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

Messages for health professionals working with children
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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 in the weeks before their deaths could have failed to recognise the extent of their 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

(Children are defined as those under 18 years; even though they may themselves be parents)

- Emotional abuse and neglect (like all forms of child maltreatment) have an extremely damaging and corrosive impact on children's long-term life chances but sometimes it only comes 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 unmet developmental needs is essential to protect children. This is much more effective than reactive help to a crisis situation or injury.
- *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 significant 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

Health professionals need:

- To be able to refer quickly and confidently to targeted and specialist services where children and families are identified as having unmet needs but do not yet reach the threshold for children's social care intervention.
- To make quick and decisive referrals to children's social care when needed and to receive adequate feedback on these referrals within a reasonable time.
- To help the referral process by *proactively* developing good, trusting working relationships with professionals in children's social care. A good working knowledge of other services and the different roles that each plays is essential to building trust and integrated working.
- To keep accurate records, which have been shown to be essential to integrated personalised care.
- A clear and confident understanding of the limits of parental confidentiality where children are identified as suffering, or being likely to suffer, significant harm.
- To be aware of a range of validated high quality interventions available to address the complex needs of parents and children, including those who have been maltreated. These should be widely disseminated and utilized effectively.
- To ensure that families and children receive *ongoing* and consistent support in order to maintain improvements and prevent relapse during and following short-term specific interventions.
- To be confident in giving clear and directive guidance to parents about what they need to do and by when. Parents respond well to a sensitive, active and firm approach from professionals who are both "straight-talking" and sensitive.
- To prioritise and continue the improvements in inter-agency and inter-disciplinary working. Active intervention and vigilance is needed to ensure that this is sustained through the proposed reforms to the NHS and reduced availability of local government funding.

Early help: how can we better protect children from being maltreated?

A more proactive approach is needed by health professionals where there are concerns about children which fall below local thresholds for social care intervention. A wide variety of universal and targeted approaches are available at both primary/universal level (aimed at the whole population, for example the Healthy Child Programme) and secondary level (aimed at vulnerable or "at risk" populations, for example Family Nurse Partnerships). These programmes require a co-ordinated and preventative approach from health care professionals with a focus on implementing early practical and effective help to improve the parenting of families with complex and multiple problems through public health measures.

Primary care professionals in universal services should take a holistic view of children's needs including the quality of the relationship between the parent and child. GPs, midwives and health visitors are in a unique position to routinely observe parents and children and notice early signs of unhealthy, unhelpful and potentially abusive interactions. Early help is both effective and essential and professionals need to make confident decisions to act. Validated tools are available to assess the quality of parent-child interactions including the Alarm Distress Baby Scale (ADBB) and the Crittenden CARE Index (CARE Index).

Adolescent neglect is the most common form of abuse in 10-15 year olds in England but is difficult to identify. All those who work with young people, and in particular school nurses, need to be aware that this form of abuse can be the underlying cause of their serious risk-taking behaviours and mental health problems, including depression and suicide. Disabled children are another group shown to be at a particularly high risk of suffering all forms of abuse and neglect and may find it difficult to communicate their distress or need for help

Signs to alert health professionals

- Persistent failure to attend appointments for services such as immunisations, baby clinics, and hospital appointments, or multiple non-scheduled attendances, especially at A&E;
- Children with injuries (and in particular, burns or scalds) whose parents put off seeking help or provide an inadequate explanation of how the injury happened;
- Disorganised or disorientated attachment patterns in young children shown through odd behaviours such as not seeking comfort or contact with their parents when upset;
- Frequent consultations by young people with the school nurse;
- Passivity and/or sudden weight loss in very young children;
- The coexistence of factors such as parental substance misuse, domestic abuse, mental health problems or learning disability.

How do we better identify and respond to maltreatment?

Neglect and emotional abuse may result in one-off injuries or crisis events, but usually no single event meets the threshold for intervention; the impact happens over time and professionals need to be alert to the signs of long-term chronic maltreatment. Keeping an adequate, accurate and ongoing account of observations is of great value. Reviewing this and talking to one another about concerns through regular supervision meetings can help clarify the issues and the necessary actions.

Abuse and neglect often happen early and before birth, for example, through the mother's drug or alcohol misuse. It is important that health professionals address the potential conflict of interests between a parent's ongoing ability or inability to change and the rights of the child to be protected from harm. If early intervention and support does not result in change then more radical action is needed swiftly to protect children.

The research is clear that parents respond well to an "active firm" approach, for example, from an interested, sensitive health visitor or school nurse. Clear directive advice about what they need to do and by when from "straight-talking" professionals is highly effective and appreciated by parents. It is also important that parents are involved, as far as is possible, in decisions and the rationale for referrals for additional support.

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 health professionals are not hampered by whether "to refer or not to refer" through lack of response or contact from children's social care. They have a responsibility to clearly refer *in writing* any concerns over responsiveness to managers and named safeguarding children professionals for resolution through the Local Safeguarding Children Board (LSCB) or other joint channels.

Where a referral is made to children's social care, health professionals need adequate feedback (and vice-versa) within a reasonable amount of time; if this is not forthcoming the referring professional has a duty to follow this up either cross-agency or through their management line.

Professionals need strong management support and effective regular supervision. Professionals also need to proactively develop trusting working relationships with colleagues in children's social care. This would help to ease misperceptions about the roles of other professionals, improve understanding of the overall system and potentially generate ideas for streamlining and improving processes. Attendance at LSCB inter-agency training events is effective in making links and encouraging a better understanding of shared

roles and responsibilities between professionals. GPs, in particular, need to prioritise attendance at these events and collectively shape and contribute to an effective and efficient local training programme.

How effective are specific interventions for children and families with complex needs?

Where abuse has already occurred or is likely to occur, families need intensive support to prevent it happening or continuing and to reduce the impact on children.

Health professionals need to be aware of a number of proven specific interventions now available to help children and support parents in making and sustaining changes. The engagement skills which are key factors of these interventions enable change to happen and be sustained. However, practitioners must make a judgement about the correct balance between the parent's timescale for change and the child's developmental needs and long-term wellbeing.

Selected examples of effective specific interventions:

- Preschooler-Parent Psychotherapy (PPP)(for difficulties within the parent-child relationship).
- Multi-Treatment Foster Care (MTFC) programmes (for younger children aged 3-6 years, children of primary school age and young people and their foster carers, adoptive or birth parents) <http://www.mtfc.com/mtfcp.html>.
- Multi-Systemic Therapy for Child Abuse and Neglect (MST-CAN) (for abused or neglected children and young people) <http://www.mstservices.com>.

Most specific interventions are short and parents and children will usually need continuing multi-disciplinary support, in order to maintain improvements and prevent relapse. Two critical periods when parents need ongoing support are when a case is closed by children's social care and when children and parents have completed a specific intervention programme. Targeted services offered at these key points can ensure that children continue to be adequately cared for.

Health professionals also need to be clear that it is not always in the child's best interests to remain living with their parents, however much this is the ideal. 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 this separation occurs, the better their life chances.

Few of the key messages and practice implications for health professionals working with children 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 them 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 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, 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; health professionals working with children, adult services working with parents, children's social care and the Family Justice system.

You may also be interested in:

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

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 professionals working in children's social care

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

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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

Available here: <https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR164d.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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