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Child maltreatment

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About the author

Professor Tony Long

After a 10 year clinical career in children's nursing and intensive care nursing, and 14 years' experience in six posts in nurse education, Tony joined the University of Salford in September 2002 as Senior Lecturer in Child Health Research. In August 2006 he was appointed Professor of Child & Family Health. Tony is conducting research as part of CYP@ Salford, a multiprofessional research group which spans health, social care and education, focusing on services, outcomes and impacts on children, young people and families. His research is focused in two programmes: improving quality of life outcomes for children and their families after acquired brain injury, and enhancing the effectiveness of early intervention in health and social care services for children, young people and families. Undertaking research with key partners in the NHS, Local Authorities, national children's charities, selected companies and international colleagues is a vital part of his work.

1. According to your experience and observations in this field, has the overall state of child maltreatment in the UK improved/stayed the same/worsened since May 2013? Why do you think this is?

As always, this issue is complicated by changes in reporting rates and by distortion from media influence. National statistics provide details of registrations but offer nothing about unreported cases. Neglect remains far and away the most common reason for concern and institution of a child protection plan. It remains difficult to account meaningfully for cases in which multiple aspects of child maltreatment are involved.

Probably the best resource currently for an account of the wider complexity of the state of child abuse in the UK are the NSPCC annual reports *How safe are our children?*¹ Perhaps the most challenging issue is that the NSPCC estimates that child abuse may be under-reported by a factor of x 40. There are some indicators of improvement: child suicide is reduced in the UK (except for Northern Ireland); physical punishment by parents has reduced (i.e. is likely to be used); and there has been a reduction in the number of child deaths from abuse. NAPAC reports more people coming forward for help and support.²

However, the incidence of neglect has (at best) remained unchanged, or possibly increased. This is borne out by annual reviews of child neglect by Action for Children (and the University of Stirling).³ Action for Children suggests that 73% of children in the UK know another child who is suffering from neglect. This style of large scale survey approach might offer a better insight into the scale of neglect and other forms of abuse.

While there is no evidence that child sexual abuse (including child sexual exploitation) is any more prevalent than previously, media attention on high-profile celebrity cases has inflated awareness and prioritisation of this. Public and political perspective has focused intensely on this, to the detriment of focus on the far more numerous but anonymous cases, with associated reallocation of resources away from 'normal' protection activities.

2. Are there any new or emerging issues relating to child maltreatment that have come to light since May 2013?

The most obvious is the emergence and persistence of focus on celebrity child sexual abuse and child sexual exploitation gangs, with misinformed emphasis on ethnic differentiation and focus on particular social groups (eg: Asian taxi drivers). International grooming, trafficking and exploitation of children, particularly through the 'dark web' are presenting new problems, prompting greater international cooperation by police forces and innovative investigative methods. Challenges to legal systems remain unresolved in many ways, and no effective means to control extra-territorial web content has been established.

3. Have major academic studies about child maltreatment been published since May 2013? If so, what were their key findings?

Social workers lack confidence in dealing with cases of sexual abuse, particularly as a new era of trafficking, grooming, and internet abuse broaden the scope of abuse and pose additional challenges to recognition, investigation and intervention. Support is often lacking.⁴

Internet and internationally organised cases of child sexual abuse and exploitation have prompted a variety of governmental responses in North America and Europe. Analysis was provided by CEOPS late in 2013, including the importance of addressing cultural issues in organisations with responsibilities to safeguard children in their care.⁵

4. Have any new policies or guidelines been issued about child maltreatment since May 2013? If so, what effect have they had in practice or on child maltreatment overall?

In 2014 a new web portal was launched by the Government for members of the public to report concerns about a child that could be suffering neglect or other forms of abuse. The associated guidance offers an informal definition of 'abuse or neglect' which does not necessarily match that provided for professionals in *Working Together to Safeguard Children 2015*.⁶ The 2015 update of *Working Together to Safeguard Children* made changes in only three main areas: the definition of what constitutes 'serious harm', referral routes and processes in cases of alleged abuse against children by those who work with them, and arrangement for notifying serious cases.⁷

Recommendations

1. The issue of adopting a public health approach to safeguarding remains relevant. A research collaboration in Salford and Greater Manchester is currently pursuing this through the ChildSafe approach.⁸ ChildSafe is a process (rather than an organisation) dedicated to applying a particular approach to reducing or eradicating child sexual exploitation and child abuse generally. It works by educating communities to be aware of the nature of the problem, to become active representatives in their own sphere of influence (eg: a restaurant, a market, an airport, a school), and to champion seven key messages throughout their organisation, staff and customers. It is the basis of a highly successful initiative in Cambodia – M'Lop Tapang.⁹
2. The role of the Third Sector continues to be crucial, and, indeed, the Third Sector is taking up the slack caused by public spending cuts. Government rhetoric about increased funding does not correlate with the actual reduction in services that support families and reduce abuse: SureStart centres, child tax credit, etc. The reduction in Local Authority funding has reinforced the retreat to focus wholly on child protection cases at the expense of efforts to intervene early and of preventative work. Funding is effectively back at 2005/6 levels despite significantly increased demands on services. The Third Sector has been able to demonstrate results, even in addressing the thorny issue of neglect that persists from one generation to the next. Work by Action for Children to establish what works best in tackling neglect is being rolled out across the country,¹⁰ while the Real Love Rocks initiative by Barnardo's on healthy relationships is exerting an impact on children's resilience to sexual exploitation.¹¹ There needs to be more work on developing resilience – on children learning to protect themselves – as part of the national strategy.
3. The general acceptance of a level of violence against children – smacking that does not cause marks, for example – remains problematic. Other countries, particularly Norway and Sweden, for example, have implemented a zero tolerance legislation and public attitude towards violence against children. This term must be adopted in the UK.
4. The failure of the initiative to recruit (and employ) a much larger health visiting workforce, linked to Local Authority cuts and persistent instability of commissioning of community services, means that health visitors are as pressed as social workers to focus on problems that have already escalated.
5. The current report focusses mostly on doctors. It would be wise to adopt the standard of clinical practice and central policy of a multi-professional effort. This goes beyond current thoughts, and includes teachers, A&E nurses, housing officers, youth services and many more.

References

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