Executive Summary

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Safeguarding Children Across Services: Messages from research on identifying and responding to child maltreatment

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Introduction

Safeguarding Children Across Services is an Overview of the key messages from fifteen studies in a research programme jointly funded by the Department for Education and the Department of Health, the purpose of which is to strengthen the evidence base for the development of policies and practice to improve the protection of children in England. The studies aim to identify how children might be better safeguarded in three key areas: identification and initial response to abuse and neglect; effective interventions after abuse or its likelihood have been identified; and effective inter-agency and inter-disciplinary working. In each of these areas the research encompasses a specific focus on neglect and emotional abuse

Key Findings

- The long-term, corrosive impact of abuse and neglect on children's long-term life chances is not sufficiently recognised, with the result that interventions can be indecisive or delayed.
- The neglect of adolescents is difficult to recognise and too often goes un-noticed. There is evidence that the development and testing of targeted programmes to reduce risky behaviour amongst adolescents and to promote positive models of parental supervision would be of value.
- There are a number of high quality, validated specific interventions available to address the multi-faceted needs of both parents and children, including children who have been maltreated. Most specific interventions are of short duration and maltreating parents and their children will usually require continuing support from social workers, health visitors or other professionals after completing a programme in order to maintain improvements and prevent relapse.

- There is a lack of evidence-based services to address intimate partner violence: for adult victims, affected children and for perpetrators.
- Proactive social work can be very effective. Outcomes for children tend to be better where there is evidence of careful assessment, thoughtful planning and proactive case management.
- There is abundant evidence that improved training in child development would benefit social work practice and enhance outcomes for the children they are working with.
- The majority of maltreated children who are looked after by local authorities do better in terms of their wellbeing and stability than those who remain living at home. Care works for these children, though there is an urgent need for more specialist provision to help them overcome past adversities.
- There is insufficient agreement and clarity over thresholds for referral to children's social care and initiating proceedings in the family courts. Poor feedback from professionals working in these settings to other professionals can have a detrimental impact on inter-agency working.
- Greater alignment between targeted services and GPs as well as with specialist services is required to support families where there are concerns or suspicions that parents or carers may be harming or are likely to harm their children. There is evidence that these children and families are insufficiently supported when they fall below the threshold for children's social care intervention, both prior to referral and following case closure.
- Stronger links between professionals in adult mental health, substance abuse and intimate partner violence and those in children's services, especially social care, would prevent children being maltreated and the consequences of maltreatment being un-noticed or ignored. Professionals in adult services are insufficiently integrated into inter-agency safeguarding children training.
- There have been improvements in inter-agency and inter-disciplinary working, some as a result of effective inter-agency training. There are concerns that proposed reforms to the NHS and schools and measures to restrict public spending might unintentionally have a negative impact on these advances.

Background

Safeguarding Children Across Services (the Overview) distils the messages from fifteen studies conducted following the tragic deaths from abuse and neglect of Victoria Climbié in 2002 and Peter Connelly in 2007. The Inquiry following the death of Victoria Climbié made it clear that a number of long-standing problems, repeatedly raised by numerous child abuse inquiries over the preceding thirty years, had still not been overcome (Cm 5730, 2003). These included failure to attend to early warning signs of abuse or neglect; poor co-ordination between services; a failure to share information between agencies; the absence of anyone with a strong sense of accountability; and front line workers coping with staff vacancies, poor management and inadequate training. The Safeguarding Children Research Initiative was commissioned as part of the Government's response to the Inquiry, which had identified three areas which required further research: identification and initial response to abuse or neglect; effective interventions after maltreatment or its likelihood had been identified; and effective inter-agency working to safeguard children.

Aims

The primary aim of this Overview is to distil the messages from the programme of fifteen research projects and highlight the main implications for all professionals and policymakers involved in the safeguarding process (for details of studies see the reference list at the end of the text). The purpose is to provide those who work together to safeguard and promote the welfare of children with material that is relevant, evidenced and accessible.

Methodology

The group of studies covered by the Overview cover a wide range of methodologies. They were all extensively peer reviewed both at commissioning and completion stage and have thus been judged to be of high scientific standard.

The process by which this Overview was prepared followed a distinctive model employed throughout the *Messages from Research* series (see for example Stein 2009; Beecham and Sinclair 2007). The authors scrutinised the content of the fifteen studies to extract relevant evidence relating to the main aims. Only those findings based on robust scientific evidence were selected. An Advisory and Implementation Group, consisting of clinicians, practitioners, managers and others with expertise in the subject area, and including senior practitioners from the key disciplinary groups involved in the safeguarding system, ensured that the content of the

Overview accurately reflected the findings of included studies, was salient and relevant to their disciplinary interest and was based on sound scientific conclusions. To ensure accuracy the content was also reviewed by the research teams.

Findings

Identifying and responding to maltreatment

[This section draws largely on Brandon et al.(2008); Brandon et al. (2009); Daniel et al. (2009); Glaser et al ; and Stein et al. (2009)].

There is compelling evidence to show that parents who maltreat their children are frequently struggling with problems such as poor mental health, substance and alcohol misuse, and domestic violence. Such difficulties are particularly conducive to abuse when they occur in combination and/or are compounded by other stressors such as parental learning disability, financial or housing problems and unsupportive or inadequate social and familial networks. A number of studies have explored the manner and extent to which such problems impact on parents' capacity to meet their children's needs and increase the likelihood of neglect and emotional abuse as well as other forms of maltreatment.

Early recognition is necessary if long-term damage is to be avoided, because the effects of emotional abuse and neglect appear to be cumulative and pervasive. Both these types of child abuse have serious adverse long-term consequences across all aspects of development, including children's social and emotional wellbeing, cognitive development, physical health, mental health and behaviour. The risk of fatalities from neglect may be as high as that from physical abuse.

Failure to recognise and address these forms of abuse may also result in life-long damage to the child and high costs to society through burdens on health and other services. Ten times as many children experience emotional abuse and neglect as come to the attention of child welfare services (Gilbert et al., 2008).

It is important to identify emotional abuse and neglect early and take action because they frequently first occur in early childhood (often before birth) when their impact can be particularly severe. What happens in the first three years is critical to children's subsequent development.

However adolescent emotional abuse and neglect are also widespread and associated with numerous adverse consequences, including suicide and death or serious injury from risk-taking behaviours. There is much evidence that inadequate supervision and monitoring of adolescents is associated with adverse behaviour patterns, but there is no common understanding of what constitutes supervisory neglect of this age group. There is also evidence that disabled children may be particularly vulnerable to abuse.

Neglect and emotional abuse only rarely result in crises, so practitioners need to look for evidence of long-term, chronic maltreatment. There are particular difficulties in determining when these types of abuse have reached a threshold for referral to children's social care or for initiating proceedings in the family courts.

Early intervention is of key importance. All forms of maltreatment, including emotional abuse and neglect, are most likely to be first indicated to professionals across a range of universal and targeted services including health professionals, the police, nursery nurses, teachers and educational psychologists. Primary health care professionals such as GPs, midwives and health visitors are in a unique position to notice early signs of parental and child difficulties and to identify poor parent-infant interaction. Teachers and nursery nurses see children on a daily basis and are in the best position to identify chronic, slowly deteriorating situations.

Practitioners in adult services are likely to be well-placed to consider the potential impact of parents' problems on children's welfare and it should be routine practice for them to do so. The police are often the first agency to become aware of domestic violence, often associated with community violence as well physical and emotional abuse of children. In order to recognise and respond adequately to emotional abuse and neglect, all these practitioners, as well as those who work in children's social care, should be aware of:

- the growing body of research on child development which demonstrates the consequences of maltreatment on children's mental and physical health; learning and education, socialisation and life chances;
- key signs and symptoms to look for in children, young people and in parents that may be indicative of maltreatment;
- the damage that can be done through not taking action, or through delaying decisions about intervening in the lives of maltreated children;

- what steps to take as a practitioner, whether alone or in conjunction with others.

Evidence from the studies suggests that:

Practitioners working in adult services should be alert to the impact of parental problems such as poor mental health, alcohol and substance misuse, or domestic violence on children's wellbeing. Consideration of these difficulties should be undertaken as part of routine practice where adult service users have parenting responsibilities.

Signs to alert **health practitioners** to risk factors for neglect and abuse include: persistent failure to attend appointments for routine services such as immunisations and hospital appointments; disorganised/ disoriented attachment patterns in young children, revealed through odd behaviours, such as failing to seek contact with a parent when very distressed; passivity and sudden weight loss in very young children; frequent consultations with the school nurse; parents who put off seeking help or provide inadequate wound care for children who suffer burns or scalds.

In **nursery, pre-school and school**, practitioners should be alert to possible maltreatment when children (including infants) show a steep decline in performance or become more socially withdrawn and unpopular with peers as well as more aggressive and less attentive. Delays in language and communication, socio-emotional adjustment and behavioural problems may be indicators of neglect in children as young as three.

Police need to be aware that, not only is domestic violence harmful to children, it is also often associated with physical abuse. Moreover parents of neglected children may also be involved in community and domestic violence. Such parents may be known to the police and probation, but not always to children's social care services.

High thresholds for access to children's social care may deter referrals to this service, and may discourage inter-agency working. It is important that social workers and social care agencies ensure that feedback to referrers is given a high priority. Very vulnerable parents are sometimes expected to refer –or to re-refer - themselves to children's social care or to access targeted services without support. This is unrealistic.

Universal and targeted services to prevent the occurrence of maltreatment

[This section draws largely on evidence from: Barlow and Schrader-McMillan (2010); Stein et al (2009)and Tunstill et al (2007)]

It is clear that early interventions are of key importance. Programmes that prevent the occurrence of maltreatment are likely to be more effective than those that address its consequences. They also require practitioners to be proactive rather than reactive, moving the focus from considering thresholds for intervention to exploring how parenting can be improved in the population as a whole, on a public health basis.

A wide variety of universal and targeted approaches are available at both primary (aimed at whole populations) and secondary (targeted on vulnerable or 'at risk' populations) levels to prevent the occurrence of abuse and neglect. If well designed, these can be effective.

A population-based approach to prevention is non-stigmatising, more likely to reach families early and prevent escalation of abuse, and more likely to reach those children whose maltreatment tends to pass unnoticed. Effective approaches include legislative changes, mass media public education programmes and universally accessible parenting programmes. Examples include the introduction of the Healthy Child Programme and Sure Start children's centres. There is a strong case for developing and testing public education programmes aimed at raising normative standards of parental monitoring and supervision of adolescents outside of school and which are addressing adolescent neglect.

Targeted approaches can address whole localities where indicators of poverty and deprivation suggest that there may be a greater likelihood of maltreatment, as well as families where children are considered to be at greater risk of suffering significant harm. One example of an effective evidence-based targeted approach is the Triple P Positive Parenting Programme, which has been shown to be effective in reducing child maltreatment in the USA and is now being introduced throughout Glasgow.

Other effective targeted programmes being introduced in the UK at present are some (though not all) home-visiting programmes such as Nurse Family Partnerships and validated parenting programmes such as the Webster Stratton Incredible Years (See Family Nurse Partnership 2008; Webster-Stratton and Reid 2010). The latter has been implemented in the UK in both a parent and schools based format to tackle issues such as harsh parenting, child conduct problems and early onset anti-social behaviour (see for example Hutchings et al., 2007). Targeted approaches are valuable but they need to be carefully piloted, adapted if necessary to a UK context and thoroughly trialled before being implemented on a widespread basis.

The best way to target services may be for primary care professionals working in universal services to identify children's needs by routinely assessing parents for early signs of difficulties and poor parent-child interaction to see if they would benefit from extra help to support them in bringing up their children. The Common Assessment Framework has been shown to consolidate inter-agency and inter-professional working, and to be acceptable to service users and practitioners, but its possible contribution to the prevention of maltreatment has not been evaluated.

Social work interventions to keep children safe

[This section draws largely on Farmer and Lutman (2009); Wade et al (2010); and Ward, et al. (2010)]

The findings of all three empirical studies of social work interventions included in the Overview are remarkably consistent. On the positive side they show that proactive social work can be very effective. Outcomes for children tend to be better where there is evidence of careful assessment, thoughtful planning and proactive case management. Children and families also receive a better quality of service if social care involvement is the result of a child protection plan or a care order than if it is offered on a less intrusive basis with the agreement of the child and family. However, the quality of assessment and planning tends to vary significantly between different authorities and indeed between different teams within the same authority, suggesting that supervision, culture, training and experience have a major impact on effective case management.

There is also evidence that many children are left for too long or returned prematurely to abusive or neglectful families where their welfare is inadequately safeguarded. There are numerous reasons why this happens. Firstly, there is evidence that many social work practitioners are insufficiently aware of the impact of abuse and, particularly, neglect on children's long-term welfare or of the need to take swift and decisive action when very young children, including those *in utero*, are suffering significant harm. Theories of child development should be a central element in social work training, but the subject is often quickly passed over and soon forgotten. Practitioners are also often insufficiently aware of the need to understand a family's previous history in order to make sense of present circumstances and to weigh up any evidence of change. There is also evidence that practitioners can become desensitised to evidence of neglect or so overwhelmed by parents' difficulties that they are unable to see the situation clearly and, in particular, the child's unmet needs.

Almost all decisions made by the wide range of practitioners involved, from health, adult mental health, education and the family justice system as well as professionals in children's social care, are made in the expectation that children will fare best if looked after by their birth families. This is in keeping with the Children Act 1989 and with human rights legislation, as well as with professional values and theories of empowerment. However, it means that decisions to separate children from their families go very much against the grain and are particularly difficult to make. Expert assessments ordered by the courts tend to follow this line, as do court decisions themselves, with the result that parents are given numerous chances to demonstrate their capacity to look after a child; if these efforts prove unsuccessful they delay the progress of a case to the detriment of the child's welfare.

Practitioners are not always aware of the urgency of children's timeframes. Very small children are more likely to develop secure attachments to permanent carers if they are placed within their first year. If they are left too long in abusive or neglectful families, pending a decision to separate them, their long-term wellbeing may be compromised by the long-term consequences of maltreatment, the later impact of rupturing secure attachments with temporary carers, and the difficulties of finding permanent placements as they grow older. There is also evidence that after children reach the age of six, proactive case management tends to diminish as the chances of achieving permanency recede, and adolescents may be neglected both by their families and also by services. In fact, parents' timeframes also appear to be relatively short: there is some evidence, that needs ratification, that the birth of a baby can serve as a catalyst, and those parents who are able to make the often radical changes required to offer a nurturing home will have done so by the time the child is six months old. Many such parents will have begun the process of change before the baby is born. Those who have not succeeded in making significant changes within this timeframe may be unlikely to do so within the timescale of the child concerned, but may make sufficient changes at a later date to care for subsequent children.

The evidence suggests that maltreated children, and particularly those who are neglected or emotionally abused, may benefit by being looked after away from home. Where there has been evidence of past abuse, and particularly neglect, maltreated children who remain looked after find greater stability and achieve better wellbeing than those who return home.

There are well-founded concerns about the numerous problems which require addressing in the care system. Nevertheless, taken as a whole, when compared with their home circumstances, care is often a positive alternative for children and young people who have been maltreated. However although it may offer a safer and more nurturing environment, care can as yet rarely compensate for past disadvantages. Children and young people who have experienced maltreatment may require intensive, specific interventions to help mitigate the consequences of abuse or neglect. Although some validated interventions are now being trialled, they are not widely available; nor are many carers sufficiently trained to provide the intensive, specialist support required. There is also a paucity of interventions that are tailored to the needs of neglected adolescents. Moreover, there is often a loss of continuity: when children move placement or return home from care or accommodation they may cease to access a programme of support that was previously available. There is clearly a need to develop this area further so that being looked after becomes regarded as a more specialist service, offered as one element in a package of specific interventions aimed both at safeguarding children and young people and helping them to overcome the consequences of abuse and neglect.

One feature of both the generic interventions of social workers and the more specific interventions from psychologists, psychiatrists and other specially trained professionals (see below) is that these interventions may be offered for too short a period or withdrawn too abruptly. Many of the parents and children who access such interventions have entrenched and deep-seated problems that are unlikely to be overcome within a few weeks or months. Most specific interventions are strictly time-limited; if the impact is to be sustained, ongoing, less intensive, support and relapse prevention needs to be offered for a longer period. However, more generic social work family support under section 17 of the Children Act 1989 is often also of very short duration. Similarly, wherever possible the least intrusive intervention is chosen, so that children who are the subject of care orders tend to be placed with their parents at the first opportunity and, in fact, many of them never leave home. Cases are also quickly closed: when parents have overcome substantial adversities, there is little formal monitoring to check that change has been sustained. Expectations that abusive parents will re-refer themselves if they run into further difficulties are unrealistic.

This tendency for the more specialist, tertiary interventions to be offered on a short-term basis and then prematurely withdrawn can be counter-productive and, in the long-term, costly. About two thirds of children who return home subsequently re-enter the looked after system, and those who experience repeated, failed, attempts at re-unification have the worst outcomes. Nevertheless pressures to close cases will be exacerbated as services are reduced in response to the current economic situation. If children are to be adequately safeguarded in such circumstances there is a greater need for inter-agency co-operation. Where there is a likelihood of a child being maltreated or a recurrence of abuse or neglect, children and families will continue to need transitional, and in some cases long-term, multi-disciplinary support from cross sector services such as health, mental health, social work and education.

Specific interventions for children and families with complex needs

[This section draws largely on Barlow and Schrader-McMillan (2010) and Montgomery et al (2009)]

Where abuse has occurred or the likelihood is strong, families will need intensive support to prevent its recurrence or to mitigate its impact on children. A number of validated interventions are now available to support parents in making and sustaining changes, but they need to be motivated to change before entering such programmes.

Care should be taken in commissioning specific interventions as not all those available have been successfully evaluated. Some have limited success, and there are significant rates of recurrence of maltreatment and poor outcomes in the follow up studies. The Overview offers ten examples of specific interventions that have been shown to be effective. Selected examples of programmes that focus on parents include effective interventions for substance misusing parents and those who have been exposed to harsh parenting and abuse in their own childhoods. Those that focus on parents (and/or wider family members) and children together include interventions to improve maternal and child representations where there is a known history of abuse in the family and parent-child relationships in infants with faltering growth, as well as interventions to reduce physical abuse and parent-child conflict. Effective programmes that focus on mitigating the consequences of abuse for children include a therapeutic pre-school for neglected infants, peer-led social skills training for maltreated and socially withdrawn children, and interventions for maltreated children who require placements away from home.

Better evidenced programmes for addressing intimate partner violence in families where children are suffering or likely to suffer significant harm are required. There is also insufficient support for alcohol misusing parents.

Most specific interventions are of short duration. Commissioners and operational managers should be aware that maltreating parents and their children will often require continuing support from social workers, health visitors or other professionals after completing a programme in order to maintain improvements and prevent relapse.

Most families in which abuse and neglect occurs experience multifaceted problems that impact on both parents and children. It is difficult to select a specific intervention that addresses all their needs. Moreover, the interventions themselves have elements in common. It makes sense to distil the “common elements” from existing evidence-based interventions to address diverse and complex cases. Developing a common elements approach may prove to be a valuable way forward, but it will need to be piloted.

Providing a context for effective inter-agency and inter- disciplinary practice

[This section draws largely on Carpenter et al (2010); France et al (2010); Komulainen and Haines (2009) and Tompsett et al (2009)].

The studies show compelling evidence of the need for inter-disciplinary and inter-agency working at all stages of child protection work. Evidence comes from multiple ways of looking at service delivery including analyses of what happens when things go wrong, and research on everyday routine practice.

At practitioner level the findings demonstrate some points when joint input is necessary to ensure the needs of children and families are addressed. One key period is around identification and initial response: There is evidence of tensions about high thresholds for referrals to children's social care and the lack of feedback when they are made and concerns about the limits of responsibility in terms of action. As a result there can be a hiatus at the point of referral. This can occur, for example, because health practitioners are frozen by the decision to "refer or not to refer" when alternative action could be taken, or because of difficulties over contact with, and response from, children's social care. Another hiatus can occur at case closure, or when parents and/or children have completed a specific intervention programme and support is required to ensure that the effect is sustained. If specialist services are unavailable or reduced then targeted services should be made more accessible to ensure that children are adequately safeguarded.

Where the professional role is to focus on parents, as is the case with mental health and substance abuse workers, or on both parents and children, as is the case with GPs, there may also be divided loyalties and different perceptions of risk of harm to children. The focus of concern is on the needs of the parent rather than those of the child and 'risk' may be construed to mean different things by different professionals.

Attendance at Local Safeguarding Children Board (LSCB) inter-agency training events has been shown to be an effective means of forging links and fostering better understanding of shared roles and responsibilities. However, at present those practitioners who are least engaged in inter-agency working are also the least likely to attend.

Despite some long standing difficulties, important advances in inter-agency working have been made in recent years at the practice level through innovative approaches to service delivery such as mixed disciplinary teams and co-location of workers. There are also slow but important advances in a shared sense of responsibility between agencies and reductions in the silo mentality to working. It is important to build upon these gains.

The main vehicle for promoting inter-agency working at a local level is the LSCB. LSCBs have played an important part in building stronger relationships through providing high quality inter-agency training and developing networking arrangements between and across disciplinary groups. Two of the studies looked at how LSCBs work. The evidence suggests that the opportunities they offer for building cross sector arrangements and joint engagement in planning and training have done much to break down barriers. But the LSCBs need to continue to be supported by all relevant service sectors. In order to fulfil their functions they need adequate resources to support infrastructure and business through a recognised funding formula. In particular there needs to be sufficient funding to support a business manager and the infrastructure to support the independent chair. The evidence suggests that LSCBs may be most effective if they focus on their core task of safeguarding children from harm, and keep the number of subgroups to a manageable level.

There are risks that these advances could be lost as a result of radical restructuring of services.

Implications for practice and policy

The messages from these research studies carry the following key implications for practice and policy.

Key implications for practice

At a practice level, they suggest that more has be done to ensure that front line practitioners in education, health, social care and the police are aware of the risk factors that render maltreatment more likely, the signs and symptoms that indicate maltreatment may be taking place and its long-term impact on children's wellbeing.

Interpersonal skills are the key to effective interventions. All practitioners and professionals who work with children and families require these skills. Priority should be given to developing and consolidating interpersonal skills in all forms of training, supervision and professional development. This should encompass work with non compliant parents, and scepticism about apparent compliance.

All professionals should be aware of children's timeframes: if a child needs to be permanently separated from their family then it is important to do this as quickly as possible. Those who are permanently placed away from their families by their first birthday are more likely to become securely attached to adoptive parents than those who are older when placed. All professionals also should be aware that the majority of maltreated children who are looked after by local authorities do better in terms of wellbeing and stability than those who remain at home. Care works for these children, though there is an urgent need for more specialist provision to help them overcome past adversities.

Knowledge has advanced and there are a number of high quality, validated specific interventions available to address the multi-faceted needs of both parents and children, including children who have been maltreated. Practitioners need use this knowledge and to be aware of what is effective and what has been properly evaluated.

More attention also needs to be given to improving inter-agency working and communication at the point of referral to children's social care and at case closure. Too many children and families are left in limbo once intensive services have been withdrawn.

Social work practitioners should understand the importance of finding out about and analysing historical information, particularly in cases of neglect. Attention should be given to ensuring proactive case management for older as well as younger children suffering, or likely to suffer, significant harm. At present the evidence suggests that this proactive management may start to diminish for children as young as **six.** Repeated attempts at reunification with birth parents should be avoided. These are damaging to children's wellbeing and jeopardise their chances of achieving permanence through alternative routes.

Key implications for senior managers and policy makers at both local and national level
Child development should be given a very high priority in social work training and continuing education. There is abundant evidence in the studies of insufficient appreciation of fundamental child development knowledge. Gaps in knowledge about the importance of simple chronologies; understanding histories by reading case files; the risk factors related to parental problems; avoiding the "start again" syndrome; and becoming desensitised to poor parenting standards, also need to be urgently addressed in training and continuing professional development.

Early intervention is crucial. Programmes that prevent the occurrence of abuse are likely to be more effective than those that address its consequences. Well designed interventions both at primary level (aimed at whole populations) and at secondary level (targeted on more vulnerable populations) can be effective.

Better systematic links are also needed between adult services in mental health, substance misuse and intimate partner violence and GPs and children's services to ensure that risk factors and concerns about children being maltreated are identified and acted upon.

High quality specific interventions exist to address the multi-faceted needs of both parents and children. These should be commissioned alongside casework interventions by multi-disciplinary teams including social workers. Commissioners of services should evaluate the cost of premature closure or restrictive therapeutic interventions versus that of ignoring long-term therapeutic and welfare needs.

More services need to be developed, in particular for adult alcohol and substance abuse, but also to improve aspects of parenting and addressing the needs of children after they have experienced maltreatment. There is a particular need for evidence-based services to address intimate partner violence: for adult victims, affected children and for perpetrators. Such interventions may be home grown or adopted from tested versions from overseas but should be subject to rigorous evaluation in the UK. Research funding bodies should prioritise such evaluation.

At an organisational level the impact of delay in making decisions on children's subsequent life chances should be widely disseminated, and timescales formally discussed. Consideration should be given to the appropriate use of expert assessments of parenting capacity. Assessments should be required to cover issues such as how parents' problems are impacting on the health and development of each of their children.

Thresholds for referral to children's social care and the courts need to be clearly articulated and agreed at the highest level. These should be formal discussions between local authority senior managers, legal departments and the judiciary concerning appropriate thresholds for taking legal action.

Consideration should be given to developing guidance for repeated assessments of parenting capacity: if there has been insufficient time for change to occur, then further assessments introduce unnecessary delays, to the detriment of children's welfare.

Feedback arrangements should be made to ensure that courts are aware of the outcomes of their decisions. This should include the frequency with which supervision orders or children returning home to birth parents break down and the impact of delays on children's welfare.

Urgent action is needed at Government level to ensure that advances in inter-agency and inter-disciplinary working are not lost. Care needs to be taken to ensure that proposed reforms to the NHS and schools do not unintentionally impact on recent advances in inter-agency and inter-disciplinary working. Measures to restrict public spending must not have a negative impact on initiatives to share financial responsibility for maltreated children, and specifically on the work of Local Safeguarding Children Boards.

Conclusion

Many of the messages from these studies are not new: failure to attend to early warning signs of abuse or neglect, lack of understanding of child development and delays in responding within children's timeframes, and unresolved professional tensions have all been identified before as key issues to address in improving the way that the welfare of children is safeguarded. A key question for policy makers is how to ensure that improvements are better implemented in the drive to increase the effectiveness of services, and why it is so difficult to do so.

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Further details: Full research briefs for all fifteen studies included in the Overview, reports and information concerning related publications can be downloaded from the Safeguarding Children Research Initiative section of the DfE website at http://www.education.gov.uk/researchandstatistics/research/scri.

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