

# Recent Children's Policy and Publications

## Report

August 2022

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## 1 McAlister (2022) The Independent Review of Children's Social Care

This is an independent review of the needs, experiences and outcomes of children supported by social care. The review launched in March 2021, was independently led by Josh McAlister and supported by an experts by experience group, an evidence group and a design group. The Government has committed to respond to the report's recommendations and publish an implementation strategy on children's social care before the end of 2022. Key recommendations are as follows:

### 1.1 A revolution in family support

- To reduce the number of handovers between services, we recommend introducing one category of "Family Help" to replace "targeted early help" and "child in need" work.
- More clearly defined eligibility for Family Help under a broad category of section 17
- new service would be based in community settings, delivered by multidisciplinary teams e.g. family support workers, domestic abuse workers and mental health practitioners alongside social workers, who would provide support and cut down on referring families onto other services.
- Use of best evidenced interventions. see report by Early Intervention Foundation
- The Family Help Team will continue to work with a family regardless of whether this is via section 17 or section 47 to ensure they receive meaningful support from a multi-agency team.

### 1.2 A just and decisive child protection system

- An 'Expert Child Protection Practitioner', who is an experienced social worker, should co-work alongside the Family Help Team with responsibility for making key decisions.
- Expert Practitioners will have demonstrated their knowledge and skills through time in practice, and in the future by completing a five-year Early Career Framework.
- More regular and direct involvement of a multi-agency workforce, such as child protection paediatricians and specialist police officers. Information sharing to be improved.
- Overseen at a strategic level by more focused and accountable multi-agency safeguarding arrangements.
- To address harms outside of the home, like county lines, criminal or sexual exploitation or abuse between peers we recommend a bespoke child protection pathway – through a Child Community Safety Plan – so that the police, social care and others can provide a robust child protection response.

### 1.3 Unlocking the potential of family networks

- Family led solutions as an alternative to care.
- Family Network Plans.
- Funding and support from LA to enable family members to care for the child.

### 1.4 Fixing the broken care market and giving children a voice

- Increasing foster homes – a “new deal” and recruitment campaign.
- Establishment of new Regional Care Cooperatives (RCCs).
- Independent advocacy for children (simplified and opt out).

### 1.5 Five missions for care experienced people

- loving relationships
- quality education
- a decent home
- fulfilling work
- good health

Recognising the care experience as a protected characteristic.

### 1.6 Realising the potential of the workforce

- 5-year Early Career Framework for social workers linked to national pay scales
- Identify and remove barriers which needlessly divert social workers from spending time with children and families.
- Social workers work with a smaller number of children and families, with more knowledge and skill, and with more available time and resources to do intensive life changing work for children and families.
- Development of regional staff banks (to reduce use of agency SWs).
- Wider workforce supporting children and families (including family support workers and residential care staff).

### 1.7 A system that is relentlessly focused on children and families

- National Children's Social Care Framework is needed to set the direction and purpose for the system, supported by meaningful indicators that bring transparency and learning.
- National Practice Group.
- Regional Improvement Commissioners.
- National Data and Technology Taskforce.

### 1.8 Implementation

- A five-year reform programme.

- Requires £2.6 billion of new spending over four years, comprising £46 million in year one, £987 million in year two, £1.257 billion in year three and £233 million in year four.

## 2 Early Intervention Foundation (2022) What works to improve the lives of England's most vulnerable children: A review of interventions for a local family help offer.

The Early Intervention Foundation (EIF) was commissioned by the Independent Review of Children's Social Care to carry out work to summarise information on interventions with the best evidence of improving the life chances of children known to children's social care services<sup>1</sup>. The report provides the details of 59 policies, practices and scalable interventions with evidence of improving child and family outcomes within five categories of vulnerability:

- problematic child behaviour
- family conflict
- parental mental health
- domestic abuse
- parental substance misuse

The interventions described in the review have evidence of improving children's behaviour at home and at school, reducing family conflict, improving parenting behaviours, and preventing and stopping child maltreatment in families with a child at the edge of care. The authors therefore encourage local commissioners to consider these activities when designing their family help services. A summary is attached in appendix one and an explanation of terms in appendix two.

## 3 Child Safeguarding Practice Review Panel (2022) Child Protection in England. National review into the murders of Arthur Labinjo-Hughes and Star Hobson

Arthur Labinjo-Hughes died in Solihull aged six on 17th June 2020. Star Hobson died in Bradford aged 16 months on 22nd September 2020. A national review was initiated in the context of widespread public distress about the circumstances of the deaths of these children that followed the conclusion of the two murder trials. The purpose of the review was to evaluate the role of agencies - how they acted to protect Star and Arthur, and what factors enabled or limited their ability to do so and to identify improvements for the future. The report makes a number of recommendations about what needs to change in child protection practice in England including the following:

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<sup>1</sup> This means that the "intervention has positively impacted at least one of the outcomes in at least one **rigorously conducted evaluation** that has carefully eliminated the influence of all other external factors that might also be providing this benefit" (p4)

### 3.1 Multi-Agency Child Protection Units

New integrated and co-located multi-agency teams staffed by experienced child protection professionals to be established in every local authority area. These teams will be staffed by professionals with the highest levels of child protection expertise and experience and will see the key child protection agencies of the police, health and social care working together seamlessly as a single team.

### 3.2 National Multi-Agency Practice Standards

To be developed for child protection, to help deliver consistently good practice across the country. Local area child protection practice across all agencies should be substantially and frequently inspected to ensure these national standards are met.

### 3.3 Links between 'Family Help' teams and Multi-Agency Child Protection Units

Connecting with McAlister's proposal for new approaches to 'family help' - a co-working model, where specialist Child Protection social workers co-work cases with the allocated family social workers.

### 3.4 using the potential of data to help professionals protect children

Professionals interviewed as part of the review raised concerns about technical barriers to sharing information and the need for change. These findings resonate with learning from other serious case reviews, for example, practitioners' lack of access to IT systems outside their professional role inhibiting information sharing and impacting upon accurate cross-service chronologies of a child and their family. To help protect children we need to ensure that when practitioners make decisions on crucial issues and under pressure that they are equipped with the best available information in a timely way and that this information is easy to understand.

### 3.5 Specific practice improvements in relation to domestic abuse

Improvements must be made in developing the specialist skill and expertise of staff, and in information sharing between agencies. Safeguarding Partners to improve how they work with specialist domestic abuse services by establishing stronger working relationships and clear information sharing protocols. Safeguarding Partners must be committed to, and fully invested in, the commissioning of DA services and ensure all staff have a robust understanding of what the DA support offer is in their area.

## 4 Competition and Markets Authority (2022) Children's Social Care Market Study Final Report

The CMA carried out this study to explore two areas of concern: firstly that local authorities were too often unable to access appropriate placements to meet the needs of children in their care. Secondly that the prices paid by local authorities were high and this, combined with growing numbers of looked-after children, was placing significant strain on local authority budgets.

The study concluded that there are significant problems in how the placements market is functioning, particularly in England and Wales. Kind findings include:

- **A lack of placements of the right kind, in the right places**, means that children are not consistently getting access to care and accommodation that meets their needs;
- **The largest private providers of placements are making materially higher profits**, and charging materially higher prices, than we would expect if this market were functioning effectively;
- **Some of the largest private providers are carrying very high levels of debt**, creating a risk that disorderly failure of highly leveraged firms could disrupt the placements of children in care.

Recommendations to address these shortcomings fall into 3 main approaches:

- **To improve commissioning**, by having some functions performed via collaborative bodies, providing additional national support and supporting local authority initiatives to provide more in-house foster care;
- **To reduce barriers to providers creating and maintaining provision**, by reviewing regulatory and planning requirements, and supporting the recruitment and retention of care staff and foster carers;
- **To reduce the risk of children experiencing negative effects** from children's home providers exiting the market in a disorderly way, by creating an effective regime of market oversight and contingency planning.

## 5 Children's Commissioner (2022) Children's Social Care – putting children's voices at the heart of reform

This report by the Children's Commissioner focuses on how the children's social care system is experienced by children. The key messages represent the views of children shared in multiple different ways including through a survey 'The Big Ask' to which responses were received from almost 6,000 children in care, and 13,000 children in need; as well as through regular visits to children's homes and engagement with children in care councils. Above all, it was informed by the experiences of the children who contacted the Children's Commissioner helpline, Help at Hand. The report was submitted to the Independent Review of Children's Social Care.

The most consistent message that emerged from children in care is that they want the same things as all other children: to be loved, to have friends, to make plans for the future and to be able to pursue their own interests. The system fails when it fails to provide these basics.

The report presents a number of 'ambitions' to improve the experiences of children:

### 5.1 Ambition 1: For all children to be listened to and responded to:

Children need to be empowered to exercise real agency in designing care plans with a strong focus on supporting each child's long-term aspirations; Children need to have

much greater agency in LAC reviews, with fewer professionals and support to set the agenda and articulate their position.

The role of the Independent Reviewing Officer (IRO) needs to be considered to ensure that children feel confident that their needs are understood / represented. When children and families are in contact with social care they need to feel ownership of the plan and share its objectives. There should be consistency of professional support, delivered by a single person, ideally on a consensual basis. We believe approaches that do this, such as Supporting Families and Family Group Conferences, should be adopted more widely.

## 5.2 Ambition 2: For all children to have relationships that are trusting and stable

Social workers should have small case numbers and limited paperwork, be able to support children over several years and be able to unlock access to the help that children or families need. The system needs the flexibility to ensure that other relationships can be relied on for basic decision making, for example foster parents or children's home managers.

Families with a history of difficult relationships with social workers may find it easier to engage with a key worker or even a community volunteer with whom they can have a stable, positive relationship and who can advocate for them.

Siblings, friends, birth families and previous foster families are all vital as they provide love to children. There should be legal protections for sibling relationships to be maintained. Care plans should map out the relationships which are important to children, with a view to maintain them wherever possible. This includes peers and friends. Children in foster homes or children's homes with pets frequently comment on how important this is to them. There is now good evidence that pets can help children recover from trauma.

## 5.3 Ambition 3: For all children to feel loved, supported and stable.

There should be local and national targets to reduce instability. (At present, one in four children in care experience two or more placement moves across two years). Reform of Section 22G of the Children Act 1989 to create an explicit statutory expectation that local authority sufficiency strategies should lay out how the local authority will meet their stability target.

Clear accountability by local authorities for instability and out of area placements. Unregulated placements for all under-18s should be prohibited. We are not opposed to different regulations for 16–18-year-olds, but these homes should still be subject to full Ofsted inspections and all homes accommodating children should have a clear duty of care to any child living in them.

Reform Section 25 of Children Act 1989 so the Secretary of State has responsibility for ensuring sufficiency of welfare places within secure children's homes. Children need to be provided with a sense of permanence. This may be through returning to their birth families, adoption, long-term foster care, special guardianship orders (SGOs) and kinship care. We should increase the financial and practical support available to families (both foster families and extended family) to help them offer an SGO.



All children should be entitled to a full leaving care plan, there should be a presumption of staying put arrangements until they are aged 21 and care leaver support should be available to all children until they are aged 25.

Families accessing social care should experience a continuum of support without big thresholds. This is particularly important for those in and around Section 17. We should no longer measure the success of Child in Need plans by whether they close within six months, but whether a family is better off in 12-months.

#### 5.4 Ambition 4: To be able to access practical help and support

Move from a system of joint safeguarding oversight to joint safeguarding implementation with integrated support from the police, NHS, and schools in delivering family services and support for children in care. Local safeguarding partnerships should have a common set of outcomes which they monitor in real time and work collaboratively to maximise.

Look at models of social prescribing within social care to strengthen the ability of social workers to secure access to crucial services for children across their partnership. More focus on the primacy of education when determining placements for children in care. Improve access to mental health services for children in care, subject to child protection and their families.

## 6 Social Work England (2022) Social Work in England: Emerging Themes

Building on the Social Work in England: First Reflections report published in January 2021, this report shares emerging themes from the specialist regulator and shines a light on the vital role social work plays in the wider health and social care landscape.

### 6.1 Learning and Development

Social Work England is responsible for approving, monitoring and reapproving courses of qualifying education and training for social workers in England. In 2021 they introduced new standards for social work education and training. They also inspect and monitor courses.

Just over half of providers (51%) who responded to their monitoring survey said that they were still experiencing placement capacity challenges as a result of the pandemic. The most significant reason was the availability of practice educators and workload pressures on frontline staff leading to reduced capacity to support students on placement.

The University of Greenwich were commissioned to undertake a study into social work education and training in England. Participants shared mixed views on education and training during the COVID-19 pandemic. Most acknowledged the increased flexibility that enabled more balance between professional and personal life, but recognised difficulty for students connecting on their courses and in practice placements.



Social work students and educators have continued to reflect on and challenge the structures in society that perpetuate and aggravate racism, disadvantage, and oppression. This has extended to how courses are designed and delivered, as well as student experiences and support through their training. Graduates and newly qualified social worker groups felt strongly that equality, diversity and inclusion principles were embedded in the values, ethics and standards of the profession.

## 6.2 COVID-19 and social workers in England

Social workers are continuing to support the nationwide response to the COVID-19 pandemic. Many are now supporting people through the longer-term impacts of the pandemic and social restrictions on people's lives, relationships and communities. Professionals are consistently reporting adverse impacts of their pressured working environments on their mental health, emotional wellbeing, and personal lives. The extended period of intensive and complex practice, as well as changes to the way social workers work, has compounded the challenges of working in a profession that already reported a high degree of work-related stress.

## 6.3 Engagement and co-production – insights for children's social workers

convening groups of people around key areas of our work has meant we've heard about the expectations people have of their social workers. When we spoke with children and young people about our proposals around continuing professional development, they described their ideal social worker being someone who can build relationships, communicate and consistently work with them to achieve positive change in their lives.

## 6.4 Equality, diversity and inclusion

Promoting social justice and confronting issues of inequality are at the heart of equality, diversity and inclusion. These principles have long been the bedrock of social work professional identity and practice and are set out in the professional standards developed with the sector in early 2019.

## 6.5 Professional standard 1: promote the rights, strengths and wellbeing of people, families and communities

- Value each person as an individual, recognising their strengths and abilities.
- Respect and promote the human rights, views, wishes and feelings of the people I work with, balancing rights and risks and enabling access to advice, advocacy, support and services.
- Work in partnership with people to promote their well-being and achieve best outcomes, recognising them as experts in their own lives.
- Value the importance of family and community systems and work in partnership with people to identify and harness the assets of those systems.
- Recognise differences across diverse communities and challenge the impact of disadvantage and discrimination on people and their families and communities.
- Promote social justice, helping to confront and resolve issues of inequality and inclusion.

- Recognise and use responsibly, the power and authority I have when working with people, ensuring that my interventions are always necessary, the least intrusive, proportionate, and in people's best interests.

## 6.6 Career long learning

The following case study illustrates why learning and development is important from a parent carers perspective:

"Why my social worker's CPD is important to me.

My youngest son and I have, for over a decade, required the services of local authority social workers. My son is diagnosed with severe global development delay, severe learning disability, autism and articulation disorder. He is due to turn 18 in November. The definition of transition to me as the primary carer and when supporting my son's decision making is not isolated to just age factors, (transitioning from child services to adult services for example), but it encompasses many other factors in times of change, relating to varying personal or professional circumstances. We have required support during change when moving house, the transition from county to county has at times been rather complicated as not each county works within the same structure and framework.

During this 6-year period we have had far in excess of 10 social workers and the change in social workers also brings transitional factors that require close consideration. During this time, it has been critical to us as a family to have a well-resourced and informative social worker. I have appreciated the social workers that have kept abreast and up to date with the employment development training programmes available to them. Also, those who have been well informed with regards to the demands and hurdles that are due to be endured by us as the end user and those that seek guidance and have a strong professional support network available to them. Those individuals have made some of the most challenging transitions much clearer and have taken concerns and worries out of the process".

## 7 ADASS et al (2021) Bridging the gap: Transitional Safeguarding and the Role of Social Work with Adults (For 16+ and leaving care)

This knowledge briefing paper focuses on transitional safeguarding, described as an "approach to safeguarding adolescents and young adults fluidly across developmental stages which builds on the best available evidence, learns from both children's and adult safeguarding practice and which prepares young people for their adult lives". It emphasises a needs-led, personalised approach that requires practitioners, leaders and all involved in services for children and adults, to consider how they might work together and think beyond child/adult silos for the benefit of young people at a key life stage. The focus of the briefing is in relation to harms associated with sexual and criminal exploitation.

Transitional Safeguarding is not a prescribed model. It is a joined-up approach to policy and practice that is being developed and applied in different ways according to local circumstances. The briefing includes a case study of **Birmingham's Preparation for**

**Adulthood (PFA) service** which works collaboratively across Birmingham and is matrix managed between adult social care and the Birmingham Children's Trust. Health, education and criminal justice services are also key partners. The service works with young people who:

- have additional needs.
- attend special schools and colleges.
- have statutory health and social care assessments.
- have extra support needs due to being in care or having been in care.
- have received a young carers assessment in the last 12 months.
- have a caring responsibility for an adult that takes up a lot of time.

They also work with household members, aged between 16-25, who live with another young person who is receiving support from the service and want support with the PFA outcome. The vulnerable adults team includes two advanced mental health professionals, a mental health liaison co-ordinator, a restorative youth justice worker, a coaching and resilience worker and family support workers. They work with people who:

- have endured trauma and/or have mental health difficulties either diagnosed or undiagnosed.
- have a vulnerability that could pose a risk or cause harm to themselves or others
- are at risk of offending.
- are at risk of being exploited.
- are part of the criminal justice system (CJS) either in custody or in the community.
- are leaving the CJS or statutory service who require support in our four key areas where it will no longer be provided.
- are experiencing homelessness or are at risk of homelessness.

The aim is to offer a joined-up, smooth experience for the people supported, as well as demonstrating progress against the key outcomes. They also focus on system change – and are aiming to explore whether and how this has been achieved through our very diverse multi-disciplinary team and our wide-ranging stakeholders.

## 8 Department for Education (2020) Children's Social Care Innovation Programme Round 2 Final Report

The Children's Social Care Innovation Programme was launched by the Department for Education (DfE) in 2014, to develop, test, and share innovative and effective ways of supporting vulnerable children and young people. Round 2 of the Innovation Programme began in 2016 and supported 50 projects over the following 4 years, including the first Partners in Practice. This report provides the key findings from the evaluations of these projects.

Evidence from evaluations of the Innovation Programme suggests various aspects of practice, and of service systems, were key to achieving good outcomes in projects working with cohorts across the spectrum of need and risk. In essence, those projects

with the greatest impact (including both large-scale system change projects and more targeted services) showed evidence of delivering practice that was relationship-based, strengths-based, and holistic. In other words, the factors associated with positive outcomes included:

- the centrality of building consistent, trusting relationships, and providing time for this;
- the focus on bolstering and leveraging strengths and resources to identify solutions and working together to support progress towards positive outcomes;
- the provision of multi-faceted (often multi-disciplinary and sometimes multi-agency) support that could address multiple needs and issues, including those relating to the wider relationships and social contexts in which individuals and whole families are embedded, in a holistic, coherent, and joined-up way.

Achievement of good outcomes (again, across a range of cohorts), and of good quality, relationship-based, strengths-based, and holistic practice needs to be supported by enabling systemic conditions, structures, and processes. Key systemic enablers included:

- improving practitioner time capacity and service capacity to enable sufficient time for work (including direct work) on each case;
- using shared, evidence-informed practice methodologies and tools, and providing training and skilled supervision to support this;
- providing integrated multi-disciplinary specialist support enabled by group case discussion (most notably, this includes specialist mental health support across a range of cohorts, but also, depending on context, specialist support for domestic abuse, alcohol and substance misuse, parenting skills, life skills, education, and employment);
- improving multi-agency collaboration;
- engaging in thoroughgoing consultation on and/or co-production of services.

The extra capacity provided through Innovation Programme funding was an overarching, critical enabler of projects achieving their aims – including, for some, making cost savings, highlighting how crucial adequate funding of children's services is to enabling services to achieve good outcomes.

The **recommendations** include investment in earlier and more intensive support can pay off in terms of both better outcomes for children and families, and saved costs for services in the longer term;

Evidence-informed practice methodologies should be used to provide a framework for knowledge, understanding, and skills development to support relationship-based, strengths-based, and holistic practice;

Rather than there being a single, comprehensive methodology suitable for universal implementation, services should consider which methodologies are best suited to meeting the needs of their cohorts, noting that systemic methodologies appear particularly helpful in a range of contexts.

To support effective practice, training to an appropriately high level of knowledge and skill in line with relevant evidence-informed methodologies should be provided not only

to practitioners within children's social care teams, but also residential care practitioners, and key professionals working with young people leaving care. There is a clear need for therapeutically-informed, multi-disciplinary support from highly skilled professionals, not only among children in need of help and protection and their families, but also among those in need of care and young people who are care experienced.

Consideration should be given to incorporating multi-disciplinary, specialist support within service teams to meet the needs of children, young people, and families in a timely, joined-up, and coherent way. Specialists with expertise in mental health have emerged as holding a particularly important role in enabling good outcomes across a range of social care, post-care, and non-statutory contexts.

Services should consider the benefits of building consultation and co-production involving service users, staff, and partners into service-level decision-making processes, while noting this requires time and careful communication.

In any innovation or change project in children's social care, realistic planning should be a key priority. This requires research and scoping in the early stages, to ensure plans are underpinned by relevant evidence and by a clear, plausible logic model.

Whether heading up change projects or running established services, leaders in children's social care should 'model the model', working with staff and wider stakeholders in a strengths-based, solutions-oriented way.

**Institute of Public Care**  
**10 August 2022**

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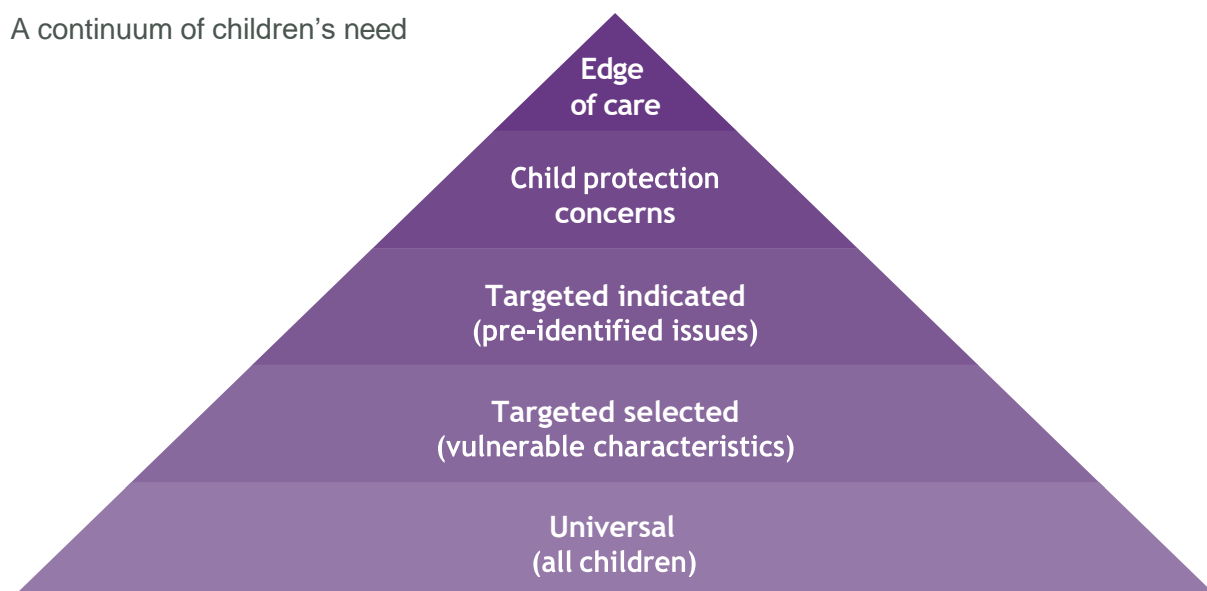
## Appendix One

How do we understand need?

Children's social care commonly categorises services and interventions in terms of five tiers of need (see figure 1.1).

**FIGURE 1.1**

A continuum of children's need



Based on Hardiker, P., Exton, K. E. N., & Barker, M. (1991). The social policy contexts of prevention in child care. *The British Journal of Social Work*, 21(4), 341-359.

1. Activities that are made available to all families in the entire population regardless of need are referred to as **universal** interventions. They are typically made available to address needs that are shared by all children (such as education) or to prevent problems from occurring in the first place. Examples of universal interventions include schools, health visiting and primary healthcare.
2. **Targeted selected** interventions are those offered to children or families based on demographic risks, such as low family income, single parenthood or adolescent parenthood. Although children growing up in these circumstances may not be experiencing any specific problems, they are at increased risk of experiencing child maltreatment and related problems in comparison to the general population. Interventions that target these risks have the potential to prevent child maltreatment and other serious problems from arising in these groups.
3. **Targeted indicated** interventions are for children or families identified or assessed by practitioners as having a specific or diagnosed problem which requires intensive support to either stop it or keep it from getting worse. Examples of interventions falling within this category include treatments for pre-identified conditions such as diagnosed behavioural or mental health problems.
4. **Child protection need** refers to interventions that were developed specifically for children who have been maltreated, or for whom there is a significant risk of child maltreatment. These interventions are therefore offered to stop child maltreatment from reoccurring. In some cases, they may also provide an appropriate alternative to out-of-home care.

5. **Edge of care** applies to a child who is at serious risk of becoming looked-after because of concerns about their parents' capacity to care for them, or the child's behaviour is beyond the parents' control. These interventions have been specifically developed as an alternative to children going into care if the parents have been assessed as having sufficient capacity to benefit from the intervention and the risk of child harm has been judged to be manageable.

## Appendix Two

### Summary interventions table 6

### Interventions with established evidence of preventing, stopping or reducing the impact of child abuse and neglect and related risks

Level of need	Behaviour management	Family conflict	Parental mental health	Domestic abuse	Parental substance misuse
<b>Universal</b>		<ul style="list-style-type: none"> <li>Family Foundations</li> <li>Schoolchildren &amp; their Families</li> </ul>	<ul style="list-style-type: none"> <li>Perinatal mental health screening</li> </ul>	<ul style="list-style-type: none"> <li>Dating Matters</li> <li>Family Foundations</li> <li>Me &amp; You</li> <li>Safe Dates</li> <li>Schoolchildren &amp; their Families</li> <li>Screening for domestic abuse</li> </ul>	<ul style="list-style-type: none"> <li>Screening and advice during pregnancy</li> <li>Taxation and minimum unit pricing of alcohol</li> </ul>
<b>Targeted selected</b>	<ul style="list-style-type: none"> <li>Family Check-up for Children</li> <li>Family Nurse Partnership</li> <li>ParentChild+</li> <li>ParentCorps</li> <li>Parents as First Teachers</li> <li>Strengthening Families 10–14</li> <li>Triple P Online</li> </ul>	<ul style="list-style-type: none"> <li>Family Check-up for Children</li> </ul>	<ul style="list-style-type: none"> <li>Family Nurse Partnership</li> </ul>	<ul style="list-style-type: none"> <li>Family Nurse Partnership</li> </ul>	<ul style="list-style-type: none"> <li>Reducing alcohol outlet density at the neighbourhood level</li> </ul>
<b>Targeted indicated</b>	<ul style="list-style-type: none"> <li>Empowering Parents, Empowering Communities</li> <li>Helping the Noncompliant Child</li> <li>Hitkashrut</li> <li>Incredible Years Preschool Basic</li> <li>Incredible Years School Age Basic</li> <li>Resilience Triple P</li> <li>Triple P Discussion Groups</li> <li>Triple P Level 4: Group &amp; Standard</li> <li>Triple P Teen; Group &amp; Standard Level 4</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced Triple P</li> <li>Incredible Years Preschool BASIC and ADVANCE</li> </ul> <p><i>For separating parents</i></p> <ul style="list-style-type: none"> <li>New Beginnings</li> <li>Triple P Transitions</li> </ul>	<ul style="list-style-type: none"> <li>Antidepressants and other pharmaceutical treatments for treating various psychological disorders</li> <li>Cognitive behavioural therapy (for mental health)</li> <li>Incredible Years Preschool Basic</li> <li>Interpersonal Therapy</li> <li>Psychodynamic Therapy</li> </ul>	<ul style="list-style-type: none"> <li>Antenatal 'empowerment' advice for mothers identified at risk of domestic abuse during pregnancy</li> <li>Cognitive behavioural therapy (for victims/survivors)</li> <li>Incredible Years Preschool Basic</li> </ul>	<p><i>Adult treatments</i></p> <ul style="list-style-type: none"> <li>Cognitive behavioural therapy (for substance misuse)</li> <li>Detoxification</li> <li>Pharmaceutical treatments</li> <li>Twelve-step facilitated interventions (TSFIs)</li> <li>TSFIs combined with motivational interviewing</li> </ul> <p><i>For parents and families</i></p> <ul style="list-style-type: none"> <li>Behavioural couples therapy for alcohol and substance misuse</li> <li>Child First</li> <li>Families Facing the Future</li> <li>Parents Under Pressure</li> </ul>

Level of need	Behaviour management	Family conflict	Parental mental health	Domestic abuse	Parental substance misuse
<b>Child protection concerns</b>	<ul style="list-style-type: none"> <li>• Child First</li> <li>• Child-Parent Psychotherapy</li> <li>• GenerationPMT0</li> <li>• Parent-Child Interaction Therapy</li> <li>• Pathways Triple P (Level 5)</li> </ul>		<ul style="list-style-type: none"> <li>• Child First</li> <li>• Child-Parent Psychotherapy</li> <li>• Infant-Parent Psychotherapy</li> </ul>	<ul style="list-style-type: none"> <li>• Child First</li> <li>• Child-Parent Psychotherapy</li> <li>• GenerationPMT0</li> <li>• Parent-Child Interaction Therapy</li> <li>• Project Support</li> <li>• Trauma-focused CBT</li> </ul>	
<b>Edge of care</b>	<ul style="list-style-type: none"> <li>• Functional Family Therapy</li> <li>• Multidimensional Family Therapy</li> <li>• Multisystemic Therapy</li> <li>• Multisystemic Therapy for Child Abuse and Neglect</li> <li>• Multisystemic Therapy for Problem Sexual Behaviour</li> <li>• Treatment Foster Care Oregon – Adolescent</li> </ul>		<ul style="list-style-type: none"> <li>• Multisystemic Therapy for Child Abuse and Neglect</li> </ul>	<ul style="list-style-type: none"> <li>• Functional Family Therapy</li> <li>• Multisystemic Therapy</li> <li>• Multisystemic Therapy Child Abuse and Neglect</li> <li>• Treatment Foster Care Oregon – Adolescent</li> </ul>	<ul style="list-style-type: none"> <li>• Multisystemic Family Therapy – Building Stronger Families</li> </ul>