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

Messages for professionals working in children's social care

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

- 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 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 unmet developmental needs is essential to protect children. This is much more effective than reactive help to a crisis situation.
- *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

- Professionals need *up-to-date* knowledge on the impact of emotional and physical abuse, neglect and poor parenting on children's welfare. This must be combined with a good understanding of children's developmental and attachment timescales. This knowledge will help professionals to confidently challenge unacceptable parental behaviours and support timely and well-founded professional decisions.
- Professionals need to give feedback to those who make referrals to children's social care within an agreed and reasonable timeframe. This is vital to improving trust and understanding between professionals in different services and strengthening the role that each plays.
- Professionals need to prioritise careful assessment and planning in abuse and neglect cases as this has been shown to significantly improve children's outcomes.
- Professionals must be fully informed of any previous history of abuse and neglect within families including the removal of other children. Ongoing and accurate chronologies need to be kept and used as a working document for decision-making.
- Professionals need to make *firm* use of time-limited written agreements with parents which set out clearly the consequences for non-compliance including the removal of the child(ren) in question. These agreements must be followed through. Parents prefer fair, "straight-talking" professionals who set out sensitively what they need to do, by when, and also set clear boundaries.
- Professionals need to offer support packages which are of sufficient intensity and length. Parental change must be monitored over *longer periods* and cases must not be closed too quickly. This has been shown to prevent relapse into damaging parental behaviours and to facilitate the monitoring of the affect of any significant family changes, for example, a new baby or partner.

Early help: how can we respond more effectively to suspicions of abuse and neglect?

Neglect and emotional abuse sometimes result in injuries or crisis events, but no single event necessarily meets the threshold for children's social care intervention; the impact happens over time. Professionals need to be alert to the signs of long-term chronic neglect or maltreatment. The impact of these forms of abuse is particularly severe in early childhood and can be seen in the declining developmental performance of babies as young as nine months.

A number of risk factors are linked to abuse and neglect but it is the presence of a *combination* of factors that should alert professionals, for example, of parental problems such as mental illness, alcohol and drug misuse, domestic abuse and learning disability. Stronger reciprocal working relationships are urgently needed between adult health and social services in these areas and children's social care to ensure that, where services are working with parents, the possible risks of harm these adults may pose to their children are identified and acted on.

The criteria for accepting referrals of all types of abuse but particularly emotional abuse and neglect need to change their focus onto early help. The need to address the child and family's wider needs, such as improving parenting capacity and behaviours and addressing the child's developmental needs, should drive intervention rather than a focus on the management of the risks of children being harmed. Professionals need the skills, knowledge and confidence to accurately assess whether parents have the capacity to change or not and to balance this carefully with the child's developmental needs.

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)

Ongoing help: how can we respond more effectively when children are suffering or likely to suffer significant harm?

Effective social care interventions follow careful assessment and planning. Assessments need to be completed quickly with a focus on the critical question: is this child safe to stay in their current circumstances? Rigorous assessments must be completed regardless of whether the family courts will be involved or not because careful planning has been shown to improve outcomes for children. Assessments should include a thorough analysis of the *accumulating* risks of children being harmed. Good quality social and family history taking is essential, including accurate chronologies and historical information about parents' childhood relationships and behavioural backgrounds. Professionals need to avoid the "start again" syndrome with parents where all previous history is ignored, including the removal of other children. The child's right to a safe and nurturing home must not be overridden by the parents' human rights.

A package of support designed to meet the needs of individual children and their families will need to be agreed: the complex nature of children and families' problems requires careful communication and co-ordination between the professionals and agencies involved. This package needs to be sufficiently intensive and long enough to ensure *sustained* changes in parental behaviour and, most importantly, improvements to the child's developmental outcomes.

Examples of specific interventions that are effective in addressing the needs of maltreated children and their families:

- Parent-Child Interaction Therapy - for parents where physical abuse has been confirmed;
- Video Interaction Guidance – an attachment-based approach focused on the quality of interactions between parent and child;
- Multi-systemic therapy for child abuse and neglect (MST-CAN) – for children and young people who have suffered abuse and neglect and are showing serious anti-social and/or offending behaviour;
- Multi-dimensional treatment foster care (MTFC) – programmes for young children aged 3-6 years, children of primary school age and young people and their foster carers, adoptive or birth parents.

Even when parents make good progress, follow up and evaluation of whether the changes are being sustained are still necessary over a much longer period. Cases must not be closed quickly in the expectation that parents will re-refer themselves if needed. The evidence shows that this is extremely unrealistic. Long-term packages of support need to go hand in hand with clear time-limited plans agreed between children, parents and children's social care.

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 realise 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.

If intervention and support does not result in change then more radical action will be necessary to protect the child from harm. 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. Repeated (and failed) attempts at reunification with birth parents have been shown to be damaging to children’s wellbeing and jeopardise their chances of achieving permanent loving relationships through alternative routes.

Improving professional knowledge: how can we better equip professionals to make confident evidence-based decisions?

Continuing professional development needs to regularly address and update professionals’ knowledge and understanding about child development, attachment and loss, and the impact of maltreatment and poor parenting practices on children’s health and development. This includes a thorough understanding of the developmental needs of babies and in particular the implications of them being exposed to alcohol or substance abuse in utero.

Research in these areas is moving forward quickly and professionals need to feel confident and equipped to make well-informed and often difficult decisions. This confidence may help speed up decision-making processes to better fit children’s developmental and attachment timescales and needs. Decisive action is necessary if children are to form happy, healthy and loving relationships.

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

Feedback from children’s social care in response to referrals needs to be made within an agreed and reasonable timeframe. This is essential to improving the crucial trust, understanding of roles and ongoing working relationships with other professionals such as GPs, health visitors, teachers and adult services.

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 have been major features of child protection tragedies. Inter-agency training courses offered by the Local Safeguarding Children Boards (LSCBs) have been shown to be effective in promoting inter-agency working and clarifying the roles and responsibilities of services amongst professionals. The evidence shows that the quality of this training is consistently good. Whilst children’s social care is well-represented by less experienced professionals on the basic courses, attendance on advanced courses is low. Increased attendance would be extremely beneficial both in improving inter-agency relationships and strengthening professional confidence in evidence-based decision-making as outlined earlier.

Few of the key messages and practice implications for professionals working in children's social care 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 fully 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>

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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>

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

Messages for health professionals working with children

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

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

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/>
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