

The child at the centre of care

Placing the child at the centre of care requires professionals and organisations to adopt a position that recognises and responds to the child or young person's best interests (Appleton *et al.*, 2014). As Munro (2011a; 2011b) stated in her review of child protection, the child protection system needs to focus not on procedural aspects and bureaucratic systems, but on “doing the right thing” and “checking whether children and young people are being helped”. This was the message from recent research that highlighted that a child's missed health care appointment should be regarded as “a window of opportunity for intervention, to keep the child at the centre of care, and safe and well” [PUBLISHER – THE PRECEDING UNDERLINED WORDS ARE FOR THE MARGIN] (Appleton *et al.*, 2014, p. 55). Keeping the child at the centre of care is crucially important in all direct frontline work with children and families.

Bridgid Daniel's (2015) paper is a breath of fresh air in its examination of why we have made neglect so complicated. Drawing on her research experience, she argues that existing evidence around the impact of neglect is not being used to best effect and that current protective systems “are still struggling to provide an effective response to neglected children” (Daniel, 2015, p. X). Indeed our Special Issue in 2014 guest edited by Danielle Turney and Julie Taylor, *Interventions in chronic and severe neglect: what works?* drew attention to a range of intervention responses, some used to engage families when neglect has just been identified and others where neglect is a more entrenched feature of family dynamics (Gardner *et al.*, 2014; Daniel *et al.*, 2015; Lacharité *et al.*, 2014). Brandon *et al.*, (2014) also explored fatal neglect and stressed the need for practitioners to be both “compassionate and sensitively attuned to the relationship between parents and children” (Brandon *et al.*, 2014, p.235). In this issue, Daniel (2015, p.X) asks us to consider why we continue to have difficulties in putting the research evidence (of which there is plenty) “about practice into practice”.

This paper argues that the language of neglect and our response to it has become overly complex, with frontline practitioners becoming bogged down with bureaucratic systems for assessment, planning and intervention. [PUBLISHER – THE PRECEDING UNDERLINED WORDS ARE FOR THE MARGIN] Daniel (2015, p.9) states that separate ‘child in need/family support’ and ‘child protection’ pathways are not helpful for neglected children because of “the extent to which the risks of harm flow from the damage caused by unmet needs”, and instead should be viewed as stages on the same pathway. She argues that in situations of child neglect “integrated approaches, where the forensic investigative approaches are embedded within broader service responses, are optimal” and that interventions should focus on “intensive and sustained family support ... coupled with a close focus on whether the child’s circumstances are improving”. Daniel (2015) proposes that a more direct and straightforward response to children whose needs are not being met can be achieved by focussing on three fundamental questions: “What does this child need?” “What does this child need me to think about?” and “What does this child need me to do?” These questions help place the child at the centre of care.

In the second paper in this issue, Janice McGhee and colleagues in Scotland, bring together ideas from an international knowledge exchange seminar series to examine the potential of using routine administrative data and longitudinal survey data about children involved with child welfare services. Drawing on developments in the US and Australia, these authors highlight the potential use of such data to track children’s trajectories through child welfare, health and education services in order to examine children’s long term outcomes and to inform operational and practice decision making. These authors argue that because child protection work is so complex “understanding what works best, for whom and in what circumstances can be enhanced by looking at multiple disciplines over long periods of time” (McGhee *et al.*, 2015, p.1). Using administrative data for longitudinal research may well be more cost effective than traditional research methods [PUBLISHER – THE PRECEDING UNDERLINED WORDS ARE FOR THE MARGIN] and can be achieved in a shorter time frame.

Furthermore, linking multiple datasets may help to address some of the problems caused by missing data from a single system. However, as these authors also note, using such population level data is not without pitfalls, including poor data quality of some nationally submitted data as the Health and Social Care Information Centre (HSCIC) (2012) have previously noted. Data may not be recorded, either at all or reliably across agencies information systems, with administrative data often focussing on systems and key performance rather than specific child outcomes. McGhee *et al.*, (2015, p.xxx) argue that combining data from cohort surveys with administrative data may help “to populate gaps and examine outcomes for children more comprehensively”. Their conclusions build on those of Putnam-Hornstein and colleagues, who have previously provided a very useful overview of the value of administrative data linkage in expanding our understanding of child maltreatment, drawing on their own data-linkage project in California (Putnam-Hornstein *et al.*, 2011; 2013)

In the next paper in this issue, Judith Masson and Jonathon Dickens (2015) present an extremely helpful account of the current law in England and Wales to protect newborn babies and the ‘pre-proceedings process’, for practice with families on the edge of care proceedings. The ‘pre-proceedings process’, was introduced in April 2008, as part of the Public Law Outline reforms to care proceedings. The guidance intends to reduce the number of cases going to the courts, and the length of time courts take to decide cases. [PUBLISHER – THE PRECEDING UNDERLINED WORDS ARE FOR THE MARGIN] The aim was to ensure that parents have “legal representation in a discussion with children’s services” when care proceedings are being considered, to engage parents in decisions about the baby’s future care and to avoid them going to court where possible, alongside ensuring that local authority applications to start care proceedings were better prepared (Masson and Dickens, 2015; pXXX). Such intervention “could help to secure parental co-operation for pre-birth assessments and short-term protective arrangements at birth, thus avoiding emergency intervention” (Masson and Dickens, 2015; pXXX). Masson and Dickens (2015) describe the findings of their recent socio-legal research study examining the pre-proceedings process in England and Wales. In a mixed-methods study conducted in six local authorities a pre-proceedings letter (to

advise parents on how to avoid going to court), was sent to parents in 75 per cent of cases of unborn babies, compared to 57 per cent of cases overall. Care proceedings were diverted in eight of the 26 pre-birth cases (30%) where this was possible, and the pre-proceedings process was valued as a better way of working with parents by social workers, their managers and lawyers. PUBLISHER - THE PRECEDING UNDERLINED WORDS ARE FOR THE MARGIN] However, as the authors note “as in other areas of child protection practice, there was a focus on mothers with the father’s role marginalised” (Masson and Dickens, 2015; pXXX).

One way of putting the child at the centre of care, is through whole population and primary prevention strategies which attempt to avert the onset of a problem. Shaken Baby Syndrome (or Abusive Head Trauma) is a preventable problem, where prevention is crucial. Medine Aysin Taşar and colleagues (2015) report on an educational prevention programme around the dangers of shaken baby syndrome. These researchers examined how an educational intervention, the shaken baby syndrome (SBS) prevention programme, originally developed in Sydney, Australia and directed at parents through an animated film, could be used with parents in Turkey to improve their knowledge and attitudes towards SBS. The study took place in two hospitals in Turkey with mothers having full-term (≥ 37 weeks) healthy infants who either gave birth at the hospital or attended a well child-care clinic at the hospital. A total of 545 mothers participated in the study with 217 (39.8%) in group one receiving training in the first 48 hours after birth, 235 (43.1%) mothers in group two receiving SBS training three to seven days post-delivery, and 93 (17.1%) mothers in group three having training intervention delivered during pregnancy at their last antenatal visit. A striking feature of this study was that when asked, only 9.5 per cent of mothers had heard about SBS, with the rest being unaware of the syndrome.

Training in SBS was found to be useful for mothers, with their knowledge about the dangers of shaking a baby increased following training; with training antenatally and in the three to five days postnatal being more useful than in the immediate postnatal period. The authors note “that leaving

the crying infant in a secure room and asking for help were not traditionally acceptable for mothers, especially before training. Although these behaviours significantly increased after training, they were still very low" (Taşar *et al.*, 2015, p. X). This suggests the need for ongoing parent education programmes. To judge the efficacy of the training programme, the incidence of SBS in Turkey would need to be measured using a national reporting system. A limitation of this study was that only females participated in the study, despite fathers being frequently involved in SBS cases and therefore their involvement in future primary prevention strategies involving SBS training is very important. [PUBLISHER – THE PRECEDING UNDELINED WORDS ARE FOR THE MARGIN]

Increasing fathers' involvement in child safeguarding is an issue raised by Jonathon Scourfield who presents the key findings from an evaluation of a Fatherhood Institute project delivered between April 2011 and March 2013. Scourfield reports on a research study evaluating a systemic approach to improve the engagement of fathers. The study undertaken in six English Local Authorities, involved a range of projects and aimed to influence the many different organisations involved in child safeguarding including social care, health, probation and police. The evaluation itself, used a range of methods and showed that the intervention was well received and the self-efficacy of children's services staff did improve on several measures as a result of the training. However, some aspects of the project could not be implemented, such as the collection of routine quantitative data on father engagement which was only maintained in one area, and the fact that some areas could not obtain information from their IT systems, for example, statistical data on fathers' attendance at child protection conferences. This draws parallels with the problems of using routine administrative data highlighted earlier in the McGhee (2015) paper. The original intention to include some fathers whose social workers had attended training events did not happen either. As Scourfield (2015, p. XXX) notes, the evaluation team was dependent on practitioners making the initial approach to fathers about the evaluation, so fathers either may not have given their permission or "probably more likely that busy practitioners did not approach fathers about being interviewed". Furthermore,

only limited data were collected from the same staff (n=20) at two time points, so “change could only be assessed to a very limited extent” (Scourfield, 2015; p.XXX). Scourfield (2015) concludes by stressing that future projects to improve father engagement must assess change in practice and include other approaches beyond practitioner self-report methods. Obtaining the missing voice of the father seems crucial. [PUBLISHER – THE PRECEDING UNDERLINED WORDS ARE FOR THE MARGIN]

The final paper in this issue reports on a doctoral research study conducted to explore how child protection professionals in the UK experience complexity. Hood (2015) describes using a qualitative case-based approach to explore what complexity meant for 17 practitioners and examined its significance for interprofessional working. This small qualitative study involved two rounds of semi-structured interviews with health, education and social work professionals involved with two complex child protection cases, whose families had consented to their cases being discussed. Findings revealed complexity to be “a multi-faceted phenomenon driven by dynamics of cause and effect in open social systems. Practitioners’ perceptions of unpredictability and volatility in these cases fed into various aspects of collaborative work: the experience of relationships, the process of assessment, efforts at intervention and concerns about risk” (Hood, 2015; p. XXX). Hood (2015; p.XXX) concludes his paper by arguing for a model of integrated multidisciplinary team working, with teams co-located, holding joint accountability for cases, promoting reflective practice and joint cases discussions, with “the capacity to evaluate and adapt their own collective endeavours”.

This issue closes with a book review by Lindsey Robb of Siobhan Laird’s book *Child Protection: Managing Conflict, Hostility and Aggression* which aims to equip practitioners with the knowledge and skills to manage hostility and aggression faced in frontline practice, including managing conflict with children.

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