ERADICATING CHILD MALTREATMENT
INTERVENTION WITH CHILDREN AND FAMILIES
POLICY AND PRACTICE
Parliamentary Presentation 26th February 2013

Child & Family Training, in association with The Michael Sieff Foundation and The Lucy Faithfull Foundation, organised a conference on 9 November 2012 at the Institute of Child Health, UCL to mark the 50th anniversary of Dr C Henry Kempe and colleagues' publication of the *Battered Child Syndrome* paper.

KEY CONFERENCE QUESTION:

Is the idea of eradicating child maltreatment by reaching Henry Kempe's sixth stage, where all children are safe, healthy and well cared for, a wishful fantasy or could it become a practical reality?

CONCLUSION:

To achieve this in our society we need:

good quality health, care and social systems to eradicate poverty, war and hunger;

evidence based approaches to help develop universal and targeted ways of working to prevent the development of abusive parenting and its negative impact on children; and

to apply this prevention approach to co-ordinate work between professionals to combat particular forms of abuse and extensive systems and training in the recognition and response to child maltreatment, and assessment, analysis, decision making and intervention at both the earlier and later stages of intervention using a multi-level approach.

POLICY ISSUES TO BE ADDRESSED

While we fail to address causes of child maltreatment, we will always be chasing consequences, at great cost to children, families and communities. In our society, there can be no greater priority than the safety and welfare of our children. Preventing child maltreatment must begin at pre-birth stage.

Use of evidence based practice is essential, as is rolling out its use in accessible, user friendly ways. Child maltreatment is a public health crisis. Specialist services need to move 'upstream' towards universal services to prevent more serious problems developing.

Early intervention needs to be easy to implement and evidence based: it requires skilled staff.

Supervision/reflective time/support is also required for staff to be effective.

A range of interventions is necessary to address a range of complex needs. A focus on greater engagement of new fathers is key as their behaviours/beliefs and negative attachment style can trigger harm to children and mothers. The Probation Service could and should be crucial to this work given our experience of working with invisible fathers.

It is essential both to evidence good outcomes and measure long term benefits.

We need to aim to have a competent work force to deliver skilled work with children and families.

Curricula for professional training should be shared across disciplines and not be the 'possession' of one profession.

National media programmes (including developing media modes? such as iPhone technology) provide a effective method of educating

Utilising a combination of widely available programmes e.g. Triple P and specific programmes for families where maltreatment is identified is most effective. This includes making available information on the importance of nurturing, attachment and having a secure emotional base for parenting.

There is a huge gap between existing knowledge/research and what is known by practitioners at the coalface. Quality CPD and support for social workers is patchy.

Better systems for getting knowledge about evidence based interventions to frontline practitioners and how to use it in a flexible manner are crucial. As is support for ongoing good quality research on both what works in the prevention of abuse and how to implement effective training for frontline workers.

Providing access to digestible evidence to inform relevant evidence-informed decisions in planning interventions requires resourcing: *Getting the right knowledge to the right people doesn't have to cost the earth.*

Core skills, in all agencies in contact with children and families, include the skills of observation of family relationships and how these relate to concerns about risk of harm and potential to respond to intervention.

Core training needs to be available for all relevant professionals so that child protection is seen as a joint responsibility across agencies: interventions not compartmentalised as belonging to any one agency.

It is essential to consider how best to disseminate information about evidence based interventions to ensure robust and appropriate communication of the best and most effective services for children and families.

All key messages i.e. sharing best practice need to be cascaded to the practice level such as at team meetings or local training events.

Child sexual abuse requires the development of a comprehensive approach across all relevant agencies if we are to have an impact the damaging consequences of child sexual abuse.

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INTERVENTION WITH CHILDREN AND FAMILIES:
POLICY AND PRACTICE

Summary of presentations at 9 November 2012 Conference

Jenny Gray, Consultant to Child and Family Training and President of the International Society for the Prevention of Child Abuse and Neglect, introduced the theme referring to the work of the late Dr C Henry Kempe (1922-1984). His 1962 paper 'The Battered Child Syndrome' marked the start of the current era of recognising various forms of child maltreatment. His achievements included the **establishment of the International Society for the Prevention of Child Abuse and Neglect**. He also gave a seminal paper in London in 1978 recognising the **stages the community recognises different forms of child maltreatment.** He described six stages ranging from denial that physical or sexual abuse occurred, recognising more extreme forms of abuse – the battered child, beginning to respond to physical abuse more effectively and then paying attention to neglect and failure to thrive. The next stage included the recognition of emotional abuse, and the serious plight of sexually abused children. The final stage, which represents the stage when child maltreatment has been eradicated, is when each child is guaranteed that they are wanted, loved, cared for, sheltered, fed and provided with first-class preventative and rehabilitative services and health care.

Although the stages of recognition are a correct description of society's awareness of different forms of child maltreatment, there is also a process of **re-discovering forms of abuse** which appear to have dropped out of public awareness. Currently we are witnessing a rediscovery of child sexual abuse following the revelations about Jimmy Saville's extensive sexually abusive behaviour.

The more we learn, the more we recognise that child maltreatment occurs in association with complex, multiple factors. Perhaps the idea of eradication is a wishful fantasy rather than a reality. Each year researchers demonstrate the lasting impact of child maltreatment on brain and biological development and the long-term impact on physical and mental health. The psychological, physical, emotional and developmental burden of child maltreatment is extensive, the cost to society of its longstanding effects is high, and the proportion of maltreated children who are adequately recognised, protected and cared for represents only a part of the whole.

In any other condition we would be **describing a world-wide epidemic**, all agencies would be working together to combat and eradicate it. This was the message from the conference, that an approach is necessary for all professionals to **work together with the goal of 'eradication' in mind.**

A **public health strategy is required** which includes **primary prevention** to provide universal and targeted approaches to ensure that factors associated with maltreatment are addressed to prevent its occurrence. **Secondary prevention** recognises child maltreatment when it has occurred and intervenes effectively to prevent the recurrence of maltreatment and the associated impairment of children and young people**. Tertiary prevention** ensures there is adequate intervention to prevent long-term harmful effects and the intergenerational recreation of abusive action.

How well are we doing as professionals to prevent child maltreatment, how effective are we in the process of eradicating child maltreatment**? Ruth Gilbert, Professor of Epidemiology of the Institute of Child Health UCL,** carried out an important six developed nation survey to look at the incidence of child maltreatment and the role of health services. She established that although a significant number of children, young people and their families are known to child protection agencies, between a quarter and a half are known to

the police, hospital services, drug rehabilitation agencies, mental health services, schools and primary care services who may report to protection agencies if serious injury occurs to a child or young person, but many children suffering abuse remain unrecognised with the focus on the health issues of the parent. There is also a significant number who are not known and only come to awareness when prevalence surveys are carried out asking a random selection of individuals in the community whether they have experienced abuse or not.

Professor Gilbert concluded that there was **no evidence for a consistent decrease or increase in the rate of child maltreatment across all of the six countries.** There is some evidence that physical, sexual and emotional abuse may be less prevalent, however the only country where there were lower absolute rates of maltreatment was in Sweden where the emphasis is on universal and targeted prevention. She emphasised that a **public health approach therefore needs to take a broad approach,** focusing on specialised healthcare linked to a statutory response where there is evidence of harmful parent/child interaction, and a general approach where there are high parental risk factors, or where there are high levels of stress in the neighbourhood or society.

Professor Jane Barlow, Professor of Public Health in the Early Years at the University of Warwick, pointed out that research by Harriet Ward et al (2010 and 2012) which followed up a sample of 57 children subject to a core assessment and who were looked after before their first birthday. By 3 years of age, as a result of the mixed quality of interventions, over **half of the children were showing serious developmental problems, significant behavioural difficulties, and many placements were approaching breakdown.** There was the double jeopardy of late separation from the birth parent(s), followed by disruption of a close attachment with an interim carer before entering a permanent placement.

Professor Barlow's approach is that we need far **more effective universal level parenting programmes,** more effective social work input to Children in Need Teams, and a new Care Pathways for children with complex needs. She also advocates a **pre-natal** interview to focus on feelings about pregnancy and emotional preparation for birth, a **post-natal interview** focusing on birth experiences, perception of the baby and the need for **work with both parents** from pregnancy onwards. She described a number of effective approaches to intervention in the early years.

Professor Ron Prinz, from the Parenting and Family Research Centre, University of South Carolina, described an effective, **Blended, Preventative approach** which provides a tiered, multi-level system of parenting. Support combining universal approaches for all parents with a particular focus on high needs areas and parents of children with specific difficulties, targeted approaches when there has been evidence of maltreatment, or where there are parents with significant mental health problemsor substance abuse.

His approach uses **Matt Sanders Triple P parenting system**, which has five levels of intensity of intervention including a media and communication strategy, brief advice, parenting skills, training and intensive family intervention depending on needs. The workforce was trained in the Triple P approaches, and the result in a state wide study in the US was that there were lower rates of child out of home placements, lower rates of hospital or treated maltreatment, and a slower growth of substantiated maltreatment.

The challenge is to have a competent workforce skilled at working with children, parents and families. The problem is that each profession has their own curriculum and there is little real sharing across disciplines. There is insufficient in the way of skills training.

Professor Bruce Chorpita from the University College of Los Angeles, California, described his approach to rise to the challenge of how to develop a skilled workforce. He argues it is not a question of having insufficient information and knowledge, but having data overload. There is no shortage of evidence. **He and his colleagues identified 395 evidence based protocols in a review of over 750 non-pharmacological treatments tested in controlled clinical trials.**

The key question is how this information can be made available to the workforce. Bruce Chorpita described two major ways of doing so. The first is what he described as **an Automated Review of Child Intervention Trials - The Gold Standard**. He and his team distil research or effective interventions and extract the **effective practice elements** that they contain. Then they make that information available to all professionals who ask what research would indicate would be the best choices of helping a child between 5 and 8 with temper tantrums living in a mixed ethnic context with separated parents. The programme comes up with a list of the effective practice elements for a problem of this nature. The practitioner can then choose which of these approaches to employ. This is a successful approach.

Another approach to distil the key practice elements for specific problems, Anxiety, Depression, Trauma and Conduct in children and young people, and then to develop a **Coordinated Library of Evidence Based procedures**, which again can be delivered as modules in a step-by-step approach which can be made available to a wide range of professionals.

He emphasises that there needs to be a focus on **generalist work force competency, availability of knowledge and processes to integrate that knowledge, a focus on outcomes** using feedback, local evaluation and a focus on systems, not just treatments that work but also those that work together with an improvement orientated professional culture **valuing growth over**

perfection, and developing local support systems to train and sustain best practice.

Dr Arnon Bentovim – Child & Family Training, London described a new **common elements approach to training** practitioners effectively to work with children and families. Approaches to intervention in the UK to prevent the re-occurrence of maltreatment tend to be focused on a limited number of families, e.g. Multisystemic Therapy (MST). This means that small groups of practitioners are trained to a high level to work with small groups of families who often have a high level need. Many children and families with lower level of needs have "care as usual". This means help or support is provided across the care and education spectrum by individual practitioners who are not qualified to be able to work effectively with abusive and neglectful parenting and the associated impairment of children's health and development.

The issue of how to help the very large number of families who need intensive intervention is illustrated in the 'Working with Troubled Families Project' report by Louise Casey, which aims to help 120,000 families.

Child & Family Training's approach has been to provide training in robust evidence based assessment, decision making and now intervention tools for social workers and allied professionals. We are coming to the end of a grant from the Department for Education to improve outcomes for children, young people and families. Our approach has been to promote training through using agency based trainers to train the basic skills in assessing parents, families and children and young people. We have worked with 40 Local Authorities to date.

Working with Bruce Chorpita, we carried out an analysis of Gold Standard Interventions in child maltreatment as described by Carolyn Ward and Harriet Ward (2011) in their overview of 15 studies in *Safeguarding Children Across Services*. We have used the Chorpita approach to distil the essential practice

elements, and using a group of experienced practitioners, including colleagues from the Maudsley and South London Trust, the Lucy Faithfull Foundation, SWAAY and our own organisation, we are completing the process of developing a manual which is based on good quality evidence based **common practice elements** and **general therapeutic factors**. A modular approach has been developed which can be adapted to meet the complex needs of children and families. It provides a step-by-step approach to intervention, using skills which can be trained across the workforce. We are targeting abusive and neglectful parenting and the associated emotional, behavioural and developmental adverse outcomes. We have been successful in a further bid to the Department for Education and will ensure that training can be developed so that all professionals in contact with child maltreatment can develop the appropriate skills. We plan to provide access to material through a number of different media, through text, through interactive approaches or through E-learning. We are working with the Augeo Foundation who are based in Amsterdam and have reached 16,000 professionals in Holland with their basic e-learning approach in child maltreatment with great effectiveness.

Donald Findlater of The Lucy Faithfull Foundation focused on child sexual abuse (CSA). He was clear that the prevention of CSA requires a comprehensive approach which targets offenders or potential offenders, victims or potential victims, specific situations where abuse has occurred or is more likely to occur, and is focused on communities and families. Three levels of prevention - primary, secondary and tertiary – are required. He described twelve points of focus for prevention efforts with principle target groups through the **Stop It Now Helpline**. Its purposes are to encourage adult abusers and potential abusers, family and friends to recognise the signs of abusive behaviour, and to enable the parents and carers of young children with worrying sexual behaviour to recognise signs of abusive behaviour and seek advice about what to do.

CONCLUSION

So is the idea of eradicating child maltreatment reaching Henry Kempe's sixth stage a wishful fantasy, or could it become a practical reality? We need good quality health, care and social systems to eradicate poverty, war and hunger: but we also need evidence based approaches to help develop universal and targeted approaches to prevent the development of abusive parenting and its negative impacts on children's health and development. We need to apply this evidence based prevention approach to coordinating work between professionals in order to combat all forms of abuse. This requires extensive systems and training in the recognition of and response to child maltreatment, and in assessment, analysis, decision making and intervention at both the earlier and later stages of intervention using a multi-level approach.

In summary:

Eradicating child maltreatment requires a public health approach, with interventions at primary, secondary and tertiary levels

These interventions should be informed by the wealth of evidence available and updated with new research findings

A common elements approach to training provides a digestible way of equipping all professionals to work together using effective interventions

Political commitment to policy making using these approaches is necessary to support professionals' ongoing work to develop systems to eradicate child maltreatment