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## Safeguarding Children Across Services: Messages from research on identifying and responding to child maltreatment

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### Messages for adult services professionals working with parents:

Adult mental health, drug and alcohol misuse and domestic abuse (intimate partner violence) services

The tragic deaths of Victoria Climbié in 2000 and Peter Connelly in 2007 brought the difficulties of identifying and dealing with severe neglect and abuse sharply into public focus. These children died, following weeks and months of appalling abuse, at the hands of those responsible for caring for them. The public outcries that followed asked how the many different professionals who had seen these children and their families in the weeks before their deaths could have failed to recognise the extent of the children's maltreatment.

What lessons have we learned from these and other child abuse tragedies and the subsequent programme of government-funded research designed to understand the complex and difficult challenges surrounding the effective safeguarding of children from neglect and abuse?

### HEADLINE MESSAGES: the big picture

- Emotional abuse and neglect (like all forms of maltreatment) have an extremely damaging and corrosive impact on children's long-term life chances, but only sometimes come to light through a "crisis" incident or injury.
- The impact of maltreatment on babies in utero and in the first two years of life is particularly damaging.
- Early help following identification of harm and/or need is essential to protect children.
- *Co-existing* parental problems such as poor mental health, alcohol and substance misuse, domestic abuse (intimate partner violence) and learning disability increase the likelihood of children suffering harm.
- "Witnessing" domestic abuse is a damaging form of emotional abuse and harms babies as young as 9 months. Pregnancy is a high risk period for the onset of domestic abuse.
- Adolescent neglect is the most common form of abuse in 10-15 year olds but is difficult to identify and often goes unnoticed.
- Maltreated children placed away from home, through adoption, special guardianship or long-term foster care do better than those who remain with abusive or neglectful parents and continue to suffer harm.

## HEADLINE MESSAGES: calls to action

- The impact of the parent's problems on their child(ren) must be proactively assessed and this information used as the basis for decision-making.
- Professionals must guard against parental rights, person-centredness and confidentiality overriding children's rights to a safe and nurturing home.
- Action must be taken to protect children from suffering harm, including deciding what to do if the parent does not give consent to information being shared or a referral being made to children's social care.
- Quick and decisive referrals to children's social care must be made when necessary and adequate feedback on these referrals received within a reasonable time.
- If the referral is not considered to meet the threshold for children's social care services, professionals must proactively refer and signpost children and families to relevant early help services and continue to check and monitor progress to ensure things do not get worse.
- Any concerns over the responsiveness of children's social care must be referred *in writing* to managers and to the named safeguarding children professional for resolution through the Local Safeguarding Children Board (LSCB) or other joint channels.
- The referral process can be greatly helped by the proactive development of good trusting working relationships between adult services professionals and those working in children's social care. A good working knowledge of other services and the different roles that each service plays is essential to building trust and integrated working.

## Early help: how can we better protect children from maltreatment?

Professionals working with complex parental problems are extremely well-placed to identify and respond to the potential impact of these problems on children's welfare using, for example, a Think Family model. Parents who abuse and neglect their children are often struggling with problems such as poor mental health, substance and alcohol misuse, and domestic abuse. Children are at particular risk of suffering harm when these problems occur in *combination* and are aggravated by other stressors such as parental learning disability, financial or housing problems and lack of supportive family and social networks. Professionals need to be *highly alert* to the potential risk of abuse and neglect to children in these families and actively make sure that children's developmental needs are being met. This should be *routine practice*.

Families with complex problems are often known to probation, the police or adult health services but not to children's social care. However, low referral rates show that health professionals working in adult mental health, alcohol and substance misuse and domestic abuse services are currently missing opportunities to recognize the risks that adults with these problems may pose to children and respond to concerns about the welfare and ongoing safety of the children involved. Improvements in adult functioning through interventions are to be welcomed but must not be considered to mean there is no possibility of ongoing or recurrent neglectful or abusive parenting .

Referrals to children's social care should be made if a child is suspected of suffering, or being likely to suffer, significant harm and health professionals should expect adequate feedback within an agreed and reasonable time. If referrals are not considered to meet the threshold for children's social care services, then alternative action to refer and signpost children and families to relevant early help services needs to be taken quickly. Parents need to be reassured that using family support services may help prevent rather than precipitate child protection interventions. Adult services professionals need to continue to check and monitor progress to ensure parents are continuing to be able to meet their children's needs especially when there are other changes in the family, for example, a new baby or partner or changes in housing arrangements.

Tensions currently exist in some areas between different professional disciplines concerning the understanding and definition of thresholds for referral to children's social care. It is important that adult services professionals are not hampered by whether "to refer or not to refer" through lack of response or contact from children's social care. Any professional with concerns regarding the response to a referral should discuss these with the named safeguarding children professional who will advise on further action.

Abuse and neglect of children often happen early in their lives and sometimes before birth, for example, through the mother's drug or alcohol misuse. These forms of abuse are extremely damaging to children and have long term corrosive consequences reaching far into adulthood. It is important that professionals working in adult services face the potential conflict of interest between a parent's ongoing problems and their ability or inability to change, and the rights of the child to be protected from harm. Difficult decisions will need to be made and parent's rights to a confidential and person-centred service must not override children's rights to secure and loving relationships and safe, nurturing care.

This includes the rights of teenage children who may have to take on caring roles for the younger children in the family whilst at the same time suffering potential abuse and neglect themselves. Adolescent neglect is the most common form of abuse in 10-15 year olds in England but it is difficult to identify. All those who work with parents need to be aware that this form of abuse can be the underlying cause of adolescents' serious risk-taking behaviours and mental health problems including depression and suicide. Disabled children are another group shown to be at particularly high risk of suffering all forms of abuse and neglect and may find it difficult to communicate their distress or need for help.

**Training packs and resources specifically designed to help practitioners identify and respond to neglect:**

<http://www.education.gov.uk/researchandstatistics/research/scri>

- Training Resources on Child Neglect for a Multi-Agency Audience;
- Neglect Matters (focusing on teenagers).

Evidence from the studies shows that early identification and help will not always result in sufficient parental change to protect children. Professionals need to prioritise the safety of individual children within families. This must not be overlooked in the desire to keep families together. It is important that professionals recognise that some children will need to be permanently placed away from home through adoption, special guardianship or long-term foster care arrangements. The evidence shows that maltreated children who are removed from their families (especially those who have suffered neglect and/or emotional abuse) do better in terms of wellbeing and stability than those who remain with or return to abusive families, and that the earlier separation occurs, the better their life chances.

**How can we act decisively and confidently with an awareness of children's timeframes?**

Professionals working in adult services need a greater knowledge and understanding of the urgency of children's developmental timeframes. Very young children are more likely to develop secure attachments to permanent carers before the age of one. If they are left too long in abusive or neglectful families, children's long term wellbeing may be compromised by the far-reaching consequences of maltreatment and by the lack of having secure loving attachment relationships.

The evidence shows that parents who make the often radical changes needed to offer a nurturing home will generally have done so by the time the child is six months old. Sometimes the birth of a new baby is a catalyst for change and positive changes will generally have been seen *before* that baby is born. Acceptable timescales for parental change need to be discussed and widely disseminated.

**Parents who are likely to change sufficiently in order to offer a nurturing home for a child are:**

- Less likely to have experienced abuse themselves (particularly sexual abuse in childhood);
- More likely to have come to terms with the removal of older children and developed sufficient insight to realize that their behaviour influenced these decisions;
- More likely to have made good use of and responded well to social work and more specialist services (not simply attended or complied);
- More likely to have overcome *external* factors such as ending a relationship with a partner who abused them and/or their children;
- Less likely to have had to overcome *internal* factors such as their own addiction to drugs or alcohol;
- More likely to have had a defining moment of realisation or “wake-up call” that they needed to make drastic changes to their behaviour to keep their child;
- More likely to have changed during pregnancy or before the new baby was six months old;
- More likely to have a supportive network or extended family around them.

**How effective are specific interventions for parents with complex and multiple needs?**

Professionals need to be aware of a number of proven interventions now available to support parents with complex problems to make and sustain changes in behaviour and lifestyle. Parents must want to change and be able to show and sustain change. Practitioners must again hold a difficult balance between the parent’s timescale for change and the child’s developmental needs and long-term wellbeing.

**Selected examples of effective parent-focused interventions:**

- Parents Under Pressure (PUP) – for parents with alcohol and substance misuse problems (and an extended version to address mental health problems) <http://www.pupprogram.net.au/>;
- Post-Shelter Advocacy Programme - for women who have suffered domestic abuse;
- Enhanced Triple P-Positive Parenting Programme – a cognitive-behavioural approach (CBT) to reduce parental anger and develop better child management skills [www.triplep.net](http://www.triplep.net).

**How can we work more easily and effectively with other services and agencies?**

Inter-disciplinary and inter-agency working is essential in routine practice because of the complex and multifaceted nature of parental problems linked to abuse and neglect. Poor inter-agency communication and a reluctance to share information across services is a major feature of child protection tragedies. Trust needs to be proactively built between professional groups to improve communication and information sharing. In particular, professionals across services need to clearly understand the limits to parental confidentiality where children are suffering, or likely to suffer, significant harm. Referrals to other services should be made, where appropriate, and not avoided.

The research shows that attendance at LSCB training events is especially effective in facilitating vital relationships between services. The training offered is of consistently good quality and yet adult health services (and drug and alcohol services in particular) are significantly under-represented at these events. Professionals working with parents need to attend training as a priority and also to help shape and contribute to local training programmes.

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Few of the key messages and practice implications for adult services professionals working with parents outlined above are new. We can, however, be assured of their importance given the high quality of the research evidence. The real and very difficult challenge is how best to implement these messages to improve services and adequately safeguard and promote the welfare of children and young people.

Further details on all of the research studies in the Safeguarding Children Research Initiative and the subsequent publication, *Safeguarding Children Across Services: Messages from research on identifying and responding to child maltreatment*, can be found at:

<http://www.education.gov.uk/researchandstatistics/research/scri>

This brief should be read in conjunction with other key guidance published by Department for Education and Department of Health and other key professional bodies, (for example, Social Care Institute of Excellence *Think Child Think Parent Think Family, Bottling It Up, Hidden Harm*) and to complement the work of named safeguarding children professionals within mental health trusts and other key services.

This brief was written by Debi Maskell-Graham, Research Associate, Centre for Child and Family Research, Loughborough University, with Dr Carolyn Davies, Thomas Coram Research Unit, Institute of Education, and in consultation with Professor Harriet Ward, members of the Safeguarding Children Research Initiative Advisory Group and key professional and academic advisors. It is one of four briefs written for different professional groups working with children and families; adult services working with parents, health professionals working with children, children's social care and the Family Justice system.

**You may also be interested in:**

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Messages for professionals working in the Family Justice system

Available here: <https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR164a.pdf>

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Messages for health professionals working with children

Available here: <https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR164b.pdf>

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Messages for professionals working in children's social care

Available here: <https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR164c.pdf>

### **Additional Information**

The full report can be accessed at <http://www.education.gov.uk/publications/>  
Further information about this research can be obtained from  
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