



Public Health
England

Protecting and improving the nation's health

Rapid review on safeguarding to inform the Healthy Child Programme 5 to 19

Executive summary and key findings

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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Key Findings

Published in 2009, the Healthy Child Programme (HCP) for 5 to 19 year-olds sets out the recommended framework of universal and progressive services to promote children and young people's optimal health and wellbeing. The purpose of this rapid review is to update the evidence in relation to safeguarding guidance in the HCP.

The review synthesises relevant systematic review level evidence, supplemented with some primary impact evaluations, about 'what works' in the areas of child abuse and neglect, child sexual abuse and exploitation, intimate partner violence (IPV), female genital mutilation (FGM) and gang violence. In line with the remit of the HCP for 5 to 19 year-olds, the focus is on prevention and early intervention.

This is a detailed review so we have structured the documents into this Key Findings and Executive Summary document¹ and a separate more detailed findings document. An Appendices document provides technical information on the searches and data tables. All of these are available on [GOV.UK](https://www.gov.uk).

Preventing child abuse and neglect

In brief, the review found that:

- universal campaigns with a population-level mass media component to prevent child physical abuse had mixed evidence
- parenting programmes can be successful in preventing child maltreatment, although evidence is stronger for their impact on reducing relevant risk factors and strengthening protective factors
- targeted family-focused interventions are effective in improving different aspects of family functioning that are related to child abuse and neglect
- the limited evidence available suggests that universal school-based interventions to reduce cyber-abuse are ineffective in increasing children's online protective behaviours but have some positive effects on children's internet safety knowledge and attitudes
- implementers of interventions to prevent child abuse and neglect need to have appropriate training and support, particularly if the content lies outside their usual range of expertise (which is not uncommon)

¹ The Key Findings section was written by PHE and the Executive Summary by the research team.

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- there is need for further intervention development in a range of areas (for example neglect, parents' mental health, the role of fathers), together with more rigorous evaluation of intervention effectiveness

Preventing sexual abuse and exploitation

In brief, the review found that:

- there were no studies meeting the inclusion criteria that focused explicitly on preventing child sexual exploitation
- there is reasonably strong evidence for the effectiveness of school-based sexual abuse prevention programmes in improving children's protective behaviours, perceived self-protection skills and knowledge about sexual abuse and how to be safe
- the evidence for whether or not school-based programmes succeed in reducing actual sexual abuse is lacking (partly because it is hard to measure), so the further development of these programmes should be accompanied by rigorous evaluation
- there is a small amount of evidence for the effectiveness of interventions seeking to raise adults' awareness of child sexual abuse and helping them to recognise and respond to it

Preventing intimate partner violence

In brief, the review found that:

- there is reasonably strong evidence (albeit mainly from North America) for the effectiveness of school-based dating violence interventions in improving young people's attitudes and knowledge around dating violence, with interventions that adopt a more comprehensive approach appearing to be more effective
- programme-level responses need to be complemented by policies that promote greater gender equality and by community action to challenge norms that condone gender-based violence, and there is also a case for intervening with pre-adolescents
- there is evidence that dating violence prevention interventions delivered in the community can be effective in reducing victimisation and/or perpetration
- media campaigns may be useful in raising awareness of IPV and services to address it, but their limited reach can be a potential barrier to their effectiveness

Preventing female genital mutilation

In brief, the review found that:

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- no studies met the inclusion criteria for this review but 2 systematic reviews of studies conducted in African countries with a high prevalence of FGM were identified and included with a health warning about their quality and transferability
- based on these reviews there is some evidence of the effectiveness of various interventions in changing participants' beliefs, knowledge and intentions regarding FGM but, where measured, no evidence that these changes translate into reduced prevalence of the practice among young girls

Gang involvement and gang violence

In brief, the review found that:

- there is a lack of rigorous evaluation of the impact of interventions aiming to prevent gang membership and subsequent gang violence, especially in the UK
- universal, mostly school-based, gang prevention interventions have been found to produce some positive effects (for example on attitudes to gangs and the police) but generally show limited effectiveness (for example on initiation of gang membership, delinquency and crime rates)
- community-based interventions for at-risk young people have been shown to reduce some risk factors for gang membership, but on the whole they do not have significant effects on gang membership, arrests or drug use
- there is an absence of evidence for the effectiveness of cognitive-behavioural and opportunities provision approaches to preventing gang involvement
- preventing gang involvement and gang-related violence is likely to involve seeking to meet children's developmental needs from early childhood onwards, and acting in the individual, family, school, peer and neighbourhood domains to address salient risk factors
- factors considered likely to increase the effectiveness of interventions include a personalised approach, community involvement in planning and delivery and sharing expertise between agencies

Economic analysis

In brief, the review found that:

- child abuse and neglect can be linked to a wide range of longer-term adverse outcomes, covering areas such as employment, years of education, mental health problems and substance use
- when interventions are effective in reducing child abuse and neglect, the monetary benefits reflect improvements in outcomes across the child's life
- investing in programmes that are proven to prevent or reduce child abuse or neglect will likely lead to a positive return on investment across many sectors

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The review has a number of limitations. In particular, it does not include implementation or process studies or primary impact evaluations that do not employ randomisation to generate a control group. Further, while the review focuses mainly on studies in high-income countries, there is no guarantee that what works in one country will transfer internationally in terms of implementation or impact. Furthermore, in a number of the areas reviewed there were a limited number of studies. This means that in a number of instances it is not possible to draw firm conclusions about interventions as more research is required.

Executive Summary

1. Report scope

1.1 The Healthy Child Programme (HCP) for 5 to 19 year-olds sets out the recommended framework of universal and progressive services for children and young people in England to promote their optimal health and wellbeing. The purpose of this rapid review is to update the evidence in relation to safeguarding guidance in the HCP for 5 to 19 year-olds.

1.2 In order to do this, the review synthesises relevant systematic review level evidence, supplemented with some primary impact evaluations, about 'what works' in the areas of child abuse and neglect, child sexual abuse and exploitation, intimate partner violence (IPV), female genital mutilation (FGM) and gang violence. In line with the remit of the HCP for 5 to 19 year-olds, the focus is on prevention and early intervention.

1.3 Searches were undertaken using key electronic databases for systematic reviews published from 2006 onwards. Additional searches were undertaken for randomised controlled trials (RCTs) published in the respective subject areas but not captured in the systematic reviews. Experts were also consulted. A total of 27 systematic reviews and 9 additional RCTs were included. Studies were critically appraised and key data relevant to the study aims were extracted.

1.4 Chapters 2 to 6 are organised thematically. As well as summarising evidence of intervention effectiveness, based on the systematic reviews and, where relevant, additional primary studies, each chapter draws out main messages in relation to: identifying families in need of additional support; the effective implementation of interventions; and workforce skills and training. A short bullet-pointed summary of intervention effectiveness is provided at the start of each chapter, while each chapter ends with a bullet-pointed list of relevant implications for policy and practice.

1.5 The review also considers the economic aspect of safeguarding (in Chapter 7). It analyses the effects of child abuse and neglect in the 5 to 19 age range on longer-term outcomes, and explores whether effects on short-term outcomes, such as child abuse and neglect, result in monetary benefits from change in longer-term outcomes, such as reduced costs of treating depression.

1.6 The review has several limitations. In particular, it does not include implementation or process studies or primary impact evaluations that do not employ randomisation to generate a control group. Further, while the review focuses mainly on studies in high-

income countries, there is no guarantee that what works in one country will transfer internationally in terms of implementation or impact.

2. Preventing child abuse and neglect

2.1 A total of 9 systematic reviews were identified summarising the effectiveness of interventions in preventing child abuse and neglect. There were no additional RCT studies. Studies that focus exclusively on child sexual abuse and sexual exploitation are covered in Chapter 3.

2.2 The evidence for universal campaigns with a population-level mass media component designed to prevent child physical abuse is mixed. There is evidence from several studies of a positive impact on outcomes such as increasing parents' knowledge of child development and community resources, reducing dysfunctional and coercive parenting and increasing community involvement in safeguarding. However, evidence of their effectiveness in reducing child maltreatment is more limited. Given their potential to shift population norms relevant to, and reduce rates of, child physical abuse, such interventions deserve to be implemented more widely while recognising the need for further development and evaluation.

2.3 There is evidence that parenting programmes (some universal, but mostly targeted) can prevent actual child maltreatment, although the evidence is stronger for their impact on reducing relevant risk factors and strengthening protective factors (for example improving parents' attitudes towards abuse, and reducing coercive child-rearing behaviours). This is partly because actual abuse is not always measured in studies of such programmes, but also because when it is measured there is not necessarily a positive effect. As such, parenting programmes merit implementation as a means of preventing maltreatment but further testing of their impact on objective measures of maltreatment is needed, as is attention to their design (given evidence that some approaches seem to work better than others).

2.4 Targeted family-focused interventions are effective in improving different aspects of family functioning that are related to child abuse and neglect, such as parents' child management skills and families' skills in regulating negative emotional states. Their implementation therefore provides considerable scope for preventing some of the problems associated with child abuse and neglect.

2.5 The limited evidence available suggests that universal school-based interventions to reduce cyber-abuse are ineffective in increasing children's online protective behaviours, although they have some positive effects on internet safety knowledge and attitudes. These interventions therefore do warrant implementation but with further development and testing.

2.6 A general message is that implementers of interventions to prevent child abuse and neglect need to have appropriate training and support, particularly if the content lies outside their usual range of expertise and experience (which is not uncommon).

2.7 There is also a pressing need for further intervention development in relation to child abuse and neglect prevention, specifically around:

- child neglect (since few interventions target this specifically)
- risk factors for child maltreatment that are highly prevalent but neglected by existing programmes that seek to prevent child maltreatment
- parents' mental health
- the role of fathers
- community-level interventions that target social cohesion
- increasing the availability, co-ordination and integration of social support provision for children and families

2.8 As several review authors were critical of the large volume of low-quality research they found, further intervention development should be accompanied by more rigorous evaluation of effectiveness, including control groups, measures of intervention impact on actual child maltreatment and related health outcomes, and longer-term follow-up.

3. Preventing child sexual abuse and exploitation

3.1 While some of the reviews covered in Chapter 2 address sexual abuse, this chapter only includes studies that focus exclusively on sexual abuse. Two relevant systematic reviews and 2 additional primary studies were identified. The review did not identify any relevant studies focusing explicitly on preventing child sexual exploitation. Child sexual abuse takes different forms, so it is important to note that the results here may not apply equally to all of them.

3.2 There is reasonably strong evidence from 2 systematic reviews for the effectiveness of school-based sexual abuse prevention programmes in improving children's protective behaviours, perceived self-protection skills and knowledge about sexual abuse and how to be safe. This suggests that they could play a valuable role in helping to prevent child sexual abuse. However, it is important that there is an emphasis on the hallmarks of the more effective programmes (notably the inclusion of group discussion, modelling and skills rehearsal, and a length of at least 4 sessions), and that teachers who deliver such interventions receive appropriate training.

3.3 Further development of school-based programmes should be accompanied by rigorous evaluation, particularly since evidence for whether they reduce actual sexual abuse is lacking (in large part because it is difficult to measure the outcome reliably). Given pressure on curriculum space and the overlap with content in programmes on

other health-related issues, there is also a case for developing and testing comprehensive prevention programmes.

3.4 There is a small amount of evidence for the effectiveness of interventions seeking to raise adults' awareness of child sexual abuse and helping them to recognise and respond to it. One of 2 primary studies focused on the general public, while the other targeted adults with formal caring responsibilities for children (referred to as 'childcare professionals'). The impact on actual abuse was not measured, but both studies found improved knowledge about child sexual abuse and one (for childcare professionals) found an effect on prevention behaviours (the other one found no effect). Interventions that mobilise adults are arguably an important complement to child-focused interventions, particularly since small effects at a population level can have broad public health implications. In the public health and ecological systems models, it is acknowledged that child sexual abuse will only be eradicated if it is confronted on multiple levels: child, family, community and society.

3.5 A significant challenge for the field is determining whether changes in participants' knowledge and/or behaviours as a result of child sexual abuse prevention programmes do actually reduce abuse *per se*.

4. Preventing intimate partner violence (IPV)

4.1 A total of 10 systematic reviews and 5 RCTs were identified. The majority of the studies are concerned with preventing psychological and physical violence in teenage dating relationships ('dating violence'), which can be viewed as a form of primary prevention of IPV, although interventions seeking to prevent IPV more widely are also reported.

4.2 School-based (usually universal) dating violence programmes for adolescents are promising. There is reasonably strong evidence, mainly from North America, of their positive effects in terms of improved attitudes and increased knowledge around dating violence, and, although arguably not as strong, there is also evidence of their impact in terms of behavioural outcomes (notably victimisation/perpetration). Interventions that adopt a more comprehensive approach appear to be more effective. As such, these interventions deserve to be implemented more widely (albeit with further testing in the UK – see 4.5 below), not least because they are well placed to change the peer norm in social groups.

4.3 There is also evidence that dating violence prevention interventions delivered in the community (usually targeted) can be effective in reducing victimisation and/or perpetration, albeit with some variation. They therefore also warrant wider implementation, albeit again with further testing (see 4.5 below).

4.4 Dating violence prevention programmes are considered likely to be most effective, especially at reducing actual victimisation and perpetration, if they:

- focus on a broader range of risk factors and behaviour change theories
- involve repeated exposure in multiple settings (school and community)
- train participants in emotional intelligence and effective communication and conflict resolution skills
- focus on influencing key people in the adolescent's environment (as well as the adolescents themselves)
- promote equal gender roles
- build links with support services that can respond to disclosures and support high-risk children
- provide teachers (and other school staff) with more and better training from people with specialist knowledge and skills in domestic abuse
- are sensitive to the local cultural context
- are delivered in schools (where relevant) that are properly ready for implementation

Moreover, these programme-level responses need to be complemented by policies that promote greater gender equality and by community action to challenge norms that condone gender-based violence. There is also a case for intervening with pre-adolescents.

4.5 The development of adolescent dating violence prevention interventions needs to be accompanied by investment in rigorous research, notably RCTs, with a particular focus on programmes designed in the UK. Studies need to:

- use sensitive and standardised measures to help with detecting change and synthesising findings
- include longer-term follow-ups
- undertake mediation analyses to determine whether changing participants' knowledge, attitudes and bystander behaviour contributes to reduced victimisation and perpetration

4.6 Media campaigns may be useful in raising awareness of IPV and services to address it, but their limited reach can be a potential barrier to their effectiveness. There is weak evidence from a small number of studies that information leaflets in healthcare settings can change knowledge and attitudes regarding IPV.

4.7 There is weak evidence that community-based interventions (home visiting for pregnant teenagers, and a clinic-based group for adolescent parents) improve various outcomes, including knowledge, skills, social support and health behaviours for women who are vulnerable to abuse.

4.8 Parenting programmes can reduce conduct disorders and later anti-social behaviour, both of which are associated with future partner violence, and also prevent maltreatment, which is strongly associated with the later experience or perpetration of IPV or sexual violence.

5. Preventing female genital mutilation (FGM)

5.1 No studies were found that meet the inclusion criteria for this review. However, it was decided to include 2 systematic reviews of studies in countries in Africa with a high prevalence of FGM, as there are women in the UK from countries where FGM is widely practised, and the daughters of such women are considered by experts to be likely to be at risk of FGM. This evidence therefore comes with a health warning about its quality and transferability and a recognition of the need to consider types of research on preventing FGM in developed countries, including the UK, that lie beyond the criteria for the current review.

5.2 Various interventions were covered by the 2 systematic reviews, including multifaceted community activities, empowerment-based approaches and training for health professionals and female university students. There is some evidence of their effectiveness in changing participants' beliefs, knowledge and intentions regarding FGM but, where measured, no evidence that these changes translate into reduced prevalence of the practice among young girls.

5.3 As these were 'first-generation' studies, the reviews' authors expressed cautious optimism about possible progress. They advised that attending to programme implementation fidelity and cultural fit may increase acceptability and effectiveness.

5.4 Owing to the absence of studies meeting the criteria for this rapid review, it is difficult to draw out from the studies included here firm implications for policy and practice regarding FGM. However, ensuring cultural fit to the communities affected, for example by involving them in designing and facilitating interventions, is likely to be important for increasing intervention acceptability and effectiveness.

6. Preventing gang involvement and gang violence

6.1 A total of 4 systematic reviews and one additional primary study were identified. Collectively, these show that there is a lack of rigorous evaluation of the impact of interventions aiming to prevent gang membership and subsequent gang violence, especially in the UK (all of the studies included here were conducted in the US or Canada). It is important to stress that the chapter is limited to gang involvement and gang-related violence, and that there are other reviews of what works to prevent and address youth violence more widely.

6.2 Universal, mostly school-based, gang prevention interventions have been found to produce some positive effects (for example on attitudes to gangs and the police) but generally show limited effectiveness (for example on initiation of gang membership, delinquency and crime rates). For this reason, and with the possible exception of GREAT (Gang Resistance Education and Training), there is not a strong case for implementing universal school-based gang prevention programmes.

6.3 Targeted community-based interventions for at-risk young people have been found to reduce some risk factors for gang membership, such as the initiation of marijuana use, but on the whole they do not have significant effects on gang membership, arrests or drug use. Based on this evidence, there is no strong case for implementing targeted community-based gang prevention interventions.

6.4 There is an absence of evidence for the effectiveness of cognitive-behavioural and opportunities provision approaches to preventing gang involvement.

6.5 Since delinquent behaviour is the main risk factor for gang involvement, it is suggested that targeting and monitoring young people who demonstrate such behaviour will help to focus interventions more efficiently, particularly when used in conjunction with delinquency prevention programmes (as opposed to specific gang membership prevention programmes).

6.6 Preventing gang involvement and gang-related violence is likely to involve seeking to meet children's developmental needs from early childhood onwards, and acting in the individual, family, school, peer and neighbourhood domains to address risk factors such as family and school problems, association with anti-social peers, and drug and alcohol use.

6.7 Factors considered likely to increase the effectiveness of interventions include a personalised approach, community involvement in planning and delivery and sharing expertise between agencies.

7. Economic analysis

7.1 Longitudinal studies indicate that child abuse and neglect can be linked to a wide range of longer-term adverse outcomes, covering areas such as employment, years of education, mental health problems and substance use.

7.2 When interventions delivered to children in the 5 to 19 age range are effective in reducing child abuse and neglect, the effects lead to monetary benefits from several sources, reflecting improvements in outcomes across the child's life.

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7.3 Investing in programmes that are proven to prevent or reduce child abuse or neglect will likely lead to a positive return on investment across many sectors.