Editorial

Working Alongside One Another…

Jane V Appleton

The Health and Social Care Act 2012 continues to have considerable impact on children's public health services across England and Wales. As *Child Abuse Review* goes to press this October 2015, in England, major health and social care re-organisations are taking place [PUBLISHER – THE PRECEDING UNDERLINED WORDS ARE FOR THE MARGIN]. Local authorities are taking over the responsibility from NHS England for commissioning public health services for infants and children up to the age of 5 years, including health visiting services and the Family Nurse Partnership. (Department of Health and Department for Education 2014). This will bring together commissioning responsibilities for a range of different early years' provision within the local authorities. While there may be no immediate impact on children and their families as users of these services, the intention behind such massive reorganisation must be to streamline services. As public health, education and social care professionals work alongside one another, commissioners of children's services will be increasingly concerned with ensuring that local needs are met, through evidence-based and cost-effective interventions [PUBLISHER – THE PRECEDING UNDERLINED WORDS ARE FOR THE MARGIN] that have long term public health benefits for children.

One such programme is the Australian Parents Under Pressure (PuP) Programme. Kim Dalziel and colleagues (2015) describe a cost-effectiveness analysis of the Australian PuP Programme for opioid-dependent parents in receipt of methadone maintenance. The PuP Programme is an intensive home-based intervention of up to 20 weeks that draws on attachment theory. A PuP therapist works therapeutically with parents on an individualised home-based programme, using a Parent Workbook

covering a series of modules which focus on developing parenting skills and improving the quality of the relationship between the parent and child. Drawing on data from an earlier randomised controlled trial by two of the authors (Dawe and Harnett, 2007), Dalziel *et al*. (2015) sought to extend the original findings to determine the cost-effectiveness of the PuP programme. In the original trial, methadone-maintained parents randomised to the PuP programme reported significant improvements in family functioning compared to usual care or a brief intervention [PUBLISHER – THE PRECEDING UNDERLINED WORDS ARE FOR THE MARGIN], as measured by a reduction in scores on the Child Abuse Potential Inventory (CAP). The CAP Inventory is widely used as an estimate of parental risk in cases of suspected child physical abuse. Using an incremental cost-effectiveness analysis, the team calculated the cost of each expected case of maltreatment prevented; they compared this with the lifetime cost estimate of child maltreatment and found significant cost savings. They report "assuming the most conservative estimate of one in five cases of maltreatment prevented, a cost effectiveness estimate of AU$43 975 (£24 451) per case of potential maltreatment prevented for the PuP group was obtained. This is significantly less than the estimated mean lifetime cost of a case of child maltreatment of AU$200 000 (2013 value) (£110 000)". Dalziel and colleagues (2015, p. x) argue that investing in intensive home visiting programmes for high risk substance-misusing families can result "in both improvements in clinical outcomes and considerable net costs savings".

An overview of the Child Abuse Potential (CAP) Inventory is provided in a useful paper by Sarah Laulik and colleagues (2015) which details the psychometric properties of the measure and provides an overview of the CAP Inventory subscales, validity scales and response indices. The authors report that the CAP inventory is a robust psychometric measure and "is able to discriminate between physically abusive and non-abusive parents" (Laulik *et al*., 2015, p. x). The paper also highlights that in addition to screening for risk of child physical abuse, the CAP Inventory has been used to measure treatment change and evaluate treatment outcomes. While this paper does not provide an exhaustive and systematic review of the literature around the CAP Inventory, it is useful in the

consideration it gives to the clinical application of the measure, drawing on two case studies of its use in routine assessment of parents involved in care proceedings. There is also a helpful table of the strengths and limitations of the CAP Inventory. In terms of the latter, Laulik *et al.* (2015) quite rightly draw attention to ethical concerns and the consequences of using the instrument to describe someone as potentially abusive to a child. These authors urge caution and careful consideration when a decision is made to use the CAP Inventory in practice [PUBLISHER – THE PRECEDING UNDERLINED WORDS ARE FOR THE MARGIN] emphasising that "it should only ever be used by assessors with appropriate experience and qualifications and in the context of wider assessment" (Laulik *et al.,* 2015, p. x).

As early years professionals increasingly work together to support parents and improve and protect the health and wellbeing of children and young people, inter-professional training in how to identify and protect those at risk of abuse and neglect [PUBLISHER – THE PRECEDING UNDERLINED WORDS ARE FOR THE MARGIN] will interest those responsible for commissioning services for children and their families. The Training Update in this issue by Linda Village and Cathy Hooper (2015) is a review of three short training films produced by the Social Care Institute for Excellence TV in 2013 on Partnership Working in Child Protection. While the films illustrate examples of health, council and police professionals working together in cases of suspected child maltreatment, Village and Hooper (2015, p. X) are critical that the films have limited value for their multiprofessional audience reporting their content to be overly descriptive and its level mismatched to the intended audience.

In another evaluation of training materials, Reeves and colleagues (2015) from the University of Kent report on the use of 'Rosie 2', a child protection simulation which follows a health visitor and social worker on a virtual home visit to a family where neglect is a significant concern, to explore practice options in a safe environment. These authors report on a small pilot research project using innovative eye tracker technology and facial recognition software to examine individual health professionals' emotional responses [PUBLISHER – THE PRECEDING UNDERLINED WORDS ARE FOR

THE MARGIN] as they complete the 'Rosie 2' virtual training game. The small sample included five health visitors, eight social workers and 11 'control' participants (lay people who had no experience in child protection). This study showed some interesting findings with the main emotion exhibited by the professionals being a 'neutral' response, while the control group showed more anger and sadness and less neutrality than the professional group of workers. There were also differences between the groups of professionals in terms of their experience of negative emotions with social workers showing more surprise and disgust and health visitors displaying more sadness. Reeves *et al.* (2015) discuss these findings in terms of the emotional responses in child protection work and compassion fatigue. They argue that unconsciously, the emotional responses of professionals "may affect judgement and emotional functioning in the[ir] assessment of the family and these may be transmitted non-verbally to them" (Reeves *et al.*, 2015, p. x). These authors stress the importance of good supervision to facilitate reflection and discussion about professional emotional responses in case management.

The emotional aspects of child protection work are also highlighted in the paper by Sue Peckover and colleagues (2015) which reports on a qualitative study to explore the views and experiences of NHS Named and Designated Child Protection Nurses and Doctors about their involvement in Serious Case Reviews (SCRs). Serious Case Reviews (SCRs) are conducted by Local Safeguarding Children Boards (LSCBs) in England when a child dies or has been seriously harmed to examine the involvement of agencies and professionals in the child's case to determine if lessons can be learned about the ways in which professionals and their organisations work together to safeguard and promote children's welfare (HM Government, 2015). However as the authors note SCRs are substantial pieces of work and yet little research has examined their production in practice. Peckover and colleagues (2015, p.x) report on a telephone interview study with 19 Named and Designated professionals to explore their experiences of SCRs, their views about their purpose as well as to explore the orgnaisational, professional and personal impact involved in producing the reports. The study found that undertaking these reviews was a time-consuming process and "a

multi-layered task", creating additional work for staff in which they often did not feel well prepared or fully supported. Producing the reports was also a source of emotional distress as staff were concerned about 'getting it right' for all concerned. Peckover *et al*. (2015) highlight the tensions around whether SCRs promote learning and child-centred practice or blame around the production of the report [PUBLISHER – THE PRECEDING UNDERLINED WORDS ARE FOR THE MARGIN]. The authors conclude by highlighting the underlying social processes involved in the production of SCRs and the complexity involved in making sense of multiple agency accounts of professional and organisational involvement in the case (Peckover *et al*., 2015).

The Short Report in this Issue by Joanna Garstang and colleagues (2015) reports on an audit of the joint agency approach (JAA) used to investigate unexpected child deaths in England [PUBLISHER – THE PRECEDING UNDERLINED WORDS ARE FOR THE MARGIN] (HM Government, 2015). Data were collected on sudden unexpected deaths in childhood (SUDIC) in Birmingham, England between January 2008 and August 2011, using the Child Death Overview Panel (CDOP) Form D, completed by SUDIC paediatricians after each case was concluded. The audit standards are clearly outlined in this paper and the findings show that on the whole the JAA is being followed well in Birmingham, but that there are delays in getting results and still a "lack of follow-up or support for bereaved parents" (Garstrang *et al*., 2015, p, X). While final case reviews are generally well attended, the authors report that social workers are often not present and this is a concern if child protection issues are raised. They also highlight how lengthy waits for parents "for information on the cause of their child's death is likely to increase the grief and anxiety of the bereaved families". Garstang *et al*., (2015, p.X) conclude that determined efforts are being made to improve such delays, although they acknowledge the difficulties of doing so when JAA workloads continue to increase as more child deaths are investigated in this way.

This issue concludes with two book reviews, the first by Wendy McGovern (2015) of Jim Wild's edited text *Exploiting Childhood: How Fast Food, Material Obsession and Porn Culture are Creating*

New forms of Child Abuse. This thought-proving book examines the impact of society's rapidly growing culture of consumerism, capitalism and childhood exploitation on children's welfare in modern life. The second is a review by Jane Davies (2015) of Ray Jones' account of *The Story of Baby P: Setting the Record Straight* which will be of interest to a wide range of professionals.

As the commissioning landscape alters, organisational and professional challenges are likely to continue, but as several of the papers in this issue have reinforced, professionals must work alongside one another collaboratively to ensure the wellbeing and protection of children and young people.

References

Dalziel K, Dawe S, Harnett PH, Segal L. 2015. Cost-effectiveness analysis of the Parents Under Pressure Programme for methadone-maintained parents. *Child Abuse Review* **24**(5): xx-yy. DOI: 10.1002/car.2371

Davies J. 2015. The Story of Baby P: Setting the Record Straight by R. Jones, Policy Press, Bristol, 2014. *Child Abuse Review* **24**(5): xx. DOI: 10.1002/car.2401

Dawe S, Harnett PH. 2007. Reducing potential for child abuse among methadone-maintained parents: Results from a randomized controlled trial. *Journal of Substance Abuse Treatment* **32**: 381-390. DOI: 10.1016/j.jsat.2006.10.003

Garstang J, Debelle G, Aukett A. 2015. Investigating unexpected child deaths: An audit of the new joint agency approach. *Child Abuse Review* **24**(5): xx-yy. DOI: 10.1002/car.2271

HM Government (2015) *Working Together to Safeguard Children* [Online], Available at: www.gov.uk/government/publications/working-together-to-safeguard-children--2 [Accessed 3 June 2015].

Laulik S, Allam J, Browne K. 2015. The Use of the Child Abuse Potential Inventory in the assessment of parents involved in care proceedings. *Child Abuse Review* **24**(5): xx-yy. DOI: 10.1002/car.2294

McGovern W. 2015. Book Review of Exploiting Childhood: How Fast Food, Material Obsession and Porn Culture are Creating New Forms of Child Abuse by Jim Wild (ed.), Jessica Kingsley Publishers, London and Philadelphia, 2013. *Child Abuse Review* **24**(5): xx. DOI: 10.1002/car.2369

Peckover S, Smith S, Wondergem F. 2015. Doing 'Serious Case Reviews': The views and experiences of NHS Named and Designated safeguarding children professionals. *Child Abuse Review* **24**(5): xx-yy. DOI: 10.1002/car.2301

Reeves J, Drew I, Shemmings D, Ferguson H. 2015. 'Rosie 2' a child protection simulation: Perspectives on neglect and the 'Unconscious At Work'. *Child Abuse Review* **24**(5): xx-yy. DOI: 10.1002/car.2362

Village L, Hooper C. 2015. Training update: Partnership Working in Child Protection; Partnership Working in Child Protection: Cardiff Case Study; Partnership Working in Child Protection: Scunthorpe Case Study [3 short films], Social Care Institute for Excellence (SCIE) TV, 2013. *Child Abuse Review* **24**(5): xx-yy. DOI: 10.1002/car.2348