

Editorial 29:6

Child protection work: 'How can we make it a better experience?'

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As the COVID-19 lockdown regulations continue to be implemented differently across the four UK administrations, professionals working with children and families have continued to adapt their service delivery mechanisms and ways of working. In the child protection arena, the priority to keep children safe and prevent child harm has meant front-line professionals have had to be creative in their engagement and communication with children and families, with limited home visiting [PUBLISHER – THE PRECEDING UNDERLINED TEXT IS FOR THE MARGIN]. This is highlighted in the COVID-19 reflective practice piece in this issue written by Wendy Roberts (2020), a practice mentor to social workers across Children and Families Services in Gwynedd. Roberts reflects on some important practice issues and considers carefully how social workers (although her piece can be applied to all those working with children and families) ensure effective communication during the pandemic. She highlights how during the pandemic we have all 'been told by those in power how to live our lives. We are told it is to keep us safe, mirroring the work that goes on in child protection every day' (Roberts, 2020, p. XXX) and reflects how the pandemic has provided her with a deeper level of understanding in her work with children and families. Roberts (2020) asks the important question 'How can we make it a better experience?' (p. XXX) and stresses the need to continue to review and improve new ways of working, procedures and arrangements put in place because of the pandemic.

Our first paper in this issue by Emily Douglas and Kerry Lee (2020) from the USA addresses the challenges associated with determining fatal child maltreatment and revisits a topic we have previously covered in *Child Abuse Review* (Brandon *et al.*, 2014; Brown and Tyson, 2014; Sidebotham, 2013). The authors begin their paper by making the case that in the literature Child Maltreatment Fatalities are generally treated as a single construct, when the research shows 'that abuse and neglect emerge from different child and family risk factors' (Douglas and Lee, 2020, p. XXX). They also highlight

the literature and anecdotal evidence from front-line staff showing discrepancies concerning the reporting of how children die and what happens in practice [PUBLISHER – THE PRECEDING UNDERLINED TEXT IS FOR THE MARGIN].

This study sought to use two existing sources of data to explore the differences in information regarding how children die from abuse or neglect. The two sources included (1) the US National Child Abuse and Neglect Data System (NCANDS), which is presented in annual Child Maltreatment reports published by the US Department of Health and Human Services, and (2) Information published in state-level child death review team (CDRT) reports. One aspect that came out of the analysis ‘was the inconsistent use of language, terms and definitions’ (Douglas and Lee, 2020, p. XXX) and the need for uniformity in definitions. The authors identified inconsistency in how professionals use terms such as ‘abuse’, ‘neglect’, ‘negligence’ and ‘accident’; they comment that ‘These terms are used interchangeably, which makes it difficult to determine the best service plans for families and also in determining whether surviving children might be at risk’ (Douglas and Lee, 2020, p. XXX). The triennial analyses of Serious Case Reviews (SCRs) in England have previously identified that severe neglect is rarely the primary cause of death in cases of fatal child maltreatment, accounting for no more than three per cent of all fatal SCR cases (Brandon *et al.*, 2020; Sidebotham *et al.*, 2016). Nevertheless, as a contributory or background factor, neglect is found in a majority of cases of fatal child maltreatment: in the most recent triennial review, there was evidence of neglect in 68 per cent of all fatal cases (Brandon *et al.*, 2020). These findings are in keeping with those of Douglas and Lee and once more confirm the need for consistency with regards to definitions of cause of death among children in the areas of abuse and neglect.

The second paper in this issue, by Diane Nuttall and colleagues (2020) from Cardiff University and the University of Bristol, examines burns injuries in the under-fives attending the Emergency Department (ED). According to the authors (2020, p. XXX):

‘Children younger than three years old admitted to hospital with a burn are estimated to be seven times more likely to suffer future neglect or physical violence than cross-matched controls and twice as likely to be a child ‘in need’.’

This multi-centre cross-sectional prospective study sought to describe the prevalence of maltreatment risk factors identified by health visitors for preschool children who sustained a burn injury and attended an ED. Health visitors are community-based nurses who deliver the country-specific child health programme to safeguard and meet the health needs of under-fives.

This important study involved three ED units and compared the extent to which data were recorded for three child maltreatment risk factors (developmental impairment, domestic violence, any social care involvement) in both ED and HV records. Data were examined from health visitor (HV) records for 232 children across three UK cities: Cardiff, Manchester and Bristol. Unsurprisingly, health visitors who work closely with vulnerable children and families identified between 0.9 to 23.7 per cent of risk factors for child abuse and neglect, with the most common being 'prior injuries (n = 55, 23.7%), carer/parental mental health problems (n = 48, 20.7%) and domestic violence (n = 47, 20.3%)' (Nuttall *et al.*, 2020, p. XXX). Of the 232 cases, 158 had a record of the presence or absence of all risk factors, with knowledge about safety measures in the home being the least well recorded. What is interesting about the study is that when the HV records proforma was compared with children under five years old who presented to ED with a burn and assessed by the standardised Burns and Scalds Assessment Tool (BaSAT), many risk factors which were known to and recorded by health visitors were not identified by the ED staff. For example, staff in ED only recorded five of 47 (10.6%) where domestic violence was a risk factor, four of 23 (17.4%) with developmental impairment and ten of 45 (22.2%) children with social care involvement for prior or ongoing child protection concerns. This highlights the important role that health visitors have in identifying children who may be at risk of abuse and neglect, due to their unique home visiting role [PUBLISHER – THE PRECEDING UNDERLINED TEXT IS FOR THE MARGIN] (Appleton, 2015; Peckover and Appleton, 2019). The authors conclude their paper by recommending that consideration should be given to electronic records being shared between ED staff and health visitors, highlighting the presence or absence of family risk factors. Nuttall *et al.* (2020) argue that this could improve risk assessment by ED staff, by enabling them to make a more thorough and comprehensive assessment and ultimately improve care for children.

The next two papers in this issue are both literature reviews. The first by Aislinn Conrad and colleagues (2020) from the University of Iowa School of Social Work was conducted to examine the extent to which the US child welfare system acts as an informal income maintenance programme. This paper highlights the burden of child poverty in the US, as discussed previously by Pritchard *et al.* (2020) in *Child Abuse Review* and particularly for those families involved with the child welfare system. The literature review included nine studies which met the inclusion criteria, although no information is provided about the appraisal or data extraction processes. The review reports that US child welfare programmes do offer financial and in-kind transfers, which may be as simple as giving donated clothes, nappies and food to families, which are 'similar to centralised income maintenance programmes' (Conrad *et al.*, 2020, p. XXX). The literature review findings suggested that these cash and in-kind

transfers could increase families' involvement in and completion of child welfare programmes and improve relationships between parents and workers.

Our second review in this issue is by Genevieve Waterhouse from the University of Winchester and colleagues (2020) which is a study space analysis examining the use of multiple interviews with child victims/witnesses. This review used a study space analysis (SSA) which is not a well-known method of literature review, but nevertheless a helpful approach to exploring the scope of research in a particular field and identifying gaps in the current literature. According to the authors:

‘Study space analysis (SSA) is a way of amalgamating and evaluating published research on a subject, and thus determining whether the research is sufficiently applicable to warrant changes [in policy]. Unlike meta-analysis, SSA does not look at whether a technique has a statistically robust effect on outcomes, or indeed the results of the studies at all, but looks at the topics that current research has covered, the breadth of these topics and their relation to the associated field of practice.’ (Waterhouse *et al.*, 2020, p. XXX)

Waterhouse *et al.*'s (2020) paper provides a useful overview of the SSA approach with its use of matrices to study different variables listed across the 44 selected research papers. However, an evident weakness of the methodology is it does not examine the research quality or findings. With this in mind, the authors report ‘that a variety of interviewing conditions have been examined’ in the literature ‘but very rarely do more than one or two studies examine the same independent variables, meaning that there is little replication in the field’ (Waterhouse *et al.*, 2020, p. XXX). Overall, they found some suggestion that interviewing child victims more than once can be helpful in police investigations, but while it may improve accuracy, it also carries the potential for generating contradictory information [PUBLISHER – THE PRECEDING UNDERLINED TEXT IS FOR THE MARGIN, i.e. ‘Interviewing child victims more than once can be helpful in police investigations, but... also carries the potential for generating contradictory information’]. The authors conclude by identifying key gaps in the literature on multiple interviewing including that little research has been conducted with 11–18-year-olds, children with multiple needs, and interviews about repeated events [or to-be-remembered events]. The authors argue that because of these crucial gaps in the research literature, more research is needed in these areas and ‘that researchers should be cautious about advocating policy change at this stage’ (Waterhouse *et al.*, 2020, p. XXX).

Our fifth paper in this issue is by John Ratcliffe from the University of Sheffield and colleagues (2020). This paper reports on a study which sought to gather the views of representatives from the 147 former English Local Safeguarding Children Boards (LSCBs) on the challenges to safeguarding children when

Fabricated or Induced Illness (FII) is suspected or proven. The study involved an electronic survey carried out by the Association of Independent LSCB Chairs. Despite a low response rate, 18 respondents from the 147 LSCBs including four telephone interviews, several challenges (n = 17) were identified. The most commonly reported challenges included inadequate resources and training, poor multi-agency collaboration, anxiety and uncertainties among professionals who have to identify FII, the relative rarity of FII, and the variety of ways in which FII can present. Over 40 per cent of respondents were not familiar with the *Incredibly Caring* training materials (Department for Children, Schools and Families, 2009) on how to respond to concerns about FII, which includes several video case studies. The authors conclude by stating that there is a need to find 'ways to ensure that all relevant professionals are familiar with existing guidance' which 'would support the development of greater knowledge about how best to respond to FII cases' (Ratcliffe *et al.*, 2020, p. XXX).

A Short Report in this issue by Brittany Lange and colleagues (2020) from the University of Oxford and Yale School of Nursing reports on part of a larger research study which aimed to examine how mothers who have experienced child sexual abuse (CSA) look after their children. As part of this study mothers who have experienced CSA were asked about how they defined CSA, and whether definitions varied based on the features of their CSA experience or their personal characteristics. Thirty-five mothers took part in the survey, and were recruited via specialist abuse, mental health and parenting organisations in the UK and Republic of Ireland. This interesting and well conducted study found that the vast majority of mothers participating in the survey 'included both contact and non-contact forms of abuse in their definition' while the authors note that many researchers 'limit the definition of CSA to contact forms of abuse' (Lange *et al.*, 2020, p. XXX). They also found that mothers perceived the context to be important to defining CSA [PUBLISHER – THE PRECEDING UNDERLINED TEXT IS FOR THE MARGIN] and while most 'felt that a child needed to be younger than a certain age for CSA to have occurred, few mothers believed that the perpetrator should be a certain number of years older than the child for an act to be considered CSA' (Lange *et al.*, 2020, p. XXX). The authors concluded by drawing attention to the implication the study has for practitioners assessing abuse and the need to enquire about different aspects of CSA and the context. There are similarities with Douglas and Lee's (2020) study as the authors highlight the variation in how CSA is defined in policy and research as 'problematic' finding that 'many mothers disagreed with the current legal definition of CSA in England and Wales' (Lange *et al.*, 2020, p. XXX). They recommend that policy makers in future could benefit from involving CSA survivors in their work to find out why these differences exist.

There are two Training Update reviews in this issue, the first by Jo Gifford (2020) of an online learning resource *Medical Evaluation of Child and Adolescent Sexual Abuse* produced by Evidentia Publishing. Gifford (2020, p. XXX) describes this as an 'ambitious' and high quality resource 'developed by highly respected doctors in the USA'. The review is very favourable and suggests the training may be useful for a broad audience of safeguarding paediatricians, forensic examiners and those non-forensic examiners who see children and young people in their role. She particularly highlights the excellent clinical images and high quality decisions on clinical presentations and history, including the handling of disclosures. Very usefully in her review, Gifford (2020, p. XXX) draws attention to key transatlantic difference in the materials, as well as 'omissions and incompatibilities' for UK based professionals, who she says 'will need to be clear on their role and its limits in their own country before undertaking the modules'. She recommends a UK-specific version of the training resource would be extremely useful and well received.

The second training review by Maddie Burton (2020), is of the MindEd training resource created by the Royal College of Paediatrics and Child Health and a number of other organisations including e-learning for Healthcare and focusses on *Suicide and Self-Harm Prevention, Skills for Schools*. Burton provides a useful and complimentary overview of the content of this MindEd training describing the materials as 'accurate, timely and appropriately supported by up-to-date research and understanding' (p. XXX). The training will be helpful for those staff working in schools who are well-placed to identify children and young people who may be suffering from mental health problems, but who may not have received formal training in child and adolescent mental health.

This issue concludes with a review by Helen Howells (2020) of Eileen A. Dombo and Christine Anlauf Sabatino's 2019 book *Creating Trauma-Informed Schools: A Guide for School Social Workers and Educators*, which focusses on school communities in the USA. This book discusses the impact of trauma on children and young people's education and emotional development. Howells describes the book as an extremely useful evidence-based resource for those professionals wanting to introduce trauma-informed practice within schools as it offers a framework to do so and to create safe environments in schools.

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