial inquiry has been completed. The statistician could then draw upon any information which the Cleveland inquiry might bring to light.

I see the attractions but still favour an early commission for the following reason. It is possible that, in the absence of better national information, the Cleveland inquiry might itself be influenced by some of the wildly inaccurate estimates of the national incidence of child sex abuse in circulation. One of the most disturbing aspects of public debate has been the willingness of professional paediatricians and social workers to accept quite ludicrous figures at face without any scepticism at all. A judicial inquiry is unlikely to be so naive, but better safe than sorry.

I suggest therefore that James Durbin, who retired last year as Professor of Statistics at LSE and who is reputed to be a man of great common sense and sound political views, should be asked to undertake a speedy analysis. It could be made clear to him that the Government would subsequently decide whether to keep his inquiry for internal use, or to make it public, or to provide it to the Cleveland Inquiry.

Before you returned my memo, I discussed this with Tony Newton. He favoured the general idea but we did not discuss the question of timing.

J. O'S.

JOHN O'SULLIVAN

4

PRIME MINISTER 10 July 1987

PM 15/7.

CHILD SEX ABUSE

Norman Blackwell and I had a useful discussion with the DHSS officials dealing with the Cleveland child abuse controversy. Amid some disputes, we managed to reach agreement on one crucial point. This was that although child sex abuse is more extensive than was previously believed, the higher estimates of its prevalence which have been accepted in public debate and among professionals are grossly exaggerated. In particular, the "one in ten" figure for sexually abused children, which is based on a misreading of a 1984 MORI poll, is scientifically worthless as an estimate of child sexual abuse as commonly understood.

But while this statistic continues to be widely quoted and believed, Norman and I believe it could have three malign consequences.

(a) It could fuel a demand for massively higher spending on child care social services. Since there is no prospect of expansion on that scale, Ministers would then be open to the charge that they were under-funding a vital service. The Government would receive the sort of blame it now suffers over waiting lists in the Health Service. And any future Jasmine Beckford case would be laid at its door. Furthermore, if funding were to be increased in response to an exaggerated estimate, it would be at the expense of genuinely pressing needs.

(b) It would create a climate of professional and judicial opinion in which parental rights - including the added protections proposed in the wake of Cleveland - would

be discredited and, in effect, remain a dead letter. Judges and social workers who believe that one in ten children are sexually abused by their parents will pay little regard to parental rights in practice - whatever the law says. It may well be significant here that the Cleveland doctors and social workers have quoted the MORI figure in defence of their actions and that the Leeds specialists, on whose study on diagnosing child abuse they relied, also cite it (apparently not understanding what it was claiming to estimate).

(c) It may, finally, influence the preparation of the two sets of draft guidelines on child sex abuse - for doctors and social workers respectively - which the Minister hopes will be completed by the end of the year. This may sound unduly alarmist, but social workers connected to the Great Ormond Street Hospital have quoted the MORI poll to the courts in justifying their diagnostic methods. I enclose two recent judicial estimates of these methods - one fiercely critical, one less so.

We suggest therefore that the Government should appoint a respected independent statistician to prepare a report analysing the different statistics on the prevalence of child abuse. This might include commissioning some new survey based on opinion poll techniques, but with a more precise and controlled method than the existing misleading MORI results. This would help to restore both public and professional opinion to a much calmer state in which policy on child sex abuse might be more soberly considered.

Yours,

JOHN O'SULLIVAN

That to my mind, and Dr Zeitlin referred to it in oral evidence, does not mean necessarily that the child herself was abused, but had seen something:

> 'It is possible that the child has been subject to sexual abuse, though the evidence is by no means in my opinion conclusive. If sexual abuse has taken place then it could be in the form of attempted intercourse. That again is by no means certain from the information from the child or other informants. Further, if sexual abuse has taken place it is still my opinion that the father could have carried out such abuse, but there is no clear indication from the child that that is certainly so.'

He made another short report on 22 September 1986 when he says this:

> 'If my understanding is correct then in many respects the situation is unchanged. If so, my opinion remains as before. Firstly, that there was evidence that the child had been exposed to some form of sexualizing influence. The evidence of the psychiatric interviews that the child had been sexually abused by her father is far from clear, and the context in which the allegation took place, i.e. of parental conflict, is one in which there is a reasonable possibility of false allegations.'

Dr Connell told me, and indeed, I have read letters that have been put before me from Professor Sir John Dewhurst to say that it is most unlikely that the vulvo-vaginitis found on 6 January 1985 was caused by any sexual misconduct towards her in September 1984 unless there had been signs in between those dates of vulvo-vaginitis. Furthermore, they say it is impossible that that condition could have been caused by any sexual misconduct towards the girl on 6 January 1985 itself. That is made abundantly clear in an attendance note which has been admitted before me taken by the Official Solicitor's representative when talking to Sir John Dewhurst on the telephone. I do not think that I need repeat it, as I have summarized exactly what he has said.

There is further reference to this by Dr Connell. He told me in evidence that having considered the case, although not the video recording, 'It is my view that sexual abuse by the father has not been established.'

The conclusions that I draw are these. First of all, there is no evidential weight to be attached to this so-called diagnostic interview whatsoever. The inferences drawn by the interviewers were probably and almost certainly wrong. From the father's own conduct when he first knew what was said against him, going to see his own doctor and indeed the police, and indeed from M's attitude to him, it is most unlikely in my view that anything in the slightest improper ever took place between them. It of course remains a possibility, because one simply cannot disprove with entire certainty such an allegation once it is made.

I am supported in my view of the weight, if any, to be attached to interview such as these by observations that have been made quite recently by some of my brethren. First of all, in a case decided by Ewbank J on 7 March 1986 called *Re E*, reported shortly in *The Times* on 16 July 1986 in connection with another case, *Re G* [see *Re E (A Minor) (Child Abuse: Evidence)* [1987] 1 FLR 269 and *Re G (Minors) (Child Abuse: Evidence)* [1987] 1 FLR 310]. The headnote simply reads as follows:

> 'Grave disquiet was expressed by Ewbank J about conclusions drawn from diagnostic sessions held at Great Ormond Street Hospital Child Abuse Clinic, in those cases where there was doubt whether a child had been sexually abused'.

I have obtained the transcript of the judgment in *Re E*, and the judge says this at p. 13 of that transcript [[1987] 1 FLR 269 at p. 278]:

> 'We have not in the course of this case discussed the evidential standing of video tape evidence of an interview of this sort. It has just been brought in by consent. I have doubts about its evidential standing. I have even more doubts about the evidential value of the technique. Of course, I remind myself that it is not intended to have evidential value. It is for clinical purposes and not, as I pointed out earlier, with a view to evidence. It is quite clear that Miss Tranter was fully justified in investigating the allegations which were brought to her notice by Dr W's letter. The conclusion she comes to that sexual abuse has been made out is one, however, with which I do not agree. So far as I can see, although she may have a strong impression from seeing and talking to the child that satisfies herself, it is not the type of material upon which an independent person could come to a conclusion that any case has been made out against the father.'

I accept, of course, what Ewbank J says in another case about that technique, and also I very much share his grave disquiet about these interviews. Swinton-Thomas J tried a case on 10 March 1986, *Re N (Minors) (Child Abuse: Evidence)* [1987] 1 FLR 280, and he had this to say at p. 283:

> 'In interviewing the child Miss Tranter has followed the technique which is used by Dr Bentovim and his team at Great Ormond Street in cases of suspected child abuse. The interviewing technique is deliberately rigorous with a view to persuading a reluctant child to tell the interviewer about the abuse which he or she is thought to have suffered. Nothing which I say in this case should be taken as any criticism of Miss Tranter or the methods adopted at the hospital by Dr Bentovim and his team. Despite the criticisms which have been made by other doctors, to which I will refer later, I am quite sure that it would be quite wrong in the context of one particular case to make any overall criticism of those methods. I am concerned in this case with the future of two children, and in this context with two questions. First, has the girl been sexually assaulted and, second, if so, was she assaulted by the second defendant? The Great Ormond Street team dealing with sexually abused children have undoubtedly rendered great service to the children they have treated, particularly in the therapeutic field. Nothing which I say in this judgment should be taken as a criticism of the work done by Dr Bentovim and his team in that field. I am concerned, as I have said, only with the future of these children and not the experience or training possessed by Dr Bentovim and his team, or by Dr Connell, or by Dr Kahn, both of whom are extremely experienced child psychiatrists, and

both of whom have given evidence in the course of this case.'

Later in his judgment he went through in great detail what was said during the interview, because he in that case had a recording of it, and also a transcript, and he said this:

> 'The object is to get children to talk about what has happened, and that is of course laudable. However, there must in my view, using that technique, be a very real risk that the child will say that something has occurred which has not. It is common ground that the technique is to some extent still in its experimental stages, and as at the moment I must have some reservations as to whether the technique of interviewing children does necessarily elicit the truth.'

I agree with those comments, save that I do not think I entirely agree with all Swinton-Thomas J's comments about the advisability and the help given to children by this particular technique.

Coming back to the instant case, I would say that this particular interview did positive damage, because it confirmed in the mother's mind that the father was indeed guilty of criminal acts against his own little daughter. That, of course, has been reflected in her attitude to access thereafter, certainly up to a day or two ago, if not now. It seems to me that it is possible – and I emphasize again, it is only possible – that it has damaged M herself. There is very little evidence of it save that her relationship with her mother does not now seem all it should be. Dr Connell made, I thought, a remark which is worth repeating, when he said, 'I would not want a child of mine to be put through this type of interview.' I should think not.

So from what I have heard, I am by no means satisfied that such diagnostic interviews are in the best interests of any child, except possibly where the sexual abuse has already been proved. It then may be a relief, as Dr Bentovim told me, to get it off his or her chest, and then steps can be taken to help the child and to treat the child for the damage that has been done. But in cases such as this where one simply does not know whether there has been sexual abuse or not, I cannot believe myself that it is in the child's interests. If such interviews are to be persisted in I consider that there should certainly be no preliminary discussion of the allegations in front of the child concerned. The complaining parent, or other complainant, should never be present during the interview for obvious reasons. The use of hypothetical, and indeed leading questions, should not if possible be used. I accept that it may be necessary from time to time. Neither do I think that these anatomically explicit dolls should be used in a suggestive or leading way, though they may have their uses by people skilled in their use in helping to get at the truth. I was horrified to hear from Dr Connell that these dolls seem to have popped up all over the country, sometimes being used by people who are quite unqualified to use them. I hope that that will not happen any more.

On 27 November 1985 when supervised access was ordered, the mother and father signed a document whereby the mother accepted Dr Zeitlin's views as to what had happened, and both agreed that they would not raise the issue of sexual abuse by the father again unless there was fresh

evidence. That was a document drawn up by their legal advisers and signed by them. That seems to me to have been a very sensible course to have taken. There is no fresh evidence, but unfortunately the mother still has, or had, a concern in her mind, obviously in view of the report she had received both orally and in writing, from Dr Vizard's team, and when Miss E, who is the social worker supervising this case, reported on 9 April 1986, she seemed to assume that the issue of sexual abuse by the father was still a live issue. I suppose it was in a sense if the mother was concerned about it, despite the document she had signed on 27 November 1985. This hearing has been the first time, as I understand it, when the inferences drawn by the Great Ormond Street team have been examined in a court. I sincerely hope now that the mother believes, as I do, that those inferences were fallacious.

The father continued to see the children under the supervised access order until some time in May or June 1986 when he stopped. That was first of all because he came to the conclusion it was really too artificial and too restrictive to make any sense, and also there was trouble, which I need not go into, between him and the mother's father, who is prone, to say the least, to drink too much. Dr Zeitlin sees no reason why access should not recommence, leading up to access at the father's parents' home in London, which seems a very sensible place. I am not sure whether the father has a suitable home of his own, as I was told at one stage that he had gone to work away in the Home Counties, but of course he comes home at weekends and holiday times. It seems an obvious place. What is more, as Dr Zeitlin says, it would be suitable supervision in a sense if the parents are there, although I do not say they should be there the whole time, but it is their home, and it would no doubt protect the father from any further allegations that might be made, and indeed, would protect M herself. I need not say anything more about access, because I am happy to say that after 4 or 5 days hearing of this case, admittedly interrupted for periods, the parties have agreed, and the Official Solicitor, who acts as guardian ad litem of all three children, has also agreed to a formula for access which starts with access in the town where the mother and children are living and leads to staying access with the grandparents, and I need say no more about that.

There is a further issue, because there was no certificate granted under s. 41 of the Matrimonial Causes Act 1973, and I indicated yesterday that I thought that the proper formula for that was that the arrangements made were the best that could be devised in the circumstances. The mother is not now living with her parents, but has moved to council house accommodation nearby. I hope then that these two parents can put the past behind them and do their best to get on with one another if and when they meet for the sake of these children, because that is the way in which access is able to work.

Solicitors: The names of the instructing solicitors are omitted in the interests of preserving anonymity for the parties.

C.R.S.

sinister interpretation and recorded them in their notes, reports and evidence.

Anita Ryan QC for the local authority;
George Threlfall for the father;
Miss Barrons for the Official Solicitor.

LATEY J (extract from judgment given on 2 May 1986): At the end of counsel's addresses I was told that Dr Bentovim would welcome any general suggestions that I might feel able to give.

I have thought hard about this and whether I could be of any help. I am not a clinician. Dr Bentovim himself and those of his team I have heard in this and other cases are clinicians and highly skilled and expert ones – 'expert' in the best sense of the word, professionals with the skills and insight which only experience and dedication and, I believe, a flair can give. So what follows is said with much real diffidence.

Dr McClelland described Dr Bentovim as an 'artist in interviewing' in this field. I can only say, if I may without presumption, that I endorse that description without any reservation. He is that and more.

Dr McClelland went out of his way to pay an unqualified tribute to the value of the work of the clinic. Again, I would agree with that unreservedly.

What, it seems to me, one has to bear in mind and not forget in the minority of cases which come to court is that the function and *raison d'être* of the clinic is first and foremost therapeutic.

In a high proportion of cases referred to the clinic there is already clear, external evidence of sexual abuse. This may well explain Miss Tranter's evidence that the clinic finds sexual abuse established in approximately 95% of the cases, a fact which has troubled some judges.

One of the therapeutic tasks of the clinic – probably the most important – is to get a child who has been sexually abused to unburden himself or herself, to talk about it. As Dr Vizard said, the importance of this is at the very heart of the matter. If a child has been sexually abused, and goes on bottling it up, the consequences later in life are likely to be very serious indeed. The main thrust of the clinic's effort is directed to this and its achievement justifies Dr McClelland's tribute. But, in the case of children who 'clam up', it inevitably requires a persistence of questions, many leading and suggestive to the child of the answers to give, to break down the barrier.

It is here, as I think, that the dilemma arises in the minority of cases which come to the courts.

It is a dilemma which faces not only the Great Ormond Street clinic (the pioneer in this country) but the American equivalents.

If I have understood the dilemma correctly it is this: there is 'an interface', as it has been described, between the needs of clinical therapeutic methods and the needs of the courts in legal proceedings. In doing what has been found so far to be best to meet the needs of the former, methods may be necessary which defeat or do not best meet the needs of the latter.

All the professional people involved in this case have agreed that methods should be adopted or adapted which reconcile the two sets of needs, if that can be done.

It should not be thought that Dr Bentovim and his colleagues are not fully aware of this. They are. The problem is whether there is a way of doing it which does not reduce therapeutic efficacy.

The basic technique was begun about 5 years ago. The use of anatomically complete dolls was introduced 2 to 3 years ago.

There has been a continuous development and refinement of the technique, including consultation with, and study of the literature of, the American pioneers. No one suggests that this process has reached the optimum. On the contrary, the process of the technique continues to be developed and refined.

Whether there can ever be a total reconciliation of the clinical and the forensic needs I, for one, do not know. That there is a real need of narrowing the gap everyone I have heard in this case agrees. But how?

The first thing to be borne in mind in this case is that the diagnostic session took place in January and February 1985. On the evidence it is unlikely, to say the least, that the interviews would now be recorded or more accurately, unrecorded as those were.

Speaking, I stress, in the most general terms, there seems to me to be two broad categories of child sexual abuse cases coming to the clinic.

First, cases where, from the already existing external evidence, sexual abuse is already established: cases, for example, where there has already been a conviction or an admission or physical medical evidence. Here the clinician can concentrate on the therapy without at the same time considering the forensic aspect. These, on the evidence, are the majority of cases which come to the clinic.

Secondly, cases, such as the instant one, where there is nothing more than a combination ('constellation' it is called) of alerting symptoms. On the evidence, they are a minority. But they are the cases which may well come to the court for decision. How can the clinic best handle them so as to help the court and at the same time perform what, in my view, remains their more important function, the therapeutic one?

The resources of the clinic are not limitless, far from it. Within their limits, what can they do?

What follows is given tentatively and in the belief that it is already in the minds of Dr Bentovim and others. Perhaps, nonetheless, it may be of some help as coming from someone outside the immediate clinical arena.

First, there might be an appraisal at the start of each referral whether the case is likely to fall within the second category. If it does, then secondly, there should always be a video recording. The reason is this: where there is a dispute whether there has or has not been abuse the court is anxious whether it should accept the *ipse dixit* of the interviewer or interviewers, however skilled and experienced. This is because cases have shown (two of them have been referred to during the hearing, and there have been others in my experience) that the precise questions, the oral answers (if there are any), the gestures and body movements, the vocal inflection and intonation, may all play an important part in interpretation. Where there is a dispute, there should be an opportunity for another expert in the field to form a view. Often, no doubt, he would reach the same interpretation and conclusion. In other cases he might not, and in the interest not only of justice between the parties but of doing its best to arrive at the truth of the matter in the interest of the child, the court should have the benefit of such evidence, so informed.

Thirdly, and this is much more controversial and even more tentative: in the second category, should there be some difference in the interviewing and questioning technique? In the first category the forensic evidential element seldom, if ever, enters into the matter. The questioners can deal with it with the sole purpose of therapy – to get the child to unburden itself. In the second category, there are, or may be, the two elements, therapeutic and forensic. I simply am not equipped to suggest whether a modification of the technique could be made so as better to meet the forensic need without seriously undermining the therapeutic need. It may not be possible. Or it may be possible. As I see it, it is for the clinical experts to explore this and, perhaps, experiment. I was much impressed by what Dr McClelland had to say or suggest about the approach where there is an initial, tentative diagnosis of abuse. He suggests that in such cases the interview and questioning should be directed in large part toward disconfirming, as he put it, the initial diagnosis. Because, he suggests, if that is done and, nonetheless, at the end of it the diagnosis is abuse, it is a more valid one. To my mind that has much force. At least, it would be helpful to the court if the questioners were alert to any indications of an innocent, as well as a sinister, interpretation and recorded them in their notes, reports and evidence.

Finally – and I think this is repetition – I do want to stress these points: this is a relatively new technique pioneered in this country by Dr Bentovim and his clinic. It has already done truly valuable work. It is still being developed and refined. I have the impression that the suggestions I have tentatively made are already in their minds, but perhaps made from outside they may help to crystallize them from the forensic aspects. But in the end, clinically and therapeutically, they are the experts. All that the lawyers, the judges, can do is to give such help as they can in pointing to the forensic needs. Whether those needs can be met, or entirely met, and met without a serious erosion of the therapeutic needs, is another matter. A balance may have to be struck and that balance might have to be varied as time goes on, and the technique is refined.

Solicitors: The names of instructing solicitors are omitted in the interests of preserving anonymity for the parties.

C.R.S.

RE W (MINORS) (CHILD ABUSE: EVIDENCE)

Family Division

Waite J

23 May 1986

Children – Doctor suspecting sexual abuse of child – Referral to child sexual abuse clinic – Interview – Use of sexually explicit dolls – Hypothetical and leading questions – Physical examination establishing nothing of significance – Whether evidence of sexual abuse

The family was made up of the father, mother and two daughters, one aged 5, the other 3. It was closely knit and sexually modest. On one occasion the eldest daughter appeared to be off-colour and was kept home from school. That night she woke up screaming and was found by her father to be sweating, shaking and shouting deliriously. When she tried to stand up, she lost her sense of balance. When she was taken to hospital the next day there was a remarkable change in her behaviour. She became withdrawn and did not want to have anything to do with her parents. The paediatrician, unlike the parents, did not consider that her behavioural symptoms were the result of unfamiliar surroundings. Her behaviour did not change after she recovered physically. One night, when a nurse was attending her in a drowsy state, the girl screamed out, 'Daddy, what are you doing? Daddy, don't do that. You know you aren't supposed to do that', or words to that effect. This was reported to the paediatrician who suspected that she may have been sexually abused. He interviewed her using the techniques of the child sexual abuse clinic at the Great Ormond Street Hospital for Sick Children, London. This involved the gradual introduction, during the interview, of sexually explicit dolls of the type used at the clinic. When she undressed the male doll she froze on being confronted with the doll's penis. The paediatrician was surprised by her reaction because non-abused children are normally intrigued by the dolls' genitalia. Although he did his best to put her at ease she was guarded and uncooperative. This convinced him that her behaviour could not be attributed to a possible kidney infection. He arranged for her to be seen at the child abuse clinic at the Great Ormond Street Hospital. The family were interviewed in general terms by a psychiatric social worker and also later by the paediatrician who referred the child. No indication had been given to the parents of the real purpose of the referral. Subsequently, the girl was interviewed on her own by the psychiatric social worker. Use was made of sexually explicit dolls and hypothetical and leading questions were asked. She was also cross-examined with a view to elicit a change in her answers, the effect of which could only be to prompt her response. The interview was recorded on videotapes. As a result she clearly indicated, either purely verbally or by manipulation of the dolls, that her father had had digital contact with her vagina and anus and had also had penile contact with those areas resulting in ejaculation but without penetration. Both the paediatrician and the psychiatric social worker were convinced that she had been abused by her father and that her mother had condoned it. The parents' reaction, upon being told this, was shock and disbelief. A subsequent physical examination only established that the outer labia of her vagina were sore. The girl was too terrified for an internal examination to be carried out. The local authority became involved but care proceedings were obviated by the commencement of wardship proceedings by the parents.

Later, the girl was interviewed by a consultant psychiatrist instructed by the parents. She confirmed to him that she had told the psychiatric social worker that her father had had digital contact with her vagina and that this was so. She did not

CONFIDENTIAL

10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

10 July 1987

CHILD ABUSE IN CLEVELAND

The Prime Minister has seen and noted your Secretary of State's minute of 8 July about child abuse in Cleveland.

I am copying this letter to the Private Secretaries to members of the Cabinet, Murdo Maclean (Chief Whip's Office) and Trevor Woolley (Cabinet Office).

P. A. BEARPARK

Miss Jane McKessack,
Department of Health and Social Security

CONFIDENTIAL

CHILD ABUSE IN CLEVELAND

1. I WILL WITH PERMISSION MAKE A STATEMENT ABOUT CHILD ABUSE IN CLEVELAND.

2. THE HOUSE IS ALREADY AWARE OF CERTAIN ACTION WHICH HAS BEEN TAKEN BY THE AUTHORITIES THERE IN RESPONSE TO THE CONCERN EXPRESSED IN THIS HOUSE AND ELSEWHERE. THE NORTHERN REGIONAL HEALTH AUTHORITY HAS SET UP AN INDEPENDENT PROFESSIONAL PANEL TO PROVIDE A SECOND OPINION ON CASES ALREADY SUBJECT TO INVESTIGATION. IT HAS ALSO ESTABLISHED A SPECIAL GROUP TO CONSIDER FUTURE CASES. ON TUESDAY, THE CLEVELAND SOCIAL SERVICES DEPARTMENT AGREED WITH THE POLICE AND THE HEALTH AUTHORITY ABOUT MEDICAL EXAMINATIONS WHERE CHILD SEXUAL ABUSE IS SUSPECTED. I HOPE, AS WILL THE WHOLE HOUSE, THAT THESE STEPS WILL GO SOME WAY TO OVERCOME THE PROBLEMS WHICH HAVE ARISEN.

3. HOWEVER, HAVING STUDIED THE REPORTS FOR WHICH I ASKED LAST WEEK FROM THE REGIONAL HEALTH AUTHORITY AND THE SOCIAL SERVICES INSPECTORATE, TOGETHER WITH REPRESENTATIONS BY HON MEMBERS AND THE MATERIAL THEY HAVE MADE AVAILABLE TO ME, WE HAVE CONCLUDED THAT THERE SHOULD BE A FULL ENQUIRY INTO THE ARRANGEMENTS FOR DEALING WITH SUSPECTED CASES OF CHILD ABUSE IN CLEVELAND IN RECENT MONTHS.

4. WE PROPOSE THEREFORE TO ESTABLISH A STATUTORY INQUIRY HEADED BY A HIGH COURT JUDGE. THE JUDGE WILL BE ASSISTED BY A PANEL OF THREE ASSESSORS: ONE WITH MEDICAL EXPERIENCE, ONE WITH SOCIAL SERVICES EXPERIENCE AND ONE WITH EXPERIENCE OF POLICE WORK. IT WILL BE NECESSARY TO ENSURE THAT THERE IS NO RISK OF CONFLICT BETWEEN THE INQUIRY AND LITIGATION PRESENTLY ARISING FROM INDIVIDUAL CASES. IT WILL BE FOR THE JUDGE TO DETERMINE HOW BEST TO CARRY OUT THE INQUIRY BUT I CAN SAY NOW THAT ITS REPORT WILL BE PUBLISHED.

5. IMPORTANT AS IT IS TO RESOLVE AND LEARN FROM THE SITUATION WHICH HAS ARISEN IN CLEVELAND, IT IS NO LESS IMPORTANT TO CARRY FORWARD THE WORK ALREADY SET IN HAND TO IMPROVE OUR CAPACITY TO TACKLE THE PROBLEM OF CHILD ABUSE WHEREVER IT MAY OCCUR.

6. DRAFT GUIDANCE ON THE WAY IN WHICH DIFFERENT AUTHORITIES SHOULD WORK TOGETHER IN THIS FIELD WAS ISSUED LAST YEAR, COVERING FOR THE FIRST TIME THE SPECIFIC ISSUE OF SEXUAL ABUSE. PREPARATION OF THE FINAL VERSION OF THIS GUIDANCE IS BEING PRESSED AHEAD, WITH A VIEW TO ISSUING IT AS SOON AS POSSIBLE, AFTER TAKING ACCOUNT OF ANY RELEVANT LESSONS FROM CLEVELAND AND THE CURRENT INQUIRIES INTO THE DEATHS OF TYRA HENRY AND KIMBERLEY CARLILE. MEANWHILE, I AM ASKING THE SOCIAL SERVICES INSPECTORATE TO CHECK WITH ALL SOCIAL SERVICES AUTHORITIES THAT PROPER CO-ORDINATING ARRANGEMENTS HAVE BEEN MADE IN THEIR AREAS.

9. MR SPEAKER, THE HOUSE WILL ALSO BE AWARE THAT THE EUROPEAN COURT OF HUMAN RIGHTS, IN A JUDGEMENT PUBLISHED YESTERDAY ON FIVE CASES FROM THE UNITED KINGDOM, HAS FOUND INADEQUATE OUR LEGISLATION ON PARENTAL ACCESS TO CHILDREN IN LOCAL AUTHORITY CARE. THESE CASES PRE-DATE LEGAL CHANGES MADE IN 1983 AND 1986 TO STRENGTHEN PARENTS' RIGHTS, BUT WE FULLY ACCEPT THE NEED TO MAKE FURTHER CHANGES TO REFLECT THE COURT'S FINDINGS.

10. WE SHALL BE STUDYING THE FULL JUDGEMENT IN DETAIL, IN RELATION TO THE PROPOSALS OF THE WHITE PAPER ON CHILD CARE LAW PUBLISHED EARLIER THIS YEAR. IN FRAMING LEGISLATION WE SHALL ALSO WISH TO TAKE ACCOUNT OF THE LESSONS OF CLEVELAND AND THE OTHER INQUIRIES TO WHICH I HAVE EARLIER REFERRED, BUT OUR AIM WILL BE TO BRING SUCH LEGISLATION FORWARD AT THE EARLIEST PRACTICABLE OPPORTUNITY.

Reports by SSI, Northern RHA
What were the findings - will they be made public?
What "significant failings" did they show to justify an enquiry?

These were urgent confidential reports commissioned by us. However I can say that SSI recommended further investigation of some aspects of the SSD's practice.

In the light of what has happened is the Minister satisfied as to the competence of the consultants concerned?

This is entirely a matter for the Regional Health Authority as the consultants' employing authority.

[If pressed: I understand that a number of complaints have been made about the consultants' handling of individual cases and the Regional Health Authority is investigating these as a matter of urgency.]

Further action by Cleveland health authorities pending enquiry report?

I have no reason to believe that the interagency procedures are not now working satisfactorily. The Northern RHA's reference panel should help to restore confidence in the clinical diagnoses.

Use of videos by Cleveland SSD

I am assured that videos are only used to record disclosure interviews with children where this is in the interest of the child. I am advised that Cleveland have never filmed reunions between parents and children. Filming of access visits [illegible] with parental consent did take place but has now been stopped.

Breach of confidentiality at press conference on 7 July

I am assured that the leader of Cleveland CC did not release histories to the press but gave unidentifiable examples of the type of cases involved.

RHA's "second opinion panel" - who may have the opinion?

I understand that the panel has seen about 14 children and hopes to see a total of 45. The outcome is confidential and is given to the person who sought it, ie the Director of Social Services and to the parents if they wish it. The standard practice is that if the parents give their specific consent the second opinion would be released to a third party. I hope that the parents of these children will feel able to give consent to the examinations by the panel.

Resources

Has the increase in reported cases of child abuse been reflected in the resource allocation made to SSDs and Cleveland?

This is one of the factors noted in the discussions with Local Authority Associations leading to the identification of provision for Local Authority Personal Social Services for 1988/89.

Has the increase in reported cases been reflected in resource allocation to RHAs and the DHA?

Northern Regional Health Authority received a revenue increase in 1987/88 of 5.7 per cent which was in line with the national increase. It is for RHAs to determine how funds they receive are allocated and used.

Will the Government make available extra resources to local authorities to deal with the increase in reported child abuse?

The 1987/88 provision for personal social services was a 12.8 per cent increase on 1986/87 representing a significant increase in real terms. This included additional provision for children's services and for training. Central funds have also been made available for a number of specific projects to improve the training of social workers and others who may be concerned with child abuse. As the Prime Minister indicated on 7 July, it has not been established that there is necessarily a need for additional resources to deal with this matter; it is the use of the available resources which is important.

Children and Young Persons (Amendment) Act 1986

This will give parents new rights of party status in care proceedings and appeal. New Rules of Court and regulations are in preparation and we aim to bring into force at the end of the year. [We were in touch with my hon. friend the member of Westbury earlier this year and are now proceeding with Rules as we indicated to him].

Place of Safety Order - new proposal

The White Paper proposes an Emergency Protection Order with new grounds and new procedures fairer to parents but not hampering the protection of children.

Grounds for a place of safety order

At present magistrates need to be convinced that an applicant has reasonable cause to believe that the grounds for care proceedings are met. In future the grounds for an emergency order will be related to an emergency situation.

Child Production Order?

The White Paper envisages the Emergency Protection Order will take account of the concern which prompted this proposal.

Place of Safety Order too long - no parental challenge?

Agreed. White Paper proposes 8 days (with exceptional extensions to 15 days but with parental challenge). Responsibility for child and parental access during order need clarification.

Place of Safety Order should always be subject to challenge?

This would go too far and prevent protection of children because local authorities need time to investigate and prepare case for Court.

Place of Safety Order - present position
Is parental consent required to a medical examination?

A doctor should seek consent either from the child or from a parent or guardian where a child is too young to give consent. In such cases where consent is not available the decision whether it is necessary in the child's interests to proceed is for the doctor's professional judgement. This position is unaffected by the existence of a Place of Safety Order.

Does a Place of Safety Order entitle a Local Authority to consent to treatment?

No. However any person who has actual custody of a child has a clear legal duty to ensure that any proper medical treatment for a child may need is sought.

Guidance to magistrates?

If the chairman of the enquiry identifies in his report improvements in the functioning of the magistrates courts I have no doubt my Rt hon and noble friend the Lord Chancellor or my Rt hon friend the Home Secretary will draw to the attention of magistrates

PM has seen
PC
RDB 13/7.

Prime Minister

8 July 1987

Child Sex Abuse

We agree with the general drift and main proposals of John Moore's confidential memo on the Cleveland affair, particularly with his decision to hold an inquiry. It is essential for the Government to demonstrate its determination to protect sadly abused children. But we make the following observations and proposals.

Observations.

(1) The estimate that one in ten children has been sexually abused, which has formed much of the background to the local and national debate, is a gross exaggeration based upon a misreading of a 1984 MORI poll. Child sex abuse is highly deviant behaviour. An extrapolation of the recent NSPCC statistics gives a figure of one child abused in every 1,730. If we assume that only one in ten cases comes to light, that would still suggest that less than one per cent of children have been sexually abused. (This is dealt with at greater length in appendix one.)

NSPCC

(2) Sexual abuse, of its nature, is extremely difficult to diagnose and prove. (See appendix 2).

(3) The belief that such abuse is widespread, coupled with the difficulty of proving particular cases, has prompted some paediatricians and social workers to adopt highly questionable methods of investigation. Particularly questionable are the methods associated with the Great Ormond Street Hospital: the presumption of parental guilt, leading questions, and believing the child who alleges abuse but not the child who denies it. After years in which the

7

too suggestible to be a reliable witness, the pendulum has probably swung too far the other way.

(4) The result has been that in some cases, in Cleveland and elsewhere, there has been hasty and inaccurate diagnosis of abuse. This not only causes injustice and distress to the parents. It also damages the children in three ways: traumatic removal from home and parents, repeated and embarrassing medical examinations, and court appearances in some cases. (Furthermore, it strongly suggests that at least some of the recent rise in reported sex abuse cases is explained by wrong diagnosis.)

Proposals

(1) The DHSS announcement of the proposed bill on child care and family services should include an explicit commitment to safeguarding the children, the family and legitimate parental rights. (We suggest specific legal changes in appendix 3.)

(2) Your own statements on this topic should include the point that non-parental care, while it may sometimes be necessary, is nearly always second best.

(3) While the proposed Cleveland inquiry will doubtless yield wider lessons, as Mr Moore points out, there are likely to be issues of great public importance on which it will not shed much light. Among these is the national extent of child abuse. This has important budgetary implications since we cannot "ensure there are adequate resources for dealing with child abuse cases" until we have a better idea than now of their potential number. (In our present ignorance, we are likely to exaggerate the budgetary requirements.)

(4) The Departmental review of practice guidelines for social workers and nurses and of advice for doctors on clinical diagnosis of sex abuse needs to be opened up to wider public debate. The diagnostic methods of the Great Ormond Street and Leeds child sex abuse clinics raise important legal and medical issues.

(5) In view of proposals (3) and (4), you may want to consider widening the terms of reference of the DHSS inquiry or, alternatively, establishing a small expert panel to investigate these broader points and to publish a report.

(6) In either event, it is essential to select the right experts. We would suggest Lord Ormerod, formerly a High Court judge of the Family Division who also happens to be a doctor, Anita Ryan, QC, a Deputy High Court judge in the Family Division, and Dame Barbara Shenfield, now of the WRVS, whose previous appointments include Reader in Social Studies at Bedford College, London.

Hartley Booth. HB

John O'Sullivan J. O'S.

Appendix 1.

Child sex abuse is highly deviant behaviour. It is so deviant, in fact, that in prison child abusers are beaten up by other criminals. The overriding majority of ordinary people view such abuse with revulsion, disgust and strong moral condemnation.

This high degree of deviance is confirmed by the last published figures for sexual offences when the victim is known to be 16 or under. For 1985, the number of persons proceeded against was 3,356 and the number of guilty verdicts 2,983. This amounts to only 0.03 per cent of children aged 16 and under in England and Wales.

Moreover, both categories show a substantial fall of 12.5 per cent over the period. Compare these with, for instance, the statistics for crimes against the person which show an increase from 95,000 in 1979 to 122,000 in 1985.

Recent NSPCC figures show a more mixed picture - a more than doubling of reported sex abuse in the last year to 6,330 cases. Even so, the 6,330 cases represent only 0.057 per cent of the under-sixteens or one child in every 1,730. Child sex abuse, though horrifying in character, is not alarming in its extent.

The apparent increase might be explained by a number of factors. For instance:

(a) a real rise in the number of offences,

(b) the discovery of offences which would previously have been hushed up,

(c) an exaggeration of the extent of abuse by over-zealous paediatricians and social workers wrongly diagnosing cases in response to to public concern and professional fashion and

(d) a combination of all three.

It is widely believed, however, that child sex abuse is much more widespread than this. Ms Clare Short expressed what is now a commonplace view in the Commons when she said: "Will the Minister confirm that the evidence of the research is that at least 10 per cent of children in Britain are sexually abused ... [and that] ..... an overwhelming number of cases involve the children's fathers although stepfathers and neighbours are sometimes involved."

This is contradicted by common sense and everyday observation and it is unsupported by research. How did it gain such currency? What seems to have happened is that two quite different sets of statistics have been jumbled up together.

The first is a 1984 MORI poll which asked 2,160 adults to recall any sexual experience before the age of 16. The 12 categories of experience listed ranged from "being talked to about sex in an erotic way" up to oral sex and intercourse. It is this poll which forms the basis of the "one child in ten" claim.

However, the number of people who recalled oral sex, masturbation or intercourse was only 9 out of 2,160 - or 0.4 per cent. A further 27 - or 1.25 per cent - had experienced fondling of the genitals. So those who claim to have experienced what most people think of as serious child sex abuse amount to just over 1½ per cent of the population.

The vast majority of respondents were recollecting - not necessarily accurately - somewhat milder experiences which a court or a reasonable person might not regard as child sexual abuse at all.

Moreover, the "perpetrators" were fathers or stepfathers in less than 10 per cent of the cases. Others included neighbours, teachers, strangers and - surely significantly - friends of older brothers and sisters. What the survey records, in fact, is a wide range of sexual activities from genuine child abuse to the messy end of adolescent sexual experimentation.

Unfortunately, this survey seems to have become confused with much narrower studies of proved or admitted sexual abuse. In these cases, the offences are generally serious and sometimes horrifying, the perpetrators often fathers or stepfathers, and the families concerned generally "socially inadequate". These cases, however, are a small percentage of the population - probably closer to the 0.03% of the crime statistics than the 10% of the MORI poll.

Appendix 2

The anal dilation test, employed by Dr Higgs in Cleveland, was described to us by one consultant as "extemely inaccurate" and "at most, grounds for suspicion."

Appendix 3

(a) There is no requirement in the law to inform the child's parents or guardian before a Place of Safety (POS) Order is made. We believe this should be changed.

(b) Nor is there any requirement for them or the child to appear or be represented under POS procedure. This should be reformed.

(c) There is no right of appeal against a POS order, although the cumbersome judicial review procedure is possible. Right of appeal should be granted or the fetters taken off wardship.

(d) The maximum duration of the Order should be reduced to eight days from its present 28.

(e) The grounds for the Order should be tightened to cases where the child is in "imminent danger".

(f) Applications need not be backed up by written evidence on oath. This is needed for the record and the law should be changed to allow it.

CONFIDENTIAL 2

PRIME MINISTER

3/7

CHILD ABUSE IN CLEVELAND

We have spoken of the current concern about child abuse, particularly child sexual abuse. The work of ChildLine and the recent report by the NSPCC have received considerable public attention. And the events in Cleveland have provided a major focus for public concern.

2. Cleveland has also brought into sharp focus four issues, all of which tend to increase public concern:

First, the growing numbers of child abuse cases which, in the view of professional organisations and experts, reflect growing public concern of a submerged problem. But the public sympathy raised by individual cases like Kimberley Carlile and by initiatives like ChildLine could be affected by Cleveland if the statutory authorities were thought to have handled matters badly.

Second, the extremely difficult balance that has to be struck between the "rights of parents" and the "rights of children" within the context of family life. An especial concern about Cleveland is that even if the diagnoses were right in individual cases, insufficient regard may have been paid to the legitimate interests of the parents and the family as a whole.

Third, the importance of good professional relationships and cooperation between statutory agencies. Cleveland has demonstrated failings in both as well as the fact that there is not medical unanimity about the approach to be adopted in child sexual abuse cases.

Fourth, the need for early Government action to issue guidance to the statutory authorities and professions concerned; to clarify and overhaul the existing child care law; and to be seen to ensure there are adequate resources for dealing with child abuse cases.

I return to these points below.

3. The immediate issue on Cleveland is whether to establish an inquiry. I have now received reports from the Northern Regional Health Authority and from the Social Services Inspectorate. In addition, Stuart Bell, the Member for Middlesbrough, has given us a great deal of material.

4. The statutory authorities in Cleveland have taken a number of steps to help resolve the difficulties there. The Northern Regional Health Authority have set up an independent panel of 6 child health experts to provide a second clinical opinion and a special medical "Regional Reference Group" pilot scheme to be used in all cases of suspected child abuse in South Teesside. In addition, agreement was reached in Cleveland on Tuesday between the police, the Health Authorities and the Social Services Department about medical examinations in cases of child sexual abuse. I hope that this will

provide an effective basis for cooperation between the statutory authorities, and in turn enable any remaining doubts about the children to be resolved, with the cooperation of the parents concerned.

5. While I welcome the action that has been taken, it is not in my judgement sufficient to answer all the doubts that have been raised, particularly about the position of the parents concerned, about the basis on which the children were dealt with and about cooperation between the statutory authorities. Nor do the reports I have received provide a full answer. I have therefore concluded that an inquiry is needed, both to meet this legitimate concern and to restore full confidence in the work of the statutory authorities in Cleveland.

6. I propose therefore to establish a statutory inquiry with the following terms of reference:

> "To examine the arrangements for dealing with suspected cases of child abuse in Cleveland since 1 January 1987, including in particular cases of child sexual abuse; and to make recommendations"

While the Inquiry will be focussed on what happened in Cleveland, we shall be able to draw from it any relevant lesson for wider application. The Minister for Health will make a statement about this tomorrow.

7. The Cleveland Inquiry will not be primarily about broad issues of national policy. Its main focus will be on exactly what has happened and why. It has so far proved very difficult to establish the full facts. Because of this, and the need to reassure the public, it seems to me very desirable for it to be carried out by a judge, assisted by a panel of 3 assessors: one with medical experience, one with social services experience and one with experience of police work. The Lord Chancellor is considering whether this is possible. It will be for whoever leads the inquiry to determine how best to carry out the inquiry. But he will be asked to complete it by the end of September. His report will be published.

The Sos is likely to raise this in Cabinet tomorrow.

8. It will be important to satisfy the House that the Government are responding firmly and effectively to the general concerns I described earlier. Accordingly Tony Newton's announcement will make clear that we will not hold up during the inquiry the substantial range of measures we have in hand for dealing with child abuse. These include:

* new guidelines for cooperation between statutory authorities on the handling of child abuse, including sexual abused to be issued by the end of October. We would, of course, wish to reflect in that guidance any points arising from the Inquiry: for example, in the advice on cooperation between the police, and the Social Services and the NHS and on the need to pay proper regard to the rights of parents.

* practice guidelines on child abuse generally for social workers and for nurses, and advice for doctors on the clinical diagnosis of sexual abuse. The aim is to complete that work by the end of this year.

9. We shall also need to satisfy the House, and all those concerned with child abuse, that we are moving as quickly as we can to establish the right legal framework. What we propose to say to the House is along the following lines:

"In January we published a White Paper on the Law on Child Care and Family Services. The proposals in it for codifying and overhauling the law were welcomed by many organisations concerned, including the Social Services Committee. Our aim is to introduce a bill at the earliest possible moment. We will want to take careful account of what emerges from the Cleveland Inquiry and the inquiries into the Tyra Henry and Kimberley Carlile cases".

What does this mean for the legislative programme — can the programme accommodate a bill this year? N.C.J.

QL will consider this.

It would also be helpful to have provisional approval for drafting to begin.

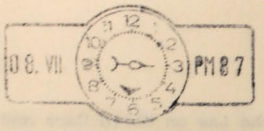
10. One final point which is relevant. Today the European Court of Human Rights published their judgement on five cases from this country that concern parental access to children in care and found against us in each case. We will have to take full account of it in preparing the legislation. We will also need to refer to it in the Statement. This will of course increase the pressure for early legislation.

11. I am copying this to other members of the Cabinet, the Chief Whip and to Sir Robert Armstrong.

JM.

JOHN MOORE

July 8. 1987.


30 JUL 87
PM

cc BG.
Prime Minister
File

DEPARTMENT OF HEALTH AND SOCIAL SECURITY

Alexander Fleming House, Elephant & Castle, London SE1 6BY
Telephone 01-407 5522

From the Minister for Health

Mark Addison Esq
10 Downing Street
London SW1

8 July 1987

Dear Mark,

I enclose the first draft of the Statement on child abuse in Cleveland which the Minister for Health proposes to make tomorrow, and which you asked to see tonight.

Copies of this also go to the Private Secretaries to the Lord President, the Lord Chancellor, the Lord Privy Seal, the Home Secretary, and the Secretaries of State for Education for Scotland and for Wales.

Yours sincerely,

Jenny Harper

MISS J M HARPER
Private Secretary

Enc.

YdS/D.3

DRAFT

CHILD ABUSE IN CLEVELAND

1. I will with permission make a statement about child abuse in Cleveland.

2. The House is already aware of certain action which has been taken by the authorities there in response to the concern expressed in this House and elsewhere. The Northern Regional Health Authority has set up an independent professional panel to provide a second opinion on cases already subject to investigation. It has also established a special group to consider future cases. On Tuesday, the Cleveland Social Services Department agreed with the police and the Health Authority about medical examinations where child sexual abuse is suspected. I hope, as will the whole House, that these steps will go some way to overcome the problems which have arisen.

3. However, having studied the reports for which I asked last week from the Regional Health Authority and the Social Services Inspectorate, together with the representations by hon members and the material they have made available to me, I have concluded that a formal enquiry is needed in order to restore public confidence in Cleveland and to draw any lessons of wider application.

4. I propose therefore to establish a statutory inquiry with the following terms of reference:

> "To examine the arrangements for dealing with suspected cases of child abuse in Cleveland since 1 January 1987, including, in particular cases of child sexual abuse; and to make recommendations."

5. The Inquiry will be carried out by /Mr Justice _/. He will be assisted by a panel of three assessors: one with medical experience, one with social services experience and one with experience of police work. It will be for /Mr Justice _/ to determine how best to carry out the Inquiry. But he will be asked to complete it by the end of September. His report will be published.

6. While the Government attach great importance to resolving the issues that have arisen in Cleveland, it is equally important that we should press ahead with the measures we have for checking ~~victim~~ child abuse more generally. In particular:

- our intention is to issue by the end of October new guidelines for co-operation between statutory authorities on the handling of child abuse, including sexual abuse;

- meantime we are asking all authorities to make sure, in the light of the draft guidance, that they have proper co-ordinating arrangements;

- practice guidelines on child abuse generally are being prepared for social workers and nurses; and advice for doctors on the clinical diagnosis of sexual abuse. I have asked the professional groups concerned to aim at completing this work by the end of this year;

- we will be introducing arrangements this autumn for the collection of national statistics of child abuse;

- we will continue to do all we can to promote professional training for those who have to deal with cases of child abuse, including sexual abuse.

7. In January we published a White Paper on the Law on Child Care and Family Services. The proposals in it for codifying and overhauling the law were welcomed by many organisations concerned, including the Social Services Committee. Our aim is to introduce it at the earliest possible moment. We shall want to take careful account of what emerges from the Cleveland Inquiry and the inquiries into the Tyra Henry and Kimberly Carlile cases.

8. The House will also be aware that the European Court of Human Rights published yesterday their judgement on five cases for the UK. They found that UK legislation on parental access to children in the case of local authorities was not adequate. We introduced legislation in 1983 which provides additional

rights of appeal to parents when access to their children is refused. It is now clear we need to go further and we shall be studying the judgement in detail to see whether the proposal in our White Paper fully meet the requirements of the Court.

9. /A concluding paragraph./

YdS/D.3

Andy,
I asked HO for a progress report. They say nothing before the recess.
If you are not content can you ring Philip Mawer.
VC
20/7

CHILD ABUSE

file JD

chased 21/7 21/7

10 DOWNING STREET

LONDON SW1A 2AA

1) 28/7
2) 4/8
3) 18/8
4) 25/8
5) 1/9

From the Private Secretary

7 July, 1987.

The Prime Minister has seen and noted the Home Secretary's minute of 26 June on child abuse. She is of the view that there are some very positive aspects of the Government's record on this subject, and has suggested that it might be worth while to produce a summary of the minute for inclusion in an inspired written Parliamentary Question. This would provide useful ammunition for back benchers. Could you please consider whether or not the Prime Minister should answer such an arranged Question, and if you agree, provide an appropriate draft cleared with other Departments.

I am sending copies of this letter to Jill Rutter (Chief Secretary's Office, HM Treasury), Jane McKessack (Department of Health and Social Security), Rob Smith (Department of Education and Science), Robin Masefield (Northern Ireland Office), Robert Gordon (Scottish Office), Paul Skellon (Welsh Office), and Trevor Woolley (Cabinet Office).

(P.A. Bearpark)

Philip Mawer, Esq.,
Home Office.

DTC

PRIME MINISTER

26 June 1987

CHILD ABUSE

This topic is now on the front page of all the papers. We enclose the following.

1 Covering the Party for Childline next Thursday 2 July.

(a) A note from the Home Secretary and
(b) A background brief from ourselves.
(c) DHSS attitude to child line.

2 Covering the Middlesborough cases where 200 children have been taken into care in the last few weeks; a brief on the law based on discussions with leading child law experts Anita Ryan QC and Alan Levy.

3 Covering Family and Child Policy - a short political note from ourselves.

HARTLEY BOOTH

Requested note from DHSS
on Tuesday 30/6

1A

10 DOWNING STREET

Prime Minister,

There is a good story in this minute.

Do you think it worthwhile to produce a summary for inclusion in an inspired written PQ?

Useful for backbenchers to have such material altogether.

N.C.W.
26.6

PRIME MINISTER

I will put this in the briefing folder for the Children Reception

CHILD ABUSE

Before the election you asked me for a short report on action we have taken to combat child abuse. This was delayed by the Dissolution. You are to host a reception on July 2 for those involved in dealing with this evil, which I will attend. As the report shows, we have several important initiatives in hand, and major reforms to assist children are in preparation.

2. The Criminal Law Revision Committee have reviewed the law on assault and on sexual offences and concluded there were no gaps in the criminal law protecting our children. I agree with their conclusions. Their recommendations that the penalties for indecent assult on a girl and for attempted rape should be increased were implemented in the Sexual Offences Act 1985, introduced by Janet Fookes with our full support. You asked me to consider the two year maximum term of imprisonment for neglect of a child. I announced during the election campaign that we felt this was too low, and the Criminal Justice Bill will increase it to 10 years. I have reviewed the penalties for other offences and am satisfied that there is no need to raise the maxima presently available.

3. I have made it clear that those sentenced to life imprisonment for the sexual or sadistic murder of children must normally expect to remain in custody for at least 20 years; and those sentenced to more than five years for physical or sexual abuse of children will be granted parole only when release under supervision for a few months before the end of the sentence is likely to reduce the long-term risk of re-offending or in circumstances which are genuinely exceptional.

4. On crime prevention, we have been operating a publicity campaign for some years based on a set of easily understood rules for children to follow. The National Standing Conference on Crime Prevention has set up a working group to review existing publicity and publications and to make recommendations. The group has been asked to report by November.

4. We are reviewing the disclosure of criminal backgrounds of those seeking to work with children. New arrangements have been introduced to cover staff and volunteers in the education, social and probation services with substantial access to children, registered childminders, and foster and adoptive parents and adults in their households. Circulars on children in long-term care and on staff in independent schools are in preparation. I made an Order in the last Parliament ensuring that those seeking or holding positions giving access to children may be required to declare convictions spent under the Rehabilitation of Offenders Act 1974 and may be excluded or dismissed on account of such convictions. I have established a working group of experts in this field - police, social services, doctors - to review recent developments in the investigation by the police of allegations of child abuse. On the basis of their recommendations I will issue a circular of guidance to the police later this year.

6. The information we have suggests that much abuse against children takes place within the family where it can be particularly difficult to persuade, say, a wife to give evidence in court against her husband. The Police and Criminal Evidence Act 1984 enables the prosecution to compel a spouse to give evidence against a person accused of a sexual or violent offences against a boy or girl under 16. That Act also permits a jury to treat an unjustified refusal to provide an intimate sample as evidence corroborating, for example, the unsworn testimony of a child victim of a sexual assault.

7. The Criminal Justice Bill will permit a child to give evidence by live video link before a Crown Court in a case of a sexual or violent offence, so sparing the child the distress of reliving the assault in the presence of the alleged assailant. I issued a discussion paper seeking views on the detailed arrangements for putting this reform into effect on 8 May. That paper also seeks views on whether it would be right, without infringing a defendant's right to have the child cross-examined, to ease further the restrictions on admitting as evidence a video recording of an interview with the child. Such a reform would be expensive and we should need to be satisfied that any benefits to the child and the criminal justice system as a whole justify the necessary expenditure.

8. Under the present law a child can give evidence to a court even if the judge decides that he or she is too young to be sworn. But such evidence must be corroborated before the case can go to the jury. The Criminal Law Revision Committee recommended no change to this rule of law in their 11th Report in 1972, a view they reiterated in a report in 1980. I have commissioned a report on research into this area to see whether this rule of law is justified by scientific evidence.

9. Tackling child abuse, of course, goes beyond the responsibilities of my Department and what we are doing is part of a wider programme which is being kept under review inter-Departmentally. Good practice to reduce and manage child abuse depends largely on close working between local agencies: social services, the police and the health, education and probation services. Norman Fowler issued a draft circular last year on inter-agency working which has been well received but elicited a large number of comments. This is almost ready to be issued in its definitive form. It will be accompanied by circulars which pick up points special to the service concerned, for example Kenneth Baker plans to send it with a covering circular to education authorities, and I will send it to the police and probation service.

10. The DHSS has also set under way a training initiative, the second stage of which has just been announced. It comprises six projects so far, including an Open University introductory course suitable for any of the professions, a training consultancy based at the National Children's Bureau and work at Great Ormond Street and the NSPCC. John Moore will be keeping them under review to see what more is needed. In particular he is just starting work on more detailed practice guidance for social workers and separately for health visitors and this may well merit development of further training materials for those two professions.

11. These special projects are, of course, additional to the steady work to improve the standard of practice of local agencies working with families with children. Good preventive work is as important as rapid and sensitive action when abuse is disclosed. John has a continuing programme which consists of support of the research and development help to the NSPCC and other voluntary organisations and an intensive schedule of seminars, inspections, etc., by the Social Services Inspectorate.

12. Finally, there is the work in train to reform the law on child care. Instructions are well advanced for the Child Care and Family Services Bill on the lines of the White Paper which was published in January.

13. In general Northern Ireland is following Great Britain's initiative in the fields of penalties, disclosure of information and evidential provision. Tom King intends to provide for increased penalties for indecent assault and attempted rape and to mirror the evidential provisions of the Police and Criminal Evidence Act 1984 in forthcoming Orders in Council. He also intends to introduce similar provision to that in the Criminal Justice Bill on live video links in Northern Ireland by Northern Ireland Order.

14. The DHSS (Northern Ireland) has established a Child Abuse Review Group and hopes to issue a revised circular of guidance later this year. It is funding a research project into the prevalence of child sexual abuse in Northern Ireland, which is thought to be an increasing problem. An inter-Departmental working party is considering arrangements for the disclosure of criminal backgrounds in the case of those seeking to work with children, and the Department of Education in Northern Ireland proposes to issue fresh guidance to schools.

I am copying this minute to John Major, John Moore, Kenneth Baker, Tom King, Malcolm Rifkind, Peter Walker and Sir Robert Armstrong.

26 June 1987

APPROVED BY THE HOME SECRETARY
AND SIGNED IN HIS ABSENCE

26. VI. PM

1(b) **CHILDLINE**

As you will see from the Childline Statistics below, they have dealt with a huge workload since their inception in October 1986. The fact that only 240 cases were referred to the Public Sector Agencies is hopeful that the exercise will not be the enormous source of social service work that was expected. Indeed Ian Skipper, the main backer, argues that the service not only helps distressed children, but provides savings and breaks a cycle of anguish as the abused of today are likely to be the abusers of tomorrow. It is impossible to cost "untreated cases" of child abuse, but it is associated with later psychiatric disorder and criminal behaviour if a survey of the inmates of Holloway Prison is to be given credit.

CHILDLINE STATISTICS

Date 3rd June 1987

Total number of callers helped

The unprecedented response has meant that ChildLine has opened case records and has helped, or is actively helping: 16,409

There are also a large number of follow up calls relating to these cases. 9,015

Total number of calls

In addition to the figures above, ChildLine has received a huge number of calls where it has not been appropriate to open case notes but where immediate help has been given.

ChildLine also receives:

Silent Calls where there is no dialogue or communication - often involving prolonged sobbing or crying

Testing calls where the purpose is to 'check-out' the existence of ChildLine and how it works

Inconclusive calls include:

i) calls suddenly terminated
ii) not enough information to help
iii) requests for information
iv) offers of help

ChildLine currently answers 700 calls per day although the figures vary from month to month.

Total calls logged are: 105,672

Analysis

The detailed analysis overleaf shows the pattern of calls to ChildLine

			%
ANALYSIS	Female child	8,862	54.1
	Male child	3,289	20.1
	Total children sex known	12,159	74.1
	Female adult	1,778	10.8
	Male adult	801	4.9
	Total adults	2,579	15.7
	Age or sex not clear	1,671	10.2
		14,409	100
	Age of child		
	Under 10	680	5.8
	10-18	10,968	94.2
	Exact age known	11,648	100
	Follow up calls	9,015	
	Referrals	240	

1(c) DHSS Attitude to Childline

The Permanent Secretary at the DHSS saw the leading member of Childline this week and makes the following points:

1. The venture is very worthwhile in itself.

2. The danger is that it is on a knife edge. One minute the public are very happy to see child abuse stamped out - the next minute the public are sympathetic to the parents who have had children removed from then.

3. As with all 'private' organisations just starting up there have been teething problems but the appointment of an excellent new Director, together with moves are putting it on the right footing.

4. The costs will have to be watched. Childline is self-funding until Spring 1988. Donations will raise £4m. In the following three years Childline donors hope to provide a further £15m. They are looking to Government to match this.

DHSS give the usual advice that while you will want to show concern we cannot commit the Government at this stage!

I have spoken to Mr Skipper before speaking to DHSS, he volunteered this:

> "I want to thank people at the party. I do not want to ask Government to commit itself to any money until we have proved ourselves".

I attach the latest DHSS Child Abuse briefing in the Appendix.

THE LAW AND CHILD ABUSE
RE THE MIDDLESBOROUGH CASES

While the law must protect innocent children from genuine abuse we need to redress the balance which is currently weighted against parents.

a. The children in the Middlesbrough cases have been taken into care under the "Place of Safety Order" system under Section 28 of the Childrens and Young Persons Act 1969. This allows instant application to be made by the local authority to the Magistrates Court for an Order permitting the Authority to take a child into custody. The parents are not represented at the hearing. This system is heavily criticised by the parents and by the press as unjust. Clearly this draconian law should be used in exceptional cases. Arguably it should hardly ever be used in child abuse cases because in order to be safe in the assessment of the case it is best practice to build up the picture of abuse through corroborative evidence rarely presented by one visit to the doctor.

b. Wardship: This special jurisdiction can be operated at short notice and high court judges who hear these cases very rarely make an order without hearing the parents. In Middlesborough a wardship application was made after the Local Authority had obtained a place of safety order. Luckily the Authority did not object to the parents making the application to the High Court. Had they objected they could have blocked this move by the parents to rescue the children. Unfortunately a line of cases have decided that normally the High Court will not intervene if the local authority is using its jursidiction under the 1968 Act.

c. Reform of the Law on Place of Safety Orders

a. There is no requirement in the law to inform the child's parents or guardian before the order is made. We believe this should be changed.

b. Nor is there any requirement for them or the child to appear or be represented. This should be reformed.

c. There is no right of appeal for a place of safety order although the cumbersome judicial review procedure is possible. Right of Appeal should be granted or the fetters taken off wardship.

d. The maximum duration of the Order is 28 days. This should be reduced to 8 days.

e. The grounds for the order could and should be tightened to cases where the child is in 'imminent danger'.

f. Applications need not be backed up by written evidence on oath. This is needed for the record and the law should be changed.

Many of the above reforms have been considered and supported by the Lord Chancellor's Department. In view of the Middlesbrough outcry it is now quite urgent that we act.

3. **FAMILY AND CHILD POLICY, AND CONCLUSION**

The current spate of child abuse cases suits the political book of those hostile to the family. This contingent consists of the broad left who see the States intervention in the family as the answer. I am told that feminist groups and the hard left are also up in arms against the Family which they see a "tool of the Right".

I have spoken to some "average" young parents who feel terrorised by the role the state can play in intervening to take away their children. This is reflected by the media attitude. Fortunately 'Childline' is not only reactive, nor interventionist but it is a 'private' not a 'state' initiative.

We feel that a statement by yourself to champion the family would be timely. We are working on a full family policy paper which we will produce in July.

We also recommend that early reform of the Children and Young Persons Act 1969 provisions covering 'Place of Safety Orders' is urgently needed and should not await a full-blown Lord Chancellor's Law Reform Bill.

APPENDIX

CHILD ABUSE - BRIEFING

1. LINE TO TAKE

The Government is keen to ensure that everything practical be done to reduce the number of child abuse cases and the Department is undertaking a major programme of work in this field in relation to the law, guidance, training and research.

2. WORK IN HAND

a A White paper "The law on Child Care and Family Services" was published on 13 January 1987. This sets out the Government's proposals for changes to produce a clearer, simpler legal framework, to focus on the interests of the child, while ensuring that removal of a child from home is properly tested. The Government will introduce legislation as soon as the parliamentary time-table allows.

b. Work is in hand to bring up-to-date the guidance on the inter-agency handling of child abuse cases. In collaboration with representatives from involved agencies the Department has thoroughly reviewed previous guidance and issued a consultative paper on 6 May 1986. Officials are now examining the responses received, which warmly welcomed the document, with a view to issuing formal guidance shortly.

c. A consultative paper on child abuse inquiries was issued in July 1985. It seeks to speed up and simplify inquiries which are instigated following a death due to child abuse. The purpose of such inquires is to discover any lessons which may help to prevent future tragedies. Officials are now examining the comments received with a view to issuing formal guidance shortly.

d. The Department has underway a two stage centrally funded training initiative. The first stage which is directed at child sexual abuse will provide in depth training and an information and training resource facility. The second stage which is directed at child abuse generally will provide abroad brush introductory course for professionals and others in recognising and referring cases of suspected child abuse, specific training for handling of child abuse cases by medical practitioners social workers and health visitors and inter-disciplinary training in procedures.

e. There is an active programme of continuing research into various aspects of child care activity, including child abuse. A literature review is being undertaken by Drs Boddy Gough in Glasgow; and a major research project has just begun at Great Ormond Street Hospital to describe and look into the efficacy of treatment of cases of child sexual abuse and to follow up children and their families for an 18 months period.

MISS P BARRETT
CS3A
B1417 AFH
Ext 6461

June 1987

MAC/4292b/1

10 DOWNING STREET

From the Principal Private Secretary 8 June 1987

Thank you for responding so fully in your letter of 4 June about the disclosure of criminal convictions.

Your letter gives me some assurance in that it gives some reason to believe that within five or so years the sort of system that I envisaged in my earlier letter will be in effect. Certainly I recognise the difficulties in achieving earlier progress. But I wonder whether the administrative problems might not be reduced simply by inviting certain "approved" voluntary bodies, like the Scouts and the Boys Brigade, to clear names with the National Identification Bureau.

No need to reply to this letter.

N. L. WICKS

Sir Brian Cubbon, G.C.B.

HOME OFFICE
QUEEN ANNE'S GATE
LONDON SW1H 9AT

SIR BRIAN CUBBON GCB
PERMANENT UNDER-SECRETARY OF STATE

4 June 1987

Dear Nigel

Thank you for your letter of 14 May about the disclosure of criminal convictions.

I understand your concern, and I regret to say that at present we do not have formal arrangements covering the type of case you mention.

Following the Marie Payne case we agreed with the police last year a substantial extension of previous practice in this area. Comprehensive arrangements now exist for a wide range of people working with children, whether in a paid or unpaid capacity, in local authority education and social services and in the probation service. The arrangements work both ways. The employer can check on a candidate for employment, or even on someone already in post where there are grounds for so doing. And the police are asked to provide information about the convictions of such people where they know that an offender is employed in one of the vulnerable categories. We have also encouraged the police to look more closely into the background of offenders who have committed sexual or violent offences against children.

The new arrangements represent a substantial extra burden of work for the police and it is important that this should be fully digested before we add to it.

Natl Ian

N L Wicks Esq CBE

The review set up after the Marie Payne case is continuing to look at the possibility of making checks more widely available in the voluntary sector to cover those with substantial access to children, including the bodies you mention in your letter, and it is proposed to set up pilot schemes to test the feasibility of such an extension.

In the meantime it is within the discretion of chief officers of police to bring to the notice of employers or voluntary body organisers information about the criminal background of a person who holds a position of trust in relation to children. There is certainly a heightened awareness among the police of the importance of this matter, and I feel sure that the discretion is occasionally exercised, but I cannot say that there are yet established arrangements for workers in the voluntary sector, and I must say that even if the police can be persuaded to accept the extension in principle, it will not be easy to frame working instructions which can be operated by the very wide range of police officers' who might have to take action.

I am sending a copy of this letter to Robert Armstrong.

Yours ever

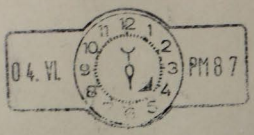
Brian

H. AFFAIRS

ASSAULTS ON

YOUNG CHICKENS

9/V3



CONFIDENTIAL

FLE
VC

10 DOWNING STREET

LONDON SW1A 2AA

From the Principal Private Secretary

14 May 1987

Dear Brian,

Please forgive me for troubling you on a matter which is not directly No. 10 business.

I wonder whether there are arrangements for warning the leaders of voluntary organisations concerned with young people of the convictions for sexual offences by people who either work for or are associated with the organisation concerned. I ask this because recently someone connected with a boys organisation selected for an Honour had the identical name of a man who was convicted of certain sexual offences, the last over 30 years ago. Of course, his name did not go forward when we discovered this background.

I subsequently consulted Robert Armstrong on whether the attention of the authorities who run the voluntary organisation ought to be drawn to the man's history. Robert, quite rightly, pointed out that it would be an abuse of our arrangements with the National Identification Bureau to use the information they gave us for other purposes; and he also made the point that the offence occurred a very long time ago.

However, I am moved to raise the general principle with you because I learnt from a letter which the Prime Minister has today sent Dr. David Clark, MP, a copy of which I attach, that there are arrangements whereby Local Education Authorities are able to check with the police whether people seeking appointment as teachers or other workers with children under 16 have a criminal record. I understand too that it is planned to extend the new arrangements to the National Health Service and to independent schools and that detailed consideration is also being given to arrangements for the voluntary sector.

I write simply to ask whether the arrangements under consideration would include warnings to the voluntary organisations, such as the Scouts, Boys Brigade, National Association of Boys Clubs and so on; and whether they would cover existing personnel as well as new applicants.

I am sending a copy of this letter to Sir Robert Armstrong.

Yours ever,
Nigel Wicks

N. L. WICKS

Sir Brian Cubbon, GCB.

The National Archives

DEPARTMENT/SERIES PREM 19 PIECE/ITEM 2216 (one piece/item number)	Date and sign
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Enter the department and series,
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Enter the piece and item references, .
eg. 28, 1079, 84/1, 107/3

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Reported to the PM
FCRS 8.9

MR. BUTLER

The Prime Minister might like to know that three leading members of the Paedophile Information Exchange, including one who featured in last week's newspapers, are being arrested this afternoon and charged with offences against the Obscene Publication Act and on several counts of incitement to commit sexual offences. This means that the DPP, as the Home Secretary hoped, agreed to bring these charges.

TIM FLESHER

8 September 1983

Note passed to PM's party by telephone. A 1/9

TIM

As I think you know, a police report on their investigation of PIE is now with the DPP, who is considering whether to prosecute the six man executive committee on charges relating to the publication of an article about sexual intercourse with young children in the group's magazine. The charges under consideration are publishing an obsene article; conspiracy to anticipate the commission of offences under the Sexual Offences Act 1956; conspiracy to corrupt public morals; and sending indecent material through the postal system. The Home Secretary thinks it right to await the DPP's decision (with which the Attorney General will in due course be associated) before making any statement about the adequacy or otherwise of the criminal law in this area. The DPP's decision is expected shortly and we have asked to be kept informed of developments. I shall of course also keep you in touch.

BF

~~A.R. Rawsthorne~~
1 September 1983

DRAFT OF A STATEMENT WHICH THE HOME SECRETARY IS MAKING TODAY

The country is still outraged by the brutal attack on a young boy at Brighton. The perpetrators of this repulsive act must be brought to justice and as quickly as possible. I have now studied the report of the Chief Constable of Sussex and am satisfied that the Sussex police are sparing no effort to do so. I remain in close touch with them and have asked the Chief Constable to let me know if there is any way in which my Department can assist him.

More generally, there is concern, which I share, about the number of assaults on children. Rightly, the police give the highest priority to these cases. But the public, quite understandably, are anxious that dangerous men should not remain at liberty for one day more than necessary.

I shall therefore be asking Chief Constables today to consider urgently and report back to me what further lessons could be learned by the sharing of the experience of police forces in investigating these cases and in securing maximum public cooperation.

We all know, too, that even the severest and most effective action by the police is no substitute for sensible precautions against assaults in the first place. The Home Office will be working with the police in stepping up efforts to get over the message to children, parents and responsible adults generally.

Attention has also been focussed recently on the activities of the Paedophile Information Exchange whose members argue in favour of changes in the law on sexual relations between children and adults. I find such views wholly repugnant as do the vast majority of the people in this country. Society rightly expects the criminal law in this field to be strong and effective. But I would not wish to comment further on this organisation - or on the present law - when there is a possibility of prosecution against its individual members. A report is now being urgently considered by the Office of the Director of Public Prosecutions and I hope a decision will be reached shortly.

With the Compliments

of the

PRIVATE SECRETARY

2/4.

Home Office
Queen Anne's Gate
SW1H 9AT

Home Office

NEWS RELEASE

50 Queen Anne's Gate London SW1H 9AT
Telephone 01-213 3030/4050/5050
(Night line 01-213 3000)

September 1, 1983

STATEMENT BY THE HOME SECRETARY, THE RT HON LEON BRITTAN QC MP

The whole country is outraged and appalled by the brutal attack on a young boy at Brighton. Every possible effort must and will be made to bring the perpetrators of this repulsive and loathsome act to justice. I have now studied the report of the Chief Constable of Sussex and am satisfied that the Sussex Police are sparing no effort to do so. I shall, of course, remain in close touch with them and I have assured the Chief Constable that if there is any further assistance he requires it will be available.

More generally, there is great concern, which I fully share, about the number of serious assaults on children. There is no offence which attracts a greater feeling of repugnance or rightly arouses anxieties among millions of parents. The police give the highest priority to these cases. But the public, quite understandably, are anxious that dangerous men should not remain at liberty for one day more than necessary.

I am therefore today asking Chief Constables to look at the whole question of the investigation of such offences. I shall be asking them to report back to me their conclusions as to the action that should be taken to share the experience and expertise of police forces throughout the country in investigating these cases and also in securing maximum public co-operation.

We all know too that even the swiftest and most effective action by the police is no substitute for sensible precautions against assaults in the first place. The Home Office will be working with the police in stepping up efforts to get over this vital message to children, parents and responsible adults generally: in particular to stress to parents how necessary it is to keep a close eye on children especially in the evenings and to the public at large how important it is to notify the police of any suspicious activity.

/Attention

Attention has also been focussed recently on the activities of the Paedophile Information Exchange. I find their views utterly repugnant as do the vast majority of people in this country. Society rightly expects the criminal law in this field to be strong and effective. But it would not be proper for me to comment further on this organisation - or on the adequacy of the present law - when there is a possibility of prosecution against its individual members. A report is now being urgently considered by the Office of the Director of Public Prosecutions and I anticipate a decision will be reached shortly.