

Irish Journal of Applied Social Studies

Est 1998. Published by Social Care Ireland

Volume 15

Issue 2 *European perspectives on child abuse and neglect: Key messages from the 13th ISPCAN European Conference on Child Abuse and Neglect*

Article 5

2015-06-19

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Recommended Citation

McDermid, Samantha; Hyde-Dryden, Georgia; and Ward, Harriet (2015) "Looking for long-term outcomes: What early interventions are needed for children and young people at risk of maltreatment in England?," *Irish Journal of Applied Social Studies*: Vol. 15: Iss. 2, Article 5.

Available at: <http://arrow.dit.ie/ijass/vol15/iss2/5>

Looking for long-term outcomes: What early interventions are needed for children and young people at risk of maltreatment in England?

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Vol. 15(2), 2015, 36-49.

Abstract

The Safeguarding Children Research Initiative (Davies & Ward, 2012) was a programme of fifteen studies commissioned by the Department of Health and what is now the Department for Education, each of which explored a different aspect of safeguarding children. This paper brings together the findings of these studies to explore the types of strategies that have been shown to promote positive long-term outcomes for children and young people at risk of maltreatment. The authors highlight the potential harm caused to children when they are exposed to maltreatment and demonstrate the range of interventions that have been developed to improve their long-term outcomes. The paper provides examples of universal, targeted and intensive services with a strong evidence base for success. The most effective intensive interventions are found to be those that prevent the occurrence or re-occurrence of maltreatment, address the underlying factors associated with maltreatment *and* the various stages associated with the process of change. The authors also examine the supplementary issues practitioners need to be aware of when considering the choice of intervention, including some of the obstacles to providing support, such as the nature of the evidence base, the extent to which different agencies work together to provide services for vulnerable children and families, the availability of resources and the ways in which children and families move between different parts of the child welfare system. If practitioners are to make best use of the available interventions, it is important that they select those underpinned by robust evidence showing that positive outcomes have been achieved for families in similar circumstances.

Introduction

Protecting children from maltreatment and preventing them from suffering harm are two of the main functions of children's social care in England; this requires social work practitioners to be aware of the potential impact of maltreatment, to be alert to indicators and associated risk factors and to be able to identify the most appropriate and effective interventions available to address the needs of families where abuse and neglect are likely to occur.

A body of evidence has developed concerning the impact of maltreatment and the effectiveness of early interventions designed to reduce the risk of its occurrence and re-occurrence (Statham & Smith, 2010; Daniel et al., 2011; Barlow & Schrader McMillan, 2010; Montgomery et al., 2009). This paper brings together the findings from a range of studies undertaken as part of the Safeguarding Children Research Initiative (Davies & Ward, 2012) to explore the evidence regarding strategies and interventions that seek

to promote positive long-term outcomes for children and young people who suffer, or are likely to suffer, significant harm as a consequence of abuse or neglect. Examples of such interventions are used throughout. The paper also discusses the factors influencing the choice of different types of intervention, including the nature of the evidence from evaluation programmes, and the current economic and practice context.

Research Background: The Safeguarding Children Research Initiative

The Safeguarding Children Research Initiative was a programme of research studies in the UK initiated following the inquiry into the death of Victoria Climbié in 2000 (Laming, 2003). The death of Peter Connolly occurred as the research studies were being undertaken (Laming, 2009; Haringey LSCB, 2010). While these were by no means the only children who died as a result of maltreatment during this period, their cases provoked substantial political and public concern regarding the delivery of services aimed at safeguarding children in England. In response to these concerns, the Safeguarding Children Research Initiative was introduced, to provide a stronger evidence base for the development of policy and practice to improve the protection of children in England. Fifteen studies were commissioned under this initiative, all of which focused on the questions raised by the deaths of these two children. The initiative explored: the identification and initial responses to abuse and neglect; effective interventions; and inter-agency and inter-disciplinary working. All studies included a particular focus on neglect and emotional abuse, which were identified as significant elements in the case of Victoria Climbié. An overview of the key messages from the studies, drawing out the implications for policy makers, managers and practitioners from a range of disciplines, was published as 'Safeguarding Children Across Services' (Davies & Ward, 2012).

The fifteen studies included in the initiative were all commissioned by the Department of Health and what is now the Department for Education. Consequently, all of the studies were designed to have a particular application to policy and practice. The studies, therefore, inevitably reflect the government priorities for the time and are not intended to reflect all research in this field. Each of the studies explored a different aspect of safeguarding children. They were, however, designed to complement one another and to provide a panoramic perspective on the topic. All of the studies were subject to peer review and their conclusions and messages were reviewed by an expert advisory and implementation group. The studies drew on a range of methodologies, including four systematic reviews, which were designed to identify the types of action that appear most likely to prevent the initial occurrence (or re-occurrence) of maltreatment and reduce the likelihood of suffering its consequences (Daniel et al., 2011; Rees et al., 2011; Barlow & Schrader McMillan, 2010; Montgomery et al., 2009). The systematic reviews were commissioned as part of the initiative on the grounds that an evidence base that covered a wide range of effective interventions, rather than a new evaluation of one or two, would be more useful for practitioners.

This paper will explore the types of strategies that have been shown to promote positive long-term outcomes at different stages of the safeguarding process. Examples of interventions which utilise these strategies are given. With one exception, these examples were all identified through the systematic reviews that formed part of the Safeguarding Children Research Initiative. They therefore met rigorous inclusion

criteria: for instance Daniel and colleagues (2011) critically appraised each study based on a standard hierarchy of evidence. Each study was given a score of 1 – 3 for two measures: methodological design and execution, and relevance to the research questions, with 1 being the highest rating. Any study that scored 3 on either measure was excluded. Similarly Barlow and Schrader McMillan's (2010) review of interventions to safeguard children from emotional abuse critically appraised each study according to established guidelines (Centre for Reviews and Dissemination, 2009). The critical appraisal was carried out independently by two authors and later agreed upon.

The exception is Multi-Systemic Therapy for Child Abuse and Neglect, a programme that builds on an intervention that *was* identified by one of the reviews (Montgomery et al., 2009), and that meets their inclusion criteria, but had not received a rigorous evaluation (Swenson et al., 2010) in time for inclusion in their report. The interventions included in this paper are not intended to be an exhaustive list. Rather the examples have been chosen because they have been identified as demonstrating a particular principle or strategy and have a sufficient evidence base in support of their effectiveness.

The impact of maltreatment

There is an expanding body of research evidence regarding the long-term adverse consequences of child maltreatment. While the long-term consequences of physical and sexual abuse are generally acknowledged, neglect and emotional abuse have increasingly been identified as also having a major impact on children's neuro-biological, cognitive, emotional, behavioural and social development (*c.f.* Norman et al., 2012). There is some evidence that children who experience neglect but are not otherwise maltreated may be more adversely affected than those who are both neglected and physically abused (Egeland & Sroufe, 1981).

Early childhood development is mediated through the child's environment, the key feature of which, in infancy, is the relationship with the primary carer. Persistent, severe neglect or emotional abuse are indicative of a breakdown of this relationship, and compromise a child's ability to form secure attachments (Howe, 2005; Barlow & Schrader McMillan, 2010). Neglected children are as likely to develop disorganised attachment styles as children who have experienced other forms of maltreatment (Barnett, Ganiban & Cicchetti, 1999); moreover their attachment styles tend increasingly to become insecure or disorganised as they grow older (Howe, 2005). Disorganised attachment styles are associated with a wide range of adverse outcomes in later life (Green & Goldwyn, 2002).

Moreover, children adapt as readily to a negative environment as to a positive one (Howe, 2005; McCrory, De Brito & Viding, 2012), making it very difficult for those who have developed maladaptive attachment styles in response to a hostile environment to subsequently respond appropriately to nurturing environments, for instance, upon placement with adoptive carers (Egeland, 2009; Selwyn et al., 2014). Not only do abuse and neglect in infancy impact on children's ability to form attachments and trust others, they also affect their cognitive and behavioural development – for instance, neglected infants and toddlers show more evidence of poor social skills, difficulties in

communication and language, and inadequate coping abilities (Hildyard & Wolfe, 2002). These key tasks form the building blocks of later development, and unless changes can be made, and adequate support given, abused and neglected infants may continue to experience maltreatment and its consequences throughout childhood and adolescence.

The impact of maltreatment on outcomes in later life is well established across a range of indicators. Young people who have been maltreated have a higher risk of school failure, gang affiliation, unemployment, poverty, homelessness, becoming engaged in violent crime and prison (Shonkoff et al., 2012). Their parenting capacity may be impaired because they themselves have not received adequate parenting (Shonkoff et al., 2012). There is increasing evidence that higher stress levels during childhood may increase vulnerability to cardio-vascular disease (Araújo et al., 2009). Childhood maltreatment has also been linked to increased likelihood of hepatitis, liver cancer, asthma, auto-immune disease, poor dental health and depression (Galkina & Ley, 2009; Miller & Chen, 2010; Shonkoff et al., 2012).

Since the 1990s certain changes have provided the underpinning for a more strategic approach to addressing abuse and neglect. Firstly, in England and Wales, the Children Act 1989 introduced the new principle that statutory agencies should not only provide services to protect children from harm, but also to safeguard and promote their wellbeing and ensure that they achieve and maintain a reasonable standard of health and development (s.17). This principle is also reflected in the United Nations Convention on the Rights of the Child, to which Ireland is a signatory, and in the Irish Child Care Act, 1991, s.18, as well as in legislation in many other countries. It also paved the way for introducing policy initiatives such as *Every Child Matters* (Her Majesty's Government, 2003), which sought to monitor and improve outcomes for all children, and *Care Matters: Time for Change* which sought to close the gap between outcomes for looked after children and those in the general population (Department for Education and Skills, 2007).

Secondly, the growing body of research on the impact of abuse and neglect on early childhood development formed the basis for introducing programmes to support parents and children in the early years, and intervening early where there was a likelihood of significant harm (Allen, 2011).

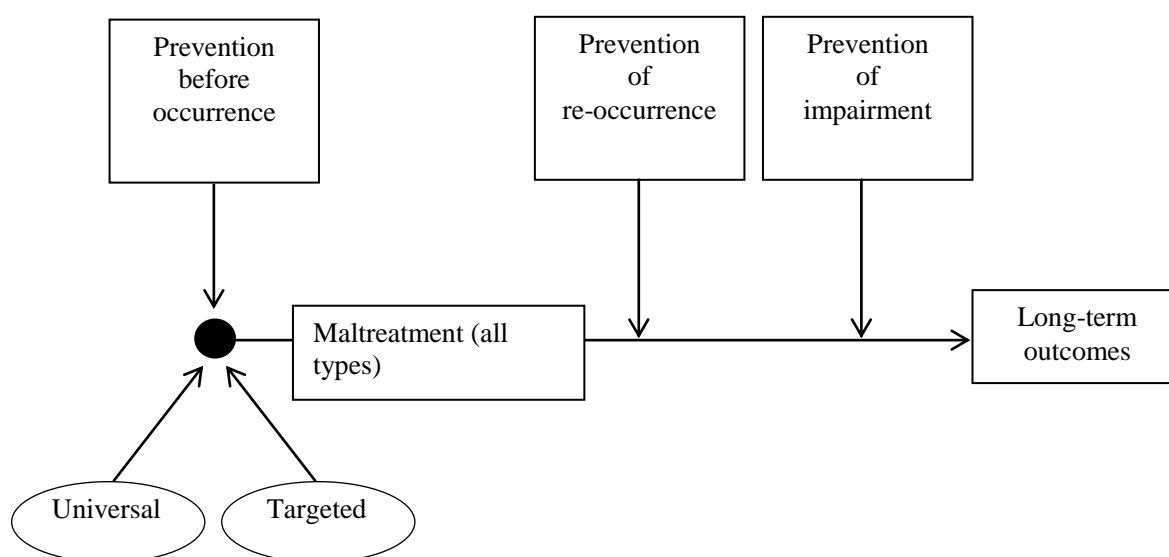
Thirdly, growing evidence about the prevalence of abuse and neglect, their adverse consequences for individuals and their impact on society as a whole (Gilbert et al., 2009), has meant that child maltreatment is increasingly seen as a public health issue that needs to be tackled both on a population-wide basis, by promoting what is known about successful, sensitive parenting, and also through more specific interventions with individual parents.

Making use of different interventions at different stages in the safeguarding process

A strategic approach to promoting positive outcomes for children and young people at risk of significant harm needs to be informed by these three principles. Moreover, a conceptual distinction should be made between interventions that are designed to reduce

the likelihood of maltreatment occurring in the first place, and those that are designed to prevent its re-occurrence and/or address the consequences. Preventative interventions may be effectively delivered through the development of universal or targeted primary or secondary services, while more intensive interventions that are designed to address the consequences of abuse are more likely to be developed as specific or tertiary services. Both types of intervention are designed to promote good outcomes for very vulnerable children. Figure 1 provides a useful conceptual framework for considering the types of interventions which might be provided at different times.

Figure 1: Framework for intervention and prevention of child maltreatment (source, MacMillan et al., 2009)



Prevention: universal and targeted interventions

Universal and targeted interventions take a public health approach to child maltreatment by providing services and programmes to a whole or sub-sets of a population. Universal and targeted interventions are typically, although not exclusively, designed to prevent the occurrence of maltreatment.

Universal programmes are provided to a whole population and are therefore less stigmatising than other types of intervention. They are also more likely to be accessible to those parents who may not be reached by more specialist services. Many such programmes aim to shift the norms of parenting behaviour and in doing so also move harmful behaviours that are at the extreme ends of the spectrum in the same positive direction.

Programmes that have been designed for the general population may prove very valuable in preventing maltreatment. While not widely used in the UK, there are a number of public education programmes that have proved to be effective elsewhere in the world. For example, in Sweden, a public information campaign was launched alongside the introduction of legislation in 1979 banning physical punishment of children (Durrant, 1999). Before the law was introduced, warning messages on milk

bottles publicised that from a certain date it would be illegal to smack a child. Fifteen years following the introduction of the legislation the impact was evaluated using extensive examination of officially held statistics in three key areas: public attitudes, crime prevention and child welfare. The evaluation also drew on a series of cross-sectional studies of the use of physical punishment by parents. These studies included the reported experiences of children. The evaluation found that public attitudes tolerant of physical punishment and reported incidences had declined: by 1994 only 11% of respondents of national opinion polls reported to be supportive of physical punishment compared to 26% in 1981 and 35% in 1971. Moreover, by 1994 one third of middle school children reported having received some form of physical punishment; only three per cent of the population surveyed had received a 'harsh slap'; and one per cent had been 'hit with an object'. However, data on the numbers of children reporting physical punishment prior to the ban in 1979 are not reported. While these findings do not conclusively infer these changes are attributable to the public education programme and legislative changes alone, it seems likely that they may have contributed to attitudinal and behaviour change. This example suggests that population wide approaches and educational programmes may have an impact on parenting behaviours when provided as part of a wider package of measures.

Some interventions that are targeted at populations where there is a high prevalence of risk factors that are known to be associated with abuse and neglect have been found to be effective in preventing the occurrence of maltreatment. For instance, some parenting programmes have additional modules for particularly vulnerable families where abuse and neglect are issues. The Triple P Parenting Programme, which has been used extensively across America (Prinz et al., 2009) and is currently being piloted in Scotland, is one such programme (Glasgow Caledonian University, 2014). The programme was evaluated over a two year timeframe using a population trial across 18 medium sized counties which were randomly assigned to either implement Triple P or continue with services as usual. The sample was controlled for county population size, poverty rate and county child maltreatment rates. The evaluation found that implementation of Triple P was effective when used alongside universal communication strategies and childcare workforce training. When compared with other approaches, Triple P was found to have a positive impact on three predictors of child maltreatment: the number of substantiated official reports of maltreatment; the number of out of home placements; and the number of identified child injuries caused by maltreatment.

While the findings of the study were promising, more recently the robustness of the evaluation in the US has been questioned. Eisner (2014) raises concerns about the validity of the evidence, stating that insufficient information was provided about the study design and data sources and the baseline and comparative findings for the study to be sufficiently assessed. The nature of the research evidence is explored further below.

Intensive interventions

Intensive interventions are typically provided after maltreatment has occurred or where high levels of risk factors are identified. As neglect and emotional abuse are often sustained and chronic in nature, it is important to identify and address the underlying issues within a family which have led to their occurrence. Strategies which offer a means of addressing those underlying issues such as domestic violence or substance

misuse are the most effective at achieving positive long-term outcomes. This provides an alternative to a ‘sticking plaster’ approach where only the immediate symptoms of the more deep-rooted issues are addressed; making it likely that neglect and emotional abuse will persist or reoccur.

Intensive interventions can be used to address issues or difficulties faced by children, parents, or families as a whole. Child-focused intensive interventions are designed to specifically address children’s needs and help them cope with the adverse impact of maltreatment including maladaptive attachment styles. For example, one of the systematic reviews in the Safeguarding Children Research Initiative, Montgomery and colleagues (2009), identified the *Therapeutic Pre-school* programme as an effective intervention intended to support the healthy growth and development of children aged 1-24 months who have been, or are at risk of maltreatment, through provision of medical, developmental, psychological and educational services. A randomised controlled trial found the programme had positive outcomes in reducing anti-social behaviour in the longer term (Moore et al., 1998). *Parents under Pressure* is an example of a programme which focuses on parents. It is a home visiting programme for substance-misusing parents and consists of ten modules on issues including life skills and relationships; and encouraging good behaviour. An RCT involving 64 methadone dependant parents in Australia found that the programme was effective in the treatment of substance misuse, along with producing reductions in parental stress, child behavioural difficulties and the indicators of the likelihood of abuse (Dawe & Harnett, 2007). An evaluation of the programme is currently underway in the UK and is due to be completed in 2016 (Barlow et al., 2013).

In addition to services which work directly with either parents or children, intensive holistic family-focused interventions are available to work with the whole family. For example, *Multi-Systemic Therapy for Child Abuse and Neglect* (MST-CAN) provides a social-ecological therapeutic framework that aims to address the multiple needs of families experiencing abuse and neglect. Interventions are tailored to meet each family member’s individual needs and draw on a range of therapeutic approaches. The programme has shown positive results in reducing young people’s mental health symptoms, parental psychiatric distress, and parenting behaviours associated with maltreatment (Swenson et al., 2010). However, a Cochrane Review on the impact of MST-CAN (Littell et al., 2005) concludes that the approach has not been shown to be consistently more effective than other services and further studies are required to confirm or refute its effectiveness.

The studies in the Safeguarding Children Research Initiative found that continued support, albeit at a lower intensity, may be necessary to sustain the changes made by families and to achieve long-term outcomes. For example, studies exploring the outcomes of children returning home from care suggest that families where the underlying factors that predicated the need for removal have been addressed have better outcomes and stability if they receive continuing ongoing support after reunification (Wade et al., 2011; Farmer & Lutman, 2012). Indeed the initiative found this to be true of all intensive interventions, not only those associated with placing children in care. When addressing underlying issues in this way, Ward and colleagues found that the

needs of the whole family should be taken into consideration if maltreatment is to be prevented and change sustained in the long term (Ward, Brown & Westlake, 2012).

Factors influencing the selection of interventions

The Safeguarding Children Research Initiative identified a number of strategies and interventions that have shown to be effective in improving long-term outcomes for children at risk of maltreatment. The most effective strategies are those that seek to address the underlying issues and risk factors associated with the occurrence or re-occurrence of maltreatment and seek to support sustained change. However, the picture that emerged from the initiative is a complex one. The interventions included in this paper represent a small number of examples among a wide range of innovations, services and approaches that are in use across children's services in England. While some evidence-based programmes, such as Multidimensional Treatment Foster Care and KEEP, are designed to adhere to strict fidelity models, others, such as social pedagogy, Staying Put and Right2BCared4, are 'approaches' or 'philosophies' designed to be adapted to local context (Munro et al., 2011; 2012; Hämäläinen, 2012). There are, therefore, not only a wide range of strategies and interventions to choose from, but the way in which those interventions are implemented in local contexts also varies substantially. How then is a practitioner or commissioner to decide which interventions to use, for which children, under which circumstances?

The nature of research evidence and its use

In order to make decisions regarding which interventions to use, it is essential to explore the nature of the evidence about them. Synthesis of the findings of the reviews suggests that, as yet, methodologically sound evaluative research to identify what works in safeguarding is relatively sparse. For instance, Daniel and colleagues (2011) initially identified a total of 20,480 studies for inclusion in their systematic review of the evidence concerning practitioners' readiness to recognise and respond to indicators of neglect. However, only 63 papers presented studies of sufficient quality to merit further scrutiny. The nature of the current evidence highlights the ethical and practical obstacles associated with research in this field. For instance, randomised control trials (RCTs) may provide the strongest level of evidence, but are relatively uncommon due to ethical concerns regarding randomly assigning children to social care interventions which may have an impact on the rest of their lives. Two studies in the initiative (Ward, Brown & Westlake, 2012; Wade et al. 2011) introduced comparative elements, demonstrating that innovative thinking is sometimes required to produce scientifically robust research, in the face of practical and ethical restrictions. The typically small sample sizes found across the field highlight the difficulties of engaging highly vulnerable groups typically during periods of particular stress, for example, following the permanent removal of a child (*c.f.* Munro, Holmes & Ward, 2005).

One key obstacle to developing a robust evidence base is the vast amount of variability that has been identified in the definitions and measures of maltreatment used across the studies, the needs and circumstances of the children and families concerned, and the way in which individual interventions are implemented in different localities. This has made comparisons problematic because it is not always possible to compare like with like. The different ways that interventions are implemented in different contexts may

account, in part, for some instances whereby conflicting evidence is produced about a single programme, such as Triple P and MST-CAN.

It is not uncommon for intensive evidence-based interventions to be provided as part of a package of care. However, a number of studies have shown that data on access to services are not easily obtained, or are insufficiently detailed at an individual level (Gatehouse, Ward & Holmes, 2008; Holmes et al., 2010). It is not always possible to link data sources, such as the Children in Need Census and the SSSA 903 national return at a child or family level. It is therefore not always possible to develop a sufficient picture of a child's journey as they receive support from different agencies to fully assess the contribution made by different types of support and interventions to outcomes (McDermid & Holmes, 2013).

Moreover, careful consideration needs to be given regarding the extent to which interventions developed in another country will translate adequately into the UK context (Pawson & Tilly, 1997). Difficulties can arise, for instance, when implementing an intervention designed for one child welfare system, in another. Adaptation and implementation can be a lengthy process; it can take two to three years for interventions to reach full implementation (Fixsen et al., 2005). Sufficient resources are required to plan for, translate and implement internationally developed interventions (Wiggins, Austerberry and Ward, 2012).

The evidence base is, therefore, highly complex. Practitioners and commissioners need to take account of these complexities when deciding which interventions to use, for which families, under which circumstances. Emerging findings from a study in the USA suggest that the use of research evidence in decision making by practitioners and commissioners is limited (Wulczyn, Alpert & Price-Monahan, 2014). While these findings may not necessarily be directly transferable to the English context, they do highlight the need to ensure that the academic community explores how to transfer knowledge in a way that is scientifically rigorous, but is also easily accessible.

Despite many examples of good practice, the studies incorporated within the Safeguarding Children Research Initiative suggest there is insufficient understanding among some practitioners of the indicators of abuse and the impact of maltreatment on children's long-term development. This can lead to the belated identification of abuse and particularly neglect; indecisive action represents one of the key obstacles to improving outcomes (Ward, Brown & Westlake, 2012). The synthesis of findings from the studies suggests that better support and training in child development, attachment and the impact of maltreatment may expedite decisions and precipitate earlier interventions (Davies & Ward, 2012).

Contextual factors

Wider contextual factors may also influence the availability and selection of interventions. There is some evidence that financial pressures are leading to poor strategic planning where preventive services are cut in order to continue providing statutory services, and this can have a counter-productive impact (*c.f.* Ward, Holmes & Soper, 2008; Holmes, McDermid, Padley & Soper, 2012). Budgetary constraints are a

key consideration for commissioners when deciding between interventions and there is a need to fully understand the wider economic issues associated with these types of interventions. Specialist intensive interventions are typically understood to be a more costly option. However, research suggests that they can lead to the avoidance of potentially higher costs in the long term. For example, while the fees and allowance costs associated with Multidimensional Treatment Foster Care (MTFC) are typically higher than those for local authority foster care, the children placed in the programme characteristically have higher needs and therefore would require more expensive placements such as specialist foster care or residential care. When comparing the costs of placing children in MTFC placements with those of children with *matched needs* in other kinds of placements, MTFC was found to be of equal or lower cost (Holmes, Westlake & Ward, 2008; Holmes, Ward & McDermid, 2012). The overall cost of placing these children in MTFC over a six month time frame, was also found to be 15% lower than the costs they had incurred in the previous six months. Short-term budgetary cycles may also impact on decisions regarding the provision of ongoing support to assist families in sustaining the changes they have made. For instance, Holmes (2014) found that substantial costs may be avoided through the provision of support to children returning home from care and their parents, because this reduces the number who re-enter care at a later stage. The study, however, also found that such support is uncommon.

Wider practice issues may also impact on the choice of interventions and strategies to support longer-term outcomes. For example, poor interagency working was highlighted as an issue in both the serious case reviews that triggered the Safeguarding Children Research Initiative. Although children's services departments and other agencies have focussed on improving interagency working for at least 20 years, there remain issues to be addressed. A number of studies in the initiative identify poor relationships and interagency working between practitioners in adult services, substance and alcohol misuse services, mental health services and practitioners working with children. Other research has found a lack of communication and coordination between children's services' teams, inhibiting coordination as children and families move through different types of child welfare support and preventing interventions from being provided at the earliest possible opportunity (Holmes et al., 2012). The strength of interagency partnerships may impact on the extent to which coordinated approaches are possible and/or effective.

Conclusion

This paper highlights the potential harm caused to children when they are exposed to maltreatment and demonstrates the range of interventions that have been developed to improve their long-term outcomes. The studies in the Safeguarding Children Research Initiative show how at present, considerable thought is given to establishing ways of improving universal, targeted and intensive interventions to improve outcomes for maltreated children. However, this paper also highlights the complexities associated with the range of interventions available, the evidence relating to these interventions and the economic and practice context within which they are provided.

The complexity of the picture is likely to increase in England between 2015 and 2016, following the announcement of the Department for Education's Children's Social Care

Innovation Fund in October 2013 (Department for Education, 2014). The government has made £30 million available to support local authorities and independent providers to test and share innovative and effective ways of supporting children in need of social care intervention. These funds will be used to develop a large number of projects across England. These projects will be independently evaluated and a synthesis of the findings compiled. While the development of innovative practice through the distribution of these funds is potentially very positive, it is also likely that the picture of multiple interventions and strategies for the practitioner and the commissioner to choose from may become even more complex.

If practitioners are to make best use of the available interventions, it is important that they select those underpinned by robust evidence showing that positive outcomes have been achieved for families in similar circumstances. In addition to understanding how to interpret the evidence, practitioners must also consider certain supplementary issues or obstacles which could affect the impact of an intervention.

The studies in the Safeguarding Children Research Initiative suggest that insufficient attention is currently given to the process of moving between support services or to how children and families might be referred back to less intensive services when social work cases are closed. Practitioners need to have an understanding of the underlying issues which make maltreatment more likely and the elements involved in changing patterns of behaviour. Economic pressures may also limit the interventions available to address parents' underlying problems, including services to deal with substance misuse or support for parents with mental health problems (Farmer & Lutman, 2012; Ward, Brown & Westlake, 2012). Even where services are available, they may only be offered for a limited period of time (Ward, Brown & Westlake, 2012).

What is clear from the studies undertaken within this initiative is that if the impact of maltreatment is to be minimised or prevented, early intervention is crucial: either provided as soon as possible in a child's life or at the earliest sign of maltreatment.

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