‘From dangerousness to risk’: The growing importance of screening and surveillance systems for safeguarding and promoting the well-being of children in England

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(Received 4 August 2008; final version received 26 November 2008)

England is in the process of introducing the most radical changes to children’s services since the Second World War. The ‘Every Child Matters’ Change for Children programme aims to integrate services in order to enhance prevention and early intervention and thereby improve the outcomes for all children while paying particular attention to the most disadvantaged. It places a particular importance on professionals sharing information and has introduced a whole range of new Information Communication Technology (ICT) systems for the screening and surveillance of the child population to make this possible. This paper provides a critical analysis of the changes, and argues that we are witnessing a significant shift in the responsibilities of and relationships between children, parents, professionals and the state and that this poses significant challenges for all concerned.

Keywords: dangerousness; risk; child welfare; screening; surveillance; policy

Introduction

The purpose of this paper is to provide a critical appraisal of a number of recent policy and practice changes in relation to child welfare and child protection, in particular the emphasis now allocated to the importance of prevention and early intervention. While my focus will be England, similar changes can be identified elsewhere in North America, Western Europe and Australasia. The paper is broken into two parts. In the first, I outline how the last 20 years have seen a major shift in focus from an almost exclusive concern with trying to identify, in a forensic way, cases of child abuse to an approach which now sees its brief as far more ambitious and wide-ranging: the early identification of children and young people who are at risk of experiencing poor outcomes and thereby not fulfilling their potential. The second part of the paper considers a number of significant challenges of such a shift and the implications for the children, parents and professionals, including how this might impact on the rights and responsibilities of all concerned.

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‘From dangerousness to risk’

In many respects the chapter written by Robert Castel, published nearly 20 years ago (Castel 1991) anticipated many of these changes. The title in particular, ‘From Dangerousness to Risk’, captures the central themes, which I will outline here. Castel argued that it was possible to identify an important shift in preventive strategies of ‘mental medicine and social work’ from dangerousness to risk. Whereas dangerousness drew attention to the importance of trying to identify and contain individuals who were particularly prone to ‘violent and unpredictable action’, the contemporary focus on risk was rather different:

A risk does not arise from the presence of particular precise danger embodied in a concrete individual or group. It is the effect of a combination of abstract factors which render more or less probable the occurrence of undesirable modes of behaviour. (Castel 1991, p. 287)

We can identify similar trends taking place in England in the period since Castel’s chapter was published. Following the (re)discovery of child abuse in the 1960s and 1970s (Nelson 1984, Parton 1985), the long-established state child welfare services in the UK, Canada and Australia came under increasing pressure (Parton et al. 1997, Waldfogel 1998) and were dominated by a narrowly-focused, forensically orientated concern with child protection (Kamerman and Khan 1990).

By the early 1990s, the child protection and child welfare systems in England could be characterised in terms of the need to identify ‘high risk’ cases so that these could be differentiated from the rest. Thereby children could be protected from abuse while ensuring that family privacy was not undermined and scarce resources could be directed to where, in theory, they were most needed (Parton 1991, Department of Health 1995). ‘High risk’ was conceptualised in terms of ‘dangerousness’, for it was the small minority of ‘dangerous families’ (Dale et al. 1986, Parton and Parton 1989) subject to extreme family dysfunctions and violent personalities, who were seen as the primary cause of child abuse and which therefore needed to be identified so that children could be protected.

This was clear in the official government guidance at the time, where the focus of attention was explicitly protecting children from abuse. This was evident in the title Working Together Under the Children Act 1989: A Guide to Arrangements for Inter-Agency Cooperation for the Protection of Children from Abuse (Home Office et al. 1991) and reinforced further in the only official guide on the purpose and content of professional assessments, Protecting Children: A Guide for Social Workers Undertaking a Comprehensive Assessment (Department of Health 1988). The guide was specifically designed for social workers in cases where abuse was either substantiated or highly suspected and concerned with how to carry out a comprehensive assessment for ‘long-term planning in child protection’ cases. At the time, Pithers commented that:

The guide addressed the key issue of whether a family is considered safe for a child, or whether it can be made safe, or whether it is so potentially dangerous that alternatives have to be found. (Pithers 1989, p. 18)

However, during the 1990s a major debate opened up in the UK about how policies and practices in relation to child protection integrated with and were
supported by policies and practices concerned with family support and child welfare more generally (Parton et al. 1997). Rather than simply be concerned with a narrow, forensically-driven focus on child protection, it was argued there needed to be a ‘rebalancing’ or ‘refocusing’ of the work, such that the essential principles of a child welfare approach could dominate. Policy and practice should be driven by an emphasis on partnership, participation, prevention and family support. The priority should be on helping parents and children in the community in a supportive way and should keep notions of policing and coercive interventions to a minimum.

This change was evident in the official guidance published at the end of the decade, Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children (Department of Health et al. 1999). The words ‘protection’ and ‘abuse’ had been dropped from the title which was framed in terms of the general duty placed on local authorities by Section 17(1) of the Children Act 1989 ‘to safeguard and promote the welfare of children in their area who are in need’. The guidance underlined the fact that local authority social services had wider responsibilities than simply responding to concerns about ‘significant harm’ and child abuse and was explicitly located in the wider agenda for children’s services being promulgated by the New Labour government, which came to power in 1997, associated with social exclusion.

This shift was even more evident in the language used to describe the way to approach assessments. The Assessment Framework (Department of Health et al. 2000), published at the same time as the 1999 ‘Working Together’, attempted to move the focus from the assessment of risk of child abuse and ‘significant harm’ to one which was concerned with the possible impairment to a child’s development. The critical task was to ascertain whether a child was ‘in need’ and the child and the parents, in the context of their family and community environment, might be helped. These developments were further reinforced and consolidated in the most recent version of ‘Working Together’ (HM Government 2006a).

This is not to say, however, that child protection has disappeared, but that it is now located in the wider concerns about ‘safeguarding and promoting the welfare of children’. In the 2006 ‘Working Together’, it was stated that:

*Safeguarding and promoting the welfare of children* is defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children’s health or development; and
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;

and undertaking that role so as to enable those children to have optimum life chances and enter adulthood successfully (HM Government 2006a, para.1.18, original emphasis).

Child protection is specifically concerned with assessment and intervention in situations where children are suffering or likely to suffer ‘significant harm’. While the focus for both assessment and possible intervention has thus considerably broadened between 1991 and 2006, the forensic investigation of child maltreatment still inhabits the core of the system.
The Every Child Matters: Change for Children programme

The 2006 ‘Working Together’ guidance was published at a time of major change in children’s services in England. The government had just launched its Every Child Matters: Change for Children (ECM) programme (Department for Education and Skills 2004a), where the overriding vision was to bring about ‘a shift to prevention whilst strengthening protection’ (Department for Education and Skills 2004b, p. 3). The consultative Green Paper Every Child Matters (Chief Secretary to the Treasury 2003) had originally been launched as the government’s response to a very high profile child abuse public inquiry into the death of Victoria Climbie (Laming Report 2003). However, the changes were much broader than simply being concerned with overcoming the problems with responding to child abuse. The priority was to intervene at a much earlier stage in children’s lives in order to prevent a range of problems in later life in relation to educational attainment, unemployment, crime and anti-social behaviour. It was to include all children as it was felt that any child, at some point in their life, could be seen as vulnerable to some form of risk and therefore might require help. The idea was to identify problems before they became chronic. Two figures included in the Green Paper (Figures 1 and 2) are particularly helpful in understanding how the reform of children’s services was conceptualised.

The model informing the changes was derived from the public health approach to prevention and has been characterised as ‘the paradigm of risk and protection-focused prevention’ (France and Utting 2005), whereby the knowledge of risk factors derived from prospective longitudinal research is drawn upon to design particular programmes and reorientate mainstream services. The work of David Farrington in relation to youth crime prevention has proved particularly influential in identifying a number of ‘risk factors’ for future criminality (Farrington 1996, 2000). What is particularly attractive to policy makers is that a range of overlapping personal and environmental ‘risk factors’ have been identified not only in relation to future criminal behaviour, violence and drug abuse, but also for educational failure, unsafe sexual behaviour and poor mental health (Dryfoos 1990, Mrazek and Hegerty 1994, Goldblatt and Lewis 1998). The Green Paper stated quite explicitly that:

we have a good idea what factors shape children’s life chances. Research tells us that the risk of experiencing negative outcomes is concentrated in children with certain characteristics. (Chief Secretary to the Treasury 2003, p. 17, emphasis added)

and that these included:

- low income and parental unemployment
- homelessness
- poor parenting
- poor schooling
- postnatal depression amongst mothers
- low birth weight
- substance misuse
- individual characteristics, such as intelligence
- community factors, such as living in a disadvantaged community.
The more risk factors a child experienced, the more likely it was that they would experience ‘negative outcomes’ and it was ‘poor parenting’ which was seen to play the key role. Identifying the risk factors and intervening early provided the major strategy for overcoming the social exclusion of children and avoiding problems in later life.

At the centre of the changes is the ambition to improve the outcomes for all children and to narrow the gap in outcomes between those who do well and
those who do not. The outcomes are defined in terms of: being healthy; staying safe; enjoying and achieving; making a positive contribution; and achieving economic well-being. Together the five outcomes are seen as key to improving ‘wellbeing in childhood and later life’.

To achieve the outcomes, the changes aim to integrate health, social care, educational and criminal justice agencies and ensure that traditional organisational and professional ‘silos’ are overcome, particularly in order to share information so that any risks can be identified early. The introduction and use of a variety of new systems of information, communication and technology (ICT) are to play a vital role. In order to bring about this vision of an early intervention, integrated approach to improving children’s well-being and drawing on new ICT, a number of major changes are being introduced. The Common Assessment Framework (CAF) and ContactPoint are of particular interest.

The CAF is an electronic assessment form to be completed by any professional when they consider a child to have ‘additional needs’ that require the involvement of more than one service. It includes a wide-ranging set of data covering most aspects of a child’s health and development, including details about parents and siblings. The CAF is designed to identify those children who might not progress towards the five ECM outcomes without additional services. It is important to identify these children early and help them before things reach crisis point. The CAF is an important tool
The CAF Guide for Practitioners states that children at risk of poor outcomes are:

*children with additional needs* and they will require targeted support from education, health, social services and other services. Their needs will in many cases be cross-cutting and might include:

- disruptive or anti-social behaviour;
- overt parental conflict or lack of parental support/boundaries;
- involvement in or risk of offending;
- poor attendance or exclusion from school;
- experiencing bullying;
- special educational needs;
- disabilities;
- disengagement from education, training or employment post-16;
- poor nutrition;
- ill health;
- substance misuse;
- anxiety or depression;
- housing issues;
- pregnancy and parenthood. (CWDC 2007, p. 7, original emphasis)

The guide also pointed to another, smaller, group of children who had more significant or complex needs and who were likely to be known to or the responsibility of statutory children’s social workers. However, the CAF was primarily designed for ‘children with additional needs’ and therefore operated at the level of secondary prevention. The diagram in Figure 3 taken from the *CAF Practitioners’ Guide* provides a helpful picture of how the processes and tools designed to integrate children’s services and support early intervention are being conceptualised, particularly in the context of Figures 1 and 2 earlier.

In parallel with the CAF, children’s services are also expected to increase the practice of sharing information again to identify children at risk of not fulfilling their potential and improving early intervention. Section 12 of the Children Act 2004 requires local authorities to operate a national ‘Information Sharing Index’, now called ContactPoint, covering all children. The electronic database will hold basic information on every child in the country, including: the child’s name, address, gender and date of birth; a unique number identifying the child; the name and contact details of any person with parental responsibility or who has care of the child at any time; the name and contact details of any educational institution, primary medical services or any specialist or targeted services provided; the name of a nominated ‘Lead Professional’ if there is one; and recording whether a CAF has been carried out. Finally, where the provision of a service has ceased and a decision is made to extend the periods of retention beyond the one year minimum this would indicate that the practitioner still has information to share which they believe to be important and relevant to others.

The introduction of ContactPoint and the CAF clearly demonstrate how the importance of early intervention, together with the growing reliance on ICT, are seen as central for the transformation of children’s services in England. However, the focus of concern has broadened considerably from those children who might suffer child abuse or ‘significant harm’ to include all children, particularly those who are at risk of poor outcomes and therefore may not fulfil their potential. In the process, the systems designed to screen and identify those in need of attention have grown in size.
and complexity and the challenges and responsibilities placed upon agencies and practitioners increased considerably.

Some major challenges of the ECM: Change for Children programme

It has been suggested that the ECM: Change for Children programme marks the most significant change in the philosophy and delivery of children’s services in England since 1948 (Hudson 2005). It is not surprising therefore if the process of implementation itself poses significant challenges for managers and practitioners in a whole variety of organisational, practical and technical ways. Beyond this, however, there are major challenges arising directly from the rationales and assumptions which underpin the changes themselves. I am going to discuss four such challenges: (1) secondary prevention and cost; (2) problem specificity; (3) screening and the identification of risk; and (4) confidentiality, rights and civil liberties.

Secondary prevention and cost

While the overall approach can be seen to have been borrowed from the public health model of prevention, the focus is very much upon trying to strengthen secondary prevention. It is argued that not only will this have positive outcomes for the children concerned but it will reduce the number of crises presented to tertiary services. The focus of ECM: Change for Children is not to bolster and invest in the provision of universal, primary services per se, though it is clear that universal services (particularly in health and education) are seen to play a key role in the identification of children with ‘additional needs’. The major exception to this is the provision of Children’s Centres for pre-school children in all parts of the country by 2010, together with ‘extended schools’ services (Department for Children, Schools and Families 2007).

Figure 3. Processes and tools to support children and families.
While investment has taken place in relation to the introduction of some of the new organisational requirements and systems, such as CAF and ContactPoint, investment in the provision of new services, apart from Children’s Centres, has been relatively minimal. However, as Figure 1 from Every Child Matters demonstrated, it is estimated that there are between 3–4 million vulnerable children who may have ‘additional needs’, accounting for about a third of the population of children and young people. What this demonstrates is that secondary preventive services need to be available for a far larger group than the much smaller group which might otherwise progress to tertiary intervention. The assumption is that money will be saved from the lower demand for the most expensive ‘specialist’ tertiary services (at the apex of the Figure 2 triangle) and that this can be invested to expand secondary level services.

This has proved a major challenge to children’s social services ever since the idea of prevention was promoted by the Seebohm Report in 1968 (Seebohm 1968). Attempts to reconfigure priorities are always in danger of being marginalised by the impact of high profile media and political criticisms arising from child abuse inquiries (Stanley and Manthorpe 2004). However, beyond this there are two other significant challenges. First, to move resources and expertise from tertiary services in order to invest in secondary services (until the secondary services have become established and their positive impact demonstrated) is very difficult. Government would argue that they have put considerable investment into new and existing primary and secondary level services, particularly in terms of education, health and Children's Centres. The issue then becomes how effective this has been and with what implications for tertiary services. This is a complicated but important issue. Certainly the evidence from the evaluations of Sure Start suggest that such services may not reach those who most needed them (Ormrod 2005, Rutter 2006, Belsky et al. 2007).

This connects to the second issue, for it is not at all clear whether increased activity at the secondary level would have the effect of reducing demands on the tertiary level. Again, drawing on the experience from Sure Start, the evidence is not straightforward. For example, while one study of the impact on referrals to social services and registrations on the child protection register showed the presence of a Sure Start programme made no discernable difference (Carpenter et al. 2007), another suggested that referrals to social services and registrations increased (Tunstill and Allnack 2007). Nor is it clear whether success should be measured by a reduction of referrals to the tertiary level anyway, for it can be argued that an important measure of the increased effectiveness of intervention at the secondary level would be that children and young people requiring ‘specialist’ tertiary level services were being identified who previously did not receive a service. It might therefore be that increased resources are required at both the secondary and tertiary levels. Such a level of investment may well not be sustainable. Clearly the success of such a development will be dependent in significant part upon the sensitivity of the screening and the ability to identify different types and levels of risk, an issue I will come to shortly.

**Problem specificity**

The last 15 years have seen a considerable broadening of the objects of concern from child abuse and significant harm to children and young people who are at risk of not
fulfilling their potential. However, this broadening has not only been in the form of a simple widening but has taken in a whole variety of different concerns and problems which are very varied in nature. More particularly in broadening the focus of what is meant by risk there has been a clear elision of concerns about children and young people who might be ‘at risk’ from a whole variety of threats, including abuse, with concerns about children and young people who might pose a risk to others, either now or in the future, particularly by falling into crime or anti-social behaviour. The agendas around the care and control of children, young people and their families and the relationship between different approaches which are more welfare orientated and others which have a more punitive focus have become very blurred (Sharland 2006, James and James 2008).

The central focus allotted to the importance of early intervention has many attractions. Not only does it imply that children will be helped and thereby avoid future problems, but that the wider society will benefit as a result. However, rarely is any specificity given as to precisely what it is aimed to prevent. This partly results from the nature of the ‘risk and protection-focused prevention’ paradigm which I outlined earlier and which has proved so influential in informing the direction of policy in recent years. In identifying a variety of different social ills which might be overcome by early intervention, it fails to differentiate between the nature of quite different human problems, the moral and political differences involved and whether and how far there is a social consensus on not only what the problem is but how it can best be addressed. The same general approach and similar and overlapping risks are seen as relevant for intervening early to improve educational achievement, health, mental health, social inclusion and reduce crime, obesity, anti-social behaviour, drug and alcohol abuse and teenage pregnancy. Clearly the legal and moral implications of identifying someone at risk of suffering a future health problem are rather different from identifying someone as a future criminal.

This is associated with the related question of how far those identified as ‘at risk’ will be expected to participate fully in the help offered to them, or whether they are required to receive the interventions (HM Government 2006b, Home Office et al. 2008). This is in a context where for many parents the problem is that the extra services and help they want, in the format and at the time they want it, is simply not available (see for example Dale 2004, Quinton 2004, Beresford 2007). Who decides what the nature and priority of the risk is, and what services are most appropriate, are very important. Such complexity is in great danger of being lost under the generic notions of risk and early intervention and thereby leaves it to managers and front-line practitioners to try and address the issues on a day by day and case by case basis.

**Screening and the identification of risk**

While the government claims that the ECM: Change for Children programme was developed primarily as a response to the tragic death from child abuse of Victoria Climbié, the research which is drawn upon for developing the policy of early intervention and identifying risk has not been concerned with predicting child abuse. The key screening criteria summarised earlier have been derived from elsewhere, primarily research on youth crime, anti-social behaviour and social exclusion. For any screening programme to be successful it is important it has predictive accuracy.

In predicting risk of child abuse and neglect, existing risk instruments have a high level of false positives (children inaccurately identified as high risk) as well as a small
but significant number of false negatives (children who are at high risk but who are adjudged as safe) (Parton 1989, Munro 2004). Similarly, David Farrington, whose research the government has found so persuasive, has concluded that predictive accuracy is not sufficiently robust to support the screening of ‘high risk’ families when trying to predict serious criminality (Farrington 2007). His comments, with Sutton and Utting, are particularly instructive:

Any notion that better screening can enable policy makers to identify young children to join the 5 per cent of offenders responsible for 50–60 per cent of crime is fanciful. Even if there were no ethical objections to putting ‘potential delinquent’ labels round the necks of young children, there would continue to be statistical barriers. Research into the continuity of anti-social behaviour shows substantial flows out – as well as into – the pool of children who develop chronic conduct problems. This demonstrates the dangers of assuming that anti-social five-year-olds are the criminals or drug abusers of tomorrow (Sutton et al. 2004, p. 5).

Similarly Fernstein and Sabates, whose work has also been influential with the government, while a little more optimistic about predicting a range of poor outcomes, conclude that:

Children move in and out of risk in terms of their own development and their levels of contextual risk. Therefore, it is important that the policy mechanisms allocating interventions and support to children and families are flexible and able to track and monitor levels of risk, not always intervening at the first sign of risk but equally able to provide early interventions that may reduce the need for more substantive and costly later interventions. This requires a considerable degree of local practitioner skill (Fernstein and Sabates 2006, p. 35, emphasis added).

So, while research points to who might be ‘at risk’, this is a very inexact science and one which requires a ‘considerable degree of practitioner skill’ to operationalise, a point I will return to in the conclusion. The major point is that the ‘risk factors’ have been identified by research based on assessing a large number of aggregate data over time, while practitioners are concerned with applying this to an individual child or family.

**Confidentiality, rights and civil liberties**

The changes have important implications for the rights and civil liberties of children and parents and the role of professionals. Elsewhere I have argued that what we are witnessing is a significant shift in the responsibilities of and relationships between children, parents, professionals and the state, such that we can identify the emergence of the ‘preventive-surveillance state’ (Parton 2006, 2008). Beyond this, however, it is important to recognise that the way the changes are being introduced itself has implications for how successful they might be. A particular emphasis has been placed on the importance of professionals sharing information in order to identify risk to intervene early and drawing on a variety of newly introduced ICT systems. However, issues of privacy and confidentiality have been identified as crucial in whether clients engage with services and, even more significantly, whether clients come forward in the first place. These are issues of particular significance for children and young people. Research by Hallett and her colleagues (Hallett et al. 2003) clearly demonstrates that the most important factor which influences whether young people are prepared to discuss their problems is whether they feel they can
trust the person they are telling to keep their problems confidential, particularly those working in formal statutory agencies. A major reason why confidential telephone help lines have proved so popular is precisely because they are confidential and give a large degree of control to the person making the call, including children and young people (Wattam 1999).

In relation to the more specific changes being introduced by the ECM: Change for Children programme the House of Commons Education and Skills Committee (2005) concluded that it had ‘significant concerns’ about the security, confidentiality and access arrangements of what was being established. While the Information Commissioner (2005) also raised concerns about children and young people’s right to privacy and the need to justify the sharing of information, research exploring the views of young people found they would be reluctant to share information of a sensitive nature and some said they would prefer to forego vital services if their need for privacy was not respected (Children’s Rights Alliance for England 2006, Hilton and Mills 2007).

Conclusions
We are clearly presented with a number of major challenges arising from the major changes in the rationale, organisation and focus of children’s services in England, arising from the growing reliance on new systems of screening and surveillance in order to improve early intervention. In relation to the new systems of screening, Munro (2007) comments that:

Overall, the case for a screening programme is not compellingly made. It carries uncertain benefits and certain losses in that it erodes people’s privacy and right to confidentiality. Neither primary nor secondary policies have been tested adequately at this stage but there is a case for trying the less intrusive option first and seeing what progress can be made on a voluntary basis – finding out whether adequate resources can be provided and testing the effectiveness of the interventions offered (p. 9).

What is also evident is that while many of the changes have been thoroughly consistent with those anticipated by Castel (1991) in terms of the growth of managerialist control, burgeoning reliance on a range of ICT systems and the reduced discretion allowed the practitioner, the knowledge and skills of the practitioner are probably more important now than ever. As the quotation above from Fernstein and Sabates recognises, the growing priority now given to the need to intervene early and the increased complexity of the work requires a considerable degree of practitioner skill. The demands and responsibilities involved require a level of knowledge and expertise which are probably of a higher order than has ever been the case. These are issues of considerable importance for a wide range of professionals and agencies in the child welfare field.

References


