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# Not seen and not heard

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**Emilie Goodall**

**Tris Lumley**

## **Child abuse**

A guide for donors and funders



**Lloyds TSB**  
*Foundation for Scotland*

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# Summary

## Why children need protection

Child abuse in the UK is more widespread than most of us realise. Research shows that at least one in nine children is the victim of serious abuse. NPC estimates very conservatively that at least 80,000 children are abused each year, involving emotional, physical, sexual abuse and/or neglect. Abuse can have devastating consequences—including death. In the short term, research has shown that abuse can damage the developing brain and result in withdrawn or aggressive behaviour. In the longer term, victims of abuse are more likely to suffer from mental health problems and to fall victim to further abuse.

Given the sheer number of children who are abused, the often hidden nature of their problems and the widespread, long-term effects, there is an urgent need for action. Children need protection: from becoming the victims of abuse in the first place; from suffering its consequences; and from living with the after-effects as adult survivors. This report will show that donors can change lives—and even save lives—with their support.

## The child protection system

In order to provide context for the work of the charities in this field, which spend an estimated £1.1bn per annum on tackling child abuse, this section outlines the details of the child protection system. Central government is responsible for the current system, which identifies, reports and deals with cases of abuse through local government and charities. Local government itself is the major funder of charities dealing with child abuse.

Charities sometimes act as part of this system: they help to reach more children; they also monitor and suggest improvements. But charities' work is also constrained by the system. Without a system in place that works effectively for all abused children, many thousands of children are missing out on the childhood they deserve.

## The home

Children are at greatest risk of abuse in their own home. They are most likely to be seriously injured or to die at the hands of their parents or carers. What is less clear is why children are abused. Understanding this offers a vital step towards tackling the causes of the problem.

However, there is little consensus on the causes of abuse. Even where causes can be identified, they are part of a list of contributing risk factors rather than single causes, making it difficult to highlight any one particular causal factor.

Many charities, often in partnership with local authorities, offer a package of services aimed at reducing the risk of harm to children. Some of the key factors are described in this section, offering donors the opportunity to make their own choice about where to focus their giving.

## Away from home

Children who have been abused are more likely to fall victim to further abuse. They can end up running away from home, being removed from home, or being forced to leave. Children may leave home for other reasons, but once they have left, they are at high risk of abuse. These are some of society's most vulnerable children.

In the longer term, these children risk the worst forms of social exclusion: from substance abuse to homelessness and prison. Charities are at the forefront of working with these children, yet they suffer from a serious lack of funding.

## Sexual abuse

The sexual abuse of children generates much heated media attention. But the reality is that predatory strangers are not the greatest threat to children. Four out of five offenders are known to the child, while children commit one in three sexual offences.

Effective work to prevent sexual abuse must focus on perpetrators, as well as working with children, their families and the community—to prevent them from abusing in the first place and deal with them once they have been identified. However, resources for both areas are scarce, and donors' support is urgently needed.

## School

School can offer a safe haven for children and young people. For some, it provides welcome respite from issues affecting them elsewhere. It is also a place where abuse can be identified and children supported, whether that abuse is happening in the home or elsewhere. Children can be taught about danger, and attitudes and behaviours can be tackled, potentially preventing abuse.

Abuse, however, happens in schools too. Half of all primary schoolchildren and one quarter of secondary schoolchildren report being bullied in the last year. Charities have been instrumental in highlighting such peer-on-peer abuse, and continue to be very active in tackling bullying.

## Adult survivors

The majority of abused children do not receive the support and treatment they need to overcome the potential damage caused by abuse. Most children do not report their abuse at the time it is happening. Most children fall through the net of the child protection system. This means that there are many more adult survivors of abuse than children being abused at any one time. NPC estimates that there could be as many as five-and-a-half million survivors in the UK alone.

Not all survivors of abuse want support, or actively seek it. However, the number of organisations that have sprung up to offer a listening ear or more formal counselling for survivors suggests that many do want help. These groups do little advertising of their work; demand could massively outstrip their capacity if all survivors were aware that support was available.

## Society

Broader changes in attitudes and behaviours are required across the country in order to tackle child abuse head on. Work that aims to create change across society as a whole may be the most familiar area of this field to donors. The Full Stop campaign by the National Society for the Prevention of Cruelty to Children (NSPCC) is by far the most visible element of charities' recent efforts to tackle child abuse.

But public attitude campaigns alone cannot stop child abuse. There are a number of ways in which charities can help to change society's attitudes and ensure that direct approaches to tackling abuse can work effectively. These steps are all necessary if we are even to hope that child abuse can be totally prevented.

## Conclusions

By supporting charities in this field, donors can play a significant role in helping to achieve change—and in protecting future generations of children from harm.

Every night and every morn some to misery are born.  
Every morn and every night,  
Some are born to sweet delight, some are born to  
endless night.

Extract from *Auguries of Innocence*,  
William Blake

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# Introduction

This report is a guide for donors who want to tackle child abuse. It sets the context for, and outlines the vital work of charities in this field. It also describes the results they achieve, and suggests how donors can prioritise their funding based on these results.

## Tackling a difficult issue

Child abuse is a difficult area to research, for several reasons. These are reflected in the structure and content of this guide. First, abuse takes many forms—from physical abuse to neglect. Second, causes are hard to isolate, and charities must work on many fronts to tackle multiple causes. Third, we actually know little about child abuse because it is often hidden, and because not enough research has been done. And finally, preconceptions about abuse based on unbalanced media reporting can colour our views.

This report has been structured primarily around the different settings where abuse occurs and can be tackled:

- the home;
- away from home;
- in school; and
- across society in general.

Sexual abuse is discussed separately from other forms of abuse, as its causes are different, as are effective approaches to tackling it.

In this report, we describe the scale of child abuse, the massive cost to both individuals and society, and some of the many ways in which charities can tackle abuse. Charities work to prevent abuse from occurring and, where it does occur, they work to protect children from harm, identifying, reporting and dealing with abuse. They help children to recover from what has happened to them; help families to provide a warm, stable environment; and help perpetrators to confront and deal with the abuse they have committed. Charities also help those children who fall through the net to recover as adults.

As a guide for donors, this report provides a tool that helps one to think about where to give. But prioritising is hard because we do

not know enough about the effectiveness of different approaches, from telephone helplines to attitude-changing campaigns. However, if we start with what we do know, it is possible to build the basis of a prioritising tool. This is presented at the end of report, in Appendix 4. Our approach to prioritisation centres on results—each section of this report concludes by summarising what we know, and what we do not, about the results of charities' work.

At times, this report will go into the detail of efforts to tackle abuse, both by charities and by central and local government. This detail is needed to fully explore the key issues, but might appear overwhelming at times. Donors may want to dip into the detailed sections that particularly interest them in order to flesh out the recommendations given here.

Focusing on prioritisation creates a lens through which a donor can read and absorb everything presented here. When the report goes into detail, the reader may use the questions posed in the prioritisation tool to draw conclusions:

- How many people does this affect?
- What are the potential results of this approach?
- How confident are we that these results will be achieved?
- What are the risks of this approach?
- Based on these factors, is this area a priority for my giving?

## Many different options for donors

There are many options for donors wanting to tackle abuse. To a certain extent, the choice will be a personal one, based on the areas of work a donor is most interested in. But NPC's research should help to inform that choice. Funding options can be prioritised based on the combination of personal interest and logical reasoning.

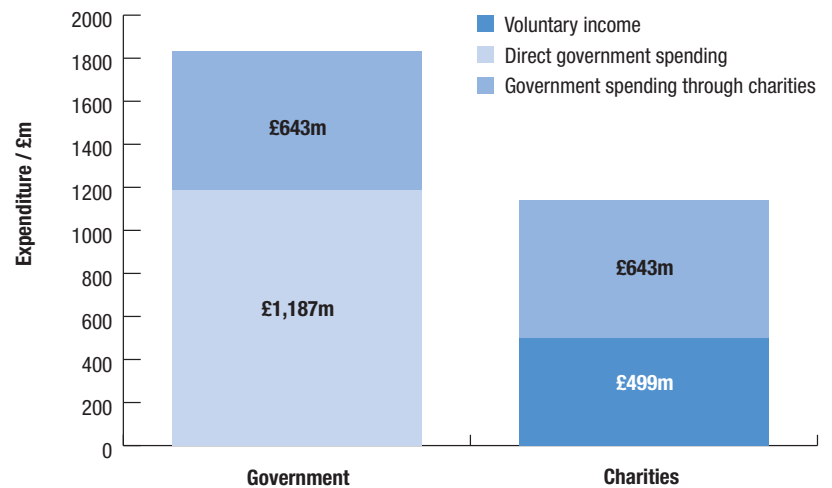
Providing a context for making that decision, it is worth noting that NPC estimates the charitable sector spends £1.1bn per annum on tackling child abuse; £500m of this comes from the general public, while £640m is provided by government (see Figure 1).

Some areas that a donor might choose to support are well funded by government, while others are primarily funded by donations from the public (as illustrated in Figure 2).

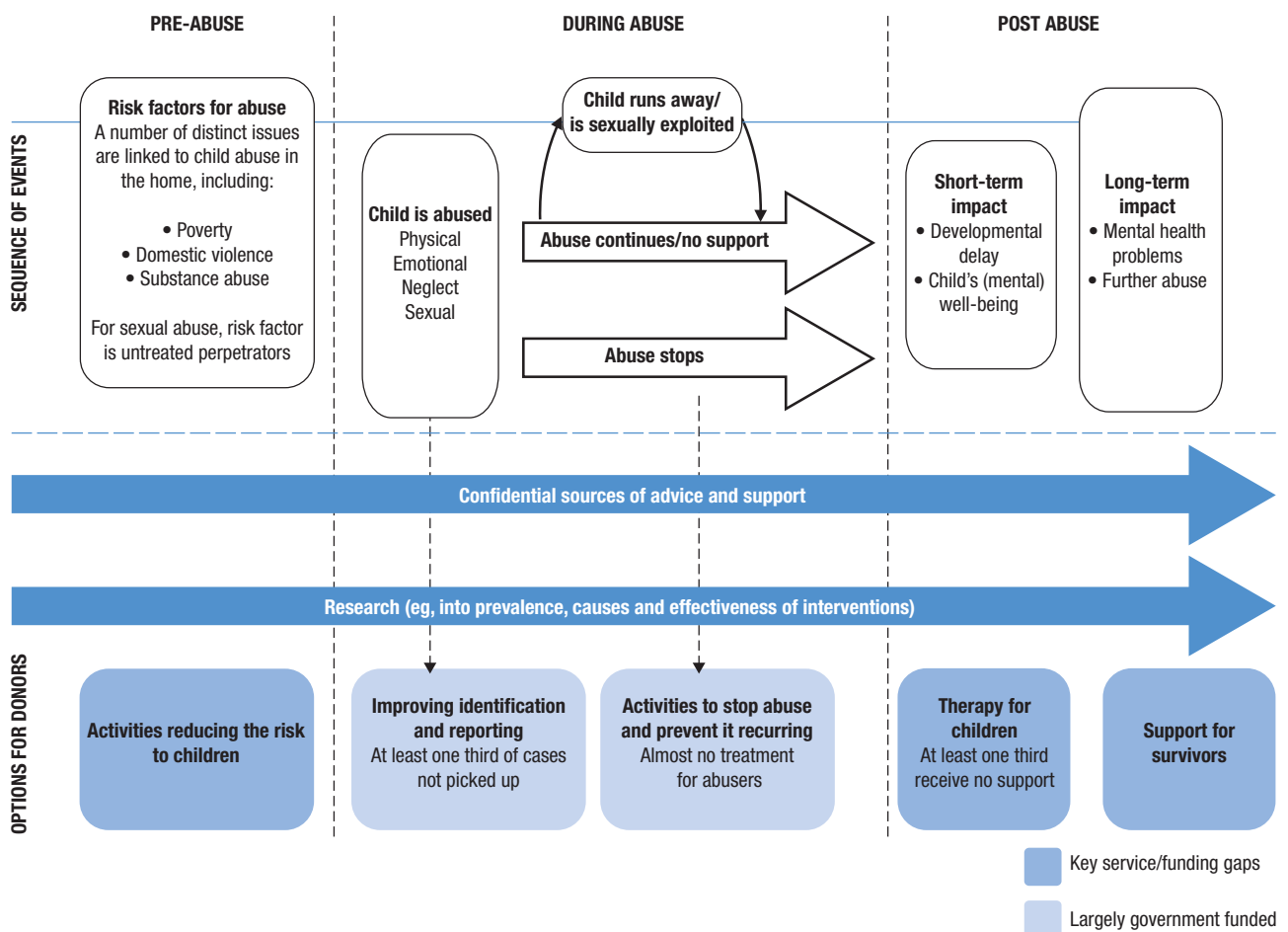
Much of the charitable activity in this field is made up of large national charities, and the detail of this report will necessarily draw on many examples from organisations like the National Society for the Prevention of Cruelty to Children (NSPCC), Barnardo's, CHILDREN 1<sup>st</sup> and The Children's Society. These are broad and complex organisations, whose work cannot fully be explored within the confines of this report. NPC plans to return to the work of such large children's charities later in 2007.

Providing preliminary background to this report, the diagram below provides an outline of the major areas of activity aiming to tackle child abuse, across both the public sector and charities. This has been colour coded to show the areas in which NPC believes the greatest funding gaps and opportunities for private donors lie, and conversely where government funding tends to dominate.

**Figure 1: Government and charitable spending on child abuse**



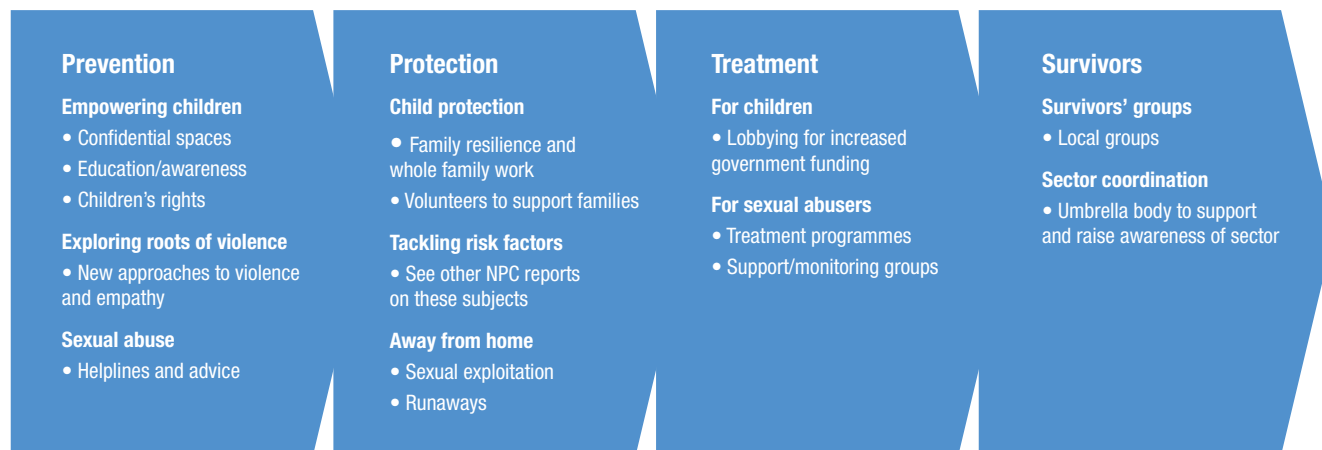
**Figure 2: A map of approaches and options for donors**



The scale of the challenge is huge, but many of the options outlined here have the potential to benefit large numbers of children—children like eight-year-old Victoria Climbié, who died from horrific injuries inflicted by her aunt (see Box 3); or two-year-old Derek Dohan, who died after drinking the heroin-substitute methadone at his home in East Lothian. Donors interested in supporting this work are encouraged to contact NPC, as we believe

that the best results can be achieved by building a balanced portfolio of funding across these options, based on a donor's individual preferences. A donor can also arrive at such a portfolio by using the tool presented here to prioritise their areas of interest. Such a portfolio is described at the end of the report, in Conclusions and Recommendations, and is also presented here as an introduction to NPC's recommendations for donors.

**Figure 3: A portfolio of approaches tackling child abuse**



# Why children need protection

Child abuse in the UK is more widespread than most of us realise. Research shows that at least one in nine children is the victim of serious abuse. NPC estimates very conservatively that at least 80,000 children are abused each year, involving emotional, physical, sexual abuse and/or neglect. Abuse can have devastating consequences—including death. In the short term, research has shown that abuse can damage the developing brain and result in withdrawn or aggressive behaviour. In the longer term, victims of abuse are more likely to suffer from mental health problems and to fall victim to further abuse.

Given the sheer number of children who are abused, the often hidden nature of their problems and the widespread, long-term effects, there is an urgent need for action. Children need protection: from becoming the victims of abuse in the first place; from suffering its consequences; and from living with the after-effects as adult survivors. This report will show that donors can change lives—and even save lives—with their support.

Today there is almost universal agreement that child abuse is wrong, and should be stopped. But not everyone agrees on the definition of child abuse. People most often think of child

abuse as physical or sexual abuse—yet neglect and emotional abuse can have equally serious long-term effects.<sup>54</sup> Fewer people still would be able to say how many children are abused. Knowing the answers to these questions is the first step to effectively tackling the problem.

In the next section, we will look at how many children are affected and what impact it has.

## What is abuse and how many children are affected?

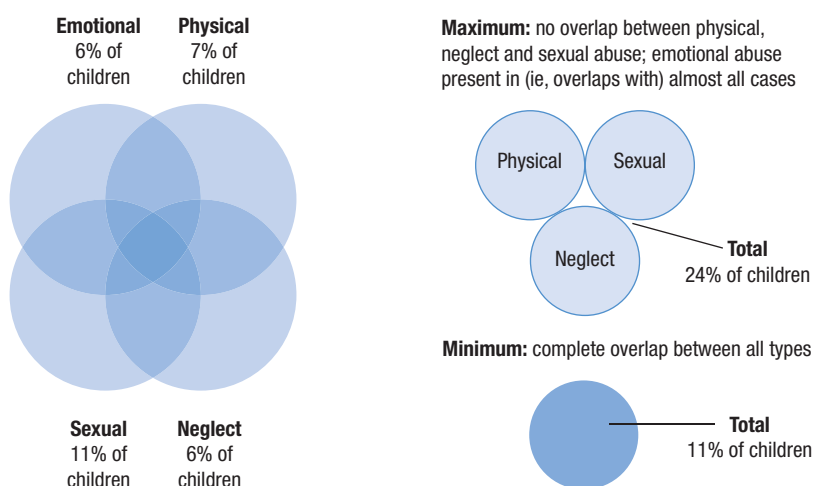
Sceptics sometimes argue that the extent of child abuse is exaggerated, inflated by campaigners who are overly eager to regulate the normal rough and tumble of family life.

It is certainly difficult to define abuse. Child abuse occurs on a continuum—drawing the line depends on value judgements. For some, smacking and bullying are both forms of abuse; for others they are not. This is less of a problem with harsh physical or sexual abuse: nine out of ten agree on what it is.<sup>55</sup> But there is room for debate when it comes to assessing many incidents. Is harm defined by what was done to the child? Or by the harm's impact? For example, shaking a teenager out of frustration is unlikely to cause significant harm. Shaking a baby can result in death.

**Table 1: Definitions of abuse and prevalence**

Types of abuse	Definition of serious abuse	Likelihood of under-18s experiencing abuse
<b>Emotional abuse</b>	Experience of four out of the following seven indicators: <ul style="list-style-type: none"> <li>• psychological control and domination;</li> <li>• physical control and domination;</li> <li>• humiliation or degradation;</li> <li>• withdrawal;</li> <li>• antipathy;</li> <li>• terrorising; or</li> <li>• proxy attacks (ie, killing a pet).</li> </ul>	6%
<b>Physical abuse</b>	When violent actions by parents or carers either cause injuries or continue over many years, causing marks, pain or soreness lasting until the next day or longer.	7%
<b>Neglect</b>	Absence of basic physical care, for example, frequently going hungry, not being taken to the doctor when ill, being abandoned or deserted.	6%*
<b>Sexual abuse</b>	Non-consensual sexual activity or sexual activity when under the age of 12 with someone five or more years older.	11%

\* The NSPCC used two separate definitions for physical neglect: absence of adequate parental care (6%) and supervision (5%). The two cannot be aggregated, as we do not know what overlap there is between the types of abuse, so here we use the highest proportion.

**Figure 4: How many children might be affected by abuse?****Box 1: Definition of a child**

A child is defined as ‘*anyone who has not yet reached their 18th birthday [...] The fact that a child has become sixteen years of age, is living independently or is in Further Education, or is a member of the Armed Forces, or is in hospital, or in prison or a young offenders institution does not change their status or their entitlement to services or protection under the Children Act 1989.*’<sup>27</sup>

Researchers have tried to get round this ambiguity by devising clear, concrete criteria for each of the four types of abuse. Table 1 shows the results of the most comprehensive UK prevalence study to date, published by the NSPCC in 2000. Young adults were asked about their experiences as children. Their responses were analysed against criteria for four types of abuse: emotional, physical, sexual abuse and neglect.

There is significant overlap between different types of abuse. One study found that only 5% of cases involve just one type of abuse.<sup>66</sup> For example, ‘*some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.*’<sup>27</sup>

As such, arriving at an aggregate number is problematic. The NSPCC study did not attempt to give a total figure of those abused. To avoid double counting, we have used the category of abuse that has the highest proportion of the population affected, according to the NSPCC criteria. This is 11%, for sexual abuse involving contact (ie, not including exposure, taking pornographic videos or photos of children, or making them watch other people having intercourse, which affected a further 5%). But we can explore the numbers to get a better idea of how big the problem might be.

Figure 4 shows what we know, and what we do not know, about the prevalence of abuse.

These numbers are shocking. What they show is that a minimum of 11% of children suffer some form of serious abuse; the number could be as high as 24%. That means a minimum of 80,000 children are abused each year; and that number could be as high as 175,000 each year. The true number is unlikely to be either of these extremes—we know that there is overlap between types of abuse but not complete overlap—so NPC has used the lowest figure to remain conservative.

Far from being exaggerated, as sceptics suggest, there are further reasons why the figures used by NPC are likely to be an understatement. For each type of abuse captured in the NSPCC’s prevalence survey, there was an additional significant minority who had experienced sufficient abuse to cause concern. Furthermore, the respondents were young adults. They are unlikely to remember incidents in early childhood, and yet studies of parental behaviour show that most physical punishment happens when the child is under seven years old.<sup>65</sup>

The figures also mask important differences between groups. For example, contact sexual abuse affects 16% of girls and 7% of boys, which averages out at 11% of children. There are far more female victims of sexual abuse, and therefore more adult female survivors than male.<sup>65</sup>

The 2000 NSPCC study is the most comprehensive available data, and until the next one is undertaken (forecast for 2010) we have no way of telling whether prevalence is rising or falling. Given the high political profile of child abuse, it is surprising that there is not greater commitment to more regular measurement of prevalence.

What these figures do tell us is that child abuse is extensive; with at least 80,000 children affected each year. The total number of adult survivors of childhood abuse must be many times greater, in the region of five-and-a-half million (see Appendix 1 for calculations).

These numbers will be useful later when we think about prioritising funding in this field, as they show the relative scale of the problems facing children and adult survivors.

**The need for better data**

It is disappointing that the best data we have to go on dates from seven years ago. It must be remembered that the study used 18–24 year olds, so the study is arguably more reflective of children’s experiences in the 1980s and 1990s than today.

These numbers are shocking. What they show is that a minimum of 11% of children suffer some form of serious abuse; the number could be as high as 24%.

A quick glance at the references at the back of this report highlights the wide range of research on offer, particularly the role charities have to play in generating evidence in this field. NPC would not have been able to produce this report without such research, yet researchers report great difficulty getting funding for research projects. Much primary research consists of small-scale and short-term projects. Only a small proportion is subject to rigorous peer review.

NPC believes there is great opportunity for donors to support research in this area. During NPC's own research into the field, it has been suggested that there may be a role for a coordinating research body, perhaps similar to the National Cancer Research Institute (NCRI) in the field of cancer. The NCRI coordinates research, identifying gaps and avoiding duplication of efforts. Research into child abuse is nowhere near as developed (ie, well-funded) as cancer research, but some kind of independent strategic body could help government and charities alike to focus their efforts effectively on tackling abuse.

To illustrate the value of such a body, consider the fact that much has changed in terms of approaches to tackling abuse over the past decade. Increased information-sharing between relevant organisations; new campaigns to change attitudes to abuse; and awareness-raising campaigns among children should all have had some effect on prevalence rates of abuse. But without current data, there is no way of knowing their impact.

In Scotland, an informal research network is developing out of the University of Dundee. The Scottish Childcare and Protection Network aims to develop an improved, more consistent approach to evaluation and to generate better evidence for a variety of child protection practices. In England, there has been widespread support for the government's proposal of a national centre for excellence in children and family services that would ensure systematic sharing of good practice.

This should not mean duplication of existing work. Professional bodies such as the British Association for the Study and Prevention of Child Abuse and Neglect produce quality research in the form of the academic journal, *Child Abuse Review*, but they have limited resources. Some kind of strategic research body might be able to focus efforts on bringing in funding for further research, and coordinate existing efforts.

NPC does not recommend that donors consider establishing an independent research organisation themselves. Rather, we emphasise the value of funding research within specific charities in the field, and also of funding independent research where this is possible.

## What is the impact of child abuse?

Abuse matters because it causes children misery, threatens their safety and can ruin their life chances. The most visible consequence—for a few high-profile cases—is death. But there are a whole range of less visible and very damaging consequences.\*

### Abuse causes injury and death

There were 58 reported child murders in 2004/2005.<sup>57</sup> Sadly, children most often die at the hands of their own parents or carers. Figures are disputed given the ambiguity surrounding Sudden Death Syndrome and some domestic accidents.

Children under the age of one are at highest risk of serious injury or death.<sup>58</sup> This may not only be because younger children are more physically vulnerable, but possibly because they are abused more. A 1997 survey of corporal punishment in the home found that the younger the child, the more likely they were to be hit at least weekly. Over half of the one year olds were hit once a week or more by either or both parents, compared with one in ten 11 year olds.<sup>59</sup> The links between all forms of corporal punishment (eg, smacking) and serious abuse are not clear, but there is a correlation between the two.

### Abuse can damage the development of the young brain

The pain, fear and loneliness experienced by abused children can make a physical imprint that will affect every aspect of their future, damaging the very development of the brain. Cognitive and linguistic delays have been found in abused children.<sup>60</sup> Researchers are looking at the effects of abuse on the developing infant's brain. The hormone cortisol is produced under stress and is thought to have toxic effects on the developing brain, particularly the limbic system that governs emotions. This can result in hyperactivity, anxiety and impulsive behaviour.<sup>61</sup>

\* There is a vast amount of research on the impact of abuse. Drawing generalisations from it is problematic. For example, much research is focused on sexual abuse. Establishing causal relations is even more difficult, as a lot of research is from the perspective of adult (usually female) survivors. Long-term outcomes could be the result of any number of things that have happened since the abuse, rather than the abuse itself. Nonetheless, there is a sufficient body of evidence to paint a picture of the possible impact of abuse.

**Box 2: 'And do I abuse my children? No!'<sup>23</sup>**

The majority of people who are sexually abused do not go on to sexually abuse others. The majority of victims are female, whilst the majority of perpetrators are male. Although there is a relationship between childhood sexual abuse of males and subsequent sexual offending, being a victim of sexual abuse does not necessarily predict subsequent abusive behaviour. Rather, family factors are implicated in subsequent sexual offending.<sup>38</sup> Risk factors include neglect, sexual abuse by a female and being witness to frequent serious violence within the family.<sup>43</sup>

*'Retrospective research has shown that the majority of young people who display sexually abusive behaviours have themselves been abused, however, while attention is often paid to the cycle of abuse, the majority of young people who have been abused do not go on to abuse.'*<sup>50</sup>

This is perhaps less clear for victims of other types of abuse. One study of families involved in the child protection system (see Section 2) found that one in seven of the parents had a history of abuse.<sup>44</sup> As with any longer-term results, it is not clear whether the historical abuse or other factors were the cause of the current abuse.

*'While experience of abuse as a child leaves parents at considerably greater risk of having parenting problems with their children, the relationship between the two is far from inevitable [...] It is the combination of childhood abuse and continued poor life experiences [...] which increases the chances an individual becoming an abusive parent.'*<sup>53</sup>

### Abuse can damage a child's ability to form relationships

In the medium term, the ability of abused children to form relationships can suffer. They may become withdrawn or develop aggressive behaviours. A study, mainly based on evidence from the US, found that abuse in the first five years of life nearly tripled a child's likelihood of having multiple physiological, behavioural and academic problems at school. The earlier the abuse occurred, the higher the likelihood that the child would experience such problems.<sup>60</sup>

Abuse can have a profound impact on an individual's ability to bond, including with their own children.<sup>58</sup> It is not clear whether this goes so far as to increase an individual's likelihood of abusing their own children (see Box 2). For most of us, our prime example of parenting comes from our own parents. Some make an effort *not* to parent as they were parented, but more often than not we mimic our parents when bringing up our own children.

### Abuse causes long-term mental health problems

The effects mentioned above can themselves create long-term consequences. One of the strongest correlations appears to be between childhood abuse and mental health problems as an adult; research shows that around 50% of people receiving mental health services report abuse as children. For example, one review of the prolific literature on the topic found that 'on careful questioning, 50-60% of psychiatric inpatients and 40-60% of outpatients report childhood histories of physical or sexual abuse or both.'<sup>62</sup> Others have concluded that 'child abuse may have a causative role in the most severe psychiatric conditions.'<sup>62</sup> A Swedish study of over one

million adults found that former child welfare clients were four to five times more likely to have been hospitalised as a result of suicide attempts.<sup>63</sup> Fatal effects of child abuse are not, therefore, limited to the short term.

There is also a strong link between abuse and later offending. One UK study found that 72% of young offenders incarcerated for a 'grave crime' reported some form of childhood abuse.<sup>60</sup> It is not clear whether such patterns of behaviour are linked to the abuse itself, other factors associated with abuse (such as deprivation) or the toxic effect of abuse on the brain, resulting in impulsive behaviour.

Abused children have an increased chance of falling victim to further abusers. Physically abused children are three times as likely to be bullied as their peers, while women who were physically or sexually abused in childhood are more likely to be raped or to become a victim of domestic violence in adulthood.<sup>64, 65</sup>

Research on the prevalence of sexual violence in Ireland found that penetrative child sexual abuse increased the risk of adult penetrative sexual abuse 16-fold, for both men and women.<sup>66</sup>

### Costs of abuse

In addition to the terrible physical and emotional costs for individual children, there is a financial cost to society. A government review in 1996 conservatively estimated that child abuse costs society £1bn each year.<sup>9</sup> This sum underestimates the true cost. The study did not include disability, decreased quality of life, premature death, apprehending and prosecuting offenders, investigation of child abuse reports by social welfare organisations, foster care and costs to the employment sector due to absenteeism and low productivity.<sup>58</sup> All present an enormous bill to the taxpayer.

NPC estimates conservatively that the state spends at least £1.8bn on children's services relating to child abuse each year in England alone.\* There are indications that the true cost to society of child abuse could be many times greater. Research in the US conservatively estimated the cost of child abuse nationally to be \$98bn each year.<sup>69</sup>

Furthermore, if approximately 50% of mental health service users are found to have experienced childhood abuse, it is reasonable to assume that the cost of these services could be reduced if the prevalence of child abuse were to decrease. A 10% decrease in the need for mental health services would equate to a saving of £1.8bn.

Donors wanting to fund work in this area may take these figures as a very conservative indication of the huge benefits that could be realised by tackling abuse.

Research shows that around 50% of people receiving mental health services report abuse as children.

\* This figure is based on government spending on children's services in 2005 (total £4.4bn),<sup>67</sup> broken down by categories of children in need (of which 35% relate to abuse or neglect).<sup>68</sup>



Photograph supplied by Kristian Buus

## Charities play a key role in protecting children

The potential impact of abuse is devastating, particularly for babies and infants. The child protection system aims to intervene early with young children, and donors might wish to follow similar lines with their giving. We have also seen, however, that the impact of abuse is not just felt in the short term. The negative effects often continue for years, over a whole lifetime. They can even affect the next generation. Therefore, there is significant scope for taking action, at various points over a victim's life, to tackle the pervasive effects of child abuse.

Charities play a huge role in tackling child abuse, including:

- researching the scale and nature of the problem;
- raising the issue as a problem among both the general public and government;
- informing children about their right to protection from all forms of violence;
- providing extra capacity for government when it comes to intervening directly to protect children;
- increasing the resilience of children who have been abused;

- reaching particularly vulnerable groups; and
- developing innovative ways of tackling the problem.

Before moving on to explore the wide range of ways charities are tackling abuse, it is worth drawing attention to some of the difficulties that they face. These problems threaten to undermine efforts to make sure that such action is effective.

## Taking action is problematic but vital

Child abuse is a subject that motivates people to act, whether this involves writing letters to newspapers and MPs or donating to charity. NPC estimates that around £500m is donated by the public each year to charities involved in protecting children.\*

However, efforts to tackle child abuse are fraught with practical difficulties, as it is hard to know the best course of action to minimise the harm to children. There is not enough evidence to prove what works in terms of preventing and intervening to stop abuse. This is frustrating for donors, as it makes it hard to direct funding effectively.

Nevertheless, failing to act means that society is failing our most vulnerable children, and donors' support for charities attempting to tackle abuse is vital.

The state spends at least £1.8bn on children's services relating to child abuse each year in England alone.

\* This figure is based on a detailed analysis of voluntary income to charities involved in child protection and tackling child abuse.<sup>70</sup>

“We still lack a strong body of information about which preventive measures, which intervention strategies and which treatment initiatives work and which do not.”

Academic<sup>7</sup>

Some of the practical difficulties of working in this field include the following:

Many people are unsure what child abuse is.

- If they do suspect a particular case of abuse, they are not always clear on when or how to report it.
- If abuse, or the risk of abuse, is identified and reported, establishing the best course of action is difficult.

Difficult judgements need to be made, whether trying to prevent abuse, intervening to stop it, or treating a victim of abuse. Not intervening to try to stop abuse can allow it to continue. But taking action can also have negative effects. Poor handling by police and social services can result in increased trauma in the short term.<sup>7</sup> Either course of action might be wrong, resulting in fallout for the family (non-abusing parents or siblings) and third parties (eg, neighbours, teachers, doctors), as well as whoever took action (whether a member of the public or a professional).<sup>71</sup>

These difficulties are reflected in assessing the results of any work trying to tackle abuse. Assessing whether taking action was the right decision is problematic, let alone whether what was done was right, and at what stage effects should be measured. Are results to be measured in the short, medium or long term? What should be measured? How does one measure harm, risk, need or ‘resilience’? Following up action many years later may establish answers, but this is very difficult in practice.

Despite these difficulties, acting upon the knowledge that a child is being abused, or is at risk of being abused, is important. Intervening may save a life, or reduce the negative effects outlined earlier in this section.

### Building resilience achieves results, regardless of the uncertainties

Given the difficulty of acting effectively to tackle abuse, it is important that everything possible is done to strengthen and support the protective factors that are known to reduce the negative impacts of abuse. The ongoing family environment, for example, is thought to be a greater predictor of later outcomes than severity of injury.<sup>72</sup> Three broad sets of variables have been identified that bolster resilience. These are:

- individual attributes (eg, self-esteem, academic motivation);
- family characteristics (eg, stable and supportive);

- wider social environment (eg, success in school).<sup>73</sup>

NPC encourages donors to support charities that work to bolster these protective factors. These charities may not explicitly present themselves as tackling abuse; rather they will often apply an approach to children with a range of issues and needs. Examples would include mentoring programmes, peer support, recreational activities aiming to boost self-esteem, and educational support.

In other words, while we cannot identify the most effective ways of tackling abuse, we do know that building resilience can help a child to overcome the effects of abuse. Given the uncertainty in the field, this can help donors to ensure their funding achieves results.

### More must be done to find the most effective ways to tackle abuse

The difficulties in establishing whether and how to take action to stop abuse are compounded by the fact that there is a lack of satisfactory research on results in this field. A comprehensive literature review concluded:

*‘We still lack a strong body of information about which preventive measures, which intervention strategies and which treatment initiatives work and which do not.’<sup>7</sup>*

This worrying conclusion relates to all approaches, from prevention to early intervention to reaction, whether involving parents, children or both. As one frustrated academic wrote of the lack of empirically tested treatment programmes for child victims, *‘this is clearly a case of child neglect.’<sup>74</sup>*

There is no doubt that donors and funders (including government) and service providers (including charities) are partly to blame for the lack of robust evidence supporting activities in this field. Despite the challenges, a number of charities now have an emerging evidence base, or are at least attempting to evaluate their work, and these organisations deserve support. This report focuses on those approaches wherever possible, looking for practice that is based on evidence or that seeks to establish evidence.

The larger charities, and funders focusing on this field, can play a major part in acting as role models for the sector by developing and sharing research and evidence-based practice. Although results can be difficult to measure, more has to be done to evaluate the effectiveness of interventions in this field.

NPC's experience has shown that a great deal can be achieved by taking small steps forward in measuring results. A charity that works with families where abuse is present may not be able to follow that family over many years to see that its work had positive results. But it can ask that family directly at the time of working with them whether the charity's services have improved the situation. And it can track who uses these services, to see which families need to come back for support and which do not. These small steps can help the charity to refine its work and increase its effectiveness, and help the charity to report to donors the results of supporting its work.

This report discusses, in varying amounts of detail, a broad range of issues that are connected with child abuse, from poverty to

running away. Where donors choose to focus their giving is to some extent a personal choice. But NPC believes that donors can maximise the impact of their giving by ensuring that they think about results when choosing what to support. This may also require being prepared to fund evaluations in addition to direct work, to build the evidence base needed to ensure that work is effective.

At the end of this report, NPC provides a tool to help donors prioritise where to give. This tool outlines the potential results of a particular approach (eg, campaigns to change attitudes), as well as the level of confidence NPC has in these results based on the evidence available to us. We believe this can form an integral part of a donor's decision on where to give their support to tackle the pernicious problem of child abuse.



Photograph supplied by Kristian Buus

# The child protection system 2

Donors' support is vital—both to stop children falling through the net and to attempt to address the system's flaws.

**In order to provide context for the work of the charities in this field, which spend an estimated £1.1bn per annum on tackling child abuse, this section outlines the details of the child protection system. Central government is responsible for the current system, which identifies, reports and deals with cases of abuse through local government and charities. Local government itself is the major funder of charities dealing with child abuse.**

**Charities sometimes act as part of this system: they help to reach more children; they also monitor and suggest improvements. But charities' work is also constrained by the system. Without a system in place that works effectively for all abused children, many thousands of children are missing out on the childhood they deserve.**

The government's fundamental obligations to children are set out in the form of human rights. The UK is a signatory to the United Nations Convention on the Rights of the Child, which requires it *'to ensure the child such protection and care as is necessary for his or her well-being'* and to give *'protection from all forms of maltreatment perpetrated by parents or caretakers.'*

Sadly, despite its obligations under international law, the UK performs badly on its commitment to children's human rights. The last UN Committee report (2002) on how well the UK was adhering to the Convention was extremely critical of the UK's children's rights record. Most notable is its failure to offer children equal legal protection, despite their increased vulnerability and reliance on adults.<sup>57, 75</sup>

Further damning evidence comes from UNICEF's 2007 report on children's well-being. The UK came bottom of a league table of 18 rich countries on the well-being of its children. It scored lowest on measures such as family and peer relationships, behaviours and risks (including bullying) and subjective well-being, where children were asked to rate their 'life satisfaction'.<sup>76</sup>

There is nonetheless considerable domestic legislation outlining governmental obligations to protect children. Local authorities have a duty to protect children's welfare, and the criminal justice system has a duty to prosecute abuse

where it is a criminal offence. Central government sets performance standards for local authorities against which children's well-being is assessed. But there are limits to what the state can and does achieve. This is explored further in Section 8.

As such, although children's services are undergoing reform, there are a number of problems with the child protection system that are likely to persist in the short-to medium-term at least (see Box 4). These are the focus of the following section.

## Setting the context for donors

This section looks at statutory responsibilities for children's welfare and how the state acts to protect children from abuse.\* First, it looks at some of the overall problems with the child protection system. This provides important context for donors, as it suggests that there is significant scope for improvement. What individual donors can do about these widespread problems is arguably limited, but they still raise important questions for donors considering where to put their funds.

Second, this section outlines how the child protection system works in practice (the child protection process), from identification of through to treatment for, abused children. Within this process, there are several options for donors. Many of the options presented promise very positive results. However, they must be viewed within the context of the wider problems with the system. Without considerable new funding being brought to bear, donors' support is unlikely to lead to significant change in the system. But donors' support is still vital—both to stop children falling through the net and to attempt to address the system's flaws.

The purpose of the child protection system is to prevent children coming to harm, or to minimise the effects if harm has occurred, through policies and procedures that guide the actions of all public sector staff who have contact with children. After recent reforms (see section on next page) the child protection system is moving towards 'safeguarding' rather than just protection. Safeguarding represents the aim of promoting children's welfare in general, rather than just focusing on preventing harm.

\* This report focuses on England and Scotland. This section uses English terminology in the main, including key differences in Scotland where appropriate for donors. Appendix 3 contains more detail on both English and Scottish child protection systems.

## Options for donors

As this section will show, donors have a number of options to support charities working in and around the child protection system. These fall under two main areas:

- **Reaching children not helped within the system** (for example, those not identified by the child protection system at all). Examples might include funding helplines and confidential spaces for children and adults to discuss problems and get advice. Given that most children are unknown to the system, charities working in this area are in high demand and private funding is often critical.
- **Improving the system** by addressing some of its flaws and biases (to help children more effectively in the medium-to long-term). For example, supporting new and effective ways of working with those children already known to social services, or ways of reaching out to overlooked groups. Although there are fewer options for donors in this category, these could nevertheless inform wider practice.

Donors may want to think about whether they prefer to focus on more certain, short-term results (eg, reaching children not helped by the system) or longer-term results that may eventually affect more children (eg, improving the system).

The reader may find it useful to apply these options to the tool included at the end of this section and in Appendix 4 in order to think about where he or she might want to direct their funding.

## Three different responses to child abuse

Physical or sexual abuse of children is a crime, and local authorities have a legal obligation to protect children. In practice, three different pathways can be pursued when reporting suspected child abuse to the authorities. These may be pursued simultaneously, and, more often than not, are undertaken jointly:

- **Child protection investigation:** undertaken by social services to determine whether a child is safe where they are, or whether they need to be removed into local authority care for their own protection.
- **Assessment of the needs of the child (and family):** also undertaken by social services with a view to providing local authority support services to reduce the risk or counter the negative effects of abuse.
- **Criminal investigation:** carried out by the police and criminal justice system to gather evidence with which to prosecute the perpetrator(s).

### Box 3: Victoria Climbié

There have been numerous cases of local authorities' failure to intervene as they should. Victoria Climbié was one of the more recent, high-profile cases in England. She had been subjected to horrendous abuse at the hands of her aunt and her aunt's partner. Despite coming into contact with four separate social services teams, several members of the local community and having been taken to two separate hospitals prior to the final 24 hours of her life, Victoria spent her last few months tied up in a plastic bag in a bath. She died in hospital in February 2000, where it was found that she had 128 separate injuries to her body. She was just eight years old. The inquiry into Victoria's preventable death was the catalyst for the *Every Child Matters: Change for Children* agenda, resulting in legislative change laid down in the Children Act (2004) requiring services to work together and share information.

Although most cases of child abuse constitute a criminal offence—from infanticide to 'grooming' a child with the intention of abusing them—and police are often involved in child protection enquiries, few perpetrators are successfully prosecuted. There were fewer than 1,500 convictions for child abuse in 2005. This represents less than 2% of the estimated 80,000 cases of child abuse each year.

In some cases, this discrepancy between incidence and convictions for abuse is explained by the fact that parents or carers are implicated. In such cases, support is more likely to be offered than punishment, because this is often judged to be in the best interests of the child. A supportive and stable family environment is a key protective factor to avoid long-term harm to the child.

In other cases, however, prosecution of the perpetrator of abuse is judged to be in the best interests of the child. There is significant scope for improvement in the system to increase levels of prosecution where this is appropriate.

The latter part of this section (Supporting child victims through criminal proceedings) looks at efforts to increase successful prosecution of perpetrators, while Section 5 looks at the response of the criminal justice system to sexual offenders in particular.

## Reforming children's services

The system has to be set within the wider context of children's services. In England, these are undergoing great change as a result of the *Every Child Matters: Change for Children* agenda (see Appendix 2). This reform was catalysed by the high-profile death of Victoria Climbié in 2000 (see Box 3), which has resulted in change for both the child protection system, and for the structure of children's services as a whole. Reform is also underway in Scotland, similarly catalysed by an inquiry into the death of three-year-old Kennedy McFarlane, in 2000.

“In one case of suspected neglect/abuse it was reported several times and nothing was done. I eventually reported it to an on-duty social worker who dealt with it, but there was a time lapse of 12–18 months.”

**Box 4: Problems facing the child protection system**

- We do not know how many children are abused each year. Given the priority attached to protecting children from harm, it is surprising that more is not done to measure how many children are abused. The best data we have is now seven years old.
- We know that the system supports a maximum of two thirds of children who are abused. It may support as few as one third. This means that much of the harm caused by abuse is never addressed.
- We do not know the most effective ways of tackling abuse. This means that, even for the children lucky enough to get help, nothing guarantees that this help will be effective.
- We think that the system is not child-friendly. This means that children may be afraid of the system, and that their opinions are rarely genuinely taken into account.
- We know that there are not enough resources to provide treatment and support for all those children that the system does identify. This means that many children will go without the support they require at the moment. If the system became more effective at identifying cases of abuse, resources would be even more stretched. Such resource constraints can create perverse incentives, inhibiting the reporting of abuse.

**Table 2: Comparing prevalence with numbers of children receiving services in England**<sup>80,55</sup>

Prevalence estimate	Proportion of under-18 year olds experiencing serious abuse	Numbers affected each year based on NSPCC prevalence study (England only)	Number of children receiving services because of abuse (as of Feb 2005)*	Proportion of abused children receiving no services
<b>Minimum</b>	11%	67,000	43,450	<b>35%</b>
<b>Maximum</b>	24%	146,000	43,450	<b>70%</b>

“We can have all the multi-agency meetings in the world, if you can't deliver it on the ground, we might as well pack up and go home.”

Practitioner working with sexually exploited children<sup>11</sup>

The sweeping changes set out in this programme of reform (from workforce reform to forcing different agencies to work together and share information) are largely welcome. They are being implemented between 2006 and 2009, and, as such, it is too early to tell what the results will be for children and families. The child protection process, as described above, continues to follow existing legislation in the main (the Children Act (1989) and the Children Act (Scotland) 1995).

The last decade has seen a shift from protecting children to also promoting their welfare, seen as *‘two sides of the same coin.’*<sup>77</sup>

This idea of promoting children's welfare alongside protecting them means there has been a shift since the mid-1990s from the abuse itself as a focal point to working with the wider family to ensure better results.<sup>7</sup> The family focus has arisen from the recognition that, in many cases of child protection, there are a number of problems in the family. This is

discussed further in Section 3. It also reflects wider government priorities, for example, child poverty. As such, child abuse is seen as just one aspect of a range of social problems that may blight children's prospects.<sup>78</sup>

Generally speaking, there is a strong (and increasing) commitment to safeguarding children across government agencies. A 2005 joint inspection of the state of safeguarding children across government services found that since the previous report in 2003 *‘priority given to safeguarding children across agencies has increased and children are being listened to and consulted better. Agencies are also working better together to identify and act on welfare concerns.’*<sup>79</sup>

However, a number of problems with the system remain, which are discussed below. The importance of these points to donors is that charities working in and around the child protection system can be subject to the same problems.

Yet equally, charities (and therefore donors) can provide a counterbalance to the problems of the system. For example, a charity can focus on working with fathers. But in order to do this, the charity will require private funding, as it is unlikely to be provided by central or local government.

## Problems with the child protection system

### Many abused children are not supported by the system

NPC estimates that between 35% and 70% of children who suffer serious abuse are not monitored or supported by the system (see Table 2). These figures show that many children who are abused fall through the net of the child protection system. To provide the capacity to support those who are failed by the system, a significant injection of additional funding would be necessary. Based on NPC's estimates, government spending would need to increase by between £500m and £1.2bn; voluntary giving would need to increase by between £150m and £1.6bn.

One of the results of children falling through the government's child protection net is that the harmful effects of abuse continue, to the point that some children end up in even more danger. Running away, sexual exploitation, re-victimisation and offending have all been shown to be potential consequences of child abuse. Section 4 covers the plight of children away from home in more detail. Charities such as **Kids Company** (see Box 5) pick up these

\* The total number of children recorded as children in need as a result of abuse or neglect in the February 2005 census was 86,900. The census does not tell us how many were registered in that year. It is estimated that 50% of these children were placed on the register in 2005.

children, sometimes several years down the line when problems are deeply entrenched, and support them in a way that no other agencies can or do.

## The system tends to overlook certain groups

### Focus on lower socio-economic groups

The child protection system focuses on lower socio-economic groups, and may therefore overlook abuse that occurs in more affluent households. Based on the evidence available, we can identify a number of factors leading to this focus.

We know the following:

- Public sector services (social services, benefits, housing) traditionally work with lower socio-economic groups and so are more likely to uncover abuse here.<sup>7</sup>
- Some types of abuse, such as neglect and physical abuse, are more common in lower socio-economic groups,<sup>7, 55</sup> as are some of the problems that may be factors leading to abuse (eg, substance abuse).

Recognising links between poverty and abuse does not mean that one necessarily leads to the other, nor that abuse does not occur across all socio-economic groups.

Unfortunately, official statistics do not tell us enough to know how prevalence really varies across socio-economic groups.

We do not know, therefore, whether those from higher socio-economic groups are more adept at masking abuse,<sup>1</sup> and whether the child protection system is overlooking these groups.

Emerging evidence seems to show that certain types of abuse are just as common across all groups. For example, technology seems to be fuelling the numbers of men accessing online child abuse images, and also their identification. New data suggests that all manner of people are involved, across all socio-economic groups. This is examined in more detail in Section 5. Improving the identification and reporting among the general population, as detailed later in this section, should go some way to reducing this gap.

### Fathers, whether abusing or non-abusing, are not involved

Social services are traditionally used to dealing with some groups more than others. The gender-neutral terms 'parenting' and 'family' mask the fact that women are the main carers of children. Child protection workers rarely work with fathers and male carers.<sup>81</sup> The majority of research and activities in this area is focused on mothers.<sup>10, 81</sup> Yet men are much more likely to cause serious harm or death.<sup>7</sup>

### Box 5: Kids Company

Kids Company is a unique charity, committed to promoting and supporting the well-being of *'exceptionally traumatised and disaffected individuals who have failed to engage with statutory provisions, invariably leading to fragmentation of life.'* This support is provided via three main services, which in 2005/2006 were estimated to have reached 11,000 children on a budget of £3.4m:

- **Arches II:** This drop-in centre for children and young people based in South East London is the best known of the charity's services, and acts as a base for a range of supportive work.
- **Schools service:** Therapeutic teams work in 32 schools across London.
- **Urban Academy:** Primarily an educational centre, offering training and life skills, as well as support through placements at other colleges, to young people from various London boroughs.

All three services are characterised by the recognition that behavioural difficulties are a symptom of emotional hurt and that children need loving care and safety in order to thrive. The charity's commitment is first and foremost to the child.

Kids Company has case notes on the individual children who access its services, and anecdotal evidence is largely positive. All Kids Company programmes have been subjected to an evaluation over the last three years by London University. The results of which will be known in early 2008. These evaluations will need to be rigorous and comprehensive in order to provide a meaningful assessment.

The focus on mothers extends to punitive methods as well as support. Parenting orders are compulsory orders to attend courses given to parents when their children truant or behave in an anti-social way. They *'are overwhelmingly imposed on mothers as the only accessible parent, even though "the absent parent often had a profound effect on family dynamics ... especially where there had been domestic violence."*<sup>82</sup>

Services should make clear the distinction between abusing and non-abusing parents, and offer appropriate support. Where men are abusers, punitive measures should apply to them rather than non-abusing mothers. However, as illustrated by the quote above, the mother may be the only 'accessible' parent, and so it may not be possible to work with the father at all.

There are very few programmes for violent men, as discussed in the context of domestic violence in Section 3. For non-abusing fathers, there is similarly very little support available. Less than 1% of family support services have specialist services for fathers.<sup>83</sup> A report on support for fathers found *'the regional and national organisation of the work is disjointed, its development uneven, and projects tend to be little known outside the direct setting in which they work.'*<sup>82</sup> Sure Start programmes also report generally low take-up of services by fathers, which in places has been improved by offering targeted, single sex services.<sup>84</sup>

Less than 1% of family support services have specialist services for fathers.

The gender bias found in the child protection system means that there is a clear need for more support for fathers—support that distinguishes between abusive and non-abusive males and provides appropriate, effective services. NPC has come across few organisations providing direct support for fathers. When considering where to focus their funding, donors might like to think about how well charities respond to the needs of non-abusing fathers.

### The system's effectiveness is unclear

As noted earlier, the purpose of the child protection system is to prevent harm coming to a child, and to minimise the effects if harm has occurred. Its effectiveness in fulfilling this purpose is unclear.

This is partly due to the difficulties of measuring results in this field, as discussed previously. The current system focuses on what is easily measurable, not on effectiveness.

We know how many cases are assessed and reviewed, but it is not clear what actually happens to the thousands of children and families that filter through this system. Recent audits, prompted by the deaths of children who were known to the child protection system, have been far from reassuring.

Charities are not immune from such failings. A number of high profile cases have involved families that were in contact with charities. For example, Victoria Climbié was referred to the NSPCC centre in Haringey, which failed to undertake a timely assessment.

A bewildering array of targets and inspections has been put in place as part of the changes to children's services. This reform is ongoing, but the Department for Education and Skills (DfES) and Scottish Executive have yet to establish a workable set of measures for

children on the child protection register. Current key performance indicators (KPIs) include how long a child stays on the register, which tells us little or nothing about whether abuse has been stopped, and the effects on the child. (See also later in this section: The child protection process—Investigation—Targets and inspections.)

The DfES has commissioned the NSPCC to conduct a study on what measures might be used in this area to form the basis of a target for public services (ie, a Public Service Agreement or PSA). This is a welcome step.

However, from the initial documentation seen by NPC,<sup>85</sup> it appears that the measures put forward are too constrained by practicality (ie, what is already measured) to constitute a full picture of prevalence and trends in abuse. The study suggests surveying children only on some subjects (eg, bullying). But surveys of children could be used much more widely as primary indicators of the prevalence of abuse of all forms. NPC does not believe that the proposed measures are robust or complete enough to give private donors and charities a view of how effectively they are helping to tackle abuse.

Wherever possible, this report focuses on effectiveness—on the real changes in people's lives resulting from charities taking action. NPC would urge donors to ask charities what mechanisms they have in place to measure the results of their activities, and to consider funding those that are attempting to do so. Examples of such mechanisms could include surveys to ask children about their well-being before and after the charity's intervention; arrangements with local authorities to follow up what happened to families in the long term or with schools to follow the educational progress of children affected by abuse.

### A crisis of confidence?

Although it is unclear what donors can do to improve this situation, it is worth noting that there are problems in the recruitment and retention of skilled social workers in this field. The ability to deliver good results for children and families relies on 'a high level of skill and professional judgement'.<sup>10, 77, 86</sup> Yet there are vacancy rates of 11% in social services.<sup>87</sup>

The audit of the child protection system in Scotland in 2003 found that social work vacancy rates were affected by 'the unattractive nature of working with children and families in a hostile public and press climate'.<sup>86</sup>

Public confidence in the system has been weakened by a series of high-profile cases in which social services have been deemed to have got it wrong; whether through too much or too little intervention. The result of too little

Children are living the experience and can give a more accurate picture of what life is like in a family than any assessment made by a professional.

Academic<sup>14</sup>

#### Box 6: 'Damned if they do, damned if they don't'<sup>3</sup>

Just as there have been many cases of under-intervention (see Box 3), there have been numerous cases of over-intervention over the years. These are not always so high profile, as children do not die as a result. However, too much intervention can be very damaging to families.

One recent case involved a five-month-old boy whose rib fractures while in the care of his parents led to him being placed on the child protection register. This was followed by an interim care order placing him with foster parents. The parents maintained their innocence; it was later found in court that the boy suffered from brittle bone disease, indicating the injuries were likely to have been sustained accidentally. Nearly one year after the original incident, the child was returned to his mother. In the meantime, the parents had suffered trauma and shock, resulting in their separation and the mother's depression. She was unable to sue the local authority as the court ruled, as is often the case, that 'professionals charged with questions of child protection and the investigation of child abuse must be free to exercise their professional functions without having at the back of their minds a fear of potential legal action by distressed parents'.<sup>3</sup>

intervention can be death, as seen in the case of Victoria Climbié (see Box 3), while too much intervention can leave families in utter disarray, and with little recourse to compensation (see Box 6).

As one think tank has noted, *'the child protection system is probably the least well-regarded and most criticised aspect of public welfare provision.'*<sup>71</sup>

There is little that charities can do to improve public perception of the workforce, although workforce reform should go some way to breaking the vicious circle that seems to have developed. The Care Standards Act (2000) in England introduced measures to raise the status of social care. The profession is now subject to regulation and registration.

The poor perception of the child protection system could in fact be seen as beneficial to charities. The high level of ex-social workers NPC met when visiting charities was striking. The Scottish child protection audit concluded that vacancy rates were affected by *'the migration of children's social workers to the voluntary sector or new projects such as new community schools.'*<sup>86</sup>

More positively, many of the charities visited and experts consulted by NPC felt that families under stress found charities more approachable than social services and other professionals. This is very important, as the more approachable the service is, the more likely children and families are to come forward for help, and the more likely children are to be protected from harm.

Working in such a sensitive field, there is a fine line to be walked by both public sector and charitable workers *'between approachability and effectiveness and willingness to intervene.'*<sup>88</sup> In a number of high-profile child abuse cases, workers did not sufficiently challenge parents or carers. Donors should be aware that, when charities present feedback from parents and carers as evidence of results, particularly where there are child protection concerns, this may not present a full picture. Feedback from children would be preferable, but this is not always available or even sought.

### The system is not child-friendly

Charities have a clear role to play in ensuring that children can access the services designed to protect them. One factor that may contribute to the discrepancy between actual rates of abuse and the numbers on the child protection register is that few children approach the system for help. We do not know how many referrals to the child protection system come from children themselves. But there is good reason to believe that children may be genuinely fearful of the system.

Even in the child protection system, in which the relevant person is the child according to government guidance, *'most activity and thought is focused on the adults rather than the child.'*<sup>71</sup> There is little research available on children's perspectives of the system. The Director of Children's Rights for England has responsibility for representing children in care and their views. But 99% of children who filter through the child protection system do not end up in care; the voices of these children are sadly just not being heard.

### Children's perspectives

One aspect of the reform of children's services is for children and young people *'to have more opportunities to get involved in the design, provision and evaluation of policies and services that affect them or which they use.'*<sup>89</sup>

This is a welcome step, but there have been teething problems. An evaluation of children's and families' participation in children's services in 2006 found the need to clarify *'participation'*, and move from a *'tokenistic and ad hoc'* involvement of children and families to more active engagement. The researchers noted that *'the voluntary and community sector have an important part to play in supporting and representing groups of users who find it difficult to interact with official bodies.'*<sup>90</sup>

In some instances, the system can be genuinely hostile to children. The court system, for example, can be terrifying. It is not improbable that the low rate of conviction is at least in part linked to the lack of a child-friendly judicial system. Twenty years ago, children were seen as such unreliable witnesses by judges and lawyers that the judge would warn the jury to be wary of any evidence given by children that was uncorroborated.<sup>91</sup> The legacy of this is still evident. The court system is covered in more detail later in this section.

NPC came across a number of charities that were trying to represent the interests of children at various points in the legal process. These are highlighted throughout the report. Examples include the **Children's Rights Alliance for England, Eighteen and Under**, and **NSPCC's child witness programme**.

NPC would urge donors to consider supporting research that includes children's perspectives on the child protection system, wherever possible.

Families under stress find charities more approachable than social services and other child protection agencies.

The majority of those who suspect abuse do not report it. This shows the gap between what people say they would do and what they actually do.

## Dealing with the child protection system's flaws

As this section has demonstrated, there are a number of problems in the child protection system. These are important for donors and funders to know, because charities work within and alongside the government system. Therefore, charities that have a high level of contract-based funding from local authorities, for example, are often subject to the same problems as the system itself, as they are contracted to deliver to the system's requirements. Having said that, the best charities use their independence to improve access for certain groups, and develop innovative ways of improving the system, whether at local or national level.

For donors, there are two key messages. On the one hand, they should accept that charities are subject to the same problems as the system, if they work within it. On the other hand, they may be able to help charities address some of the problems by funding long-term work that redresses the balance of the various systemic biases.

## The child protection process

We now turn to the process itself. Charities are involved at each stage of the child protection process, whether with the aim of improving the current system or adding extra capacity:

- identification;
- reporting;
- investigation;
- prosecution;
- support; and
- treatment.

The system is largely reactive. Local authorities generally do not go out looking for abuse, although increasingly they are being tasked with doing so (see Appendix 2). They largely rely on referrals from members of the public and professionals working with children.

Given the large number of children affected, it is possible that many members of society will at some point come into contact with a child or young person who is being abused. For professionals working with children, this is more likely.

Both the English and Scottish governments argue that safeguarding children is everyone's responsibility, as reflected in the titles of two recent publications: HM Government's *Making Safeguarding Children Everyone's Business* (2006) and the Scottish Executive's *It's Everyone's Job to Make Sure I'm Alright* (2003).

To be able to protect children, the very minimum required is that people can:

- recognise that abuse is a problem;
- understand what counts as abuse and how to spot it; and
- know where and how to refer if they suspect abuse is occurring.

There are a number of barriers at each step. These, along with some of the possible solutions, are set out below.

## Recognising abuse when it happens

A pilot awareness-raising campaign in Scotland in 2005 measured national attitudes towards child abuse. Nearly all adults believed that it is everyone's responsibility to help protect children. But four out of five admitted it was difficult to know whether a child was at risk of or subject to abuse or neglect, with two out of three wanting more information.<sup>92</sup>

The way questions were asked in that study may mask misunderstandings about what child abuse or neglect is. A more recent Scottish study of perceptions of abuse in black and minority ethnic communities found that



Photograph supplied by Kristian Buus

there was a 'severe lack of knowledge as to what actually constitutes abuse.' Similar levels, as in the national study, were unclear about what to look for to identify abuse or neglect, with many requesting more information.<sup>93</sup>

There is a gap, therefore, between willingness and ability in identifying abuse among the general public. There has been no government-led awareness raising in England.

The **NSPCC**, as part of its Full Stop campaign (see Section 8), is trying to encourage the public to identify and report abuse through high-profile campaigns. On a very practical level, the NSPCC has developed a simple distance learning programme called 'Educare'. It is designed to help people develop skills and confidence in safeguarding children. Over 100,000 people have completed the course to date. Four-module courses are available for only £22.50, from a general course to tailored courses for sports, education and health.<sup>94</sup> The impact on identification and reporting rates is unknown.

### Reporting abuse once identified or suspected

If signs of abuse are suspected, individuals are encouraged to report abuse. Reporting abuse is not mandatory in the UK, but official guidance states that professionals have a duty to do so. Social services take lead responsibility for child protection matters, with referrals directed to local authorities. Members of the general public can refer directly to their local social services, whose phone number should be available through the local authority.

The Scottish research mentioned earlier regarding awareness of abuse showed that, although most people would struggle to identify abuse or neglect, nine out of ten would report abuse if they suspected it. People are most likely to refer to social services.

A study by the NSPCC in the same year, 2005, found lower figures for those willing to report. Of 10,000 adults polled across the UK, one in nine had suspected abuse. The majority (around 600 of the 1,100 who had suspected abuse) had not reported it. This shows the gap between what people say they would do and what they actually do. Barriers to reporting included not knowing what to do nor what would happen to the child.<sup>95</sup>

Despite the high level of reporting confidence in Scotland, the government pilot there trialled a series of radio, press and poster adverts. These were designed to raise awareness of abuse; stress community responsibility; encourage early reporting; and offer reporting routes. The impact on awareness was negligible, given high levels to begin with. The campaign managed to *reduce* the confidence of individuals in both recognising abuse and knowing who to report it to.<sup>92</sup> This might be

because the campaign was attempting to put across too many messages. It highlights the difficulties in communicating child protection messages to the public and to moving people from saying they would do something to actually doing it.

National sampling masks differences within particular communities. A report by the charity **Roshni** found that individuals from black and minority ethnic communities in Scotland, even if they could spot abuse, were unlikely to report it. Of those surveyed, 16% admitted that, if they did know of abuse, they would not report it. Those who would report it would be more likely to deal with it 'in house' than referring to the authorities. Barriers included:

- fear of backlash from the community for both the reporter and the victim;
- the perception of service providers. For example, major child protection charities were deemed to be for 'white kids'; and
- a mistrust of translation services, as the ability to interpret what was being expressed was felt to be inadequate or simply wrong.

Further evidence was provided by an NSPCC survey of British Asians that found two thirds think that reporting child abuse would have a negative effect on the honour of a child's family. As one commentator responded, it takes '*enormous courage*' to go against the barriers in place:

*'So a victim of abuse will be hit with a triple whammy. First, a family desperate to preserve its izzat [honour] that closes ranks against an investigation. Second, a community that seeks to sweep the unpleasantness under the carpet. And third, investigating authorities such as social services and the police that are hampered in their ability to protect by political correctness.'*<sup>96</sup>

Sadly, the NSPCC survey confirmed that such beliefs do translate into inaction. The survey also revealed that 37% of the sample had suspected a child was being abused, yet 42% of those did nothing about their concerns. Of those who did, fewer than 4% reported the abuse to the police and only 3% reported it to social services. Most chose to deal with their concerns themselves, by confronting the alleged abuser, telling a member of the child's family or talking directly to the child involved.<sup>97</sup>

In Section 8, we return to the issue of cultural barriers to reporting abuse.

Children's fear of the child protection system indicates that child-friendly ways for children to explore their concerns and fears are desperately needed.

**Box 7: NSPCC child protection helpline**

There are four helpline teams at present, two of which provide a 24-hour service. The service is available in Welsh and a number of Asian languages, with separate telephone and email services. Three-quarters of calls come from members of the public, the remainder coming from families or professionals.<sup>18</sup>

Despite its clear contribution to facilitating child protection referrals, the NSPCC receives no government funding for the helpline, which costs £3.5m per annum to run. It is lobbying government with a view to recovering at least some of the costs from government sources.<sup>32</sup>

**Who reports abuse?**

We do not know who currently reports abuse. Official statistics do not capture referral routes. A 1995 study indicated that around half of local authority child protection inquiries began with a child or other member of the family disclosing his or her concerns to a professional. In two fifths of cases, professionals already working with the family identified the abuse. The remainder of cases were picked up through unrelated events, such as home visits or arrests.<sup>44</sup>

In an attempt to make reporting abuse easier, the NSPCC began a **national child protection helpline** in 1991 for anyone concerned about a child. The helpline is staffed by trained professionals who make referrals to social services where appropriate. Around 10% of calls result in referrals to social services. A follow-up survey of the referrals showed that social workers found them to be, by and large, clear and helpful. Three out of five cases referred were already known to social services, but the evaluation suggests an unintended benefit in that the helpline data informed the monitoring and decisions made on those cases.<sup>18</sup>

If necessary, the helpline operatives can refer cases to the police when the conversation finishes, so that the police can trace the call, and intervene in situations where a child is believed to be at risk of significant harm (see Box 7). When NPC visited the Manchester service in February 2006, around four calls were being traced each week.<sup>98</sup>

Scotland does not currently have a child protection helpline. The Scottish pilot mentioned above included a helpline, in the Grampian area. Only 45 calls were received over the three-month pilot.<sup>99</sup> This could have been due to the difficulty the campaign had in getting across a clear message. Alternatively, there may have been a lack of awareness about the helpline. It may also reflect the difference between what people say they would do, and what they actually do.

Increasing the general population's awareness of abuse will not by itself prevent abuse. As we have seen, attitudes have to be translated into



Photograph supplied by Kristian Buus

actions, something that the NSPCC is hoping will happen through its Full Stop campaign (see Section 8). And even if attitudes can be translated into behaviour, there has to be confidence in the system. As suggested by the Roshni study of black and minority ethnic groups in Scotland, and has been suggested by many of those whom NPC has met, the public does not always trust the system that is set up to protect its children.

**Referrals from professionals**

Worryingly, an unwillingness to report is found among professionals as well as the general public. According to a survey of medical professionals, 60% had seen cases of suspected abuse but only 47% had reported their concerns.<sup>100</sup> The survey identified the following barriers:

- worries as to what would happen to the child and family concerned;
- concerns over what reporting might do to their relationship with the family concerned; and
- high thresholds for accessing child protection services.<sup>100</sup>

These fears are not unique to the health service. Other public sector workers in contact with children do not refer as a result of high thresholds. A joint inspection of children's services in 2005 found:

*'Because some social services are unable to respond to families requiring support, other agencies do not refer children when concerns about their welfare first emerge. This means that some families are subject to avoidable*

Increasing the general population's awareness of abuse by itself will not prevent abuse. As we have seen, attitudes have to be translated into behaviour.

*pressure, children may experience preventable abuse or neglect and relationships between social services and other agencies may become strained.*<sup>79</sup>

It is difficult to see what charities can do to alleviate this problem, other than simply adding extra capacity to the system.

There is evidence to suggest that reforms to children's services are making a difference, however. In 2005 a joint inspection by the eight different inspection bodies of various children's services found that, as a result of agencies working together better, fewer unnecessary referrals were being made than three years previously. Not only does this free up child protection teams to focus on genuine cases of abuse, it should hopefully increase the confidence of those making referrals, both in knowing when to report and in the child protection system itself.

This will not overcome every barrier. High-profile media cases where professionals have given evidence in court are also thought to be affecting recruitment and retention in children's services work other than social work. Worries about giving evidence, or more precisely the possibility of getting it wrong, are thought to be discouraging professionals from reporting concerns and even going into child protection work in the first place.<sup>101, 102</sup>

### Referrals from children

Charities do have a role to play in encouraging children to report abuse. It is generally thought that most children do not report abuse at the time it happens.<sup>86</sup> In fact, they are more likely to tell no one at all. The NSPCC found that only one in four sexually abused children tell someone about the abuse at the time. One third of young adults had never told anyone about the abuse they experienced as a child.<sup>55</sup>

The disparity between numbers on the child protection register and those thought to be abused each year is perhaps partly because some children never disclose abuse. Some do tell somebody, but they are not believed or adults do not report the abuse to the authorities.

The NSPCC undertook a survey of children who were known to have been abused as part of its **Talk 'til it stops campaign** in 2005. Three out of four had been worried that, if they reported, no one would understand or help them. The average time before they had told anyone was two years and four months. They spoke to an average of three people before anyone helped them.<sup>103</sup> Other research suggests that disclosing at a younger age is predictive of less supportive reactions than telling when older.<sup>104</sup>

### Box 8: Confidential spaces

**ChildLine** provides a free and confidential helpline for children and young people. It began in 1986, launched with a special BBC programme hosted by Esther Rantzen on child abuse. The charity was the first of its kind; 50,000 children tried to call in the following 24 hours. The service remains something of a pioneer, and is very popular. Around 4,500 calls are attempted each day, yet trained helpline volunteers can only answer just over half of those at present. The helpline is run from ten centres around the UK, with callers routed to the nearest, in recognition of differing regional legal situations and sensitivity to local cultures and accents. ChildLine's emphasis is on hearing what the child says, rather than focusing on what would seem most important to find out from an adult perspective by pursuing a line of questioning. This approach is unique in child protection work, and goes some way to explaining the popularity of the helpline with children and young people. Many children are repeat callers; in 2005, ChildLine offered in-depth counselling to 140,000 children and young people. ChildLine receives hundreds of thank you letters each month, which would suggest that children and young people have felt the service to be of real benefit.

**there4me** is a younger, interactive online service. It provides information, advice and support aimed at young people aged 12–16. The service is designed to give young people a safe space in which to disclose abuse. In order to encourage young people to access the website and not be put off by the stigma of it focusing on child protection and child abuse, it presents itself as a broader information and advice service on a wide range of topics. Services range from an agony aunt feature to a one-to-one live chat facility in which young people can speak with skilled advisers. Since its launch in 2002, 38,000 new users have created an account on the site. It is being adapted so that disabled children can access it more easily, and representation from black and minority ethnic users is good, although the service is only available in English at present. The service is not currently advertised nationally, as capacity is limited. There are currently 24 advisers, based at three sites in the North West of England and one in Northern Ireland.

Both services are run by the NSPCC (except in Scotland, where **CHILDREN 1st** runs the ChildLine service). The newly combined listening services have jointly engaged in a mobile phone texting pilot called **Speechless**, which ran for one month in one rural and one urban area of Bradford in 2006. Young people were involved in developing, running and evaluating the pilot. 1.5% of the 11–16 year olds in the area used the service, sending an average of 8.4 texts each. Scaled up to national level this would mean around 70,400 children would access the service if available.<sup>48</sup> The outcomes of the service are less clear, but the fact that 75 children in the pilot went on to have one-to-one text conversations with advisers, all of which were of a serious nature, suggests these children had nowhere else to turn.

The NSPCC is now looking at how to develop the service in line with **there4me** and **ChildLine**.

Market research following the pilot found a high awareness of the service, in the top three services young people were aware of, with 46% saying they would use the service and a further 39% saying they might. A focus group with deaf and hard of hearing young people also had a positive response to the service.

Reasons why children do not report abuse include:

- they may be scared of what might happen, both at the hands of the abuser and as a result of social services being involved;
- they (are led to) believe they deserve the abuse; and
- they may compare their experiences with others they feel are worse off, and feel comparatively that they are not being abused.<sup>58</sup>

**Box 9: NSPCC Special Investigation Services**

The NSPCC has nine special investigation services (SIS) teams, manned by trained social workers specialising in child protection.

NPC visited an SIS team, based in Manchester, that worked all over the UK. Nearly all of the team's work consisted of risk assessments where children were judged to be suffering, or at risk of, significant harm, and care proceedings were under way. The team had no ongoing contractual obligations to any particular local authority, to ensure it is non-partisan. The team of six can therefore choose which cases it takes on, often dealing with very complex, long-term cases (running to three months). On average, they take on 30 cases per year. Referrals usually come from the lead solicitor, and in nine out of ten cases, the child has already been removed by the time the SIS team is involved. Given the reputation of both the NSPCC and the team, courts more often than not accept its assessment. The team has at times been involved in setting legal precedent. What services the child and family then receive is up to the court and local authority.

The team charges a flat fee of £2,995, usually to the local authority or court, regardless of numbers involved or length of case. This reflects around 30% of the true cost—70% is covered by the NSPCC. This gap (funded largely by donations from the general public) reflects the NSPCC's commitment to delivering the highest possible quality service, despite the fact that local authorities are not prepared to pay for this. This is a problem seen across the sector, and one which the government's commitment to full cost recovery should have stamped out.

Charities are more involved in providing support once abuse has been identified than at the investigative stage.

Abuse is an imbalance of power that thrives on secrecy. To keep it secret, threats and manipulation may be used, further reasons why children do not readily report abuse. Referring to a faceless, nameless authority is not easy for children, whose sum knowledge of social services may be that they 'take children away.' In reality, very few children are removed from their families in cases of abuse. Of those cases referred to social services on suspicion of abuse, less than 1% are taken into care, and by far the majority of these are on a temporary rather than permanent basis.<sup>105</sup> Yet the prevalence of this fear indicates that child-friendly ways are needed for children to explore their concerns and fears.

**The NSPCC's ChildLine** offers such a service, as does the charity's **there4me online service** (see Box 8). Both services have a clear confidentiality system in place. It is explained to children that, if they disclose any identifying details, and are deemed to be at risk of significant harm, their case will be reported to the appropriate authorities. Whether or not this happens is up to the child; he or she chooses whether to disclose those details. The confidential space gives choice and power to abused children, something they are likely to be lacking in the abusive relationship they are experiencing. The service is a success with children: they are much more likely to contact ChildLine than local authority child protection teams.

There have been calls for the principle of confidential spaces, with high but not absolute confidentiality, to be extended to the child protection system. The powerlessness that children can feel once abuse is disclosed and

the child protection system descends can result in additional harm. *'After children had talked about the abuse they often felt responsible for the effect this had on the family. Indeed, they were often held responsible by family members. They harboured strong feelings of self-blame and often viewed the expulsion of the abuser with guilt and their own separation as punishment.'*<sup>44</sup>

Of course, these consequences must be weighed up against the potentially fatal consequences of not disclosing abuse. It nonetheless highlights some of the difficulties that disclosure brings for children; even if they do overcome them and report, support is most certainly needed after disclosure.

A report published in 2003 by the think tank Demos argued that both children and adults should be offered counselling and support, without the fear of the full weight of the child protection system bearing down.<sup>71</sup> A debate on how well current confidentiality policies protect children is long overdue.

Whatever the details of such debates over confidentiality, it is clear that confidential spaces are a critical element of efforts to tackle abuse by increasing reporting. Donors can be certain that supporting such spaces will lead to greater numbers of abused children seeking help, and being able to officially disclose their abuse if they choose to do so.

### Investigation

Once abuse is reported to a local authority, a standard process then begins. Social services typically have overall responsibility for this process. Charities have less of a role to play in this, although some do add extra capacity at this stage. Many of the larger children's charities mentioned below have been actively fulfilling parts of this process for over a century, before the existence of the welfare state. They have developed a wealth of knowledge, which the public sector can and does draw on.

The **NSPCC** is the only charity with the power to apply for a court order to remove a child from danger, reflecting its historical dominance in the child protection field.<sup>106</sup> Its Scottish equivalent, **CHILDREN 1st** (formerly known as the Royal Scottish Society for the Prevention of Cruelty to Children) lost this power in the Social Work (Scotland) Act (1968).<sup>107</sup> Up until the 1980s the NSPCC directly managed child protection assessments and registers in some areas. It has since moved away from such work, although it still has nine **special investigation service (SIS)** teams, which undertake assessments alongside police and local authorities (see Box 9). The teams are often brought in for more complex cases, reflecting their specialist knowledge.

NCH has a consultancy called **The Bridge**, which offers a range of services, from forensic consultancy to training audits, for both government agencies and charities. The Bridge is perhaps best known for its serious case reviews, which are undertaken or commissioned by Local Safeguarding Children's Boards when a child has been killed or seriously harmed (see Appendix 2).

It is not clear from official statistics how many child protection cases involve charities. From the services that NPC has visited, it seems that charities are more involved in providing support once abuse has been identified (discussed in more detail later in this section) than at the investigative stage. Overall, establishing what exactly happens to children and families as they go through the child protection process is not easy.

The process is worth reflecting on. As indicated above, the system is not without its problems. These problems indicate some of the general difficulties of working to protect children from harm. They also perhaps explain why only one in three seriously abused children is helped, despite the commitment from central government to doing so and the clear responsibility of local authorities to safeguard children at a local level. There remains significant scope for improvement, which is where private funding can help.

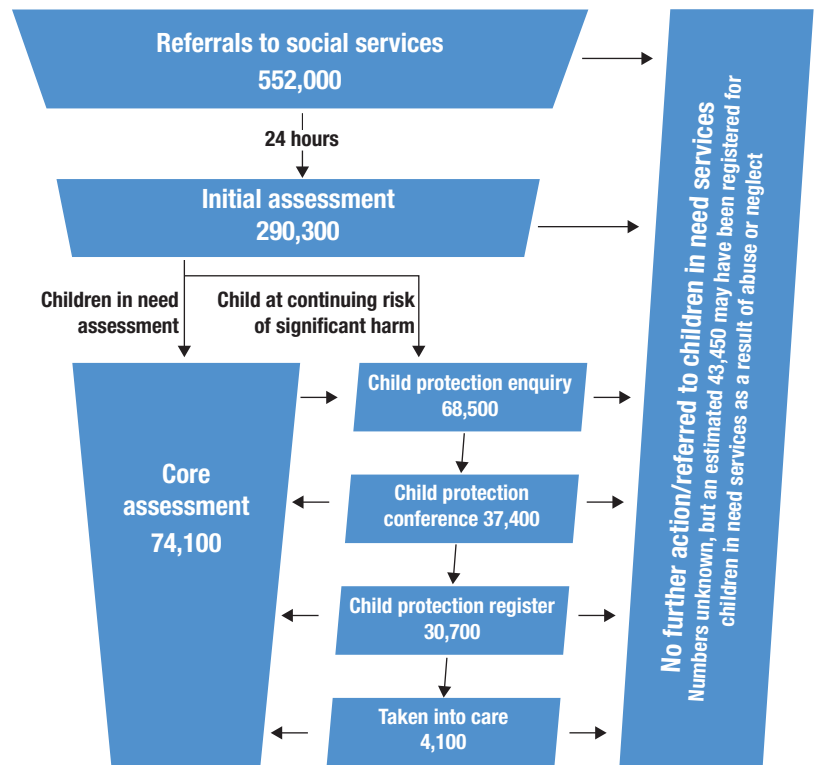
### Section 47 enquiry

A child protection inquiry is named after Section 47 of the Children Act (1989), which sets out the duty of local authorities. Figure 5 is a simplified flow-chart of the process from referral; the process is described in more detail in Appendix 3. It indicates the large number of children who are filtered through the system, but that little is known about what happens to those who are filtered in or out, or why.

Figure 5 is a simplification of what is a complicated and bureaucratic system (the referral process checklist in the most recent government guidance runs to five separate detailed flow charts).<sup>27</sup> The checks, measures and targets that are in place reflect the seriousness of the work and the importance of accountability. But they do not necessarily reflect the quality of the judgements made at each stage of the process. Structures and processes are not the same as skilled judgement.

As indicated earlier, identifying abuse is not easy, either for members of the public or for professionals (see Box 10). As one academic has noted, *'many of the children coming to the attention of the child protection agencies are in the grey area, which means that the question of whether abuse has occurred is a debatable one.'*<sup>109</sup>

**Figure 5: Child protection process (England only)**<sup>105, 108</sup>



### Limited time and resources

Professionals have a limited time frame in which to make difficult decisions about what constitutes child abuse. Once an initial referral is made, whatever the cause for referral, social services have just 24 hours in which to decide whether to carry out an initial assessment or not.<sup>27</sup> Just under 50% of children are filtered out at this stage.<sup>105</sup> How many of these are child protection cases is not clear.

Professionals also have finite resources. As mentioned earlier, there are high vacancy rates. This must have an impact on quality. Some local authorities are applying *'inappropriately high thresholds in responding to child protection referrals and in taking action to protect children.'*<sup>79</sup> Research indicates that professionals are as likely to use case conferences, at which key child protection decisions are taken, to filter out cases as to accept them, *'a state of affairs resulting from their need to realistically manage the amount of work coming to them.'*<sup>7</sup>

Donors and funders may question why they should put money into an area where there is such clear statutory responsibility; particularly one that has received increased investment over the past ten years. The question is a valid one. However, more money is not necessarily the answer, and even if it were, there is not enough government funding to meet current need.

Despite the government's commitment to preventative services, 'councils are focusing on services for those with the highest and most complex needs.' For children, this means they get help only when they have reached the stage of being at continuing risk of significant harm.

**Box 10: Significant harm**

Harm is defined in the Children Act (1989) as ill-treatment or impairment of development or health. This was extended in the Adoption and Children Act (2002) to include situations where a child has *'suffered from seeing or hearing the ill-treatment of another'*. This has obvious implications for families where there is domestic violence, but despite coming into effect nearly two years ago there has been little impact.<sup>25</sup>

As we have seen, what constitutes harm depends on a number of factors, from cultural context to impact on the child. As for whether harm or not is significant, section 31, part 10 of the Children Act (1989) states that *'where the question of whether harm suffered by the child is significant turns on the child's health or development, his health or development shall be compared with that which could reasonably be expected of a similar child.'* Given the different ways in which children are brought up, this approach raises *'incredible spectres of class, cultural, racial, religious and ethnic considerations.'*<sup>40</sup> Professionals are not always able to establish whether maltreatment has or has not occurred, resulting in considerable ambiguity.<sup>44</sup>

A common criticism of the reform programme is that the far-reaching changes are expected to be implemented with only limited extra resources. However, the overall budget for children's services has increased over the last few years. In 2007/2008, local authorities will have combined funding for children's services from the DfES of £2.9bn, an increase of almost 9% from the previous year. This includes a rise in funding given specifically to implement the reforms demanded by *Every Child Matters* from £22.5m to £63m.<sup>110</sup>

However, local authorities are both experiencing greater demand for services and are expected to make efficiency savings, thought to be in the region of £220m across councils for the financial year 2006/2007. Children's services were expected to go £100m over budget in 2005/2006; two thirds of local authorities are facing financial problems as a result of growing demand.<sup>111</sup>

The comprehensive spending review, published after this report went to print in 2007, is likely to require slower growth in social care spending.

Despite the government's commitment to preventative services, *'councils are focusing on services for those with the highest and most complex needs.'*<sup>112</sup> For children, this means they are increasingly likely to get help only when they have reached the stage of being at continuing risk of significant harm, or suffering significant harm.

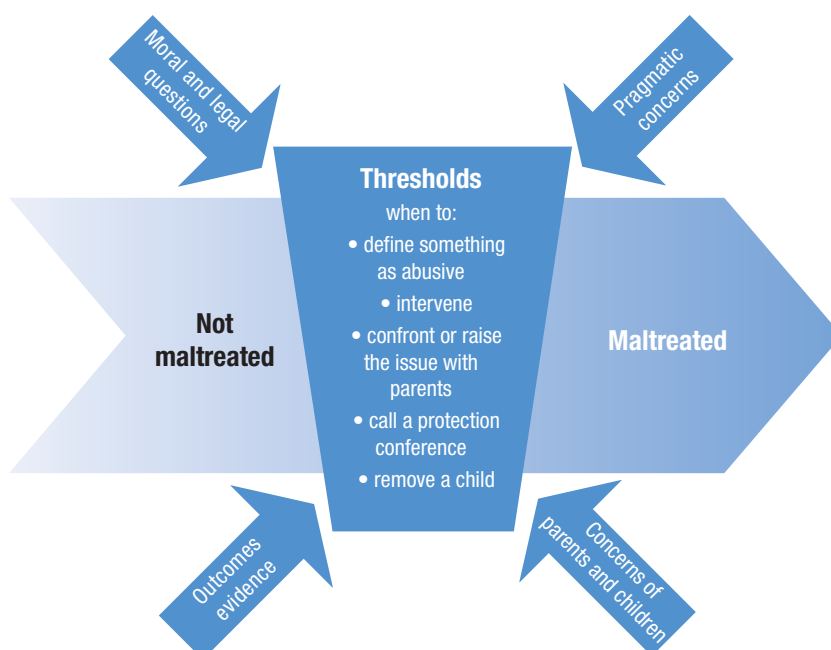
**Gatekeeping and thresholds**

Figure 6 indicates the different 'thresholds' that act as gatekeeping mechanisms and the competing pressures on those thresholds.

It is highly likely that thresholds vary locally. Official figures from 2005 show that there were 19 child protection enquiries per 10,000 children in Bath and North East Somerset, compared with 261 per 10,000 children in Hartlepool. This variation between local authorities fluctuates at each different stage of the process (see Figure 6). There are a number of reasons for this, not least differences in data collection and in interpretation of the guidance.<sup>105</sup> However, it does further strengthen the argument that official figures do not reflect actual prevalence, nor are they a good guide to how effective the system is.

A 2007 children's services inspection report based on 130 council and 37 children's services inspections found *'thresholds governing access to social care services are set too high, with no shared understanding of their purpose and application.'*<sup>113</sup>

**Figure 6: Thresholds for accessing child protection services, adapted from *Child Protection: Messages from Research*, Department of Health<sup>44</sup>**



## Targets and inspections

In England, the key measure of the government's 'staying safe' outcome (see Appendix 1) is related to numbers on the child protection register. Three of social care's performance measures are:

- proportion of children re-registered on the child protection register;
- length of time spent on the child protection register; and
- proportion of child protection cases that were reviewed within the specified timeframe.<sup>114</sup>

The government makes clear that these measures are proxy measures for the effectiveness of the system, but none of these measures reflects the quality of social care judgements nor the outcomes for the children and families involved (eg, preventing children from coming to harm; minimising the effect of harm that has occurred).

There are genuine difficulties with measuring results in this field, as seen at the end of Section 1. Detailed case notes are taken on every single child who is subject to a child protection plan, in line with the Framework for Assessment (see Appendix 3).

The government continues to grapple with how to collate such information in a way that indicates the effectiveness of its services. New Joint Area Reviews (JARs) bring together ten inspection bodies which scrutinise frontline practice in local areas through the analysis of individual cases and feedback from children and their families. In the words of the inspectors, this is leading to a '*less favourable picture*'. Of 37 children's services inspected in 2006, none was deemed to be '*outstanding*.' Seven were judged to be '*inadequate*.'<sup>113</sup>

## Supporting child victims through criminal proceedings

Many forms of child abuse are crimes. As most abuse occurs within the home, and given the importance of the ongoing family environment in minimising the harm caused by abuse, the child protection system emphasises support rather than prosecution. In addition, the system focuses on reducing future harm; most past abuse is not recorded.<sup>58</sup> It is unclear what this means for prosecution. In some cases prosecution is necessary, but on the whole, it is rare.

Soliciting disclosures from children with the promise that the perpetrator will be punished can be misleading, and damaging if the perpetrator escapes punishment.<sup>44</sup> Over ten years ago the National Commission of Inquiry into the Prevention of Child Abuse reported:

### Box 11: NSPCC's child witness support programme

The NSPCC currently runs six programmes for young witnesses called to give evidence in the criminal courts. Support workers aim to reduce the distress that giving evidence can cause, helping them to give the best evidence possible. Children wait on average one year between a defendant being charged and the trial taking place. While waiting, the support worker helps the child understand as much as possible about giving evidence. They may take them to visit the courtroom in advance.

During the trial the support worker will sit with or near the child, depending on what the court allows, to help keep him or her calm. After the trial, children can need help understanding what has happened and the outcome of the trial. If possible, children may be helped to access therapy.<sup>31</sup>

*'The way the court system operates can itself be so damaging to children that, in the children's own interests, even when the most blatant instances of abuse are involved, abusers escape prosecution [...] If the abused child has to suffer, through the legal process, an experience which can be as damaging as the original abuse itself, the purpose of justice is defeated.'*<sup>15</sup>

Since 1988 changes have been gradually introduced to support child witnesses. As noted earlier, prior to this there was great mistrust of children's evidence. From 1988 onwards, this position has shifted. Children should now be helped to give their own story. Special measures, to be used from investigation to trial and beyond, include:

- screens, so the child does not have to face the court room;
- pre-recorded video evidence, to be used in court (for all sexual offences, abduction or cases involving violence and/or neglect);
- live television link (again, recommended for all sexual offences, abduction or cases involving violence and/or neglect);
- clearing the public gallery of the court; and
- removal of court wigs and gowns.<sup>91</sup>

These measures are set down in the Youth Justice and Criminal Evidence Act (1999). A range of other good practice measures are recommended but not included in the legislation. These include familiarisation with the court prior to the trial, having a liaison officer and separate waiting areas. The ultimate aim of these policies is to increase the likelihood of vulnerable witnesses testifying, help them give the best evidence possible, and reduce the stress and trauma of giving evidence.

The treatment of child witnesses has improved as a result, but remains inconsistent. An NSPCC report in 2004, based on interviews with 50 child witnesses, found a 'chasm' between policy and reality. Children reported little choice as to how, where and when they gave evidence.<sup>115</sup>

“The way the court system operates can itself be so damaging to children that, in the children's own interests, even when the most blatant instances of abuse are involved, abusers escape prosecution.”

National Commission of Inquiry into the Prevention of Child Abuse<sup>15</sup>

Direct forms of treatment or therapy [for children] have been found to be lacking, often because the focus is on working with parents to ensure that they are more responsive to their children's needs.

Academic<sup>7</sup>

A Home Office report two years later found that special measures were used in a minority of cases. Video recordings, for example, were used for around one quarter of child witnesses. This was more likely to be because of an *a priori* judgement of the ability of the witness to give evidence, which can happen when witnesses are older, or of a similar age to their attacker, than because facilities were lacking.<sup>91</sup> Indeed, unless children were victims of sexual violence, they were not always identified as vulnerable and intimidated witnesses. As a result, special measures for giving evidence did not apply. Yet video recording is effective, increasing the accuracy and completeness of evidence.<sup>91</sup>

Television links were also found to be used in a minority of cases, for fears of prejudicing the parity between victim and defendant. This was particularly pertinent when the victim and defendant were both children.<sup>91</sup>

The NSPCC developed child witness support packages in 1999 to improve their treatment in criminal courts (see Box 11). In addition to directly supporting child witnesses, the charity is campaigning on the issue.

The Cross Government Action Plan on Sexual Violence and Abuse published in April 2007 promised the national roll out of intermediaries to help vulnerable witnesses in court.

Guidance for local authorities in setting up child witness support schemes is also being drawn up.<sup>116</sup>

#### Box 12: CSV's Volunteers in Child Protection Scheme

In May 2003, the charity Community Service Volunteers (CSV) began pilot projects in Bromley and Sunderland, testing how volunteers could be used to reduce pressure on social services. This has never been done before in the UK. The project aims not only to increase children's well-being, but also to reduce pressure on social services by shifting some of it to the community. The project is nonetheless rooted in the local authority's child protection team; the project manager is based within the team and volunteers are in constant contact.

A brief example of one match is that of Lynsey, 23, working with a single mum in her 40s with four children (in addition to three older children), all registered for neglect. The family lives in poverty and social isolation. The mother suffers from low self-esteem and depression and the family has little community involvement as a result of local bullies. Lynsey works with the family to extend the children's social contact in the community, to help them develop their independence and to help them in the pursuit of their interests. Lynsey, the children and professionals are enthusiastic about what is happening. All the children have grown in confidence, and have been able to develop new friendships.

Ultimately, the hope is that local authorities take up the project costs, which are around £60,000 per area each year. The programme is cost-effective, given the use of volunteers. It has expanded the capacity of child protection teams while also helping potential recruits from the community gain valuable experience. CSV would like to extend this model elsewhere.

#### Support for families

'Support' is an extremely vague and broad category. We use it because once abuse, or the risk of abuse is identified, there is a huge range of services that might be offered to families, the majority of which are likely to be supportive rather than punitive. Although some types of child abuse are crimes, punishment is not always seen as the most appropriate response.

As seen earlier, the child protection system is largely focused on the home. The Children Act (1989) makes it clear that children are best cared for by their parents, but that parents may sometimes need help in bringing up their children. As such, children are rarely removed from the home. Instead, agencies work with the parents to help protect the child. There is a long list of reasons put forward for why abuse occurs. Identifying why abuse is happening is important, because it offers avenues for both stopping it and preventing it happening again.

Intervening to provide support for families is far from straightforward. In the majority of cases that end up on the child protection register there are multiple problems in the family.<sup>7, 44</sup> One practitioner concluded that *'there not only appears to be no single cause of child maltreatment, but no necessary or sufficient cause.'*<sup>117</sup>

Nonetheless, there are a number of identifiable factors that can be worked on to both protect children and promote their welfare in cases of abuse. Section 3 outlines what can be done to protect children in the home, as well as exploring the detail of family support work and its results.

Meanwhile, it is worth noting one innovative project, **Community Service Volunteer's (CSV) Volunteers in Child Protection Scheme**, which is using volunteers to help protect children who are on the child protection register. Its activities are described in Box 12.

#### Treatment for children

The wide variety of 'support' on offer largely appears to be for parents of abused children, with a view to stopping the abuse and preventing it from happening again.

Many children will need specialist, ongoing support themselves. Children are entitled to local authority support, not just indirectly through support for their parents, but directly, for their ongoing well-being.

There is a strong link between abuse and subsequent mental health problems. There is some evidence to suggest that any therapy is

better than none in helping reduce the ongoing negative impact of abuse,<sup>118</sup> but it is thought that few receive such services. An estimated 90% of sexual abuse victims do not receive any service.<sup>118</sup>

The system's lack of transparency makes it hard to know who is receiving which services. However, one practitioner NPC spoke to with considerable expertise in the field had found that support for children beyond the assessment period was very limited.<sup>1</sup>

Furthermore, a study of a small sample of sexual abuse cases in the 1990s found:

*'As far as the children were concerned, only a few offers of therapeutic help either in the form of group or individual work were made, and by no means all of these were taken up. Selection for, and allocation of, therapeutic help was a very hit-and-miss affair, depending on the availability of resources, knowledge of them by social workers and openness to them by both children and parents.'*<sup>17</sup>

The picture is perhaps worse for victims of other forms of abuse, *'where direct forms of treatment or therapy have been found to be lacking, often because the focus is on working with parents to ensure that they are more responsive to their children's needs.'*<sup>17</sup> A recent NSPCC survey found that more than four out of five respondents (most of whom worked with children) felt there was not enough support available to help families overcome the effects of emotional abuse.<sup>119</sup>

Given the impact that abuse has on mental health and well-being, the government's child and adolescent mental health service (CAMHS) may work with children who have been abused. But CAMHS is dealing with a wide range of mental health problems and there is a high level of need. Waiting lists are long, and the service may not always be appropriate. The medical model may not be suitable or necessary. CAMHS will only become involved if there is a diagnosable mental health problem, which may not be the case with many children.<sup>118</sup>

NPC has come across a handful of charities delivering therapeutic support for children to minimise the ongoing harm caused by abuse. On the whole these charities are the major players in the field, which can afford to fund elements of these services themselves. Typically, local authorities are prepared to pay for only a fraction of what the service actually costs.

The NSPCC runs 34 therapeutic services for abused children (see Box 13). A campaigning priority for the charity is to persuade the funding for every abused child to access therapy. As part of this, the NSPCC is mapping what services are currently available for abused children.<sup>120</sup>

### Box 13: NSPCC's therapeutic and treatment services for abused children

NSPCC's treatment services for abused children are flexible, designed to meet the needs of specific children. An internal evaluation in 2004 found that changes were observed, both within the therapeutic relationship and in the child's external situation.<sup>22</sup>

Until recently, there was little consistency in practice in the therapeutic services. An internal evaluation in 2004 found that individual practitioners devised their own assessment systems in some cases, usually in an effort to make the process as child-centred as possible. Some set goals as part of the service; others preferred using 'themes' or 'challenges'. This variation is not a bad thing; practitioners often tailor their approach to their clients.<sup>22</sup> But a lack of consistency makes it difficult to assess the overall impact of the services.

To overcome this, the charity is implementing a measurement tool called the Trauma Symptom Checklist (developed in the US) in all of the charity's therapeutic services. It is also running a long-term evaluation with a sample of children. These should provide a strong body of evidence for the effectiveness of therapy for abused children, which should add significant weight to the case being put to government.

The length of the therapeutic relationship varies from child to child. The service costs roughly £3,750 per child per year. The proportion of those paid for by local authorities depends from service to service; in some areas, the NSPCC fully subsidises the service, in others it receives up to one half of the cost of the project. Funding for CHILDREN 1st's Abuse Recovery projects in Scotland is equally patchy. Per child, per year, the cost is around £3,000. The charity finds the service is one of its hardest to fund. Persuading local authorities to (fully) fund services once they are up and running is no easy task.

CHILDREN 1<sup>st</sup> runs seven abuse recovery services in Scotland, which work with around 40 children each. NPC visited the Ettrick centre, in the Scottish Borders. Therapists work with the child, one-on-one, but also offer support and advice to parents to help them cope with the ongoing fallout of abuse. CHILDREN 1<sup>st</sup> was the only organisation offering therapy for abused children in the area, where some 23,000 children live.<sup>121</sup> The local child and adolescent mental health service no longer had the capacity to work with this group. As a result, the service had a waiting list of six months, despite working with three times the number of children and families it is funded to work with.<sup>122</sup>

Abuse recovery is currently the main theme of the charity's awareness-raising campaign. CHILDREN 1<sup>st</sup> is trying to persuade government that the commitment to child protection must also include ongoing treatment for victims of abuse.

Barnardo's also runs 13 therapeutic services for abused children. NPC visited services in Birmingham and Dundee. The latter service caters for children who have been abused as well as children who display sexually harmful behaviour. As Section 5 discusses, there is significant overlap between children who have been sexually abused and those who sexually abuse in turn.

There is a lack of research on the effectiveness of therapy. A review of treatment programmes found few had robust evaluations. However, the same review found that most therapy seemed to be of benefit.

There is a lack of research on the effectiveness of therapy. A review of treatment programmes found few had robust evaluations. However, the same review found that most therapy seemed to be of benefit.

In addition, there are a number of local organisations supporting survivors of rape and sexual abuse around the UK. Some of these organisations will have specialist services for children. They also tend to have a high number of adult survivors of abuse accessing their services. Adult survivors of abuse are covered in more detail in Section 7.

As an internal evaluation of the NSPCC's therapeutic services concluded, '*effectiveness and evidence remain contested concepts with regard to therapeutic work.*'<sup>22</sup> Arguably, there is no 'best' model of therapy for abused children. Abused children's experiences and circumstances will vary greatly, as will their responses to the trauma they have experienced.

As in other child abuse services, there is a lack of research on the effectiveness of therapy, and the research that exists focuses on victims of sexual abuse. A review of treatment programmes for victims of sexual abuse found that few had sufficiently robust evaluations to conclusively determine their effectiveness.<sup>123</sup>

However, the same review found that most therapy seemed to be of benefit.<sup>123</sup> There is little difference, for example, between the outcomes of individual and group therapy.<sup>7</sup> The most important factor linked to effectiveness is that the child is protected.<sup>14</sup>

Once the child is protected and no longer at risk of abuse, talking about the abusive experience(s) directly is thought to be constructive. Doing so helps counter the secrecy and silence surrounding the abusive experience, as long as it happens in a structured and supportive environment.<sup>123</sup>

Greater research is needed into cognitive behavioural therapy (CBT), as it has proven effective for adult survivors of trauma (see Section 7).<sup>123</sup> CBT works by changing people's behaviour, usually over a short period of time. Trials have shown CBT to reduce the symptoms of many mental health problems.<sup>124</sup>

Finally, several studies have suggested that support for both non-abusing parents and children seems to work better than support focusing on only one or the other.<sup>7, 14, 74</sup>

## Conclusions

This section has set out in some detail the significant problems that face the child protection system and charities working within and around this system. These include: the system's failure to support as many as two thirds of those children who are abused; the broad lack of evidence on effectiveness; the system's unfriendliness to children, and its overall resource constraints.

This section has also described the process of child protection, including identification, reporting, investigation, support and treatment.

The child protection system, then, sets the context for donors to understand the work of charities in this field. They often face the same problems. For example, a donor funding efforts to increase identification and reporting can consider the system's failure to engage with those who have been sexually abused, resources for subsequent support and treatment. Both these factors will influence the success of the donor's funding.

Given the sheer numbers involved, private funding for direct service delivery is unlikely to be the solution to meeting demand. Furthermore, local authorities have a duty to safeguard children living in their areas, including attending to the ongoing well-being of children in need.

Therefore, donors should consider prioritising funding lobbying work ahead of service delivery in this area. For the work of charities in child protection to be effective, increased funding is also required from government. To achieve this, charities must lobby for more funds where they are needed. For example, both the NSPCC and CHILDREN 1<sup>st</sup> are currently lobbying government for more resources for therapeutic treatment services for abused children.

The government's stated commitment to tackling child abuse must be backed up by funding—private donors are unlikely to be able to bring to bear adequate funds themselves. Nor, arguably, should they subsidise public services—a situation that is widespread in the provision of therapeutic services.

To conclude, donors' options for funding child protection can be summarised under three main headings.

## Reach children not helped within the system

In this category, priorities for funding include:

- **Mechanisms for increasing the identification and reporting of abuse.** These include helplines and confidential spaces, which are needed for both children and adults to discuss their concerns, get advice and disclose abuse.
- **Support and treatment for children beyond the system's focus.** This includes treatment for those who have been abused but are not at risk of immediate harm. The system focuses on dealing with immediate risk of harm. Yet the impact of abuse goes beyond this immediate harm. The emotional impact of abuse will continue without appropriate treatment and support.

Given that the majority of children who have been abused are unknown to the system, charities working in this area are in high demand and private funding is often critical. Ideally, both would receive greater government funding given the clear commitment to safeguarding children.

## Add capacity to an over-stretched system

In this area, donors can fund any area of the child protection process itself. Areas in which charities are most active include **identification** (through helplines and outreach), **specialist investigation** work, **support for children through the court system**, **family support** and **therapeutic treatment**.

Donors who choose to fund in this area must accept the constraints that the system's flaws create, or commit to long-term funding for charities trying to fix them. Adding capacity may be reactive and expensive, but it has a direct positive impact.

NPC does not believe this should be a priority area for private donors. Local authorities have a duty to protect all children in their area. Donors should ask serious questions of charities seeking funding for subsidising services provided for local authorities.

There should be a clear argument provided for why the local authority is not fully funding the service.

## Improve the system by addressing some of its flaws and biases

There are fewer options available for donors in this category, but the few that exist could inform wider practice. Funding priorities include:

- **research and evaluation** to establish effective ways to act; and
- **listening to children's** views on the system and involving them in changing it.

NPC highlights these two options as elements that should be integrated into the work of charities working within and around the child protection system. While there may be ways to fund work focusing specifically on these approaches, it is more valuable for donors to look for signs that they are deeply ingrained in the more general work they support.

## Prioritising funding

Until government funding increases, charities working in and around the child protection system will continue to need private funding to cover their costs. Donors should consider prioritising lobbying if they wish to fund work in this area, as this could ultimately lead to greater commitment from government.

In general, NPC would not recommend that private donors focus their giving on charities working within and around the child protection system. This is clearly primarily an area of statutory responsibility, and private funding is unlikely ever to be able to close the gap between capacity and demand. Private funding can have greater impact in other areas highlighted throughout this report.

Donors should consider prioritising lobbying if they wish to fund work in this area.

**Children are at greatest risk of abuse in their own home. They are most likely to be seriously injured or to die at the hands of their parents or carers. What is less clear is why children are abused. Understanding this offers a vital step towards tackling the causes of the problem.**

**However, there is little consensus on the causes of abuse. Even where causes can be identified, they are part of a list of contributing risk factors rather than single causes, making it difficult to highlight any one particular causal factor.**

This section concludes by drawing together what we know, and what we do not, about the results of work tackling abuse in the home. This provides the basis for donors to prioritise their giving, focusing on the types of results that are most attractive to them.

Because the child protection system focuses on abuse in the home, some of what is discussed in this section overlaps with the previous section. But here, the focus is on the services and support provided to families and children *where abuse has been identified*, whereas Section 2 focused on the whole system, from identification through to treatment and support.

## The role of parents and carers

A great deal of parental and societal anxiety about child abuse stems from the belief that abuse occurs at the hands of predatory strangers. In fact, abuse by strangers accounts for fewer than one in five known cases of contact sexual abuse.<sup>55</sup> The majority of abuse—neglect, physical and emotional abuse—<sup>125</sup> occurs at the hands of parents or carers.

This is a surprising and counterintuitive finding. The vast majority of parents love their children and want the best for them. Very few people deliberately set out to abuse their own sons and daughters.

Why then is it that parents are the main abusers? Frustratingly for donors, available research on the causes of child abuse does not offer much of a consensus. *'There not only appears to be no single cause of child maltreatment, but no necessary or sufficient cause.'*<sup>117</sup>

A circumstantial answer is that it is parents who spend the most time with their children. It is parents who carry the physical and

emotional responsibility of meeting children's needs—predominantly in the home. There is a spectrum of acceptable ways of parenting and the grey area between a stressed parent and an abuser is not always easy to navigate.

It is worth noting also that children are commonly seen as the property of their parents, rather than individuals who have rights of their own. There remains vociferous opposition in some quarters to anything that threatens to interfere with the family and the right of parents to treat their children as they see fit.

More profound answers move to looking at the risk factors that contribute to abuse. Through this lens, many parents are potentially capable of engaging in abusive behaviour. Whether or not they do so is at least in part a consequence of the complex interaction of other factors—be it poverty, use of drugs or mental illness.

There are cases of undeniably awful and inexcusable behaviour, which often end up being the focus of extended reporting in the press. A more useful starting point is to understand that *'much abuse is committed by ordinary people under extraordinary pressures.'*<sup>120</sup>

Table 3 is adapted from a literature review of risk factors associated with abuse, from the charity **Barnardo's**.<sup>74</sup> The large number of factors are categorised into different groups. In many cases of abuse, these interact, to cumulative effect. What could be described as a dormant factor, such as a parent's own experience of abuse, may combine with a more immediate one, such as a child's behaviour, to create a higher-risk environment. In other words, the previous experience of abuse may come together with frustrations about the child's behaviour to push the parent over the edge, into reacting abusively.

An emphasis on risk factors is potentially fruitful for donors interested in tackling abuse. That is because it gives concrete issues for donors to focus on that may in part cause abuse, rather than just managing some of its symptoms. It may also allow donors to prevent abuse in the first place, because addressing risk factors reduces the likelihood of abuse occurring.

NPC's analysis suggests two kinds of approach for donors interested in tackling abuse in the home.

‘Much abuse is committed by ordinary people under extraordinary pressures.’

National Commission of Inquiry into the Prevention of Child Abuse<sup>20</sup>

## Options for donors

The first option for donors is to support programmes tackling individual adult risk factors, linked to child abuse (for example, substance abuse or parental mental health). This approach has an intensive focus and sometimes produces measurable results (eg, reduced levels of substance abuse). There are high levels of funding need in many such areas.

A second option is to fund more general support programmes, which attempt to tackle a range of issues including several risk factors (for example, family support that works in areas where poverty, substance abuse and domestic violence are prevalent). A broader approach may have less clear results, but matches the reality of families' needs more clearly. However, government is the major funder of much of this work, which often falls under the broad heading of the child protection system (discussed in Section 2).

It may be more difficult to address root causes, but eventually this is where the greatest results are to be found in the long-term.

**Table 3: Risk factors associated with child abuse**

Influences	Factors
Sociological	Cultural and social values
	Racism
	Social and educational resources
	Legislation
	Social systems for identifying and managing abuse
Social environment	Poverty
	Housing
	Employment
	Parental status
	Social isolation
Family environment	Stress
	Parent/child interactions
	Discord between carers
	Child behaviour
	Family history
Genetic	Stress
	Gender
	Temperament of child
Biological	Disability or illness of child or parent
	Prematurity or low birth weight of child
	Developmental delay of child
	Aggression of parent or child
Psychological	Substance misuse of parent
	Developmental history (prior abuse or early separation)
	Attachment between parents and child
	Parental perceptions/expectations of child
	Parental attributions of children's behaviour
	Parental empathy and self-esteem
	Child management skills
	Conflict resolution skills

Efforts to end child abuse completely are highly unlikely to succeed unless they also tackle these complex and interrelated causes.

The choice that donors make can be informed by whether they prefer to focus on treating a defined problem (ie, child abuse itself) and its symptoms or to tackle root causes (ie, the risk factors linked to abuse such as substance abuse). Both areas of work are necessary. It may be more difficult to address root causes, but this is where the greatest results are to be found in the long term.

The rest of this section examines these two options in more detail.

In relation to the first, the number of potential risk factors is very large. NPC has focused on those areas that, according to research, may be influential in the context of child abuse:

- substance abuse;
- domestic violence;
- lack of empathy;
- harsh discipline;
- parental mental health;
- poverty; and
- lone- or teen-parenthood.

These risk factors have also been selected here because there are interesting charities operating in the field that, crucially, **work directly with children as well as adults**. A wide range of existing and forthcoming NPC reports offer further information about many of the issues here and the charities tackling them. However, these organisations focus generally on **working with adults alone**.

The final point donors should bear in mind is that both approaches include preventative and reactive facets. In practice, a lot of existing

provision in relation to child abuse tends to be directed at families where problems have already emerged; ie, it is reactive. But such work, *reacting* to known substance abuse, for example, can *prevent* child abuse if substance abuse is contributing to the occurrence of child abuse.

Figure 7 illustrates some of what we know about the overlap between different risk factors and child abuse. It is illustrative only—the overlaps between all the different risk factors cannot be represented accurately in a single diagram. What it does indicate is that there is significant overlap between abuse and all of these factors.<sup>126</sup> Efforts to end child abuse completely are highly unlikely to succeed unless they also tackle these complex and interrelated causes.

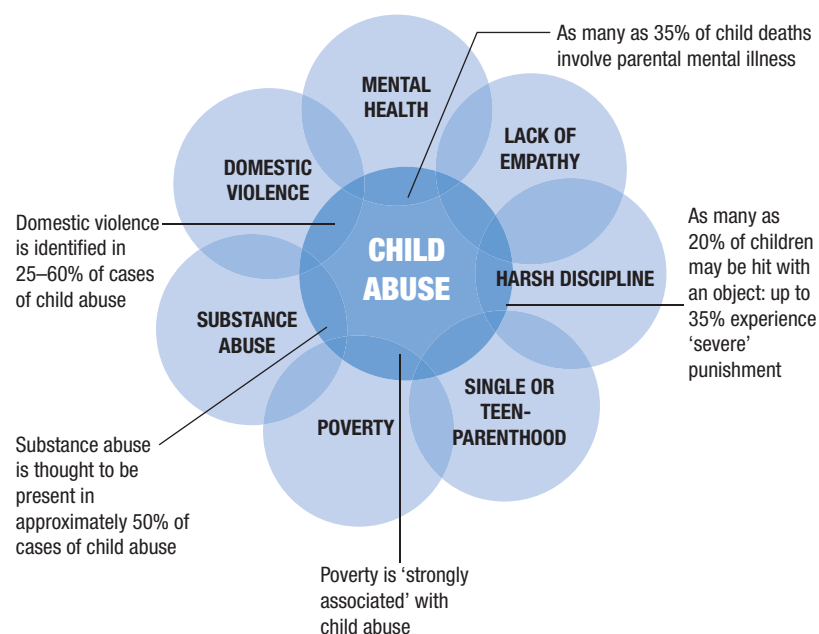
Unfortunately, not enough data exists for us to be able to see exactly how each of these risk factors interrelates, and where activity could be most effectively focused. For example, work on substance abuse might be found to be less effective than work tackling both substance abuse and poverty at the same time, if poverty is causally related to substance abuse. Unless significant new research is carried out, our knowledge of how to tackle these complex causes is likely to emerge only slowly from the practical work of charities and state-run programmes.

## Substance abuse

The first area donors may wish to consider funding is charities that tackle drug and alcohol abuse. Substance abuse has been found to be closely correlated with child abuse, and is therefore a compelling factor for donors to address. For instance:

- Parents being incapacitated as a result of substance abuse was the single biggest cause of neglect in the NSPCC prevalence study.<sup>55</sup>
- One study of three London boroughs found that, in 60% of child protection cases known to the authorities, parental substance abuse was a key issue.<sup>127</sup>
- In Scotland, the report of the Child Protection Reform Team found that 40% of cases in a sample taken from the child protection register involved substance abuse: *'Health visitors or social workers found parents incapable in the house when they visited and young children at risk from fires or other household appliances. Some parents tried to protect their children from knowledge of their drug use and from possible harm by locking them in their bedrooms for long periods of the day or night. This solution created its own abusive problems, not least children urinating and soiling in their bedrooms.'*<sup>86</sup>

Figure 7: Risk factors overlap with each other and with child abuse



How big a problem is parental substance abuse for children in the UK? The available evidence suggests it is a large one:

- For Class A drugs like heroin and crack cocaine, the official UK advisory body estimates in a major report, *Hidden Harm*, that 2–3% of the under-16 population in England and Wales is affected by problem parental use. Twice that percentage (4–6%) is affected in Scotland. This equates to between 250,000 and 350,000 children across the UK.<sup>128</sup> Drug abuse is predicted to triple in the next twenty years.<sup>129</sup>
- Parental alcohol abuse is a more widespread problem still. The charity **Turning Point** published a report this year claiming that 1.3 million children in the UK are living with parental alcohol abuse. In Scotland alone, there are an estimated 80,000 to 100,000 children affected, nearly twice the number thought to be affected by parental substance abuse.<sup>130</sup>

It is not always clearly recognised in public debate, but alcohol abuse can be as harmful as drug abuse. Recent research by the Priory clinic found that the development of children raised in alcoholic families is adversely affected, which in turn affects their ability to form relationships as adults and their employment prospects.<sup>131</sup>

What are government and charities doing to tackle substance abuse?

In relation to alcohol, the report by Turning Point was part of a campaign aimed at government, which demanded a national inquiry, the development of new services and support for those affected.<sup>132</sup>

The issue has a higher profile in Scotland. A greater proportion of children are thought to be affected and change has been catalysed by high-profile deaths of children due to parental substance abuse (see Box 14).

In relation to substance abuse generally, some action has been prompted by the Advisory Council's *Hidden Harm* report (mentioned above). The Scottish Executive published plans in 2006 to safeguard children of parents with a substance abuse problem. Proposals include ensuring that information on children with substance abusing parents is recorded on the Scottish Drug Misuse Database, which records details of adults presenting for treatment.<sup>130</sup>

Importantly for donors, the report recognises the potential for charities to deliver support:

*'The voluntary sector is often very effective at reaching families where there is potential risk*

#### Box 14: Child deaths related to substance abuse

There have been a number of deaths of young children and babies as a result of parental substance abuse in recent years in Scotland. The deaths highlight the reactive nature of policy change, which is equally apparent in England and Wales.

Danielle Reid was murdered by her mother's partner in 2002. The five-year-old girl had been moved around by her mother, from Elgin to Dundee to Inverness. Despite pleas by the girl's grandmother, who suspected neglect, the girl was never placed on the child protection register and was able to drop out of school without alerting the authorities. Her mother was a heavy user of alcohol and amphetamines, as was her partner. When Danielle's mother returned home to find her daughter heavily beaten but still alive, she failed to call an ambulance. Instead, later on, her partner and his younger brother placed the girl's dead body in a bag, weighed it down with tiles and bricks and threw it into the river. The body was recovered several months later when the younger brother admitted to a friend what had happened.<sup>33</sup> Schools now have to report a child missing if they fail to attend school with no explanation for ten days or more.

Eleven-week-old Caleb Ness died in hospital, following violent shaking by his father. The autopsy revealed fourteen rib fractures, thought to have occurred on at least three separate occasions. His father had sustained brain injuries a few months before Caleb's birth, so the court accepted diminished responsibility. The father had a history of substance abuse and criminal convictions for serious assault. His mother was involved in prostitution and had a heroin addiction. Although Caleb was placed on the child protection register soon after his birth, the death was deemed avoidable as the baby was allowed to return home with the mother and it was well known that his father would be visiting often, although he was not actually living with the mother. No further decision or formal review of risk took place before the baby died.<sup>47</sup> Following the inquiry, the First Minister announced a number of changes to the system, including £600,000 to train 300 social workers to work with children whose parents abuse drugs or alcohol.<sup>51</sup>

More recently, a review of the methadone programme has been announced in Scotland following the death of two-year-old Derek Doran. He died after drinking the heroin-substitute methadone in his home in East Lothian.<sup>52</sup>

*and where there may be parental reluctance to engage with official agencies for fear of children being removed. Children and young people themselves often feel more able to access the support they need from a voluntary organisation.*<sup>130</sup>

It should also be noted, however, that charities delivering public services may not hold the same privileged relationship with children and families. If they are perceived as being part of the 'system', the same fears may apply to charities and 'official agencies'.

Practitioners speak of the difficulties substance abusers have in accessing government services. Parents in particular are often fearful of contacting Social Services, so they try and cope alone, but cannot and reach crisis point.<sup>41</sup> At this point the child protection process may kick in. The system is flawed if parents can only get help once their child is registered as a result of abuse.<sup>28</sup>

The Scottish Executive's response to *Hidden Harm* pledges support for charities, particularly in terms of working in partnership with government agencies, yet recognises few are engaged in this field.

2–3% of the under-16 population in England and Wales is affected by problem parental use of class A drugs. Parental alcohol abuse is more widespread still.

**Box 15: Aberlour**

Aberlour is a children's charity that runs a number of childcare projects in Scotland. It has been working with families in which there is substance abuse for around 20 years. It currently runs two residential rehabilitation centres in Glasgow and one in Edinburgh, which house five to six families each at any one time. These services are not being advertised given the high levels of demand.

The charity also runs drug outreach services in Glasgow, Edinburgh and Dundee. NPC visited one project in Dundee, a city with one of the highest levels of substance abuse in Scotland. Half of the child protection registrations are thought to involve parental substance abuse.<sup>26</sup>

The Aberlour Drug Outreach Team in Dundee has been running since 2001. It takes up to 30 families at any one time, and has worked with over 200 since it started. The project has strong links with health and social work teams from which referrals are also made. Around one in 20 referrals are self-referrals. These are prioritised by the team, as it indicates motivation is high.

The first step post-referral is to undertake an assessment of the motivation and commitment of the parents, as well as the risk to the children, the children's needs, and parenting capacity, which takes around six weeks. A care plan is then drawn up. It may offer parenting support, individual child support or family rehabilitation. The family agrees what has to change, and then works towards that point with the support of the outreach team. Research suggests that it takes on average 20 attempts before substance abusers can kick their habit, so progress can be slow. The programme costs around £5,400 per family per year, which the charity has difficulty in fully funding.<sup>41</sup> Around 90% of the programme funding comes from government.

The project has linked up with **Dundee Women's Aid**, as domestic violence is another major issue facing those who use the service.

One exception to the rule, and an organisation that donors might consider backing, is

**Aberlour**. It has worked with children of substance abusing parents for many years in Scotland. NPC visited one of its projects in Dundee (Box 15). Aberlour convened a think tank of experts to discuss parental substance abuse in May 2006, to coincide with the publication of the Scottish Executive's response to Hidden Harm. It focused on the question, 'what are the circumstances that should require the removal of children from home?', and provides guiding principles for professionals that, it is hoped, will be replicated in government guidance. Aberlour's projects are helping people kick their addictions, which keeps them focused on their children. NPC has not yet identified similar work in England, but will do so as part of its forthcoming report on substance abuse.

The Scottish Executive has worked in partnership with the Lloyds TSB Foundation for Scotland and Atlantic Philanthropies in the UK since 2001 to fund charities working with children of substance abusing parents. The **Partnership Drugs Initiative (PDI)** has funded a number of projects, many of which have difficulty in satisfying demand.<sup>133</sup>

## Domestic violence

A second key risk factor is domestic violence.\* Like substance abuse, it is closely linked to child abuse, so again presents a relatively focused approach for donors seeking to tackle



\* Domestic violence is not confined to physical violence. It also covers 'sexual, psychological or financial violence that takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behaviour.'<sup>134</sup>

the causes of abuse. The following figures are uncertain because much domestic violence remains hidden, but give an indication of the scale of the problem:

- A study of nearly 2,000 child protection referrals across seven London boroughs found 27% of cases involved domestic violence. A study of child protection register cases that asked specific questions about domestic violence discovered twice as many cases by the end of the study as at the beginning, uncovering domestic violence in 59% of cases.<sup>135</sup>
- One in 20 children is witness to frequent physical violence between parents.<sup>55</sup>

Domestic violence matters profoundly to the welfare of children because it places them not only at risk of immediate physical harm but also threatens their development. The potential damage is worth spelling out, as the effects have only relatively recently begun to seep into the public consciousness. They include:

- Direct physical harm. Blows to a pregnant woman are frequently aimed at her womb. Children may be harmed as they try to intervene in attacks, and they are often used by perpetrators to manipulate, control and abuse their partners.
- Parenting. Domestic violence affects victims' self-esteem and emotions, to which children are attuned. This can affect child-parent attachment and result in emotional damage for the child. Witnessing harm can cause serious trauma.
- Domestic violence can exacerbate children's poverty and isolation. Not only can property and possessions be damaged in attacks, relationships with friends and family frequently suffer.
- Weaker child protection. Adults may be more likely to withhold information for fear of the child being removed, or professionals may be less likely to visit, or visit less frequently, or avoid broaching sensitive subjects, if the home is violent and abusive. Although partnerships between different official agencies are improving, the separation of services for children and adults, combined with a lack of understanding of different perspectives, may hamper coordinated work with the whole family.<sup>136</sup>

So how can children be protected? Despite the government's stated commitment to tackling both child abuse and domestic violence, actual practice does not always reflect this high priority.

### Box 16: Talking to my mum

A scheme has been developed by the NSPCC and a handful of refuges, funded by the Big Lottery Fund and evaluated by the University of Warwick. It uses a mother and child activity pack to help victims of domestic violence talk about their experiences and strengthen the relationship with their child(ren). The programme was most effective when the mother and children had had time to settle, away from the abusive situation. Often in abusive relationships, the mother is manipulated into putting the abusive partner first, or she simply does not have the emotional stock required to fully attend to her children's needs. Time away from the abusive relationship gives her the chance to re-prioritise her child(ren). Women also need to recognise the effect of the abuse on their children, which is a painful first step to make, arousing strong feelings of guilt.

Mothers reported that the scheme improved their relationship, while children commonly said that they liked the opportunity to spend time with mum.

*'You've got to learn to talk to your children. They are young people but they fully understand. You've got to explain to them what's going on. That's what I've learnt from Jamie.'* (Jamie's mum)<sup>39</sup>

The action research project has now come to an end, but the pack is available to buy (£20) and training is available (at cost) by the researchers who developed the package, based at the University of Warwick.<sup>42</sup> There is great scope for applying this work, given the prevalence of domestic violence.

For instance, because of the stigma attached to domestic violence, cases often only come to light when specific questions about it are asked in child protection enquiries. However, it is not clear that such questions are always asked. Domestic violence remains an elective module in the training of social workers.<sup>137, 138</sup>

This is despite the change in the Adoption and Children Act (2002) that extends the definition of 'harm' to cover instances where a child has 'suffered from seeing or hearing the ill-treatment of another'. This came into force in early 2005, and has obvious implications for families where there is domestic violence. To date, it seems to have led to little change.<sup>25</sup>

In relation to what charities do, NPC's report, *Charity begins at home*, recommends a range of organisations that make alternative provision for parents forced to leave where they live and that also help abused parents and their children stay in the home. This report will be updated and extended in a forthcoming NPC publication on violence against women.

The latter approach typically involves 'individual advocacy'—early stage legal and practical support for abused parents to protect them from their partner and to pursue convictions. This is a good approach for the abused partner because it potentially minimises disruption to her (most victims are female) life. And it is an attractive option for donors because it is highly cost-effective. However, it is not considered in detail here because it tends to work exclusively with the parent, and is well covered in NPC's existing report, *Charity begins at home*, as well as in the forthcoming report on violence against women.

Domestic violence matters profoundly to the welfare of children because it places them not only at risk of immediate physical harm but also threatens their development.

Traditionally, few domestic violence services address the joint relationship between mother and child.

In practice, at the moment, most work directly involving children comprises protecting them once they have been forced to leave the home, via the use of refuges. A refuge is a safe house which women and children who are experiencing domestic violence can escape to. Some have children's workers and a range of services for children. A key principle is offering a confidential space for children in which they can work through the trauma they have witnessed and experienced. This may take the form of therapeutic play, and may involve non-abusing parents and family if appropriate.<sup>25</sup>

There are several reasons donors may wish to consider supporting refuges:

- Children make up roughly two thirds of the people staying in them. According to the charity **Women's Aid**, just under 25,000 children stayed in refuges in 2005.
- Children's services in refuges are badly under-funded in England and Wales. A recent study of London boroughs found that only six out of 33 projects have any government funding for children's work. Only one was fully funded.<sup>25</sup>
- Some interesting programmes are being developed within refuges. One such programme is challenging the 'conspiracy of silence', a common legacy of domestic violence fostered by a history of secrecy and fear. Often both mother and child(ren) seek to protect each other by not talking about painful memories, yet talking can help speed recovery. Traditionally, few services address the joint relationship between mother and child.<sup>39</sup> Box 16 indicates a recently developed support pack, **Talking to my mum**, that helps mother and child discuss their experiences. This approach should be cheap and easy to implement in domestic violence projects around the UK.

A final area for donors to consider relates to the fact that, depressingly, a large number of

women remain in abusive relationships, as do their children. **Respect** is a membership charity that has drawn up minimum standards for programmes working with perpetrators of domestic violence in the community. Further options for donors in this area will be looked at in NPC's forthcoming report on violence against women.

With the exception of educational resources (more detail on which is found in Section 6), NPC has come across very few specifically child-focused preventative or early intervention services that tackle negative attitudes towards women. One notable exception is the **Women's Aid's Hideout**, an educational website for children that helps them explore whether they or someone they know is a victim of domestic violence. For those who do identify with domestic violence, it provides practical safety tips for children.

### Lack of empathy

Having considered substance abuse and domestic violence, donors can consider a third, rather different, kind of risk factor for abuse. Some charities and analysts argue that lack of empathy is the crucial element shared across different kinds of abusive behaviour.

On this analysis, an emphasis on domestic violence or drug use focuses on the external manifestations of parental behaviour. As such, it does not adequately address the internal psychological factors that might lead people to abuse their children.

The main research focusing on this area in the UK was published by **The Worldwide Alternatives to Violence (Wave) Trust**, a charity, in 2005. It suggests that the real problem (and best avenue for potential intervention) is an individual's propensity for violence.

Its report recognises that there are external factors that influence violent behaviour—for example, poverty and substance abuse—but maintains that these are simply triggers. Rather, the real determinant is how likely an individual is to be violent, a capacity often set in early childhood. As such, much of the work that claims to be preventative misses the point, as it fails to tackle the root causes.

The report suggests that empathy is the single greatest inhibitor of an individual's propensity to violence—that a parent is less likely to abuse his or her child if he or she has a well-developed sense of empathy that stops events triggering violent reactions. It also argues that empathy is created by 'attunement' between the child and its primary carer, up to the age of three. Children's emotions develop in tune with their parents. Lack of attunement, when coupled with harsh discipline, 'is a recipe for violent, antisocial offspring'.<sup>61</sup>

#### Box 17: First Steps in Parenting

Antenatal and postnatal classes traditionally focus on developing physical skills for coping with birth and caring for a child and neglect the emotional and psychological needs of new families. First Steps in Parenting addresses this gap by meeting the needs families may have in the transition to parenthood. The course, available in a variety of settings around the UK, recognises that maintaining a healthy relationship between parents at this sensitive time is crucial, with the needs of fathers addressed in addition to those of mothers.

Each new family receives 35 hours of support, from pregnancy up to four months after the birth. Research has shown that, compared with parents who did not attend the programme, parents who attended classes were less anxious and vulnerable to depression, more child-centred in their attitudes and more satisfied with their relationships with both their baby and partner. The long-term effects on the children are less well documented.

The Wave Trust concludes that violence can be stopped by ensuring that empathy in children is fostered. It researched and evaluated over 400 international projects that reduce violence and child abuse. The projects were rated on the strength of the evidence proving that they reduced violence and child abuse or neglect, with programmes that fostered empathy and attunement rated more highly. Four projects stood out, one of which is **First Steps in Parenting**, based in the UK (see Box 17).

Some commentators argue that Wave's findings seem to 'write off' children who do not develop attunement with their parents (parents, particularly mothers, who may be unavailable for any number of reasons, from post-natal depression to domestic violence). Wave would emphasise that the programmes it recommends are also effective with school-age children.

The approach may be interesting to donors because of its commitment to identifying and tackling root causes. However, turning the theory into action is not without its problems. Any results will be long term and difficult to attribute to the handful of methods suggested by the Wave Trust.

The charity is calling on government to increase its expenditure on early intervention, focusing on the programmes it picked out as effective in fostering attunement and empathy. Of course the government's Sure Start

programme (see Appendix 2) has already provided a massive increase in spending on early intervention, but it does not work directly on fostering empathy. Its results have been mixed.

More daringly, the Wave Trust recommends piloting the approaches suggested in one area over time to monitor the effects. This would be a very ambitious and costly long-term programme, with early costings suggesting around £2m each year. However, the potential long-term savings would far outweigh these costs.

The charity has a growing band of enthusiastic advocates, including a number of police authorities in both England and Scotland.

Donors interested in an ambitious yet risky approach might want to consider supporting this organisation.

### Harsh discipline

A fourth factor that donors could choose to focus on, and one that can closely relate to how some children develop empathy, is harsh discipline.

Nearly 40 years ago, it was noted that '*physical abuse was often discipline gone too far*'.<sup>139</sup> Most charities and professionals today subscribe to the view that:

- attitudes to and law on physical punishment can lead directly to the abuse of individual children; and

Some charities and analysts argue that lack of empathy is the crucial element shared across different kinds of abusive behaviour.



Photograph supplied by Circle

Charities campaign for a ban on corporal punishment. This is in opposition to prevailing public support for the law. Donors deciding whether or not to support work in this area are encouraged to consider the evidence and make up their own minds.

- attitudes and law reinforce a culture in which it is easier than it otherwise might be for abuse of children to occur and it is hard to get across messages of alternative, positive discipline.

Accordingly charities campaign for a ban on corporal punishment. This is in opposition to prevailing public support for the law.<sup>140</sup>

This is clearly a controversial area, and a polarised debate. On balance, NPC's analysis agrees with the views of charities and professionals. Child abuse occurs on a continuum, and while smacking may not be seen by all as a form of child abuse, it exists on a spectrum along with more severe and serious 'punishments'. Donors deciding whether or not to support work in this area are encouraged to consider the evidence and make up their own minds.

Several studies support the idea that physical punishment is over-used and can have harmful effects. A study that asked parents rather than children (who may not remember early physical discipline) found:

- The younger the child, the more likely they were to be hit.
- Babies were particularly vulnerable; three in four babies (aged up to one year) had been smacked by their mothers.
- Half of one year olds were smacked weekly or more often by their parents.
- Around 20% of the children had been hit with an implement, with just over one third having experienced 'severe' punishment.<sup>59</sup>

A recent literature review found that regular physical punishment was associated with ten negative possible effects, such as aggression towards others. Only one positive was found: immediate compliance.<sup>140</sup>

Another piece of the jigsaw that donors may wish to consider is that children's perspectives are rarely included in the debate. One report interviewed five- to seven-year-old children, who were clear that smacking hurt, with the vast majority believing it to be wrong.<sup>141</sup>

### Why are some reluctant to ban corporal punishment?

Common criticisms of moves to crack down on physical punishment include:

- that the state should not meddle in how parents choose to bring up their children;
- fears that parents will be imprisoned for minor transgressions of the law;
- worries that children will be spoilt and/or become unmanageable and antisocial beings ('spare the rod and spoil the child');<sup>140</sup> and

- that a ban could be unenforceable in practice.

A review of the evidence in countries that have banned corporal punishment found that these fears were largely unfounded.<sup>140</sup> An often used example is that of Sweden, which was the first country to ban corporal punishment back in 1979. The government there aimed to alter public attitudes alongside increasing early identification of children at risk of abuse and promoting earlier and more supportive intervention to families. A Canadian academic reviewed the success of the programme in 1999 using publicly available data, concluding that the aims had been successfully met. *'Public support for corporal punishment has declined, identification of children at risk has increased, child abuse mortality is rare, prosecution rates have remained steady, and social service intervention has become increasingly supportive and preventative.'*<sup>142</sup>

It is important for donors to note that a causal link cannot be established between the legislative change in 1979 and the difference noted 20 years later. As the study notes, *'the law's implementation and the attitude shift that accompanied it cannot be viewed in isolation from the social context in which it developed.'*<sup>142</sup>

It is also not clear whether a ban on corporal punishment in the UK, if implemented with the same aims and programmes as in Sweden, would produce the same results.

However, the available evidence does suggest that attitudes and behaviour can change and that altering the law can be part of that process.

It seems likely that the English and Scottish governments will remain under international pressure to ban corporal punishment as they are signatories to the UN Convention on the Rights of the Child, among other legislation, which requires the prohibition of all corporal punishment, including in the family.

In the meantime, the **Children are Unbeatable! Alliance**, an alliance of some 500 professional and charitable organisations, continues to monitor and campaign on the human rights issue of equal protection for children. Donors wishing to support charities lobbying to change the law can help by funding this charity.

### Parental mental health problems

A fifth risk factor for child abuse is parental mental health. Again, there is some evidence showing a relationship with child abuse. For instance, a study of child deaths in 1996 by the Department of Health found that, in one third of cases, there were parental mental health problems including psychosis and depression.<sup>143</sup>

However, one should not conclude from this that the children of parents with mental health problems are automatically at great risk of abuse. As with other risk factors, most parents with mental health problems do not harm their children. It does suggest, however, that the risk to the child must be carefully assessed.

Yet this rarely happens. A key problem in relation to parents with mental health problems and child abuse is that diagnostic and support services tend to focus either on children or on adults, but very rarely on both together.

In addition, experts have long recommended that a distinction be made between an assessment of the adult's mental health and the assessment of his or her parenting capacity. This would preferably be undertaken by a child psychiatrist to ensure it was done from the child's perspective.<sup>143</sup> The diagnosis on its own does not imply anything about the individual's parenting capacity; it is the parent's behaviour that is important.<sup>144</sup> In practice, however, this seldom happens.

What can donors do to help prevent abuse through tackling mental health problems?

NPC's report on adult mental health, *Don't mind me*, identified **Family Welfare Association's Building Bridges** project as an effective way of bridging the gap between adult and child services. In ten centres across England, staff provide emotional and practical support to help parents carry out their parenting role. Most importantly, they also support the healthy emotional development of children. This can be through counselling or practical help such as putting in place simple routines for breakfast in the morning, bath-time and bed-time.<sup>124</sup> Its internal evaluations show that 79% of parents demonstrate an improvement in their mental health and 50% of parents experience less stress in parenting—all at a modest cost of £1,375 to service one family for a year. Donors could consider funding this organisation to expand its work; NPC has come across no other charity offering this type of service.

## Situational risk factors

The final two risk factors that donors may wish to consider are about ongoing situations that parents find themselves in, rather than specific parental behaviour: poverty and lone- or teen-parenthood.

They differ from other factors that have been discussed here because, although they appear to be correlated with incidence of child abuse, the relationship is weaker than with directly causal factors such as domestic violence or substance abuse. Relative to, say, families in which there is domestic violence, only a small subset of parents living in poverty, or lone parents, will abuse their children.



Photograph supplied by FWA

Parents and their children at a Family Welfare Association service

## Poverty

At the beginning of NPC's research into child abuse, data showed that one in four children in the UK is poor. Recently released figures show that, while child poverty has been falling in recent years, it rose again by 100,000 in 2005/2006.<sup>145</sup> This is despite the government's commitment to reducing child poverty, and tax credits designed to do exactly that. This statistic is based on a standard measure of poverty: that of relative income. It judges those households on 60% or less of the median household income to be poor.<sup>146</sup>

Some people are sceptical of notions of relative poverty, arguing that in absolute terms most children are well off. But surveys suggest children in families on low incomes are deprived of essential things. A survey in 1999 by the Joseph Rowntree Foundation found one third of children went without at least one of the things they needed as a result of poverty: three meals a day, toys, out of school activities or adequate clothing. One in five children went without two or more items or activities defined as necessities by the majority of people.<sup>147</sup>

Poverty is clearly partly a relative concept. Parents and children without enough income to enjoy the possessions and activities normal to the people they interact with (at school or work, on TV or in their local area) feel unhappy, isolated and powerless. Evidence suggests that they suffer psychological and developmental consequences arising from low status, including low skills, ill health and risky behaviour. It is perhaps not surprising, therefore, that there is a correlation between poverty and neglect, and poverty and certain types of physical abuse.

*'Whilst most poor parents do not maltreat their children, poverty is nonetheless strongly associated with maltreatment. Prevention of child abuse and neglect therefore requires economic and social reforms which target the root causes of poverty.'*<sup>74</sup>

A key problem in relation to parents with mental health problems and child abuse is that services tend to focus either on children or on adults, but very rarely on both together.

Most authors conclude that family support can improve parents' resilience to stressors and ability to counter them, even if external stress cannot all be removed.

Internal evaluation of the NSPCC's parenting and family support services<sup>12</sup>

It could be that poor families are over-represented in certain types of abuse because of high levels of social isolation.<sup>74</sup> More than two fifths of families accessing family centres, which most commonly offer support to families known to social services (see later in this section), had no support from friends or family.<sup>148</sup>

It could also be that poverty is closely associated with child abuse because it is a causal factor underlying several of the other risk factors mentioned earlier. There are correlations, for example, between poverty and substance abuse, and poverty and domestic violence.<sup>126</sup> We should not be surprised, therefore, to see a correlation between poverty and child abuse, even if direct causal mechanisms cannot be discovered.

Support networks are vital in all fields of social welfare. People seeking advice or support typically look first to friends, family and neighbours. Only when support from these sources is insufficient or unavailable do people tend to look for further support, from institutions like charities rather than from individuals. Support networks are also important to lone- and teenage-parent families (see below).

Since 1997, the government has publicly stated many times its commitment to tackling child poverty. Tony Blair announced in 1999 that the government was committed to halving child poverty by 2010 and abolishing it (since defined as reducing it to 5–10%) by 2020. While some progress was made initially, it is clear from the latest figures that these targets (certainly the 2010 target) are unlikely to be met.

Barnardo's Chief Executive, Martin Narey, called the recent increase in child poverty a '*moral disgrace*' and claimed that the government '*intended, not to halve child poverty by 2010, but to reduce it a bit*'.<sup>149</sup>

In addition, commentators have questioned whether policies that have succeeded so far, such as moving parents from welfare into work, are sufficient for the very poorest.<sup>146</sup> This is reflected in the data. The poorest 10% of children have seen their families' incomes decline in absolute terms since 1999. Despite billions being spent on tax credits, they have become absolutely poorer. The reasons for this are unclear but may include low incomes among self-employed people.

Donors interested in supporting charities to tackle abuse through reducing poverty can give money to organisations that work directly with children, or fund lobbying work to encourage government to continue and improve its efforts.

Campaigning organisations such as **the Child Poverty Action Group** and the campaign to **End Child Poverty** have struggled to attract funding since the government announced its intention to eradicate child poverty. However, their efforts may still be needed. A number of charities, such as **Barnardo's**, both lobby government and work directly with children. Reducing poverty, in all its forms, should have a knock-on effect on rates of child abuse.

## Lone- or teenage-parent families

The final risk factor that donors may wish to consider focusing on is lone- or teenage-parent families.

Lone parents are over-represented in cases of all types of abuse and neglect. One study found lone parents, predominantly mothers, more likely to have:

- moved three or more times in the past five years, suggesting breaks in support networks; and
- experienced violence, both as an adult and as a child.<sup>12</sup>

Parents whose first child had been born when they were a teenager were much more likely to have conflicting or unsupportive family relationships, along with higher stress levels and health problems.<sup>12</sup>

Researchers suggest that the link between lone-parent families and child abuse is due to higher levels of stress and poverty in those families. It could also be that lone-parent families are more exposed to 'state surveillance', and therefore abuse is more readily picked up in such families.<sup>7</sup>

There are charities that work with lone parents to help them cope. In practice, however, many of them offer general family support of the kind examined in the next section. That is because lone parents are often on low incomes and are more likely than two-parent households to be in touch with the child protection system.

## Family support

At the start of this section, two possible approaches to tackling abuse in the home were put forward. Thus far, charities delivering programmes that tackle single factors have been highlighted. The alternative approach is more **general family support**. This includes funding family centres and lobbying for the wider use of techniques like family group conferencing (see below for more detail). Such work will be less focused on particular problems and more focused on promoting good parenting. There are several advantages for donors of funding general family support:

- It tends to approach family life as a whole so is, in theory at least, effective at seeing the links between different problems.
- It can help reduce stress factors within families even where environmental factors like those discussed above cannot be solved. This reduces the risk of children being abused.
- Family support can improve the 'resilience' of parents as well as children.<sup>12</sup>
- Schemes are often very localised for donors who want to fund something in a particular geographic area.
- Innovative approaches like family group conferencing present an exciting opportunity for donors to create change in the system (see below).

Alongside these advantages, there are important structural features of the family support sector that may make it less compelling for donors.

In particular:

- Much family support work is currently driven by central or local government funding. Family centres, for instance, might be run by charities but would usually get some or all of their funding from local authorities or central government in return for fulfilling contractual obligations. This also means that centres are likely to suffer from the flaws and biases of the government system that funds them.
- Linked to the above, family centres are in general less under-funded than other areas of charities' work around child abuse.

Parenting will be covered in depth in a future NPC report. Here, we highlight a range of activities that aim to reduce both the risk of harm to children and the incidence of abuse. We also suggest some questions donors should ask charities before funding family support schemes.



Parents and their children at a Family Welfare Association service

Photograph supplied by FWA

The stigma of asking for help as a parent acts as a barrier to accessing support. Yet family support plays a crucial role in child protection.

### What is available to families under stress?

As suggested above, the starting point for donors is that there is already a lot of work out there. The most recent mapping exercise of family services available, from 2001, found most were focused on the under-fives. It also found that 40% of services were less than five years old, perhaps reflecting their prioritisation by the 1997 Labour government (see Appendix 2 on the government's Sure Start programme).

### Family centres

Family centres are run by charities, the private sector or local authorities, to provide a broad range of services. They are mainly funded by local or national government. There are three main models employed by such centres:

- Community development model. Accessible to all local people, often actively engaging them. This may take the form of having parents on the board.

- Neighbourhood model. Attended by a mix of families who attend voluntarily and those referred by professionals due to identified problems.
- Client-focused model. Staffed by specialists who primarily see referred families.<sup>82</sup>

The academic who categorised the three models pointed to some potential advantages of the first model, which requires *'neighbourhoods composed of residents who take upon themselves the responsibilities and power to promote a locality that cares for its own, helped by statutory services which exist for the sake of the residents'*.<sup>82</sup> NPC believes that all three models have their own advantages, but agrees that, in theory at least, it would seem that a community model could encourage earlier self-referral and be more responsive to local need. It would also, however, require greater commitment from the local community. These issues are explored in more detail in NPC's report on local community organisations, *Local action changing lives*. Nevertheless, there is room in the sector for all three approaches.

A study of over 400 family centres in 2001 found that most centres followed the second or third model described above. The majority described themselves as open access, working to prevent, intervene early and react to family problems, but in reality three out of five were closed access, with most of their referrals coming from social services and relating to children in need or child protection referrals. Only one third took referrals from families themselves, while another third took referrals exclusively from social services. Despite the fact that the latter route is more stigmatising and reflects a later rather than earlier intervention, *'the push was towards more specialisation and services to families with intractable problems'*.<sup>148</sup>

The growth of Sure Start since that study was undertaken is likely to have changed the landscape (see Appendix 2). Sure Start was clearly based on the community development model outlined above. It has since shifted away from being community-led, and centres are beginning to look like the neighbourhood model. They may move further over to the client-focused model as a recent report found that Sure Start is still not reaching the most disadvantaged, who are over-represented on child protection registers.

An internal evaluation of the NSPCC's own model for family centres—**Quality Parenting and Family Support**—would suggest that they have managed to remain open access yet focused on families where there are quite considerable problems (see Box 18).

### Box 18: NSPCC's Quality Parenting and Family Support (QPFS)

QPFS programmes are a core part of the NSPCC's preventative work. There are around 40 family and children's centres run by the NSPCC, offering a wide range of services, including drop-in, one-to-one counselling or advice, home visits, group work, courses and outings.<sup>12</sup>

NPC visited a family centre in Leeds, a city where the NSPCC has worked for many years. The charity's strategic review in the late 1990s shifted focus away from risk assessments and to more preventative work. Around this time, the Leeds branch moved out of the city centre to the suburb of Bramley, where it set up a Quality Parenting and Family Support centre. The centre delivers a range of projects, many developed in response to local need. When NPC visited in March 2006, the centre was contracted by the local authority to deliver rehabilitation work for foster children who were about to return to their birth families. It also ran a post-natal depression group; a group for women and children who have experienced domestic violence; and parenting skills classes. The centre worked closely with other children's services, notably police, as the centre has a special video recording suite in which children can give evidence rather than go to court (see Box 11). The suite was also used to record parents to help them develop their parenting skills.

A 2005 evaluation of 18 NSPCC family support projects, covering some 1,225 families, found that nearly 70% of service users self-referred. This would suggest that services are fulfilling their early intervention brief, rather than simply receiving referrals from social services, once problems have escalated. Most of those who approached the service (mainly single mothers) wanted help because of relationship difficulties with other adults in the family, but health problems, practical difficulties related to childcare and housing and problems with children also featured. Many experienced abuse either as a child or as an adult, or both.<sup>12</sup>

The behaviour and well-being of children was monitored using the Goodman Strengths and Difficulties Questionnaire (SDQ), a relatively easy and practical assessment tool to implement, yet used by only a handful of charities. At initial assessment, the evaluation found that the behavioural difficulties of children attending the family centres were two to three times the frequency found in disadvantaged communities, suggesting the project was being accessed by those who needed it most.

After a year, interviews found that around half of parents were measurably less stressed. The evaluation acknowledges the difficulty of attributing change directly to the QPFS programme, but parents believed the service had made the difference. Around 50% of those in the original monitoring exercise were no longer accessing the service so could not be interviewed; what happened to these families is unknown. Nearly one third of children whose original SDQ scores placed them above the threshold for clinical help were no longer a cause for concern. Over half had improved their score.<sup>12</sup>

The major advantage of family centres for donors is that they are often highly localised so present an opportunity to 'give something back'. A potential disadvantage, however, is that, relative to other areas of need, family centres are relatively well funded. Few that NPC has come across rely exclusively or mainly on private donors.

### Family group conferencing

An alternative option for donors is to support the wider use of Family Group Conferencing (FGC) by local authorities in Scotland, something being championed by the charity **CHILDREN 1<sup>st</sup>**. FGC is a tool used when there is a family crisis. It looks beyond the immediate family (parents) to wider, safe support networks, whether relatives, friends or community members, in an attempt to avoid children being taken into care. FGC may be used when social workers have to decide what should happen to the children in a family when there is a serious child protection concern.

Placing children in care, although only an option if the child is at serious risk of harm, is both expensive and leads to poor long-term results for children and young people. Enabling children to stay within the family safely is both more cost-effective and leads to better outcomes for children. The family group conferencing model was developed in New Zealand, and has now been adopted across the country. The number of children being placed in care in New Zealand has dropped by 70%.

FGC differs from traditional child protection practice in a number of ways:

- The focus is on collaboration and partnership. It recognises that family members are experts on themselves, rather than child protection professionals being the expert on them.
- Positive relationships and family strengths are emphasised, rather than problems and deficits.
- We have seen that the system leans heavily on mothers. FGC looks at the wider network—relatives, friends or community members, who may have a strong role to play in safeguarding children.
- Families involved in the child protection process have little say over what happens and how. The resulting feelings of powerlessness can detract from them taking responsibility. By allowing time and space for parents to participate more in the process, reaching an understanding of what works for that particular family is more likely.<sup>150</sup>

Not only are children less likely to be taken into care, families (including children) are more likely to report satisfaction and agreement with the outcomes of the process for the child than with other forms of child protection. Involving the wider network erodes the secrecy that so often surrounds abuse. When people know that a child is at risk, they are more likely to act to safeguard them.

More importantly, there is evidence to suggest that children are better protected as a result of FGC than other forms of child protection practice. In one study, the approach was judged by social workers to work better in two thirds of cases, and as well in the final third. The same study found that re-abuse rates were around one third reduced for families that had used FGC. These positive results are sustained; another study found that four out of five professionals thought FGC child protection plans were successful two years on.<sup>150</sup>

From 1999–2005, CHILDREN 1<sup>st</sup> delivered 350 FGCs. An audit of these found feedback from all of those involved to be overwhelmingly positive.<sup>151</sup> The charity has developed from its practice-evidence base, and is trying to raise the profile of FGC across Scotland. To date, the work is being delivered in partnership with 12 local councils.

Supporting the implementation of FGC by backing CHILDREN 1<sup>st</sup> is one clear option for donors who wish to try and improve the child protection system. FGC is not unique to Scotland, but CHILDREN 1<sup>st</sup> is the only charity NPC has come across that is clearly focused on promoting the uptake of the programme among local authorities.

FGC seems to be developing on a more *ad hoc* basis in England, but the consultation response to the government's Green Paper on children in care (see Section 4) highlighted widespread support for its greater use. One respondent commented:

*'Social services should ask every single person in my family if they could look after me but they only asked my Nan and it really p\*\*\*ed me off.'*<sup>152</sup>

Studies of the effectiveness of FGC are generally positive and it has the potential to overcome some of the problems dogging the child protection system, such as the recurrence of abuse once children are known to the authorities, and the pressure on mothers. As the model is culturally sensitive (it was developed in New Zealand with Maori people), it has been suggested that it may be even more useful for black and minority ethnic groups, although this has not been tested to date.<sup>109, 153</sup>

Family group conferencing in New Zealand has reduced the number of children being placed in care by 70%.

[The views of children] are curiously missing in research on family support.

Department for Education and Skills<sup>10</sup>

The majority of abuse is not reported; any service that enables people to ask for help should be encouraged.

## How effective is family support?

Frustratingly for donors, there is a lack of evidence on results for children and families receiving family support. The body of evidence is growing, but there are difficulties in transferring what seems to work in clinical studies to practice in the community. Isolating the few features that make the difference out of the many is also very difficult. There is little evidence as to what does *not* work either, which is just as valuable in terms of learning.

The frustrating lack of clarity regarding effective family support services was noted in the government's Green Paper, *Care Matters: Transforming the Lives of Children and Young People in Care*. In it, the government proposes a national centre of excellence in children's and family services that would 'deliver a systematic approach to sharing best practice across children's services'.<sup>127</sup> Specifically, the centre would:

- 'Gather and review emerging research [...] both nationally and internationally, maintain a database of effective practice, and commission new research in key areas;
- disseminate the knowledge it obtains to commissioners to ensure that they are able to focus resources on programmes and practice with a track record of effectiveness; and
- disseminate knowledge to practitioners to build evidence-based practice which is responsive to the needs of and improves outcomes for children and families.'<sup>127</sup>

The development of such a centre of excellence would be a very welcome step.

At present, where results are measured, what is measured is the work with parents. This is because the majority of family support work is focused on parents, as an indirect way of supporting children. Where possible, the results for the child should be measured, as the aim of working with the parents is usually to improve results for the child. Although there are ethical issues raised by involving children in evaluation (methods may be intrusive or inappropriate), there are ways of measuring children's resilience (see Box 18—the Goodman Strengths and Difficulties Questionnaire). Generally speaking, however, the views of children 'are curiously missing in research on family support'.<sup>10</sup>

## Should donors fund family support?

There are hundreds of family support centres in the UK, which engage with their clients in a seemingly inexhaustible variety of ways. Many receive some funding from local government sources, but top up their funds with support from grant making trusts or local donations.

If donors are interested in supporting their local family support services, they should think about the following issues:

- What is the service doing to try and measure the results of its work? Is the progress of children monitored?
- Is the service easily accessible to local people? Are they involved in developing and delivering services?
- What services are available for particular groups in the local community, for example, non-abusing fathers, children with disabilities, traveller groups, black and minority ethnic groups?
- How fairly are centres funded by local authorities? If they are able to charge the full cost of their services (including fair proportions of the charity's overheads and development costs), there may not be a clear role for private donors to support them. If they are unable to recoup the full costs of their services, it could be argued that private donors should not have to subsidise what is essentially a public service.

Given the paucity of information on results, it is difficult to compare services. Even comparing the results of public services with charities is not really possible. Given the number of issues faced by most families involved in the child protection system, a number of organisations will be involved. Attributing results to any individual organisation's work is difficult.

The overwhelming message in favour of charities, however, is that they are more approachable than government services. As mentioned previously, this must be balanced against services' ability to challenge and really create change in families.

The reality of this will of course vary from area to area and service to service, but the value that independent services bring should not be underestimated. The majority of abuse is not reported; any service that enables people to ask for help should be encouraged.

## Conclusions

This section has taken the reader through a wide range of approaches that charities take to tackling abuse in the home. These approaches fall into two groups, either focusing on specific risk factors (such as domestic violence) or on general support for families facing problems.

We have seen how the complex array of problems that can face children and families overlap, interact and together can be contributing factors that cause child abuse. This makes tackling them difficult. Work focusing on just one factor (eg, substance abuse) may tackle that effectively, but may fail to reduce the incidence of child abuse unless it also tackles other contributing factors.

There is, therefore, a tension for donors between focusing on specifics (and tackling them well but not guaranteeing impact on child abuse) and casting a wider net (providing general family support that can deal with abuse but not tackle the underlying causal factors).

We have also seen that the role for private funding may be more limited in general family support than it is in tackling the risk factors contributing to abuse, because this is the focus of large government programmes such as Sure Start, and the target of much of government funding in this area.

## Prioritising funding

It is beyond the scope of this report to provide donors with specific recommendations for work tackling these risk factors. This is not because the areas are not important; in fact the opposite is true. But these are all broad areas that require detailed research themselves. Donors interested in tackling the risk factors underlying abuse should refer to NPC's forthcoming reports on violence against women and substance abuse in particular, and to *Don't mind me*, NPC's report on mental health. These cover the issues in-depth, and offer a number of funding options for interested donors.



Photograph supplied by FWA

Parents and their children at a Family Welfare Association service

**Children who have been abused are more likely to fall victim to further abuse. They can end up running away from home, being removed from home, or being forced to leave. Children may leave home for other reasons, but once they have left, they are at high risk of abuse. These are some of society's most vulnerable children.**

**In the longer term, these children risk the worst forms of social exclusion: from substance abuse to homelessness and prison. Charities are at the forefront of working with these children, yet they suffer from a serious lack of funding.**

This section looks at children who have run away from home; those at risk of sexual exploitation; children in local authority care (known as 'looked after children'); refugee and asylum-seeking children; and children in penal custody. Many of these children are largely invisible to society, and their abuse does not receive the same level of attention given to other abused children. In fact, without the efforts of charities, we would know next to nothing about the problems they face. Their relative lack of visibility may be because they are usually older (in their teens) and therefore are less likely to be the subject of intervention by the state, or serious case reviews that occur in the case of child deaths (primarily happening to very young children). They are, however, at risk of serious harm.

This section focuses mainly on runaways and children who are sexually exploited. Looked after children will be the subject of a future NPC report, as will young offenders, while NPC's recent report, *A long way to go*, provides a guide for donors interested in supporting child refugees and asylum seekers.

## Options for donors

There are a number of compelling reasons why donors may choose to fund charities working in this area:

- Donors can help charities to offer a vital safety net to some of the most vulnerable and neglected children in the UK.
- This is an under-funded area, and donors can therefore make a significant impact.
- The children affected tend to be older than those who face abuse in the home, and donors may have a particular interest in funding work with this age group.

Charities play a unique role in working with these children, as they are much more likely to be able to reach out to them and win their trust than statutory agencies.

If donors are interested in funding work in this area, some of their main options include:

- helping children on return after running away to their parents or carers, through work with children and with parents and carers;
- refuges and emergency accommodation to provide a safe place to stay, and support to reduce the risk of running away again;
- outreach work to identify children at risk and engage them in support, through the small number of existing 'streetwork' teams in the UK; and
- research and campaigning to raise awareness of the risks these children face and political/social will to tackle the problem.

These options are explored in more detail in the rest of this section, which concludes with a summary of the results of working to protect children from abuse away from the home, and an outline of how donors may think about prioritising their funding.

## Runaways

Running away is included in this report as it is both a potential cause and a potential effect of abuse. According to an analysis of calls to **ChildLine**, around one third of boys and two thirds of girls who called about running away or being homeless also spoke of being physically or sexually abused.<sup>154</sup>

Much of what we know about runaways comes from research by **The Children's Society**, a charity widely recognised as the leading expert on the problem. Its 1999 report, *Still Running*, was the first to map the scale of the problem in the UK. It reported that over 100,000 children run away overnight each year. More than three quarters do so for the first time.<sup>155</sup> This means that around one in 10 children in the UK run away overnight at least once before they reach 16.<sup>155, 156</sup>

One quarter of runaways first begin running away before the age of 11.<sup>156</sup> Those under the age of 11 are most likely to be running away from physical abuse, and are the most likely to become repeat runaways. Girls are more likely

to run away than boys. Young people in care are particularly over-represented, especially those in residential care. Children with learning difficulties are more likely to run away, as are gay and lesbian children. There are higher rates of runaways in lone parent and stepfamilies.

### Why do children run away?

Running away from home is a last option, a sign of desperation. A survey of children who had run away from care found that most did so because they were unhappy.<sup>157</sup> Running away is associated with problems in the home, or at school, and is linked to offending and substance abuse.<sup>158</sup>

Some children choose to run away, but an estimated one in 50 children in the UK are forced to leave home before the age of 16.<sup>155</sup> There are particular gaps in provision for those forced to leave home. They are unlikely to be reported missing, and are therefore unlikely to receive services, because nearly two thirds of young people referred to runaway projects come through police missing person reports.<sup>156</sup>

### What happens to runaways?

Running away is rarely a positive choice. Many runaways end up at greater risk of harm. One in six overnight runaways ends up sleeping rough.<sup>156</sup> One in seven is hurt or harmed while away.<sup>158</sup> Almost one in nine is sexually assaulted.<sup>21</sup>

Running away places children at risk of abuse, homelessness and sexual exploitation.<sup>158</sup> In fact, the problem remains largely hidden. Runaways are a diverse group and are difficult to spot. As many are not reported missing they are unlikely to come to the attention of the authorities charged with safeguarding children.<sup>159</sup>

What services are offered to a runaway child largely depends on where that child lives. In theory, a child who runs away should be reported missing, at which point the police take up the search. When the child is found, he or she is taken back to their parents or carers. Even if the child returns of his or her own accord, the police must undertake a 'safe and well' check. But an estimated two thirds of overnight runaways are not reported missing.<sup>156</sup>

The Children's Society report, *Still Running*, was followed by an investigation by the government's now defunct Social Exclusion Unit. Its recommendations were published in 2002, alongside Department of Health guidance stipulating that local authorities must (among other things):

- set up cross-agency protocols for dealing with runaways;
- conduct an assessment of the needs of runaways in the area; and
- ensure that cases where missing children return are followed up with enquiries by the police.<sup>160</sup>

“No one takes time to listen. You're trying to explain something to them and all of a sudden they walk away and don't take the time to listen.”

Young runaway<sup>5</sup>



Photograph supplied by Kristian Buus

**Box 19: Alternative Solutions to Running Away (ASTRA)**

ASTRA began in Gloucestershire after the police realised that 650 young people had been reported missing over two years, 50% of whom were repeat runaways. The programme has been running since 1997, funded by youth and social services, the police and the charity **The Railway Children**. The initiative has a steering group made up of a number of local children's services, with protocols established with social services and police. It is routinely held up as a model of good practice, but to date the project has not been replicated elsewhere.<sup>29</sup>

One project coordinator supports two full-time and two part-time support workers. These workers support whole families, to improve relationships between young people and their carers so that children can remain in the home or, if this is not possible, develop and maintain the child-parent relationship. Meetings are weekly, lasting one to two hours, with telephone support available in times of crisis. The family receives support for as long as is deemed necessary. Workers have found that exploring parents' own upbringing and parenting skills is vital. Around 50% of the work is parenting advice, such as understanding young people's stages of development and developing different parenting strategies to deal with conflict. The scheme is flexible, dealing with each family as a unique case, but negotiation and mediation often form the bedrock of the programme.

Evidence of change is anecdotal, and comes from the family support worker. A 2003 evaluation found that, out of 14 cases, six had changed for the better, in terms of parenting skills, relationships, or help from other agencies. In a further four cases, there was evidence of some positive change. Two had deteriorated, although not noticeably as a result of the programme. Positive change only occurred where there was no current abuse or violence in the home, and did not happen where relationships had broken down.<sup>45</sup> Local police estimate that the scheme has resulted in a two thirds reduction in running away, and that the rate of arrests among runaways has reduced by 21%.<sup>49</sup>

It also made clear that children should have access to an independent interviewer (for example, a charity worker) to ensure the child is able to get his or her story across to make doubly sure there are no child protection issues. As seen previously, very few children disclose abuse themselves. At the same time, charities are seen as more approachable, therefore this guidance is welcome. But it is not clear how many children have an independent interview.

**The Children's Society**, as part of its **Safe and Sound campaign**, is monitoring local authorities on their implementation of government guidance. By the beginning of 2007, 90 out of the 150 local authorities were implementing basic government guidance, up from fewer than one in twenty in 2004.<sup>21, 161</sup> To help local authorities, the charity has launched a Safe and Sound Task Force, offering every local authority access to training, support and consultancy, in addition to learning seminars and groups, and research and evaluation.

This sustained pressure is critical, as numbers of runaways have hardly changed since 1999, when *Still Running* was published. The Children's Society repeated the research in 2005, finding that 100,000 children still run away each year and that the needs remain the same.<sup>156</sup>

Perhaps change is slow in coming because the issue remains low on the public agenda. Although overall numbers are large, the number of runaways in any one local authority is relatively small, and, as discussed in the previous section, children's services are busy with abuse identified in the home.

Tackling runaways can save money, however. Although numbers in any one local authority are small, expenditure on runaways is high. When the Lancashire police authority analysed its missing person investigations over one year, it found that half of the 6,200 missing person investigations concerned repeat runaways (with individuals running away up to 70 times each year). Each local authority care home in their area reported up to 200 cases. The police service estimated chasing up referrals cost around £1,000 per case. Its study also highlighted the complexity of the lives of repeat runaways; a study of six children's police records found that between them they had 201 missing persons investigations, 78 arrests, 60 offences and nine recorded cases of being the victim of violent crime. Offences involved drugs, prostitution and firearms.<sup>162</sup> And these are only the cases known to and recorded by police.

When the burden of runaways falls on the police like this, the expenditure is largely wasted. The police are not solely responsible for runaways, nor can the service they offer be expected to tackle the underlying problems and stop children from running away again. Other agencies have a role to play in:

- preventing children running away in the first place;
- helping them when they are away from home; and
- helping them upon return to their parents or carers.

There remains a clear need for specialist services, many of which have been developed by charities. Having said this, **The Children's Society** believes there to be only 21 (typically small) charities working in this area across the UK. Many work on a local basis, yet there are nearly 200 local authorities around the UK.

## Prevention

Given the links with child abuse, strategies that aim to prevent child abuse should indirectly have an effect on those children who run away as a result of abuse.

Ideally, children should never be in a position where they feel that running away is their only choice. The 'confidential spaces' mentioned previously are used by children to explore their fears, worries and options. Such services may provide sufficient support to prevent problems from escalating to the point that children run away in the first place.

If abuse as a result of running away is to be stopped, it is vital that children should be identified quickly, and safeguarded. This may be through helping them return to their parents or carers.

### Helping children on return to their parents or carers

Running away is a symptom of other problems. It is therefore a clear signal that something is wrong, presenting an opportunity to intervene, for good. If the underlying problems are not tackled, the child may run away again. Individual local authorities are developing protocols between police and social services to try and prevent children from becoming repeat runaways. Working together in this way is crucial, and is the cornerstone of the *Every Child Matters* agenda. As such, ongoing reform should help increase the identification and protection of runaways.

Yet there are no clear performance indicators for runaways, either for the police or other services. In Lancashire, the realisation of the financial burden on the police force of repeat runaways acted as a catalyst for improvement. The police authority adopted a 'three strikes and you're in' approach. Three investigations meant that children would be tracked and managed, in partnership with the local children's homes, which were found to be the root of much of the problem. Reward schemes were introduced, and independent interviews with the young people were conducted before they were returned.<sup>162</sup>

The system has resulted in a one third reduction in running away incidents, hopefully an indication of improved care for the children concerned. The police force estimates the programme has saved it £583,000 in investigating cases.<sup>163</sup>

Box 19 contains a further example of a successful scheme that is reducing numbers of runaways. **ASTRA**, based in Gloucestershire, also developed as a result of a local police force realising how much time it was spending on dealing with (repeat) runaways. ASTRA is a local authority-run programme, as is the Lancashire project, but many of the others that are held up as good practice are run by charities. The Social Exclusion Unit report in 2002 led to 27 pilot projects run between 2003 and 2004, 19 of which were evaluated by The Children's Society. Eleven of the projects were run by charities. A further four were partnerships between charities and social services. These latter projects were funded for one year by the DfES, and on a small scale (typically covering the costs of one worker).<sup>159</sup>

Many were relatively short-term crisis intervention work, involving taking referrals primarily from police and working normal office

hours. Over 250 cases became ongoing cases, which represents around one in five of the initial referrals. The work consisted of face-to-face and telephone contact, mostly with the young person in question but also with those around him or her, such as carers and other agencies. Here, as elsewhere in work with young people, many involved in the evaluation felt '*perceived independence from statutory services was an important ingredient in engaging successfully with young runaways.*'<sup>159</sup>

Overall, the projects were felt to have achieved positive change in 42% of cases. They were more successful with children who were first-time runaways. They were less successful with those who had stayed away without permission. The projects had fewer referrals from children who had been thrown out, as these children were rarely reported missing. In addition, achieving significant change with this group of children was extremely hard given the lack of accommodation options.<sup>159</sup>

### Refuges

Refuges provide emergency accommodation for children who have run away. The refuge has to get permission for children to stay from either social services or police, to ensure that providers stay on the right side of the law. Children remain under the care of their legal guardian, and therefore cannot be harboured by others without permission from their parents or carers. However, Section 51 of the Children Act (1989) allows for certain charities, registered children's homes and foster parents to provide refuge for children who have run away from care or who are under police protection.

The Refuges (Children's Home and Foster Placement) Regulations (1991) require that, within 24 hours of a child being admitted to a refuge, the person providing the refuge should notify the police. He or she must provide the child's name and last known address. The police then contact the carer responsible for the child, if possible, informing him or her that the child is in refuge accommodation but without giving the address.<sup>164</sup> Refuge accommodation can only be provided for a maximum continuous period of 14 days, or a total of 21 days in any three months.<sup>164</sup>

The tight guidelines, combined with the high cost of providing overnight accommodation and lack of government funding, mean that there are only three refuges in the UK. All are run by charities.<sup>156</sup> Together they provide just nine beds. This represents fewer than one bed per five children who, every night, end up sleeping rough. **Aberlour Running Other Choices (ROC)** is in Glasgow. There is also **St. Christopher's** and **NSPCC's** joint partnership, the **London Refuge for Runaways**, while **The Children's Society** runs a 'crash pad' called **Check Point** in Torquay.

There are only three children's refuges in the UK. All are run by charities. Together they provide just nine beds.

“It was the first time anyone asked me properly why I was running away. Everyone got together and we had a big meeting about what was wrong ... Me and my stepdad agreed to try to get on better.”

Anna, 13, helped by The Children's Society's Check Point refuge

A report focusing on sexual exploitation in London estimated that 1,000 children in London alone are affected.

In its first year, **ROC refuge** in Glasgow received 111 initial requests for help and were able to provide refuge in 62 cases, for an average of one week. Most of these children had referred themselves, and in over two thirds of cases, they were running from home. The majority returned to the place they had run from, with a significant minority going into respite or longer-term local authority care. A handful left on an unplanned basis.<sup>165</sup>

Refuges are expensive to run. Several have closed over the past two decades, largely as a result of funding difficulties. The ROC refuge in Glasgow was set up in 2004 on a flexible staffing model. Staff are drafted in when needed, as opposed to working in the refuge full-time. When NPC visited the project in March 2006, six staff members were working for 30 hours a week, a further two for 22 hours.

It costs £322,000 per year to run the ROC refuge in Glasgow, roughly half the cost of the first refuge, which used a fixed-staffing model in Leeds that proved unsustainable. Nonetheless, it remains expensive, at over £300 per bed per night. 40% of the costs come from the Scottish Executive, with a similar proportion funded by local authorities and charitable trusts. The remainder is funded by Aberlour, the parent charity.<sup>166</sup>

Assessing outcomes is difficult given the complexity of the cases, but children using the ROC refuge felt safe, supported and said that their behaviour had changed. The project is linked to an outreach programme, which began before the refuge, so although the average refuge stay is one week, the outreach project will have, on average, a further 12 weeks of contact with the young person. One young person has been supported for two years.

The aim is to stabilise the young person's home life and reduce the risk of them repeatedly running away. The outreach worker engages with parents or carers if the child wants, but this is intensive work. If funding became available, the project would be keen to hire a specialist parent worker.

### Flexible emergency accommodation

Refuges are not the only accommodation option. In Durham, social services run a 24-hour Emergency Duty Team for all out-of-hours statutory services. This works in tandem with a children's home, **1 Orchard Lane**, that provides time-limited accommodation to a number of children in need, but specifically to runaways. In an effort to raise awareness, the team provides information to around 650 young people in the area each month, via a DVD and theatre piece. The service has been praised by the Commission for Social Care

Inspection for being a proactive and innovative system that is reducing the number of children going into care. Again, the programme is expensive and is currently receiving central government funding to keep it going.<sup>167</sup>

**The Children's Society**, with the support of other children's charities, has long campaigned for safe spaces for runaway children to stay. It recognises central government as the most likely, and sustainable, source of funds. The difficulty is that central government is busy devolving funds to local authorities, which are expected to identify local needs and plan services accordingly. Given that numbers of runaways in any one area are unlikely to reach the critical mass required to dedicate six figure sums to refuges, individual local authorities are highly unlikely to fund such work. It is a vicious circle. In the meantime, the three refuges require ongoing support from private donors to keep them afloat.

NPC advises donors interested in supporting such refuges and emergency accommodation to question charities about their prospects of obtaining government funding, and their plans to develop alternative sources of funding. Otherwise, donors could find themselves supporting projects that are unsustainable in the long term. Nevertheless, this is a thorny issue, because the need is as great as ever, and refuges should not be allowed to fold.

### Outreach

Emergency accommodation is especially critical for those children who cannot easily return home. It was noted above, in the section on helping children on their return from running away, that the pilot projects funded by the DfES were not so successful in working with children who had been forced to leave home. These children, along with those who go missing but do not receive timely and effective support, are at great risk of becoming 'detached'.

'Detached' young people are at greatest risk of becoming homeless, taking drugs or selling their bodies. They are the hardest to engage with and help. These children often run away repeatedly, and are on the streets for continuous periods of four weeks or more.<sup>168</sup> Around 1% of runaways (roughly 1,000 children) had run away for more than four weeks the last time they ran away, according to The Children's Society's most recent research.<sup>169</sup> A detailed study of this group found that only five out of 23 had received formal help.<sup>168</sup> It seems that it is disturbingly easy to become detached. Most of these street children, if they do report receiving support, receive it through informal networks. These informal networks can result in harm as well as support. Rather than being 'streetwise', children can engage in extremely risky behaviour, as they often have a poor

grasp of risk and danger.<sup>162</sup> Some of the children interviewed had lived through extreme situations:

*'One young person ran away from home and, after being away for two to three months, was abducted and locked up in a drug dealer's flat for four months [...] One young person who lived on the streets for a long period of time described how he had seen "all sorts" and cited, as an example, having witnessed a man being shot in the head. [...] One young person, who was abused by the older adults he was staying with, self-harmed to express the fear he felt and eventually attempted suicide by drinking bleach and painkillers. He was diagnosed as being mentally ill and sectioned for six months.'*<sup>168</sup>

Once children become 'detached', outreach or streetwork seems the best method of finding them. Some are picked up through sexual exploitation projects (discussed later in this section). The children interviewed felt they would have been helped by having someone to talk to, family support and mediation, and drop-in centres where they could go and discuss their options. Only 9% of referrals to runaway projects come from young people themselves, suggesting that, sadly, we are very far from this scenario.<sup>159</sup>

There are a handful of streetwork projects around the UK, many of which also work with sexually exploited young people (see later in this section). Work with this group requires a careful balance between building trust through maintaining confidentiality and keeping young people safe.<sup>168</sup>

## Helplines

**ASTRA**, the local authority programme in Gloucestershire (see Box 19), ran a local out-of-hours helpline as part of the DfES-funded pilots in 2003 and 2004. The service received insufficient calls for it to be viable in the longer term; there were only three calls per week over the year. However, the service only covered a single local authority area, and was not widely marketed. As with other areas of work with runaways, numbers are often too small in each local area to form the critical mass needed for a viable service.<sup>158, 169</sup> A national helpline, running around the clock, linked to local service provision would seem to make the most sense.

The **National Missing Person's Helpline** currently runs a special runaways helpline, staffed by volunteers. The helpline is confidential, although if children want, their calls can be referred to police, social services or another agency such as the NSPCC's ChildLine or its child protection line. The helpline is designed to let callers identify their options. Children and young people can use the service to leave a message for friends or



Photograph supplied by © Barnardo's Image Archive

family to let them know they are safe. The service is open 24 hours a day, all year round. It receives up to 8,000 calls every month, most of which it is able to answer.

The National Missing Person's Helpline had for some years struggled to meet its running costs, and faced a financial crisis in 2004/2005. However, emergency appeals for funding were answered by a number of major trusts, and a new Chief Executive was appointed. The charity would appear to have weathered the storm, and is in a more financially stable position going forward.

At the moment, however, runaways are mostly referred to the service once they have been missing for some time—according to one local protocol, children are to be reported once they have been missing for seven days. In addition, the lack of local authority services (particularly out of hours) means that the service has limited options when it comes to referring children on.

The NSPCC's **ChildLine** receives some calls at crisis points. Many of the service's night-time calls are from children who have run away or been kicked out. This need for out-of-hours help is critical, but costly. NPC visited a service for looked after children in Perth, run by **NCH**. It had been funded by the local authority to run an out-of-hours service, in which it could pick up calls from runaways and deal with them immediately, offering emergency accommodation if needed. The service had

“These so-called pals turned out to be older men who would offer Dan a bed for the night, supply him with ‘E’s and alcohol.

Eventually Dan disclosed that the men were making requests for him to provide sexual favours for these “treats” to continue. When he refused, he was threatened with violence.”

Barnardo's project worker<sup>11</sup>

**Box 20: Barnardo's reducing the risk**

Barnardo's published a two-year evaluation of its services for sexually exploited children in 2005, entitled *Reducing the risk*. The charity was the first to work with sexually exploited children and young people, beginning in Bradford in 1995. It now has 16 services solely focused on sexual exploitation around the UK. Another four are in development, and eight working with missing children who are at risk of sexual exploitation. The established services focused solely on sexual exploitation provide intensive support to around 167 children per year each. Barnardo's model of practice is centred on:

- **Access.** Children can self-refer or be referred, with each service carefully designed to make sure it is safe, attractive and accessible. Each service has developed protocols in its area to ensure it is working in partnership with local authorities to increase identification of children at risk.
- **Attention.** The service aims to replace the attention these needy children receive from abusers with a protective and supportive relationship with project workers. This takes considerable time and effort.
- **Assertive outreach.** Linked to the above, project workers have to be extremely persistent if they are to engage children and start to replace exploitative relationships with trusting ones. They hang out where the children do, communicating via regular texting, calling and cards.
- **Advocacy.** More often than not, children need advocates to access the services they are entitled to. Many have been failed by services and do not trust professionals like social workers. Project workers liaise with the various local authority agencies to ensure that children do not 'slip through the net'.

Between the services' initial assessment of children and exit review, project workers aim to reduce the following risk factors: running away, accommodation needs, relationship with carers, rights and risk awareness, engagement with services and engagement with education. The evaluation of ten of these services found that, on exit, risk factors were reduced across five of these factors. Reductions in running away and being sexually exploited were particularly significant: 74% of children showed a reduced level of exploitation. Of these, one third were 'stable' on exiting the service and no longer in an exploitative relationship.

Despite such good results, the services continue to suffer from insecure funding. Each team is forced to work only with the highest risk group because of a lack of funding, and therefore project workers. Ideally, the schemes would engage with far more children, and act earlier. Barnardo's attempts to obtain at least 50% of its funding for services from local authorities; the remainder has to be found elsewhere. This hampers the ability to meet demand as well as plan for the long term.

recently had its budget cut, however, meaning that it was no longer available. Children in Perth now have nowhere to go if they run away overnight, unless they can somehow make it to Glasgow (the other side of Scotland), and be referred to one of the three available refuge beds in Scotland.

**What can donors do?**

To conclude, services for runaways across the UK fall well short of what is needed. As things stand, tonight:

- around 270 children will run away overnight;
- 45 of these children will sleep rough;
- 40 will be hurt or harmed; and
- 30 will be sexually assaulted.

The immediate harm that these children may suffer is not the only reason for taking action. All runaways are likely to be running away from serious issues that threaten their well-being, as it is a symptom of other causes.

If donors are interested in making a real difference in this field, they should consider supporting the work of **The Children's Society**, which is campaigning on the matter. They should also consider supporting the work of **Aberlour** in Scotland, which in addition to running the Glasgow refuge, is leading an informal network to raise the profile of the problem and ensure that runaway children get the support they so desperately need.

**Sexual exploitation**

The charity **Barnardo's** has developed a strong body of knowledge about the sexual exploitation of children and young people, another under-reported and under-resourced area. Despite the high profile of sexual abuse, the child protection system is less likely to pick up on this type of abuse. Children who are sexually exploited are a particularly complex group, and not easy to spot. Much of the activity is 'off street'.

As with other forms of abuse, sexual exploitation is best explained as a spectrum of behaviour and practices. Abuse and exploitation can be used interchangeably. Here, sexual exploitation is taken to cover coercive and manipulative influences 'attracting young people towards activities and relationships which are more or less likely to be regarded by professionals as exploitative.'<sup>170</sup>

Sexual exploitation of young people can be defined as:

- abuse through prostitution (both on the street and, more usually, hidden);
- abuse through involvement in pornography; and
- the trafficking of children and young people for the purposes of sexual exploitation.<sup>171</sup>

The following section covers children who are exploited through prostitution, whether formal or informal.

The role for donors in supporting children exploited through pornography is limited, but is covered in Section 5. The trafficking of children is briefly covered in NPC's report on refugee and asylum-seeking children, *A long way to go*.

## How many children are exploited, and why?

It is not clear how many children are involved in sexual exploitation around the UK. One survey of Area Child Protection Committees (now called Local Safeguarding Children's Boards) estimated that an average of 19 girls and 3 boys were known to each committee, which equates to just over 3,200 children and young people across England.<sup>172</sup> This is believed to be a significant under-estimate, as many more will not be known to local authorities. A subsequent report focusing on sexual exploitation in London estimated that only half of cases are known to local authorities, and that 1,000 children in London alone are affected.<sup>170</sup>

A survey of children known to **Barnardo's** sexual exploitation projects (see Box 20) showed that four out of five were female. Of those under 18, the mean age was 15 (14 for boys). Children as young as ten were known to the project, with a big jump in numbers once children reached 13.<sup>11</sup>

Those involved are extremely vulnerable. Nine out of ten children in the sample study had a history of abuse or neglect; two thirds had been sexually abused within the family. Nearly half had been involved in the care system at some point. Just under one in three reported domestic violence in the home, or parental substance abuse.<sup>11</sup> Sadly, there are a number of people (predominantly men) who are only too willing to exploit such vulnerability for their own gain, whether sexual or financial.

## What can be done to prevent sexual exploitation?

Because child abuse is one of the primary reasons why children run away from home, donors who choose to support any initiatives tackling child abuse (outlined in the previous sections) might be able to help prevent children from being sexually exploited. More immediate causal factors leading to sexual exploitation include running away, homelessness and involvement with 'risky' adults.<sup>11</sup> Therefore, donors can also help prevent sexual exploitation quite directly by funding work with runaways.

Raising children's awareness of the dangers is another preventative option. Several training packs for use in schools and other youth services have been developed by charities. Barnardo's published the educational resource packs *Nae Danger* in 2005 and *Protecting Self* in 2006. Its project workers often go in to local schools to highlight the dangers and warning signs.

Other organisations are similarly linking educational work in with their direct service provision. For example, NPC has come across

one local charity, **Walsall Street Teams**, which has developed an education pack out of its direct work with sexually exploited children in Walsall.

Evaluating the impact of such schemes is problematic; children certainly have greater knowledge as a result but whether or not this knowledge actually prevents children getting involved in sexual exploitation is unknown. At the very least, it helps professionals such as teachers and children's peers to identify the warning signs, enabling them to refer particular children to specialist schemes.

There remains a need for specialist schemes working with children at immediate risk. The fact that they often have multiple problems makes stopping the exploitation particularly difficult. As one 14-year-old boy explained:

*'Well, do you think I just woke up one day and thought "I know I'll be a rent boy today?" Thousands of things have happened to me to get me here—mum leaving, no one at home, hanging round the pub late and waiting to go home with dad, having blokes try to touch us up, seeing boys do tricks and getting cash and fags. If you want to change me, you're probably going to have to do thousands of things too, to balance it out.'*<sup>173</sup>

One of the biggest challenges is that children and young people are often unaware or unwilling to admit that what is happening is abusive, particularly in the early stages. As a result of the types of problems indicated above, many of these children are very needy, which abusers readily exploit.

*'They have little if any experience of reliable, supportive adults, distrust professionals and are convinced that they are best served by leaving childhood behind and looking after their own interests.'*<sup>11</sup>

As a result, engaging with these children and young people is very challenging. Work with sexually exploited children takes much commitment, time and effort.

It is not clear how many local authority areas have specialist services for children and young people involved in sexual exploitation. NPC has come across only a handful of charities engaged in this type of work, and these are typically leading local authorities on the matter rather than the other way round.

In fact, it is only relatively recently that police have begun to move away from viewing children and young people involved in sexual exploitation as young prostitutes, who were open to prosecution. Such attitudes have left a lasting legacy in terms of local authority provision. It also means that children and young people are less likely to come forward for help and support, as they do not trust local authorities.<sup>171</sup>

Services for sexually exploited children remain patchy. Schools, health services and young offending teams are thought to be particularly poor at recognising and reacting to sexual exploitation.

Results for young people in care are dismal in the UK; only 11% of children in care attain five good GCSEs compared with over half of all children not in care.

Identifying [child refugees and asylum seekers] needs is fraught with difficulties. Immigration officials do not have a duty to regard the welfare of children under the Children Act.

Very worryingly, research by Barnardo's in 2005 suggested that sexually exploited young women were being locked up in Secure Accommodation (for young offenders) when at risk. This is interpreted by young women as punishment rather than protection. As one case study picked out:

*'I don't think she'd have seen it as prostitution, but gradually she got involved in a group of people where she was definitely being sexually exploited. She ran away one night from the unit and was raped and she was then sent to secure [accommodation]. It was for her protection but she interpreted it as, "I ran away, I was raped, I have been locked up because of it."*<sup>174</sup>

This is not the intention of local authorities; rather, the young person's safety is of primary importance. But provision of this sort is clearly far from ideal, and Barnardo's research brings home the necessity for alternatives.

Legislation, at least, has vastly improved over the last few years. Since 2000, local authorities have been tasked with proactively preventing and stopping sexual exploitation. This involves both safeguarding children and investigating and prosecuting adults.<sup>175</sup> This guidance was being updated as this report went to print, following the publication of the government's Coordinated Prostitution Strategy in 2006.<sup>176</sup>

Meanwhile, since 2006 Local Safeguarding Children's Boards (LSCBs) have a statutory responsibility to work together proactively to tackle sexual exploitation, as those involved are clearly at risk of significant harm. However, LSCBs have a huge task to undertake, with precious little resources (see Appendix 2 for more details). As such, services for sexually exploited children remain patchy. Schools, health services and young offending teams are thought to be particularly poor at recognising and reacting to sexual exploitation.<sup>11</sup>

There appears to be insufficient communication between those responsible for safeguarding children and those prosecuting adults who sexually exploit children. In the study mentioned above, only ten local authorities, less than 1%, were able to identify successful prosecutions of offenders in 2001.<sup>171</sup> Since then, the Sexual Offences Act (2003) has come into force, making it easier to convict sexual abusers. Convictions in this area do not seem to have increased however. In 2005 there were only eight convictions for child pornography or prostitution, and three cautions.<sup>177</sup>

The prosecution of sexual offenders is not a Home Office target (see Section 5 for more detail on child sex offenders) and the cooperation of victims is arguably harder with this group than with other victims of sexual crime: there are high levels of coercion and manipulation, and the victims are extremely

vulnerable. As noted above, the first hurdle is getting children to identify that what is happening to them is exploitation.

There are successful examples of local authority-led work, many of which seem to depend on a strong commitment from the police service. The commitment to multi-agency working has been strengthened by the *Every Child Matters* agenda, which should improve cross-departmental working. There are no police force national performance indicators for child protection, although government and the Association of Chief Police Officers are in discussions regarding what these might look like.

Meanwhile, donors interested in tackling child sexual exploitation should consider funding charities such as **Barnardo's** (see Box 20). The charity has a proven track record in engaging children who are being sexually exploited and reducing that risk. Its specialist knowledge is of value to both central government and local authorities; its new briefings for professionals are just one way of keeping the issue on the agenda of local authorities, which have a clear duty to support such children, if they do not always have the skills. In addition, the charity is often called in to deliver consultancy or training support to local authorities. Finally, Barnardo's campaigns over the years have helped to shape the way local authorities respond to sexually exploited children, and should continue to do so.

## Looked after children

Nearly two thirds of the 60,000 children in care in England are in that situation because of abuse or neglect.<sup>127</sup>

Results for young people in care are poor in the UK: only 11% of children in care attain five good GCSEs compared with over half of all children not in care. They are also over-represented among those children who are not in education, employment or training; they are more likely to be young offenders; and to face issues including substance abuse.<sup>127</sup>

The government announced its decision to do something about looked after children in its Green Paper, *Care Matters: Transforming the Lives of Children and Young People in Care* in 2006. The paper bemoans the state of provision for this group of children whose *'childhood and adolescence are often characterised by insecurity, ill health and lack of fulfilment.'*<sup>127</sup>

Yet there is little research to suggest whether this is due to past problems, such as the abuse or neglect they suffered that led to the child going into care, or to the 'failure' of the care system itself. A 20-year follow-up study of children who had been abused or neglected (to the extent that they were 'under-

developed') found that those who had been placed in stable long-term care following unsuccessful intervention had far better long-term outcomes than those who remained at home where there was only limited change.<sup>178</sup>

Before rushing headlong into an overhaul of the care system, further research into the difference in outcomes for abused children who stay in the home and those placed in care would be beneficial. Meanwhile, the government Green Paper makes a number of suggestions that could benefit child protection as well as the wider care system.

It recognises the lack of research into effective family support, and reinforces the government's commitment to increasing the quality and quantity of parenting programmes. To this end, as mentioned previously, a national centre of excellence in children's and family services is to be created that will '*deliver a systematic approach to sharing best practice across children's services.*'<sup>127</sup>

NPC has not yet researched in detail the work of charities specifically supporting looked after children. We plan to do this for a forthcoming report on the subject. To an extent, the services they need to access are the same as those for children living at home. An exception is that they may need the help of independent advocates to access the services and support they need, and to ensure their concerns are listened to.

### Child refugees and asylum seekers

Child refugees and asylum seekers are extremely vulnerable. Once child protection needs are recognised among this group, there is little to suggest that they are treated less well than other children. But identifying their needs in the first place is fraught with difficulties.

Just under 3,000 children arrive in the UK each year on their own to seek asylum.<sup>179</sup>

Asylum-seeking children who are separated from their families are likely to be placed in semi-independent accommodation, with many receiving no support from anyone other than their social worker. Those living with families or other carers may only be known to immigration officials, rather than social workers. Immigration officials do not have a duty to regard the welfare of children under the Children Act (2004).<sup>179</sup>

If they are known to the authorities, there are problems with identifying the true age of a separated asylum seeker because of lack of paperwork. Officials may refuse to accept that a child is under the age of 18, meaning that they will not receive the services to which they are entitled. Even if they are identified as children, some child protection issues particularly pertinent to asylum seekers, such as trafficking for sexual exploitation or forced marriage, may not be identified due to lack of specialist knowledge. Asylum-seeking children can also suffer further trauma when removed for detention—some 2,000 children in families are detained each year—sometimes from a familiar environment where they have lived for several years, which often happens at short notice.<sup>79</sup> Detention centres are not known for their educational provision, nor for their attention to the welfare of those detained within them.

For more information and options for funding to support these children, see NPC's report on unaccompanied refugees and asylum seekers, *A long way to go.*<sup>179</sup>

Charities working in all these areas suffer from insecure and inadequate funding, and the support of private donors can make a marked difference.



Photograph supplied by Greenwich and Lewisham Young People's Theatre

## Children in penal custody

Since 1993, the number of 15 to 17 year olds in custody has risen by 90%. The number of children under the age of 14 who are detained in Her Majesty's care has gone up 800%.<sup>180</sup> These high numbers have been criticised.<sup>75</sup> Many now question whether custody is the best place for children who are often very vulnerable. We saw in Section 1 the high proportion of prisoners reporting childhood abuse. Many of those in custody come from deprived and troubled backgrounds.

Yet the treatment of children once in custody gives rise to even greater cause for concern. The Howard League for Penal Reform set up an independent inquiry, led by Lord Carlile, into the treatment of children in custody. Its findings, published in early 2006, were shocking.

*'We found that some of the treatment children in custody experience would in another setting be considered abusive and could trigger a child protection investigation.'*<sup>181</sup>

Physical restraint methods were regularly used, and continue to be used, despite the fact that one in five was found to lead to injury for the child or staff member.<sup>182</sup> One fifteen-year-old boy died as a result of choking on his own vomit while being restrained by three members of staff (using a method now withdrawn from use) in a secure training centre in 2004.

The government has repeatedly refused to hold a public inquiry into the death of another boy, Joseph Scholes. Despite his history of serious self-harm, following a childhood of sexual abuse, parental separation, being taken into care, alcohol abuse and depression, he was sent to a young offender unit following a street robbery. He hanged himself nine days into his sentence.<sup>180</sup>

NPC will come back to the issue of young offenders in a future report, but it is worth noting here because the mounting concerns about the abusive treatment (including neglect) of children in custody illustrates that the government does not seem to fully sign up to its own policy, *Every Child Matters*. Further discussion of this is found in Section 8.

## Conclusions

This section has given an overview of the experiences of some of the most vulnerable children in the UK. Runaways, who have often left home because of abuse they suffered there, face significant harm and are unlikely to receive any support because so little exists. They, and others, may be at risk of sexual exploitation while away from home.

Looked after children, who are often in care because they have suffered abuse, have poor long-term prospects and may suffer further harm. Unaccompanied child refugees and asylum seekers may be at particular risk of abuse because they may inadvertently be housed with adults, and may have little contact with anyone who can protect them from harm. Finally, children in penal custody are subject to abusive practices sanctioned by the same state that claims it is committed to safeguarding all children.

There is less public attention on, and therefore less funding available for, children on the streets. Yet these children are particularly vulnerable to abuse. Local authorities have a clear duty towards these children, but do not always have the time, resources or expertise to fulfil this duty. As a result, children who have run away, or who are being sexually exploited, are subject to a postcode lottery when it comes to being protected from harm.

Donors can make a significant impact on the lives of these young people by funding charities working in this area, which suffer from insecure and inadequate funding. The support of private donors can make a marked difference to the prospects of many of the charities and projects involved in the field.

## Prioritising funding

Charities such as **The Children's Society** and **Barnardo's** have developed proven effective practice and spearheaded campaigns tackling these issues. Charities are more often than not able to engage with children who have been failed by other services. Such children are not easy to work with. But a number of evaluations demonstrate the ability of project workers to persist in developing trusting relationships, giving these children another chance.

They can only do this if they have sufficient funding to both maintain existing service levels and to be able to plan for the future.

**The sexual abuse of children generates much heated media attention. But the reality is that predatory strangers are not the greatest threat to children. Four out of five offenders are known to the child, while children commit one in three sexual offences.**

**Effective work to prevent sexual abuse must focus on perpetrators, as well as working with children, their families and the community—to prevent them from abusing in the first place and deal with them once they have been identified. However, resources for both areas are scarce, and donors' support is urgently needed.**

## Setting the context for donors

Tabloid press coverage of sexual abuse sometimes suggests that the issue can be dealt with by monitoring known sex offenders. A number of high-profile campaigns against sex offenders in the tabloids have led to some very black and white public perceptions of the problem.

Yet most sexual abusers are unknown to authorities, and between one quarter and one third of sexual abuse is perpetrated by under-18s—neither case fits the stereotypical model. Working in this area requires difficult decisions: to work with perpetrators; to acknowledge that children can be both abused and abuser; to have a balanced debate rather than stigmatise all abusers as 'paedophiles'.

These points are important for donors in this field to consider, as they fundamentally affect charities' approaches to tackling sexual abuse, and significantly constrain the resources available to charities. This is a very unpopular field for charities to work in. Those that work directly with sexual abusers are likely to face high levels of public antipathy to their work, despite its aims to protect children.

In this section we look at two key strands to protecting children from sexual abuse:

- preventing perpetrators from abusing children, whether in the home, through community groups or over the internet; and
- dealing with perpetrators once they are identified.

These two approaches are also complemented by work that equips children to identify abuse, and empowers them to act to prevent and report harm occurring to themselves (known as increasing victim resistance). This is covered in the next section on work in schools.

This section starts with an overview of the process through which child sex offenders are identified, prosecuted and treated, as this establishes the context for much of charities' work with abusers.

## Options for donors

Donors wishing to tackle sexual abuse have three main options:

- Funding work supporting children who are victims of abuse and their families. This work is likely to follow the models of supporting children described in earlier sections.
- Funding work treating perpetrators of sexual abuse or those who pose a risk to children, to prevent them offending.
- Protecting children online from grooming, and tackling the production and sharing of child abuse images.

This section will explore a number of promising areas of work in the second area, including:

- Schemes that equip community groups with child protection training.
- Monitoring and supporting offenders in the community, to prevent reoffending.
- Treatment for abusers, particularly young abusers. Early intervention is critical to prevent long-term offending patterns.
- Helping members of the public and professionals recognise and respond to abusive behaviour, for example, through helplines that advise those concerned about someone's behaviour (including people concerned about their own behaviour).

This section will also examine work by charities trying to protect children online.

## Working with abusers

Donors may legitimately question why money should be spent on abusers rather than victims. The answer is that work with both groups is necessary. Treatment programmes for victims of sexual abuse, as seen in Section 2, are needed if the corrosive effects of abuse are to be reduced. But if we are to prevent children from being abused in the first place, effective treatment for abusers (and potential abusers) is vital. At present, services for victims and abusers and their families are woeful.

“Sexual abuse thrives on secrecy and a climate of fear only perpetuates that secrecy.”

Circles of Support and Accountability<sup>6</sup>

“The reality is that sexually abusive behaviours are perpetrated by a very wide range of different types of people who present very different levels of risk.”

The Lucy Faithfull Foundation<sup>4</sup>

Given the high level of media coverage the issue receives, donors may be surprised at this. In truth, the hysteria surrounding sex offenders is counter-productive. It distorts the reality of risk in its focus on known sexual offenders. As one journalist recently wrote, the ensuing ‘widespread paranoia and anxiety’ creates a climate in which ‘it is almost impossible to have a balanced and open political discussion about how these people should be managed’.<sup>46</sup>

Even if the probation and police services had the time and resources to adequately monitor those sexual abusers that are known to them, they could not eliminate risk.

Services are inadequate for the numbers involved, and this is likely to get worse as more individuals are identified. At present, the black and white portrayal of the problem is reducing public confidence in the system and, arguably, increasing the risk to children. As one charity notes:

*‘The media portrayal of a “monster” image of the “typical” sexual abuser discourages people from seeking help about their own behaviour or about those close to them. The reality is that sexually abusive behaviours are perpetrated by a very wide range of different types of people who present very different levels of risk.’<sup>4</sup>*

A broad spectrum of thoughts and behaviours exist in child sexual abuse. The label ‘paedophile’ is (mis)used far too frequently. Paedophilia is defined as a ‘disorder of sexual preference,’ a category itself classed as a ‘disorder of adult personality and behaviour.’<sup>183</sup> Even if an individual is a diagnosed paedophile, he (the majority are male) may not act on his preferences.<sup>184</sup> There is a difference between someone who fantasises about children and someone who attacks a child. The current climate does not allow for such distinctions.

It is high time for a measured and open debate on child sexual abuse. In the meantime, there are a number of very interesting and valuable developments occurring at both government and local authority level. Many have been informed by the innovative work of charities. If donors and funders are committed to preventing child sexual abuse, they should seriously consider supporting charities that work with perpetrators, their friends and families.

### Most sexual abusers are unknown to the authorities

It is likely that most sexual abusers have never been caught or prosecuted for their crimes. Conviction rates for sex offenders are extremely low, although significantly higher than for other forms of child abuse.

It is estimated that fewer than one in fifty child abuse cases results in conviction. Nonetheless, one in 140 men over the age of 20 has a conviction for a sexual offence against a child.<sup>8</sup> The UK’s track record on bringing the perpetrators of child sexual abuse to justice is poor. For example, recorded offences of gross indecency with a child more than doubled between 1985 and 2001 but convictions decreased from 42% to 19%.<sup>8</sup>

What does the picture look like five years on? It is possible to compare numbers for reporting, criminal proceedings and convictions for a number of offences, including infanticide; gross indecency; cruelty to or neglect of children; and abuse of children through prostitution and pornography, to name but a few.

In 2005, in more than nine out of ten cases, individuals who stood trial for gross indecency were convicted. The figure is lower for other crimes. Just 40% of those who stood trial for sexual activity with a child under 13 were convicted. The figure goes down further to just under one in four for child pornography and prostitution, although the figures are very small for this crime so are likely to fluctuate greatly.

Comparing these figures with the numbers on the child protection register, it is clear that the criminal justice system works with sexual abuse far more than with other types of abuse. In 2005, 2,600 cases of sexual abuse were recorded on the register, compared to 1,395 (54% of the number on the register) criminal proceedings for this category. Meanwhile, 25,500 cases of other types of abuse were recorded on the register, compared to only 981 (4% of the number on the register) criminal proceedings.

Some of the offences included in these figures, such as sexual activity with a child under 13 and grooming, were introduced in the Sexual Offences Act (2003). Changes were introduced to ensure a clearer legal framework for tackling sexual offending, as the laws prior to that had not been changed since 1956. The changes have led to increases in reported crime. For example, in 2004/2005 there were 185 cases of meeting a child following grooming, which was not previously an offence.<sup>185</sup>

A review of the effectiveness of the Act in 2006 found that, although it is still early days since the changes, there is little evidence of increasing convictions. The review concluded that awareness of the Act among professionals was not as high as it should be, caused by deficiencies in the training of criminal justice professionals and the low priority of sexual offending.<sup>185</sup> The Cross Government Action Plan on Sexual Violence and Rape seeks to rectify these problems.<sup>116</sup>

Although most sexual offenders are not known to the authorities, a great deal of effort is spent on discussing how to monitor those who do come to the attention of the authorities. Monitoring offenders who are known to the authorities is of course important, as is ensuring that adults who pose a known risk are not able to work with children.

Much of the following data taken from government sources applies to all sex offenders, not just those who have abused children. The number of those on the register with offences against children is not available and official reports are hazy on specific services for child sex offenders. This is despite calls from the NSPCC for an annual report on the monitoring and supervision of child sex offenders, which would help our understanding of both the size and nature of the problem.

### Those who are known to authorities still pose a risk

There has been much scrutiny of the management of child sex offenders, most highly critical. The Home Secretary ordered a review of the management of child sex offenders in June 2006. This report went to print before the review was published. It seems unlikely from early reports that the review will fix the many problems that dog the system.<sup>186</sup>

### Treatment services

Treatment came under the jurisdiction of the criminal justice system in England (but not in Scotland) with the National Treatment Programme for Sexual Offenders in Prison (1991). Treatment is insufficient, both within prison and once offenders are released into the community.

The report of the chief inspectors of probation and police services in 2005 found demand for sex offender programmes 'exceeded supply that led to unacceptable delays. Consequently, case managers had to ensure that sex offenders remained motivated for long periods of time before starting their programme, which was sometimes difficult.'<sup>187</sup>

Not all prisons offer treatment programmes; one unannounced prison inspection in 2005 found that 20% of prisoners were housed in the vulnerable prisoner wing, mainly consisting of sex offenders. The prison offered no treatment programme. 'Many sex offenders were in denial and nothing was being done to reduce their risk to the public after release.'<sup>188</sup>

Around one third of sex offenders are not eligible for treatment, because they are sentenced for less than two years. This leaves insufficient time to complete the course, whether in custody or on licence in the community.<sup>116</sup>

### Effectiveness of treatment

There are currently three accredited programmes for use with sex offenders in probation and prison services. A recent editorial in the *British Medical Journal* concluded that there was incomplete evidence on the effectiveness of treatment programmes, recognising that, although completion of treatment programmes was associated with a lower rate of recidivism, 'psychological treatment for adult sex offenders can reduce reoffending rates but does not provide a cure.'<sup>189</sup> It also pointed out that 'there is enormous political and institutional pressure to prove that treatment works'.

There has only ever been one residential specialist centre in the UK for high-risk child sex offenders, run by a charity called the **Lucy Faithfull Foundation**, with places funded by the Home Office. The Wolvercote clinic ran from 1995 until 2002. A study following the closure of the centre showed that the overall reconviction rate was only 10%. Of those deemed to be 'treated', none was reconvicted; and 86% of those who had not completed their treatment on exit were also not reconvicted. The programme led to change in 20% of high deviance offenders for whom previous treatment had been unsuccessful, although this could be due to a cumulative effect.<sup>190</sup> A 1998 Home Office report suggests that the programme was twice as effective for high deviance offenders as the shorter-term prison treatment programme of the time.<sup>191</sup>

The residential centre was forced to close in 2002, and has been unable to find another suitable location due to local opposition. The opposition of local residents, no doubt fuelled by sensationalised press coverage, is just one example of how the current climate can arguably indirectly threaten rather than protect children. Setting up a new centre is a priority for the charity.

There has only ever been one residential specialist centre in the UK for high-risk child sex offenders. It was an unequivocal success, but was forced to close due to local opposition.

“Treatment arrangements for sex offenders fall well short of what is needed.”

Report on safeguards for children<sup>21</sup>

#### Box 21: What stops abusers offending?

The American academic David Finkelhor has identified four pre-conditions to offending:

- motivation to sexually offend;
- overcome internal inhibitor (eg, conscience);
- overcome external inhibitors (eg, getting past adults in order to access children); and
- overcome victim resistance.<sup>26</sup>

Stopping sexual abuse therefore requires barriers at each of these stages. Preventing individuals from looking at child abuse images, for example, might reduce the motivation to offend. Prohibiting individuals from accessing children, which many Sexual Offending Orders do, is one way of increasing external inhibitors. Ensuring that children know what is and is not acceptable and what to do about it, as **Eighteen and Under** does (see Section 6), is one way of increasing victim resistance.

A focus on prevention is needed, including programmes to offer help to abusers and their families to address the behaviour at an early stage.

Report by Joseph Rowntree Foundation<sup>8</sup>

### Vetting and barring

In 2006 there was considerable furore over the lack of a central list identifying all those who posed a risk to children and vulnerable adults. It was prompted by the news that a registered sex offender had been cleared by the DfES to work as a teacher. This hurried along changes that had been recommended in the Bichard inquiry following the Soham murders. Ian Huntley, who killed two girls he knew from the school where he was a caretaker, had previously been known to police for alleged sexual offences.

Regulation has a cost. Implementing a central register has been delayed because of high estimated costs, thought to be in the region of £22m each year, falling to £19m as the system settles.<sup>192</sup>

This is not the only cost. There is a risk that putting such emphasis on criminal records deflects attention from bigger problems. Criminal records checks can never replace good child protection practice and skilled assessment of risk, not least since the majority of offenders are not known to the criminal justice system.

### Monitoring child sex offenders

Despite recent and significant improvements in the management of child sex offenders, many continue to pose a risk to children. Indeed, *'it will never be possible to eliminate risk when an offender is being managed in the community'*.<sup>193</sup>

#### Box 22: Sarah's Law

The death of Sarah Payne at the hands of a known sex offender in 2000 raised concerns over the government's (in)ability to monitor sex offenders. It led to calls for a US-style 'Megan's Law' to be introduced in the UK. In some US states, details (including photos and addresses) of individuals on the sex offender register are readily available. Here, the request is that members of the community should have the right to request information from police and probation services on individuals in their community who may pose a risk to children, so that they can act to safeguard their children.

Yet the authorities already have the power to release the names of known sex offenders, and do so. They may inform parents, schools, police, leisure centres and so on, on a need-to-know basis.

There is a valid argument against the introduction of legislation making sex offenders' details openly available. It is thought to drive sex offenders underground, leaving them freer to reoffend. In the US, only 80% of sex offenders comply with registration requirements, a figure that has fallen since the introduction of Megan's Law. The rate in the UK is 97%.<sup>35</sup>

Of course, such arguments rely on the public having confidence in the ability of police and probation services to adequately monitor registered sex offenders. The repeated calls for Sarah's Law would suggest that there is little confidence in the system. Nonetheless, the answer arguably lies in improving the system rather than handing the management of sex offenders over to the public.

As one police officer commented, *'if we lived in a nation where we could trust people to use the information sensibly, I would support its introduction. But the truth is that we have a significant minority who would use that information to attack offenders, which would drive them underground. That would be the worst thing; at least if we know where these people are and they trust us enough to talk to us, we have a chance of stopping them reoffending.'*<sup>146</sup>

Many will not have received treatment while in prison. Accredited programmes for those released in the community only came into being in 2003, with currently around one in five accessing treatment. To be fair, not all of those released are deemed suitable for treatment, nor are all supervised offenders required to attend treatment,<sup>194</sup> but there is also a lack of services.

The Sex Offenders Act (1997) required convicted offenders to register within three days of their arrest or conviction with the police and keep them informed of their whereabouts. Those with sentences of more than 30 months are placed on the list indefinitely, but the registrations of those with shorter sentences are time-limited.<sup>195</sup>

The 1997 Act only required offenders convicted from the point it came into force to register, thereby not covering an estimated 100,000 offenders convicted prior to that point.<sup>196</sup> The Crime and Disorder Act (1998) attempted to rectify this, allowing police to apply for Sex Offender orders (requiring individuals to register and inform police of their whereabouts) for those not covered by the 1997 Act, but who were considered a danger. The Sexual Offences Act (2003) introduced further measures to monitor the movements of convicted sex offenders, and introduced Risk of Sexual Harm Orders that police can use to monitor individuals deemed to be a risk, regardless of whether they have a conviction.

At the same time police and probation services established protocols for assessing and managing the risk posed by such offenders. These developed into Multi-Agency Public Protection Arrangements (MAPPA), statutory bodies at local authority level that are responsible for the monitoring of violent and sex offenders in the community. Police, probation, prison and social services are required to work together to monitor and manage the risk to the public.

There are three levels of risk, with those deemed highest risk (level 3) referred to Multi-Agency Public Protection Panels (MAPPP) for closer monitoring. There were 28,994 sex offenders ('category one' offenders) being monitored by MAPPA in the community. Those posing highest risk ('level 3' offenders) numbered 1,478 in 2005 (this figure includes violent offenders as well as sexual offenders).

A new computer system, ViSOR, was introduced by all police forces in 2005 (including Scotland) in an effort to track offenders across areas, and this has now been extended to all probation and prison services to support information sharing.<sup>197</sup> There are over 45,000 cases on ViSOR. Nearly 11,000 are not currently managed. Those that are may only be managed very lightly. One constable

was quoted in 2007 as saying, of a high-risk offender in her care who has numerous convictions for child sexual abuse:

*'Being considered high risk sounds serious, doesn't it? In reality, it means I spend an hour in his flat every three to six months, chatting to him about what he's been up to. You can't get much information out of these people on these visits. It's only if they choose to talk to you or accidentally let something slip.'*<sup>46</sup>

According to minimum standards set by the Home Office, even those deemed at very high risk of reoffending may only be visited once every three months. MAPPA's have finite resources; even if they did have infinite funds at their disposal, legislation does not allow for offenders (who in the eyes of the law have paid penance for their crimes) to be monitored around the clock.

If this is not disturbing enough, numbers of offenders that MAPPA's are expected to monitor are rising year on year. The Sex Offenders Act (1997) is not retrospective and therefore it will take some time for the register to mature and stabilise.<sup>194</sup> It is expected that numbers will continue to rise, peaking at 100,000 in 2015.<sup>198</sup> This poses serious questions regarding resources given that services are already feeling the strain, with too many offenders not accessing treatment programmes.

### Desperate need for change

It is worth quoting at length from the findings of a Joseph Rowntree Foundation report on safeguards for vulnerable children in relation to sexual abusers:

*'Given the high incidence of abuse, if real progress were made in identifying and successfully convicting a significant proportion of those who sexually abuse children, the criminal justice system and prisons would be swamped. Even if community sentences were given instead, there would not be the resources to provide the supervision needed. On the other hand, if the problem goes unchecked, there will be an inexorable rise in the numbers of children subjected to sexual abuse with all the damaging effects that can have—mental health problems, self-harm, low self-esteem and, perhaps worse still, a proportion will go on to abuse others. A radical rethink of policy is needed. The problem must be tackled nearer to the source. A focus on prevention is needed, including programmes to offer help to abusers and their families to address the behaviour at an early stage.'*<sup>8</sup>

There has been no radical rethink of policy to date. But a Home Office review of the management of child sex offenders is due in April 2007, and the Cross Government Action Plan on Sexual Violence and Abuse contains

#### Box 23: NSPCC Child Protection in Sport Unit (CPSU)

The CPSU has raised the profile of child protection in sport. Early in its existence, joint research between the NSPCC and Sports England into the National Governing Bodies of Sport found:

- 41% were not sure if they had a child protection policy.
- Fewer than one in ten completed police checks on coaches and staff and only 3% on volunteers and officials.
- Just under half had no system for reporting allegations.
- Yet 29% had dealt with child abuse allegations.<sup>24</sup>

The Unit has built on the NSPCC's knowledge on safeguarding standards, assessing sports organisations on their standards on behalf of government. In addition, it coordinates research and provides training, information, advice and consultancy.

The Unit has also been successful at lobbying government; in England, minimum safeguarding standards are now recognised and are linked to funding. Today, all funded governing bodies meet the preliminary standards and now have in place a child protection policy, reporting arrangements and a designated lead person.<sup>24</sup>

welcome ideas. It presents a three-tier approach to prevention, targeting:

- everyone, through education and public awareness;
- those at risk of both offending and victimisation, for example, through treatment for young abusers; and
- existing victims and perpetrators, by ensuring justice and treatment, for example.<sup>116</sup>

There are some very promising developments in this field, many of which have been developed in the charitable or community sector.

### Child protection training for community groups

Meanwhile, charities are equipping community organisations with the skills needed to identify and respond appropriately to concerns about attitudes or behaviours. This is important work; many abusers will not be known, and even if they are, there is a chance that they will not be identified (nothing prevents offenders from changing their names, for example).

The NSPCC has played an important role in making various community settings a safer place for children, mainly through its various training programmes. Its **Child Protection in Sport Unit**, for example, has been busy ensuring child protection processes are in place in sports organisations in England, Wales and Northern Ireland (see Box 23).

**CHILDREN 1<sup>st</sup>** has been responsible for similar actions in Scotland, where it works in conjunction with sportscotland (a national non-departmental public body) to ensure sports organisations have child protection procedures and programmes in place. In 2004/2005 several thousand individuals were trained in child protection.

NPC highlights  
Circles of  
Support and  
Accountability to  
donors as an  
exciting  
opportunity to  
prevent  
reoffending.

Other charities are working within religious groups and other community settings. The **Church's Child Protection Advisory Service** is working with churches around the UK to raise awareness of the risk that some individuals in the faith community may pose to children.

### Monitoring offenders in the community

Registered child sex offenders pose a small but serious risk to children. MAPPAs are limited in what they can do to monitor such offenders. Just as the child protection reform programmes in England and Scotland emphasised everyone's responsibility to safeguard children, there are increasing noises from those with statutory responsibility for offenders that call for the same approach for offenders. A senior probation officer was recently quoted as saying, *'the public need to realise that sex offenders will always exist [...] Society needs to be more mature and take responsibility for the reality of the world we live in.'*<sup>46</sup>

There is a small but growing response to this challenge, largely in the form of **Circles of Support and Accountability**, a community-

based programme that originated in Canada. On release, high-risk sex offenders are matched with volunteers who meet regularly (at least weekly) with the offender, or 'core member,' in an effort to reduce the risk of reoffending.<sup>6</sup>

Volunteers are highly trained and receive a high level of support and monitoring. They work in tandem with MAPPAs, and are by no means a replacement for professional supervision of offenders. But they offer something that statutory services do not and cannot: a listening ear.

The cornerstone of the programme is the use of volunteers who are representatives of the community that many sex offenders are excluded from as a result of their crimes. Exclusion and the ensuing isolation are dangerous for offenders. As noted earlier, visits from police or probation are few and far between. If there is no family member or friend around, recidivist behaviour is likely to go unnoticed. Moreover, loneliness, low self-esteem and the inability to form appropriate, adult relationships are risk factors for sexual offending.



Photograph supplied by Kristian Buus

*'There is something very powerful for an ex-offender to come into a room of people who are there because they want to be, not because they are paid professionals.'*<sup>6</sup>

As the name suggests, Circles of Support and Accountability exist to support the offender in managing his or her own risk. Via more informal, longer-term contact, volunteers are able to develop a much greater insight into offenders' thoughts and behaviour than statutory services can. They are therefore helping contribute to a *'wealth of data related to recidivist behaviour that had previously been difficult to collate'*.<sup>6</sup>

The Home Office funded pilots of the scheme in 2002, working in partnership with a range of statutory and community organisations. Measuring success is not easy. Evidence from Canada, where the programme has been running for longer, suggests that the programme can reduce recidivism by 50%. Where abusers have reoffended, the offence is less severe than that for which they were originally convicted.<sup>199</sup>

As noted above, however, most sexual abuse goes unrecorded. Extremely few cases result in conviction. Therefore measures of reconviction are a poor indication of effectiveness. The Circles programme allows for much closer monitoring of thoughts and behaviour. The three-year study of the Thames Valley pilot, led by the Quakers, found that self-esteem, emotional isolation and feelings of being governed by internal rather than external factors improved by the end of the circle. Of 20 cases, eight offenders exhibited problem behaviours. Seven were identified via members of the circle itself, and half were dealt with within the circle itself, in conjunction with MAPPA. No offender has been reconvicted of any new sexual offence. This is true of all UK (and Canadian) Circles to date. Bearing in mind that these offenders are classed as high risk, this is very positive.

The programme is developing organically rather than through a strategic, coordinated plan. The **Quakers** have helped run around 25 circles to date in the Thames Valley and Hampshire. The **Lucy Faithfull Foundation** currently runs six circles, and is helping local authorities set up new ventures around the country. Other projects are beginning in several parts of the UK. The government's Futurebuilders programme has allocated a grant and loan to the Quakers to set up a national umbrella organisation, **Circles UK**, to ensure that projects run safely and maintain the high quality of the pilots.

Not everyone supports such work: professionals as well as members of the public find it difficult to set aside the view of child sex offenders as monsters, and finding volunteers presents an ongoing challenge.

#### Box 24: Child sexual abuse within the family

The focus on 'stranger danger' can distract from the real danger, not just for the general public but for children themselves. Children may not recognise that what might be happening to them at home is abuse.

The NSPCC prevalence study suggests that children are more at risk from those known to them but not related. Other studies have come out with higher rates of intrafamilial abuse. One reason given for this is that it is difficult to assess what is or is not appropriate where there exists such a close relationship. Moreover, incest is particularly taboo, which may have affected levels of disclosure.

There is some evidence to suggest that intrafamilial abuse is more harmful in the long term than other forms of sexual abuse. It is particularly complex; the relationship is abusive, but this does not preclude it also being a loving parent/child, brother/sister, grandfather/granddaughter relationship. Children are likely to have mixed feelings. They want the abuse to stop, but they do not want the family to be torn apart in the process.

Dealing with the aftermath is also particularly challenging. Support for non-abusing relatives is needed; if they do recognise the abuse and the implications (which some do not), they may have enormous issues of guilt to deal with alongside having to provide support to the abused child.

The Lucy Faithfull Foundation is keen to start work with non-abusing parents, for which it is seeking funds.

Funding has been pledged by the Home Office until 2008, and programmes are increasingly looking to local authorities (police, probation, social services and so on) for funding.

At the moment, circles are expanding only as a result of the commitment of a small band of dedicated individuals, who are running schemes on tight budgets. NPC highlights Circles of Support and Accountability to donors as an exciting opportunity to prevent reoffending. Donors could either fund existing circles through the Quakers or The Lucy Faithfull Foundation, or contribute to the set up of the proposed national organisation, Circles UK.

#### Treatment for young abusers

Between one quarter<sup>200</sup> and one third of abusive sexual acts are perpetrated by children and young people.<sup>7</sup> Between one and three quarters of sexual offenders began offending before the age of 18 and have multiple victims.<sup>81</sup>

These statistics are not reflected in conviction rates. Concerns were expressed at section 13 of the Sexual Offences Act (2003), which maintains that children are equally liable for punishment if they have committed a sexual offence.

Concerns were expressed for a number of reasons. First, children who abuse often have multiple issues themselves. A combination of social skills deficits, lack of sexual knowledge, high levels of anxiety and low self-esteem can result in young men (for the majority are male) being drawn to inappropriate relationships or behaviours with younger children.<sup>201</sup>

There is something very powerful for an ex-offender to come into a room of people who are there because they want to be, not because they are paid professionals.

Codes of Support and Accountability<sup>6</sup>

“The media portrayal of a “monster” image of the “typical” sexual abuser discourages people from seeking help about their behaviour or about those close to them.”

The Lucy Faithfull Foundation<sup>4</sup>

Moreover, harmful sexual behaviour in young people is linked to them having been abused themselves, both sexually and in other ways.<sup>201</sup> Between one quarter and one third of sexually abused children are thought to exhibit sexualised behaviour.<sup>202</sup> Not all are emerging sexual abusers; far from it. One six-year follow-up study of children with sexually harmful behaviour found that only 5% who had been offered treatment had reoffended, compared with 18% who had not received treatment.<sup>201</sup>

Tackling the abusive behaviour alone is unlikely to get to the root of the problem. Children may be responding to their own experiences. As such, children need support and treatment first and foremost, related to a broad range of developmental needs, rather than punishment.

As such, the Sex Offenders Act is being applied in a ‘targeted and sparing manner’ when it comes to children. In the first eight months of the act (effective from 1 May 2004) there were 38 prosecutions and 21 convictions.<sup>185</sup> Just over one third (15) were for offences against children under the age of 13 and of those, 11 cases resulted in conviction.<sup>185</sup>

Research undertaken by Eileen Vizard and her colleagues, based at the **NSPCC’s Young Abusers Project** in North London, has identified a priority group for treatment. Children with early onset sexually abusive behaviour (before the age of 11) display more predatory and forceful sexual behaviour than those with late onset sexual behaviour, and are nearly twice as likely to be convicted in later life. Predictive characteristics included inadequate family sexual boundaries, lack of parental supervision, early difficult temperament and insecure attachment.<sup>203</sup>

The report authors concluded the following was needed to reduce the risk of recidivism in adulthood:

- Primary prevention services in the form of professional agencies working together and training parents and young people.
- Local, community teams to assess and treat children and adolescents presenting with sexually abusive behaviour.
- A network of regional specialist teams to provide consultation, teaching, and management in complex cases.
- A small number of specialist residential treatment facilities for juvenile sexual abusers.<sup>203</sup>

There is also a need for work with parents of children with sexually harmful behaviour. Parents experience a feeling of failure; shock and denial; guilt and shame; isolation and stigma; and powerlessness in the face of professional responses.<sup>201</sup> They need help with this if they are to help their child.



Photograph supplied by beatbullying

At present, work at each of these levels is patchy. It is thought that there are around 200 services or projects offering some kind of service to children with sexually harmful behaviour, but much of this is non-specialist.<sup>201</sup> This does not necessarily matter, given the fact that these children often have a range of issues they need support for which these services may be meeting.

But the issue of sexual abuse by children is still very much taboo, and many professionals feel out of their depth when dealing with this group. Progress is hampered by the fact that it is unclear which department should have ultimate responsibility for this group; is it a matter for the police, social workers, or health professionals? A 2006 report from the Department of Health called for a lead agency, in addition to a network coordinating the few services there are and a common assessment tool to ensure consistency.<sup>50</sup>

A cross-government strategy on young people who sexually abuse is currently under development, building on work done by the Department of Health and the Victims of Violence and Abuse Prevention Programme (see Section 7).

The situation with regards to treatment for abusive behaviour is little better in Scotland. NPC has been able to identify only three projects working with young abusers in Scotland, all run by Barnardo’s, and there is no official government policy as yet.

The Young Abusers Project in North London was one of the first to work with young people who sexually abuse. It is now managed by the NSPCC, and works with children from all over the UK (including Scotland). The average age at referral used to be 16 or 17; it is now 11. When NPC visited the project in 2006, 27 children were being supported. All had been

abused themselves, and at a young age. On average, they had begun their own abusive behaviour by the age of six. This means their behaviour had not been dealt with for several years; as a result, their arousal patterns were well developed, they had been ostracised or neglected as a result, and work to change patterns of behaviour and issues such as self-esteem was all the harder.

Capacity is limited. There are only eight staff, of whom three are part-time. Children may come to the centre for assessment, but usually this has to involve carers and other professionals, which means that the staff at the centre end up travelling long distances. Not all parents give their consent to the work; indeed, some may be implicated in the abuse. Even if they do consent, the complexity of the work means it is expensive. Not all referring authorities can afford the £9,000 assessment fee.<sup>204</sup>

The **NSPCC** runs eight other centres for young abusers, around the country. Only a couple of other charity providers are offering treatment services, in conjunction with probation services. **Barnardo's** runs a dozen projects for children with harmful sexual behaviours, two of which overlap with services for abused children. It is also carving out a niche for itself in policy work, through specialist briefings for professionals that push its evidence-based calls for action from both national government and local authorities. These include further research on the effectiveness of treatment and an audit of local authority provision.<sup>201</sup>

**Respond** is one of the only charities working with children and adults with learning difficulties, who are thought to be over-represented among the abused and abusers. Again, data is poor, but information from one county council showed that disabled children made up only 2% of the local child population, yet accounted for 10% of those on the child protection register. The figure often quoted is that disabled children are three times more likely to be abused.<sup>205</sup>

One study of special schools found high rates of abusive behaviours, and points to the difficulties that professionals have in identifying and acting on abuse, not least the lack of appropriate services (see Box 25).<sup>37</sup> There are examples of people with learning difficulties who have been refused services because those services are not suited to their needs.<sup>6</sup>

Respond is one of the few charities to work with both the abuser and the abused, recognising that there is often overlap. It has developed expertise in working with people with learning difficulties, which other services may not take on. The charity delivers psychodynamic counselling to around 30

### Box 25: Sexually abusive behaviour in special schools

One study of special schools across four English councils found that 88% reported incidents of sexually inappropriate behaviour. In over half of these cases, incidents occurred at least once per month. The majority were deemed 'minor' (inappropriate touch, public masturbation, sexualised language, flashing), but four schools reported attempted or actual anal or vaginal penetration.

Despite these serious incidents, only a minority of schools had a specific policy in place regarding sexually inappropriate behaviour. Referring cases was problematic, treatment even more so. *'Only a minority of these young people were able to gain access to therapeutic support services. Some services for juvenile abusers simply would not work with young people with learning difficulties, others had long waiting lists or rejected individuals after initial assessments showed that they were "not engaging with the therapeutic process".'*

Labelling was a big issue for professionals, who were reluctant to label children as learning disabled or sexual abusers for fear that this would put them at a social disadvantage and further encourage the negative traits associated with the behaviour. Although understandable, the outcome was a lack of professional awareness and appropriate intervention. In some cases sexually abusive behaviour was allowed therefore to deteriorate to the point of sexual offending.<sup>37</sup>

clients each year, who come from around the UK, at its London base. The Department of Health provides some funding, but usually the charity can only afford to take clients who pay for their place or those for whom the referring agency will pay, as rates are just under £7,000 per year, of which £3,500 is charged to the client. This rules out around 80% of those who contact the service. The charity would like to subsidise more places, but does not have the resources to do this.

For those who cannot access the service, there is a national helpline, which receives around 2,000 calls each year. The charity has a wealth of information, in the form of case studies, indicating positive change. Funding is needed to conduct further research into the effectiveness of the model.

### Recognising and responding to abusive behaviour

As mentioned above, it is thought that sexually abused children are more likely to display sexualised behaviour. Between one quarter and one third of sexually abused children exhibit such behaviour.<sup>202</sup> It is not a definite sign of abuse, however; research into patterns of sexual behaviour within English homes found that, in families where no abuse was reported, similar proportions of children displayed sexual behaviour of some sort,<sup>44</sup> so drawing any hard and fast conclusions from such indicators is not possible.

These figures highlight the fact that we live in a sexualised society. What children see, hear and feel is likely to influence their own behaviour from a young age. Much of this will be harmless, but individuals need support in distinguishing what may or may not count as abusive behaviour.

Disabled children are three times more likely [than other children] to be abused.

**Box 26: Case study of caller to Stop It Now! helpline**

Arnold, aged 32, was referred to Stop It Now! by his GP. He was a gardener by profession. In the lead up to the summer holidays, he was increasingly concerned about his growing attraction to the teenage girls he saw sunbathing in the gardens where he worked.

He had approached both the police and probation services, who had both told him they could do nothing as he had not committed any offence. His GP told him that it was 'pretty normal' for men to fantasise about teenagers, but passed him the number of the helpline.

It is difficult to say what might have happened had he not been able to discuss his concerns with a trained professional. The person who took the call was able to listen to his concerns and suggest ways he could manage his own behaviour. He was given practical fantasy management techniques and encouraged to change his work habits so as to be around children less. In addition, he was given contact details for two counsellors in his area who had specific expertise. His chosen counsellor was to be briefed by the helpline worker, with the consent of Arnold. He was encouraged to get back in touch with the helpline to help him manage his thoughts and prevent him acting upon them.<sup>36</sup>

Until a few years ago, there was nowhere for concerned individuals, their families or friends to turn for help and advice. In 2002, the **Lucy Faithfull Foundation** started **Stop it Now! UK & Ireland**, based on a US model of the same name. Although managed in the UK by the Lucy Faithfull Foundation, it is actually a federation comprising a number of charities, including NCH, Barnardo's and the NSPCC.

The campaign has three prongs:

- a national helpline;
- regional and local projects; and
- dissemination of information.

The helpline offers advice and support to three main groups:

- individuals concerned about their own thoughts, feelings or behaviour;
- individuals who are concerned about the behaviour of a family member, friend or client (for professionals); and
- parents or carers who are concerned about the behaviour of a child.

Since the helpline launch, numbers have steadily grown. In 2005/2006, 150 calls were received per month, 80% of which were from the target groups (more than originally predicted). The helpline is staffed by trained professionals, who offer guidance and support. As the helpline is housed within the Lucy Faithfull Foundation, callers can be referred to specialist assessment or treatment services. Where local support is not available, the helpline offers individual counselling.

The aim of all of this work is the prevention of child sexual abuse. Prevention is difficult to measure; many callers remain anonymous. However, the helpline has been able to gather case studies, which indicate that the provision of options to people who had no previous access to services may help prevent (re)offending. One such example is given in Box 26.

The helpline is supported by regional and local projects, which disseminate information about the helpline through posters, leaflets and postcards. The programme is dependent on collaboration and partnership between a number of different professional agencies. As such, local programmes are usually hosted within (and funded by) another organisation, whether a larger children's charity, such as the NSPCC or Barnardo's, or local authorities, such as the Local Safeguarding Children's Board. To date, projects have been set up in Surrey, Derbyshire, the Thames Valley, the Black Country and Northern Ireland. The project is making great strides in a number of other areas, including the Republic of Ireland, Wales and Scotland.


Despite enjoying a strong reputation in the field, the charity remains low on the radar of most donors and funders. This is partly because of the subject area, but also because the charity has to date lacked fundraising and marketing staff. The project is seeking funding for a media, marketing and communications officer, in addition to individual project work. This presents a sensible option for donors, who could thereby support the development of a much-needed service.

## Safeguarding children online

Given that online abuse has only recently emerged in the public consciousness, it is difficult to talk about increases in numbers involved with any great certainty. It is likely that the development of the internet has led to an increase in volume of child abuse images in circulation and an increase in sexual offending against children. It could also be that it is simply *'opening a window that was previously closed and allows us to glimpse into a world that we never saw other than in the flimsiest or most ethereal of outlines'*.<sup>206</sup> ChildLine reported a 115% increase in calls related to concerns about the internet between 2001 and 2004, with the majority related to online abuse.<sup>207</sup> Charities working with offenders, such as the Lucy Faithfull Foundation, have also noticed a big increase in referrals for men who are regularly looking at child abuse images.

What is uncontroversial is that the majority of households with children have domestic internet access, as do all UK schools, and that there are associated risks.<sup>208</sup> Parents do not tend to be as vigilant with regards to their children's safety online as they would be in other settings. Yet children are more accessible online, and increasingly so, as technology has moved from fixed points (such as within the home) to mobile access. This makes it easier to target and groom children. In addition, children are thought to be more malleable online, making them even more vulnerable.<sup>208</sup>

There is some weight to the argument that those who view child abuse images are abusers by proxy.



# LOST FOR WORDS?

The thought that someone you know or love may be sexually abusing a child is one of the hardest things to face. But it is better to talk over the situation with someone than to discover later that you were right to be worried.

If you suspect that someone you know is sexually abusing a child, or if you are worried about your own thoughts or behaviour towards children ring the Stop it Now! freephone helpline now for confidential advice.

**Freephone Helpline**  
**0808 1000 900**  
[www.stopitnow.org.uk](http://www.stopitnow.org.uk)

**stop it now!** UK & Ireland  
 Together we can prevent child sexual abuse

Poster supplied by the Lucy Faithfull Foundation

The following section looks at the two main problems: grooming and child abuse images. The former presents an undeniable and direct risk to children, even if numbers involved are small. The link between child abuse and viewing images of child abuse is less clear. We know little about the link between viewing images and committing abuse, tending as a society to lump all individuals involved under the category of 'paedophile', whatever their offence or age.

Of course, the manufacture of child abuse images in many cases involves direct abuse of children. Such cases are thought to make up less than 1% of reported sexual abuse.<sup>209</sup> In addition, demand leads to supply. Viewing images of abuse directly fuels the abuse of children. Many of the victims are likely to be overseas, making the manufacture of images extremely difficult to tackle.

### Grooming children online

Much of the work to prevent grooming is in the hands of government, which is now covering the issue relatively well. There is some scope for private donors, however; the children's charity **NCH** has taken a prominent role in safeguarding children online, funding one part-time worker to run the **Children's Charities' Coalition for Internet Safety (CHIS)**, which has nine charities as members. The alliance lobbies the government and industry, but on an *ad hoc* basis given its limited resources.

Since the Criminal Offences Act (2003), it is a crime to sexually groom children, ie, engage a child online or by any other means with the intention to abuse them. An investigation in August 2006 found that an estimated 50,000 abusers were online at any one time; one third of children had been subjected to unwanted sexual comments and one in 12 children had met face-to-face with a stranger they had met online.<sup>210</sup>

Since 2001, there have been in the region of 60 prosecutions for rape or sexual assault resulting from contact made online. This belies the number of children involved: a recent investigation uncovered a man who had had 70 sexual conversations online with children and young people, met and abused 20, with a conviction related to just two of the incidents.<sup>211</sup>

The Home Office has had a Taskforce on Child Protection on the internet since 2001, out of which several initiatives have emerged, not least the Child Exploitation and Online Protection Centre (CEOP). This is housed within the newly formed Serious Organised Crime Agency (SOCA), and began operating in April 2006. CEOP is a law enforcement agency that draws on business, voluntary sector and government knowledge. It acts as a point of contact and advice centre for all concerned with the targeting or abuse of children as well as undertaking proactive investigations, both in the UK and internationally. Between 2003 and 2006 the government spent £1m each year on raising awareness relating to online dangers.<sup>212</sup> Specific government initiatives include lessons for children in e-safety to warn of the dangers online, as part of the national curriculum, as of September 2006.

That there is such commitment from government is attributed to public support for such measures.<sup>211</sup> Yet there remains room for improvement. A report in 2006 by the coordinator of CHIS identified six gaps, and called for a new NGO network funded by grant-making trusts or private sources, which could monitor developments independently of the internet and mobile phone industries.<sup>213</sup> One of the emerging concerns is the new technology that allows roaming internet access, such as 3G phones. The mobile phone industry maintains it is impossible to

ChildLine reported a 115% increase in calls related to the internet between 2001 and 2004, with the majority related to online abuse.

Recent investigations such as Operation Ore have further dispelled the myth of the 'dirty old man.' The suspects identified are a cross-section of the adult male population, including judges, priests, doctors, teachers and others who work with children.

monitor activity on such phones, and bar particular sites or users. There is currently no independent body with the resources to investigate this claim.

### Child abuse images

Child pornography, or child abuse images as they are more appropriately named, usually involves abuse. However, individuals have been convicted for manipulating and creating indecent images. The viewing of such images is not passive.

The existence of a record of the abuse means that the victim is subject to re-abuse each time the pictures are looked at. There is also the terrible legacy of not knowing who has access to those images. Victims report extreme feelings of powerlessness, and are aware that the images can be used in the abuse of other children, who may be shown the pictures.<sup>209</sup> There is therefore some weight to the argument that those who view child abuse images are abusers by proxy. More so as accessing images is arguably leading to increased abuse, as demand feeds supply.

The internet has facilitated a proliferation of images. As an illustration, in Greater Manchester in 1995 the sum total of images that were discovered by the police was 12. In 2003, an arrest of one man in the UK led to the discovery of 450,000 images in his possession. In New York, one man was estimated to have a million images.<sup>206</sup> Images are getting worse, too: nearly one third of all child abuse images fall into the 'most distressing grade' today, compared with 7% in 2003.<sup>214</sup>

Tackling online images of child abuse requires an international response, given the nature of the medium, which has raised problems for police, not least because there are no laws regarding child pornography in nearly 100 countries.<sup>215</sup> There are several international bodies tasked with fighting the spread of such material. Identifying children involved in the making of the images is extremely difficult; since 1995 fewer than 400 children involved in child abuse images have been identified and found.<sup>216</sup>

It is thought that the interest in images is fuelling the abuse of children, as the internet has opened up a market in which images can be produced for financial gain.<sup>8</sup> The connection between an individual viewing images and his or her own behaviour is less clear, although manufacturing and possessing images is a crime. Public opinion does not tend to distinguish between those who view child abuse images and those who sexually abuse children.

*'Child pornography is used for sexual stimulation, to legitimate and normalise offenders' sexual activities with children, to*

*maintain a permanent record, to ensure a constant source of material at the age of sexual preference and as a tool for grooming, entrapment and blackmail.'*<sup>209</sup>

Further research into the link is desperately needed.<sup>8</sup> The supposition is that, even if viewers are not abusing children, viewing images may fuel fantasy and erode 'inhibitors'; the barriers that prevent people from acting on their impulses (see Box 21). The little research there is suggests there is a link. One US study puts the figure thought to be abusing children as high as one in three of those who possess child abuse images.<sup>206</sup> It is feared that the internet is encouraging individuals who may not previously have explored child abuse images. Some argue that the internet serves as a community for some in which abuse is normalised, further eroding inhibitors.<sup>206</sup>

However, there is no available research into causation. Interviews with paedophiles undergoing treatment in the UK have suggested that *'the internet was where they first found child abuse images, sometimes initially by accident, later deliberately. Others say they were always aware of their sexual interest in children but were too scared to do anything about it until the internet provided them with the means.'*<sup>206</sup>

Recent investigations such as Operation Ore (see Box 27) have further dispelled the myth of the 'dirty old man.' The suspects identified in the operation are a cross-section of the adult male population, including judges, priests, doctors, teachers and others who work with children. Of those identified, only 5% were already known to police.<sup>8</sup>

Operation Ore is the tip of the iceberg; only those with credit cards, internet access, and arguably those stupid enough to sign up, were caught, and only via one particular site. BT announced in 2006 that it had recorded 35,000 hits from domestic users attempting to access images of child abuse online, three times the number only 18 months previously.<sup>217</sup> BT, which accounts for one third of the UK internet market, has spent £1.5m developing blocks to known sites containing images of child abuse for internet service providers. The number attempting (successfully) to access child abuse images could, therefore, be three times as high.

The Internet Watch Foundation (IWF) is a UK hotline, funded by the industry and public bodies, that enables people to report abuse. It reported in July 2006 that child abuse content is primarily hosted in the USA (50%), although other nations such as Russia and Japan are catching up. The fact that some websites were reported by the IWF to the host nations five years ago yet are still in operation points to the difficulties the UK has in getting other nations to cooperate in its fight against online child

abuse. Even those countries with a commitment to tackling the problem have widely different approaches; for example, the strategy in the UK (as implemented by IWF) is to shut down sites and remove images when discovered, to prevent proliferation of interest and images. *'Choke off the supply and you effectively suppress demand.'*<sup>206</sup> In the US, effort is concentrated on catching those who produce the original images.<sup>218</sup>

The result is that, whereas 50% of material is hosted in the US, only 0.2% of all material is hosted in the UK, down from 18% in 1997, which is a success.<sup>219</sup> The number of sites has increased significantly in the same period (it was estimated in 2003 that there were at least 200,000 sites hosting child abuse images, double the figure of 2001).<sup>215</sup>

There is not much scope for charities in tackling the creation of such images. There is, however, considerable room for charities in working with individuals who are viewing abusive images, as well as their partners. **The Lucy Faithfull Foundation** has developed two programmes, **Inform** and **Inform+**, for those who look at online child abuse images and their family and friends. The scheme is part-funded by those who take part in the course.

## Conclusions

This section has given an overview of what is a controversial area of an already difficult field for charities and donors. Despite often simplistic reporting to the contrary by some elements of the media, the main danger to children is not posed by known child sex offenders. The majority of offenders are unknown to authorities. Also in contrast to the stereotypes seen sometimes in the media, one third of sexual offences is committed by those under the age of 18.

For those offenders that are identified, conviction rates are extremely low, and subsequent monitoring and treatment services are woefully lacking.

In order to effectively tackle sexual abuse, much needs to change. Charities are extremely well-placed to lead this change, and private donors are uniquely well-positioned to support them.

Donors can make a great impact by supporting work with sexual abusers in the following areas:

- Schemes that equip community groups with child protection training.
- Monitoring and supporting offenders in the community, to prevent reoffending.
- Treatment for abusers, particularly young abusers. Early intervention is critical to prevent long-term offending patterns.

### Box 27: Operation Ore

A US investigation into a subscription service based in Texas that gave access to online child abuse images began in 1999. It uncovered a network of 250,000 subscribers across three continents.

The Federal Bureau of Investigation (FBI) handed over 6,500 names of British residents to UK police, leading to Operation Ore. The huge operation is still underway, and it is estimated that the figures to date are as follows: 4,283 homes searched; 3,744 arrests; 1,848 charged; 1,451 convictions; 493 cautioned; 879 investigations underway, and 109 children removed from suspected dangerous situations.<sup>30</sup>

Those with convictions or cautions will be placed on the sex offenders register. It is impossible to arrest this many suspects in one go, so the investigation has taken considerable time. Police in some instances have relied on informing close relatives of the suspects in the hope that they will be vigilant. However, given the taboo that surrounds such crime, it is unlikely that those around the suspects are in a position to deal with or act appropriately on the information given.

- Helping people recognise and respond to abusive behaviour, for example, through helplines.

All four areas promise significant results. But NPC must remind donors of the potential challenges of funding work with sexual abusers. Public attitudes are set against abusers, who are demonised and portrayed as monsters. This means that such work will not be popular, and may require additional efforts to combat public perceptions.

An additional area of work that donors could fund is protecting children online from grooming, and tackling the production and sharing of child abuse images.

## Prioritising funding

Most sexual abusers (and all potential abusers) are unknown to authorities and cannot therefore receive any treatment to prevent them offending through the child protection system or state treatment programmes.

A priority for funding, therefore, is work that helps to identify offenders and potential offenders. The **Stop It Now!** programme, led by the **Lucy Faithfull Foundation**, can fulfil precisely this role. By advising individuals about the behaviour of people known to them (including family members and children), it can help to identify abusers and prevent abuse. By advising individuals about their own behaviour, it can provide a source of support and treatment that can prevent offending. The importance of this work cannot be emphasised strongly enough.

The lack of resources available for treatment services, even to known offenders, and the intense pressure on police, probation and prison services means that we need to look to the community for responses, where appropriate. Community-based models such as the **Circles of Support and Accountability** have the potential to manage, monitor and support offenders so that they do not reoffend and deserve private funding.

School can offer a safe haven for children and young people. For some, it provides welcome respite from issues affecting them elsewhere. It is also a place where abuse can be identified and children supported, whether that abuse is happening in the home or elsewhere. Children can be taught about danger, and attitudes and behaviours can be tackled, potentially preventing abuse.

Abuse, however, happens in schools too. Half of all primary schoolchildren and one quarter of secondary schoolchildren report being bullied in the last year. Charities have been instrumental in highlighting such peer-on-peer abuse, and continue to be very active in tackling bullying.

## Setting the context for donors

One of the most important features of schools in the context of child abuse is the amount of time that children spend there. Through regular and long-term contact with children, schools can gain the trust and knowledge that allows them to play a role both in identifying abuse and teaching children about abuse and harm.

Children also represent future generations. If attitudes to abuse, and abusive behaviours are to be changed, today's children are likely to be at the centre of much of that change. Their attitudes and behaviours may be less determined than those of adults, and work to change behaviours may be most fruitful at this stage of life.

Through regular and long-term contact with children, schools can gain the trust and knowledge that allows them to play a role, both in identifying abuse and teaching children about abuse and harm.



Photograph supplied by beatbullying

This section describes the work of charities in schools around child abuse. Given the primary role that schools play in the lives of children, we were surprised not to find more work. Several excellent approaches and projects were identified during NPC's research, but their number is astonishingly small compared to the number of schools in the UK. There is still huge scope for charities to develop effective approaches to abuse in a school context.

## Options for donors

There are three main areas of charities' work in schools that donors might be interested in supporting:

- Tackling bullying through campaigns to change attitudes and behaviours, and programmes to help children deal with bullying;
- Identifying abuse through charities working in schools, using education, awareness-raising and general counselling; and
- School-based support for children who have been abused, often based around a model of counselling support.

All three approaches can play important roles in tackling abuse. At the end of this section, we present an overview of the results of these areas of work to help donors think about prioritising their giving in this area.

## Tackling bullying

For some, schools can provide a welcome escape from abuse. For others, abuse happens at school, in the form of bullying. Charities have been instrumental in shifting the perception of bullying. It is no longer seen as an inevitable part of schooling, but as the harmful practice that it is. Bullying is consistently raised by children and young people as one of their major concerns. Although a relatively innocuous word, bullying can cover a range of offences including *'physical violence, racial and sexual harassment, sexual exploitation, using threats to obtain money or property, and psychological torture.'*<sup>21</sup>

Bullying is the single biggest reason why children call ChildLine, accounting for around one in four of the helpline's calls.<sup>220</sup> Research conducted on behalf of the DfES and ChildLine in 2003 discovered that half of all

primary schoolchildren and one in four secondary schoolchildren had been bullied in the previous year.<sup>220</sup> The NSPCC prevalence study in 2000 found that one in ten young adults report having been bullied or discriminated against systematically throughout their childhood, the results of which were affecting them still.<sup>55</sup>

Bullying is now taken seriously. Every school is required to have an anti-bullying policy. NPC's report on education, *On Your Marks*, identified three main ways of tackling bullying:

- Educating children about the importance of respecting their peers and the damage bullying can cause;
- Helping schools and parents to understand, recognise and deal with the symptoms of bullying; and
- Giving support to children who are being bullied, by providing information, help and guidance inside and outside of school.

The report identifies that charities are the recognised experts when it comes to bullying, although the proliferation of websites offering advice makes it difficult to understand clearly how best to tackle the problem.

The **Anti-Bullying Alliance (ABA)** is a strategic alliance, funded by government, designed to coordinate responses to bullying.<sup>221</sup> It has one coordinator per government region, which is an enormous amount of ground to cover given the size of the problem. In practice, how well bullying is dealt with depends on the individual school.

The ABA's Anti-Bullying Week in November has a very high profile. The effectiveness of campaigns in terms of reducing bullying is hard to ascertain, but it certainly helps keep the problem in the public eye.

NPC's report, *On Your Marks*, also highlights the fact that bullying *'is not merely a school problem'*.<sup>221</sup> Although we have categorised bullying under schools, bullying occurs in other contexts. A report on safeguarding children away from the home concluded that bullying *'is extremely destructive and one of the main problems that worry children. It needs to be tackled in all institutional contexts.'*<sup>21</sup>

The charity **beatbullying** (see Box 28) is helping to spread this message. Its latest campaign highlights that bullying happens not only in schools but on the way to school, on the way home from school, in shopping centres and so on. It is encouraging the reporting of abuse in addition to running workshops on tackling attitudes among young people.

### Box 28: beatbullying

beatbullying was established in 2001 following research that placed bullying among the most significant issues that children face at school everyday. beatbullying is now one of the largest bullying charities in the UK, reaching out to both victims and perpetrators of bullying through a variety of means. Through schools and youth centres, beatbullying works with children directly, raising awareness about the effects of bullying and developing strategies to prevent it.

Research continues to play an important role in beatbullying's work. It spends a significant amount of time and resources on monitoring the impact of its various projects, in conjunction with Southbank University. Its achievements include a reduction of 39% in the incidence of bullying and an increase of 60% in the actual reporting of bullying. beatbullying also claims that 61% of young people who participate in its courses are able to stop bullying within six weeks.

The charity is about to start a pilot to be evaluated over two years, specifically targeting sexual bullying and harassment among children and young people. The following case study shows the type of issues the charity seeks to address.

A 15-year-old boy and 14-year-old girl at the same school had a flirtatious relationship. As they became closer, they chatted online about starting a sexual relationship. Soon the boy changed tack. He started to make threats of publishing the chat on a social networking site, telling all her friends she was a 'slag' and a 'tart', and that she was available for other boys to have sex with. This escalated to the point that the boy tried to blackmail her, saying if she did not send him pictures of her naked he would tell everyone. Confused, frightened, ashamed and with no one she felt she could talk to, she sent the photos. The next day they were posted on a social networking site anonymously.

### Helping identify abuse in schools

Just as schools are on the frontline in tackling school-based abuse, professionals working in schools are in a strong position to identify and report abuse among the over-fives. Across a range of issues, from abuse to running away to sexual exploitation, experts seem to believe that greater links with schools would be beneficial.<sup>159</sup>

School staff, *'by virtue of their daily contact, hold much of the responsibility for meeting children's immediate needs.'*<sup>222</sup> Schools have traditionally worked quite separately from social services and other professionals tasked with keeping children safe. This is improving with the *Every Child Matters* agenda, which requires professionals to work together and share information. Moreover, all schools are to become 'extended schools' by 2010, offering study support activities, childcare, parenting support and wider learning for the community. Bringing services together like this should facilitate quick and easy access to specialist services (such as children's mental health services) for children who are at risk of abuse or who have been abused.

But schools and teachers often have limited time to devote to anything other than academic attainment. Building up relationships with children so that they trust the teacher enough to discuss or disclose abuse takes time; time that is often simply not available.

[Bullying] covers physical violence, racial and sexual harassment, sexual exploitation, using threats to obtain money or property, and psychological torture.

Academic<sup>21</sup>

### Box 29: Eighteen and Under

The Dundee charity Eighteen and Under has been working with victims of abuse, both children and adults, for many years. Although this work continues, the charity felt it wanted to prevent abuse, or at least identify it early, rather than simply picking up the pieces once abuse had happened.

The Violence is Preventable (VIP) programme began in 1998. It has been adapted for different age groups, from pre-school (Wee VIPs) to secondary school (Teen VIPs). The programme has even now been developed and adapted for use with older people, to help protect them from abuse.

NPC visited a Tweenies (primary school) session. Through the use of a video and interactive games, children are encouraged to recognise situations that may be unsafe or that make them feel uncomfortable, whether involving relatives, friends or strangers. They are given simple messages (Say no! Go! Tell!) to help keep them safe. Attitudes that lead to violence are also challenged, such as whether someone ever 'deserves' to be hit. Children are encouraged to express themselves, and are taught that they have a right to be listened to. The programme was delivered directly to over 800 children in 2005/2006, and a further 400 were reached through the Wee VIP and Teen VIP programmes.

Many more are reached indirectly. Over 500 parents, teachers and youth workers were trained in the same period. In addition, resource packs are available from the charity for all its programmes. These contain the same interactive tools and are designed to help adults, whether teachers or youth leaders, to talk to children about staying safe. All of the schools and nurseries in Dundee use the resources, to some extent, and there have been requests for packs from as far away as Devon. NPC could envisage these resources being used in all schools in the UK, were the funding available to market and produce them. At present, the programme has only two paid staff members. The charity is now actively marketing the VIP programme but struggling to meet demand. Ultimately, the charity would like to see the programme available around the UK.

Putting a price on the service is not easy, given that the programme is delivered in part indirectly through trained adults and resource packs, and the results of this indirect work are not monitored. The cost per child taught directly by Eighteen and Under is estimated to be no more than £90.

One of the reasons children may not report abuse when it is happening is that they are not aware that it is wrong.

Things are moving slowly. The 2006 annual survey of trends in education highlighted ignorance regarding children's services partnerships, cornerstones of the *Every Child Matters* agenda, and a lack of enthusiasm among education professionals. Only 2% of primary schools and 6% of secondary schools include social services as part of their extended services.<sup>223</sup>

### Education programmes

NPC has come across a number of educational programmes for use in schools that attempt to raise awareness and, more ambitiously, change attitudes. Most are designed by charities or individual schools/local authorities. They are most commonly delivered in sex and relationship education or Personal, Social and Health Education, both of which are non-statutory parts of the national curriculum.

Programmes range from anti-bullying work to exploring violence against women.

**Womankind Worldwide**, for example, delivers work in schools focusing on domestic violence and sexual bullying, in partnership with many agencies. Its website contains lots of resources for use in schools.

Such programmes often report positive results based on short-term research, but there is no longitudinal research identifying whether such programmes actually change behaviour or attitudes in the longer term (ie, into adulthood). Donors interested in this area should consider funding long-term research.

In the meanwhile, there are some locally-driven, innovative responses to identifying abuse in schools. **Eighteen and Under's Violence Is Preventable (VIP)** project began as an educational programme, using videos, games and discussion to broach what abuse is; what situations might be inappropriate; and how children can act to protect themselves (see Box 29). Its work is so interesting that we will spend some time here exploring it in detail.

The programme has been subject to academic evaluation. An as yet unpublished study looked at both primary and secondary school age classes, including work with known victims of abuse. For the 6 to 13-year-olds and survivors, there was a significant difference relating to knowledge and skills (for example, recognising a situation as worrying, saying no, getting away and telling someone) between the groups who had gone through the programme and those who had not. This also applied to the group of children who had experienced abuse previously.<sup>224</sup>

The gains were slightly less for secondary school pupils, suggesting that the programme is more effective with younger children.

Across the programmes, there was no real difference in results across gender, ethnicity or socio-economic status. The results held whether the lessons were delivered by the teacher or project worker, which means the programme can be replicated.<sup>224</sup> Indeed, Eighteen and Under has created publication packs for all their programmes, for use by teachers or youth workers, available directly from the charity.

Children found the lessons enjoyable and the messages easy to understand. They felt more confident in keeping themselves safe. Despite the subject matter, when asked, none of the children reported feeling upset. Nor did they become overly anxious, fearful of strangers, or overly assertive.<sup>224</sup>

Whether or not such schemes actually prevent abuse is unknown.<sup>148</sup> As with adults, there is a difference between thinking something and doing something. However, it seems likely that at least some of the children will retain the information given to them, which could prove beneficial if they were ever at risk of abuse. Moreover, the scheme can be a way of intervening early where children are already at risk. One of the reasons children may not report abuse when it is happening is that they are not aware that it is wrong.

*'I didn't know what my god brother was going to me was wrong. I thought it was all a game so I wasn't disturbed by it at the time.'*

*'I cannot remember a day of my childhood when I was not abused. It was not until I reached secondary school that I realised that this sort of thing doesn't happen to everybody.'*<sup>15</sup>

This is where the Eighteen and Under scheme really stands out. It has a strong emphasis on disclosure, expecting children to put into place the 'telling' strategies it has taught them. Given that children tend not to disclose abuse, the study found it elicited a surprisingly high number of disclosures, during lessons and afterwards, particularly from younger children.

Of the 68 children who had lessons delivered by an Eighteen and Under project worker, there were 16 accounts of physical abuse, 11 of physical assault and three of sexual abuse. A further nine spoke of domestic violence and many more of bullying, with a few disclosures of grooming and other harmful practices. Rates were not so high among teacher-led sessions, although out of 20 pupils there were still four counts of abusive incidents. A further 36 disclosures were made on the Eighteen and Under helpline around the same period, compared with none the previous year. Fewer disclosures were made by secondary school

pupils. None of the children in the waiting list control groups made any disclosures.<sup>224</sup>

So why such high levels of disclosure? From the children's perspective, some felt they could talk about their feelings more openly because they heard others doing so, which may explain the high numbers of disclosures. They also expressed greater assertion in 'telling' as a result of their experience of adults listening, believing them and giving them choices. Indeed, teachers reported that children seemed more willing to 'tell' of incidents, both in and out of school, following the session.<sup>224</sup>

The differences between the Eighteen and Under-led and teacher-led sessions could be for a number of reasons. Eighteen and Under expects disclosures to be made, given rates of abuse among children. It also uses a broader definition of abuse to include all harm (hence the inclusion of theft, for example). The study highlighted that workers are very open with the children, spontaneous talk among children was encouraged and children were given space and time to talk without being judged. Most simply perhaps, children were asked specific and explicit questions about harm, to which they responded.<sup>224</sup>

Much of this was in evidence when NPC visited the programme in action in one Dundee primary school.



Photograph supplied by Tris Lunley/Eighteen and Under

Eighteen and Under is a compelling option for donors interested in working directly with children to help them protect themselves.

Disclosures are passed on to the designated child protection officer in the school; what happens next is not known. Eighteen and Under continues its original counselling service for victims of abuse (children and adults); the evaluation discovered a spike in calls to the helpline from children who had taken part in the lessons. Around one quarter of the 72 calls related to bullying, with one further quarter disclosing domestic violence, physical and sexual abuse.<sup>224</sup> One of the key issues for the charity is how to continue to provide the support services (helpline, one-to-one and group counselling), much of which depends on volunteers.

The service is genuinely child-friendly and focused; that the service has a high level of disclosures is no coincidence. Eighteen and Under is a compelling option, therefore, for donors interested in working directly with children to help them protect themselves.

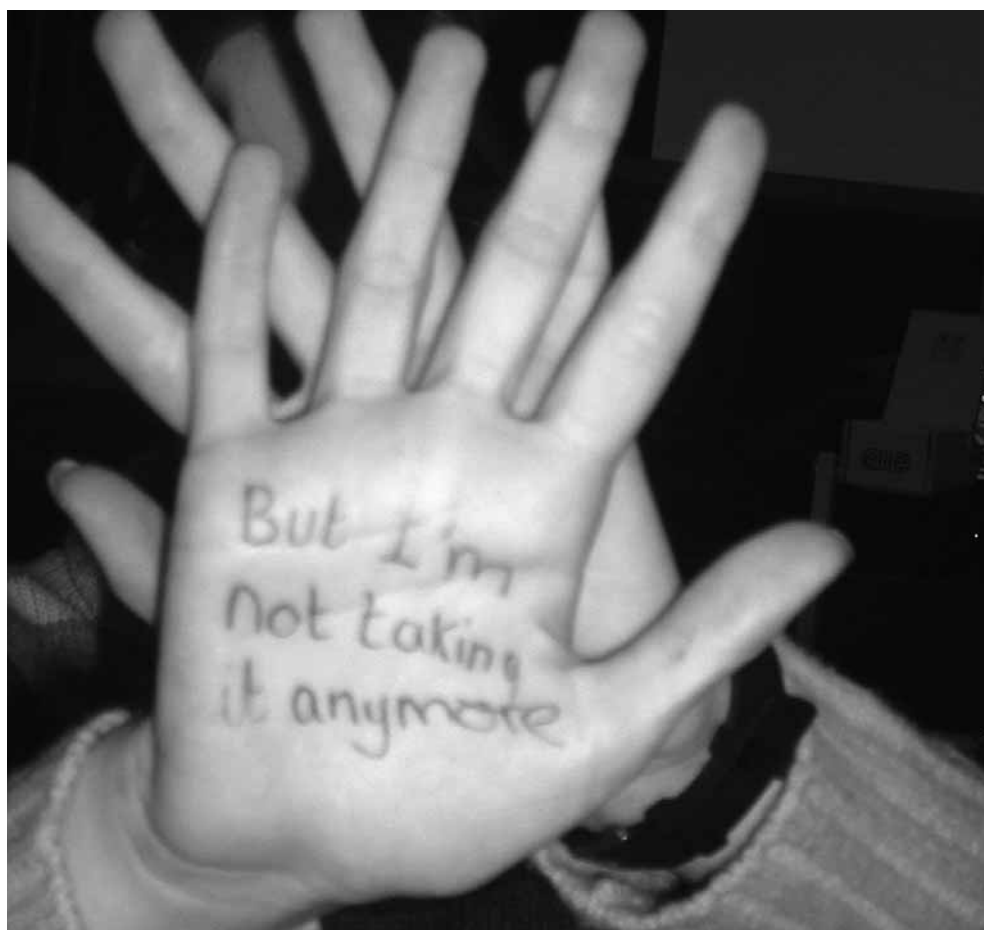
### School-based support

Once abuse has been disclosed or has stopped, there is an ongoing role for schools to play in reducing the negative effects of abuse. Enjoying school and doing well there are key protective factors against the ongoing negative effects of abuse. Ironically, some of those negative effects, such as low self-esteem and poor mental well-being, can affect

a child's ability to do well at school. Abused children are more likely to truant or be excluded from school.<sup>60</sup> Children who have been abused, or who are experiencing abuse, may well need extra support in school.

Charities are increasingly showing the way. For example, **The Place2Be** works in over 100 primary schools across England and Scotland, delivering counselling to over 25,000 children in 2005. Counsellors are based in the schools in the long term, enabling children and counsellors to build trusting relationships. Children can go and talk to The Place2Be about whatever is worrying them, whether a fall out with a friend or abuse within the home (see Box 30). The non-stigmatising and open access approach means that around 70% of children access the service in each school.

Around one in five of these children will be referred on to more specialist, longer-term counselling. The charity uses the Goodman Strengths and Difficulties Questionnaire to measure the results of this work. A recent assessment found that 60% of children are classed as 'abnormal' on scales measuring emotional well-being and social behaviour prior to accessing the service, compared with 10% in the general population. This reduced to 41% following the service. The number of children classified as 'normal' increased from 22% to 40%.



Photograph supplied by beatbullying

A number of schools and local authorities around the country are keen to introduce the service, as the improved well-being of pupils has knock-on effects. Many reports by the school inspection body Ofsted have noted the positive ethos of schools that have The Place2Be. With children able to explore their emotions in a safe and private setting, classrooms are more conducive to learning. This positive effect spreads into homes and other settings, especially in areas where the complimentary parent service and training for staff are also available.

If donors are interested in this kind of support, previous NPC reports *On Your Marks* and *School's out?* highlight further examples of charities that are delivering emotional and social support in schools.

## Conclusions

This section has given an overview of charities' work in schools to tackle child abuse. There are examples of excellent, effective practice, but there is also a postcode lottery for children, as the approaches highlighted are only available in a very small proportion of schools across the UK.

Schools are not fulfilling their potential to safeguard children as well as they could. Change is afoot with the *Every Child Matters* agenda, and schools are increasingly paying regard to pupils' welfare as well as their academic attainment. But the role of charities is likely to remain critical in schools' efforts to protect children from abuse.

Charities have done much to ensure that bullying is seen as the abusive practice that it is. The charity **beatbullying** has a good model of direct service delivery combined with campaigns that continue to tackle the public's attitudes to the issue.

School is also an excellent place to identify abuse. Charities like **Eighteen and Under** are helping to encourage direct disclosures from children, as well as aiming to empower children to help them protect themselves from being abused in the first place. Assessing the

### Box 30: Alfie's experience

Seven-year-old Alfie suffered abuse at the hands of a family friend for three years before his mother found him stabbing himself with a fork. It was his way of dealing with the fear and hurt he was experiencing. Alfie's mother was very distressed and went to see her GP and the headteacher at his school. Alfie was referred to a **Place2Be** counsellor.

Through play, Alfie was able to communicate to the counsellor what he had experienced and how it made him feel. The **Place2Be** offered Alfie a place where he could feel safe enough to express himself, and thereby feel less alone or to blame. After a year of sessions with the counsellor Alfie improved dramatically. He was much happier and more confident in class, much more outgoing, and he now has many friends to play with. His mother noticed the changes in her son. *'Alfie is a different boy. He is happier, chattier, has friends and plays out like a normal boy. He is more settled at school and is coping better with school life.'*

effectiveness of any purely preventative scheme is difficult, but giving children an opportunity to explore such important issues in a non-frightening, educational and enjoyable way is an impressive achievement.

In addition, charities like **The Place2Be** have developed excellent models that should act as a blueprint for how schools respond to the worries and problems of their pupils.

The scope for donors to support work in this area is huge. Examples of effective practice could, over time, be funded to expand across the country. NPC would be delighted to discover, when updating this report in a number of years, that approaches pioneered by charities like **Eighteen and Under**, **beatbullying** and **The Place2Be** could be found in the majority of schools.

## Prioritising funding

Tackling bullying, identifying or even preventing abuse, and school-based support all have great potential to create an impact, and all three have shown measured results. This creates the best possible dilemma for donors—choosing between approaches that demonstrate equally high levels of effectiveness.

Donors may wish to think about prioritising support instead based on their preference for work focusing on preventing and protecting children from abuse, or on treating its effects.

# Adult survivors

# 7

The effects of abuse can emerge at any time; whether five, 10 or 50 years after the abuse occurred.

The high numbers of adult survivors in mental health services and the prison system suggest that help is not there early enough for the vast majority of those who need it.

The majority of abused children do not receive the support and treatment they need to overcome the potential damage caused by abuse. Most children do not report their abuse at the time it is happening. Most children fall through the net of the child protection system. This means that there are many more adult survivors of abuse than children being abused at any one time. NPC estimates that there could be as many as five-and-a-half million survivors in the UK alone.

Not all survivors of abuse want support, or actively seek it. However, the number of organisations that have sprung up to offer a listening ear or more formal counselling for survivors suggests that many do want help. These groups do little advertising of their work; demand could massively outstrip their capacity if all survivors were aware that support was available.

For those survivors who do want help, there are barriers to accessing support. The high numbers of adult survivors in mental health services and the prison system suggest that help is not there early enough for the vast majority of those who need it.

## Setting the context for donors

This section outlines the support that charities provide to adult survivors of childhood abuse. It is largely delivered through small, local projects.

The survivors' sector is beset by funding problems. It has a very low profile with private donors and the general public. Since NPC's research into child abuse began, several survivors' organisations we identified have been forced to close due to lack of funding. This picture provides important context for donors interested in supporting work with survivors, as they will face an ongoing challenge to keep charities afloat, let alone to help them develop to meet the demand that might be out there.

The local nature of services also means that provision is patchy. Survivors in different areas will find very different levels of support available; some may be able to access a service providing best practice support, while others may not be able to access anything at all. Donors are constrained by this local variation, although we will also highlight national charities that contribute to greater availability of services regardless of location.

## Options for donors

Donors wishing to support adult survivors of abuse have three main options:

- Funding local survivors' groups, which are often small, reliant on volunteers and existing on minimal or shrinking funding. This is a direct way of meeting the need.
- Supporting a helpline, which can help professionals and members of the public identify local support.
- Supporting the sector as a whole, through a coordinating body, which can represent the needs of survivors to both policy-makers and the general public.

These three options generate results in different ways. National and sector-wide work can reach more survivors, but is likely to generate results in the longer term. Local support groups are more limited in reach, but can help individuals more directly and more immediately.

At the end of this section, we outline ways in which donors can think about prioritising their support across these different options.

## Long-term effects of abuse

Section 1 exposed the potential long-term effects of childhood abuse. The strongest correlation seems to be with mental health problems, but there are also links with later offending and re-victimisation (whether through domestic or sexual violence). Research into survivors of sexual abuse in West Yorkshire found the three most common problems were mental health problems, self-harm and suicidal feelings. These problems were found in more than four out of five survivors. They were closely followed by relationship problems, parenting difficulties and substance abuse.<sup>2</sup>

These reports come only from those survivors who disclose abuse or are identified as a result of the other problems they have. It would be wrong to make the assumption that all survivors of abuse have such problems. It would also be wrong to conclude that the problems they have are directly caused by their childhood abuse.

NPC estimates that there are around five-and-a-half million survivors of serious childhood abuse (see Appendix 1 for calculations), many of whom will never have disclosed abuse to a professional agency or received professional

help. Not all survivors want or need such help. Some are relatively unaffected by the abuse they suffered.

This is not to say that they will never need support. Sadly, the effects of abuse can emerge at any time; whether five, 10 or 50 years after the abuse occurred. Many report that having their own children was a difficult time, others that the trigger point was when their children reached the age they were when the abuse started. Bereavement, a high-profile case in the news, or even a television programme might trigger renewed trauma.<sup>16, 225</sup>

It is likely that many turn to friends and family for support, but this option is not always available. Friends and family may be ill-equipped to deal with disclosure and may not know what to do. Indeed, recent research suggests that disclosure can be more damaging than non-disclosure if met with a negative response.<sup>104</sup> The demand for survivor stories, self-help literature and counselling would suggest that there are a number of survivors who want help. At the extreme end, the high numbers of adult survivors in mental health services and the prison system suggest that help is not there early enough for the vast majority of those who need it.

## What services are available; what are needed?

In an ideal world, there would be no need for services for survivors of abuse. Child abuse would be prevented. Failing that, picking up abuse earlier on and offering appropriate, effective treatment and support should reduce the number of survivors who continue to suffer ongoing harmful effects of abuse.

But even if all of the problems presented so far in this report were solved (an unlikely outcome given the scale of the problems), survivors of abuse would still exist, and need help dealing with their abuse. Sexual abuse, for example, exploded in the public consciousness only a generation ago. Prior to the 1980s, it was very much hidden behind closed doors. Incest has been recognised and legislated against for a century, and sexual abuse is certainly not a new phenomenon, but it was not a topic for public discussion. Nor was it the focus of child protection agencies.<sup>7</sup>

The National Commission of Inquiry into the Prevention of Child Abuse received over 1,000 letters from survivors of abuse in the mid-1990s. Only around half had had any formal help, and in nearly nine out of ten cases this was in adulthood as opposed to at the time of abuse. Around two thirds of those who accessed survivors' groups or other charities such as the **Samaritans** (the only 24-hour

### Box 31: Birmingham Rape and Sexual Violence Project (RSVP)

RSVP is a small, professional charity offering a helpline and counselling service for victims of sexual abuse or violence. Three out of five clients were abused as children, the majority at the hands of family members.<sup>16</sup> Triggers for approaching the service, if not sexual violence, were typically relationship breakdown or because clients now had children themselves. The majority experience mental health problems, with self-harm and drugs and alcohol used as coping mechanisms.

One in five clients is male. In the charity's experience, men take longer to come forward for help. As a result, they are more likely to be at crisis point by the time they arrive, living chaotic lives and using greater quantities of drugs and alcohol to cope. They may also experience confusion over their sexuality if they have been sexually abused by men. The service is promoting its service to the lesbian, gay and bisexual community in the area.

The helpline, which took nearly 700 calls in 2005/2006, offers a listening ear, education and information. Where possible the service offers face-to-face counselling, using volunteer counsellors (students or qualified). Counsellors use a variety of therapy styles, depending on the individual client. Only around 5% of those interested are offered the service, given resource constraints. This equates to around 15–20 at any one time, who are initially offered ten sessions, which may then be extended.<sup>16</sup>

The service uses feedback forms to get a sense of the impact the counselling is having. Clients are asked to comment on the level of self-harm or self-medication, for example, as a proxy for emotional well-being. The charity receives unprompted feedback also, such as letters expressing their gratitude for the 'life changing' support received. The service costs only a few hundred pounds per client.

RSVP is currently operating at only 25% of the capacity (hours of support delivered) it offered in 2004. Funding cuts had forced the service to be reduced, and the service was only saved by the new Home Office Victims Fund. Only one in four of those who apply to the Victims Fund receive funding, and the future of this funding pot is uncertain. RSVP is relatively robust in comparison with other survivors' organisations, several of which have closed since NPC started researching this area.

counselling helpline) found them to be most helpful. Professional services, for example, health, psychiatric and social services, were least likely to be viewed as the main or most useful source of help.

Many received informal help, from friends or family. Nearly one third, however, felt that no one or nothing was helping, with only one in five stating that they had come to terms with the abuse.<sup>23</sup>

Some survivors may be identified when they become parents, or, more worryingly, once their own parenting is called into question. Many of the services discussed in Sections 2 and 3 will have come across parents who disclose their own abuse. A great opportunity has been missed when the fallout of abuse is not picked up until the next generation suffers.

For want of other services, the burden currently falls on the Department of Health. Indeed, the treatment of survivors is primarily seen as a mental health issue by government.<sup>226</sup> Research in Bradford among local service providers, both government and charitable, found that two thirds came across survivors of sexual abuse regularly. Half were referred to local authority mental health or psychotherapy teams.<sup>2</sup>

A great opportunity has been missed when the fallout of abuse is not picked up until the next generation suffers.

“I am not mentally ill; I am a victim of sexual abuse.”  
Survivor<sup>2</sup>

“Where was the welfare then? Where was the counselling? [...] I feel I shall never be a whole human being. My mother used to say you shouldn't live in the past. I don't, the past lives in me.”  
Survivor<sup>9</sup>



Photograph supplied by Linda Nylind/ The Guardian

Yet mental health services are under extreme pressure. Mental ill health accounts for 13% of the NHS budget, but 20% of its users. Funds allocated for mental health services are being swallowed up by deficits in primary care trusts and strategic health authorities.<sup>124</sup>

Furthermore, the mental health connection is a barrier to asking for help. Mental health remains a source of stigma and discrimination in the UK. Members of the public and professionals view people with mental health problems as dangerous, unpredictable, and difficult to communicate and empathise with.<sup>124</sup>

Another barrier preventing survivors coming forward is the perceived connection between being abused and abusing others (see Box 2). Survivors may be reluctant to come forward if

they feel their own behaviour may be questioned; this is particularly pertinent for parents and male survivors of abuse.

It is unsurprising in such a climate that survivors may be reluctant to seek help. Reports from charities (see, for example, Box 31) suggest there is nonetheless high demand. Charities, many of which have been set up by survivors or their friends or family, seem to be one of the few options between informal support from friends and family and psychiatric support.

*‘Some survivors are in crisis but not all of us are. There seems to be an attitude of either you are fine (recovered) or in crisis and a complete wreck. We need a less black and white approach.’<sup>2</sup>*

## Government response is improving

The research mentioned above was conducted in Bradford by the charity **Survivors West Yorkshire**. Of the survivors picked up by local agencies, while half were referred to specialist mental health services, two thirds were referred to specialist charitable services.<sup>2</sup>

The government response has in the past been disjointed, but things are improving. The Home Office has some responsibility for victims of crime. The Victims Fund was announced in 2004, with £4m to give away over two years. This is less than 40p per survivor of child sexual abuse each year.<sup>227</sup> A further £1.25m was made available for 2006/2007 and again for 2007/2008.

The Home Office argues that amounts are small as it is up to local authorities what they provide locally, not central government. Therapeutic support for survivors is seen as a mental health issue, first and foremost, so local health authorities are expected to commission adequate services. The Department of Health is developing guidelines for primary care trusts on commissioning services from charities working with survivors.

The Home Office also argues that blanket funding should not be available until it is established what works.<sup>226</sup> This makes sense, yet little research is available as yet on this.

A new programme housed within the Department of Health, the Victims of Violence and Abuse Prevention Programme (VVAPP), is attempting to raise the profile among professionals of the effects of domestic violence, childhood sexual abuse and assault. To date, the team has produced research into the effects of abuse and a review of the needs and effectiveness of programmes for young sexual abusers. Its mapping programme of services for survivors, victims and young abusers is yet to be published. It is also canvassing opinion among professionals (including survivors' organisations) as to the effectiveness of different therapeutic services for survivors of sexual abuse.

In England, a cross-government action plan on sexual violence and abuse was launched in April 2007, a key objective of which is to increase access to health and support services for victims.<sup>116</sup> The National Stakeholder Advisory Group on Sexual Violence and Abuse, containing representatives from charities, fed into the plan.

Similar moves are under way in Scotland. Initial research in 2003 estimated that only 1% of cases of childhood sexual abuse are documented in health records, and that if the health service had to respond fully to the health consequences of childhood sexual abuse it would cost an extra £30–60m each year.

In 2005 the Scottish Executive announced an Adult Survivors Reference Group, with public services and charities as members. The aim is to ensure that existing services respond better to survivors, with the recognition that a certain amount of pump priming will be needed. Accordingly, a Survivors Fund of £2m was announced.<sup>228</sup>

These developments are very welcome. This kind of commitment from government signals to the public and local authorities (which fund services) the seriousness of the issue.

The only warning note is that the strategy is exclusively focused on sexual abuse, as are many services for survivors. This is understandable, given that sexual abuse was ignored for so long. Moreover, most children receive no therapy to try to reduce the harm caused by abuse.

To be fair, many of the survivors' charities work with survivors of other forms of abuse. But the exclusive focus on sexual abuse sends out the message that sexual abuse is somehow more important or damaging than other forms of abuse. Recent evidence has emerged suggesting that less obvious forms of abuse, such as verbal abuse, have just as deleterious effects as other more well-researched forms, such as sexual or physical abuse, particularly when combined with other forms, such as domestic violence.<sup>229</sup> Keeping the spotlight exclusively on sexual abuse may prevent survivors of other forms of abuse from coming forward.

## Small charities are filling the gap

Many would argue that there is no 'right' way to help survivors. Survivors are an extremely diverse group, with wildly different experiences, personalities and needs, and therefore a certain breadth of provision is needed. For some of the survivors who wrote in to the Commission mentioned above, formal counselling or therapy was best; for others, support from friends and family. What is important is that help is available if needed, and that there is a certain element of choice. One literature review of the evidence concluded:

*'Providing choice in these matters clearly has an important empowering function which should be one of the key goals of therapeutic intervention.'*<sup>7</sup>

“If I had got some proper counselling it's possible my father would not have got the opportunity to sexually abuse my own daughter. No one ever told me that he would carry on doing these horrendous things. I thought it was just me at that time.”

Survivor<sup>9</sup>

**Box 32: The Survivors Trust**

The Survivors Trust began as an informal support network for five survivors of sexual abuse organisations in 1999. It now has 120 members. Its aims are two-fold:

- to promote the efficiency and effectiveness of charities that work with male and female survivors of rape and/or childhood sexual abuse; and
- to advance the education of the public regarding effective responses to rape.

So far, lacking capacity and resources, it has largely acted as a representative of its members. In 2005/2006 it has:

- been an active member of numerous expert groups within the Home Office and Department of Health, including facilitating the research undertaken by WVAPP;
- developed a funding database to support member groups applying to the Victims Fund and reported on the funding crisis facing the sector;
- coordinated the sector's response to various consultation documents from government; and
- supported networking among its members through its inaugural conference, regular bulletins and direct advice on issues from funding to best practice.

The charity has ambitious plans. It is keen to develop media contacts to increase the profile of survivors, and to conduct research on the effectiveness of its members' work, to give just two examples. It is hampered by having only two members of staff.

Some services for adult survivors are relatively new, and many have been set up by people who have little previous experience of establishing and running organisations. Coupled with the fact that the issue is low on the public and policy agenda, many groups face an uncertain future.

It is important to note that funding difficulties do not mean charities are not effective. Funding does not follow results in the world of charities. Many of these charities are delivering much-needed services in a very professional manner, which the most recent government action plan recognises.

**Local groups meeting local needs**

There are thought to be around 150 organisations catering specifically for survivors of childhood abuse. Typically, they develop in response to local need. Many have been set up by survivors themselves who found there was no support for them when they needed it. They are typically small (less than £100,000 income). Although signposting between organisations is good, there is some evidence of 'reinventing of the wheel.' The area as a whole has suffered from being low on the public and policy agenda. Chronic under-funding threatens the ability of most groups to meet the needs of current clients, let alone the many more clamouring at the door.

Many are attached to women's groups, which offer counselling for victims of domestic and sexual violence. This no doubt arose from the fact that women who have experienced physical or sexual abuse in childhood are more likely to be the victim of domestic violence or rape as adults.<sup>65</sup> Most centres find they have women who come in to discuss current or recent abuse or violence and end up disclosing childhood abuse (see Box 31 for one example of a counselling service). For some, this represents up to 80% of their users.<sup>230</sup>

There is great variation in who these charities work with. Some work only with sexual abuse survivors, others only with adult survivors of childhood abuse (rather than adult victims of sexual violence). A handful have sprung up that only work with men, developed on the basis of need and also the exclusion of men from many organisations' services, whether because of practical constraints or ideological barriers. Some work with both children and adults, such as **Eighteen and Under** (see Box 29). Others offer support to parents, siblings and partners of survivors of abuse, to help overall recovery. There is a particular gap in provision for men and adults with learning difficulties.<sup>2</sup>

Survivors' charities offer a range of services, beyond counselling. They offer training to fellow professionals on the needs of survivors. They guide and support survivors when dealing with police, courts, legal and medical services. Some run arts and crafts groups, or befriending services.

Little research has been done on the effectiveness of survivors' services, although WVAPP is looking into what works in terms of therapy. Many charities implement their own monitoring systems, using informal feedback or questionnaires to measure the progress of those they work with. As noted in Box 31, such support can be seen by survivors as life changing.

**National solutions**

The Home Office conducted research into the feasibility of a rape crisis line a few years ago. The idea was dropped because of a lack of local direct services to where victims could be referred.<sup>226</sup> Arguably, there is the same difficulty for survivors. As long as local support remains patchy, it is difficult for something like a national helpline to fulfil its true potential.

Helping survivors can prevent so many ending up in mental health services or the prison system. It may also prevent the abuse and neglect of future generations.

Nonetheless, a charitable helpline, **The National Association for People Abused in Childhood (NAPAC)**, has attempted to act as a national gatekeeper, offering a listening ear but referring on where possible. It started in 2002 and ran for two years using six professionally trained helpline workers. Just under half of the 20,000 calls were answered, with around half calling to talk about sexual abuse, the remainder calling to talk about childhood neglect, emotional or physical abuse.

The model proved too expensive, and the helpline closed for a year before reopening in 2006 using volunteers and a reduced timetable. It aims to keep call length down (averaging 15 minutes), as the focus is on offering choices rather than advice. Around half of callers are referred on to other services.

Over the same period, the charity **The Survivors Trust** has emerged. It is an umbrella body that aims to coordinate survivor charities in an effort to raise the profile and resources for the sector as a whole (see Box 32). It also reflects the weakness of the sector. As a members' organisation, its executive council has suffered from members being preoccupied with crisis funding situations within their own organisations. This inevitably reduces its ability to perform. Yet, as Box 32 shows, it has managed to make gains in the field.

If services for survivors are to improve, such a national service seems vital in order to create a platform for survivors. The profile of the issue needs to be raised, among the public and government initiatives (which VVAPP is trying to do), particularly focusing on the potential long-term effects, without stigmatising survivors.

Survivors' organisations signpost well to one another, but the small amounts of funding available inevitably create competition. The Survivors Trust was in the unenviable position of having to vie for funding with the organisations that it seeks to represent. The new government action plan recognises this problem and has set aside separate funding for The Survivors Trust to help it develop in the short term.<sup>116</sup>

## Conclusions

Not every survivor wants or needs help. However, a significant number of the five-and-a-half million adults who have experienced childhood abuse do need help. Survivors are found in the mental health system, substance abuse treatment centres and the prison system. They are also over-represented among parents being investigated by child protection services. Donors who want to tackle both the causes of abuse and its effects should strongly consider supporting services for survivors of abuse.

## Prioritising funding

As things stand, survivors' charities are a high risk option for donors. Sustainability is questionable given the funding situation, and results are far from clear. Nevertheless, the level of demand means that there is a compelling reason for donors to support local survivors' groups. The little evidence there is suggests that the non-judgemental support offered by charities can be very beneficial for clients. Academic research suggests that a wide range of therapeutic styles are proven to reduce depression, anxiety and raise self-esteem. Such services tend to be cost-effective.<sup>7</sup> They are also likely to reduce the burden on local government services. The majority of the estimated \$98bn annual cost of child abuse in the US came from the longer-term fallout of abuse.<sup>69</sup>

Local and national services are needed in tandem. **NAPAC** takes calls from all over the UK, and can enable professionals and members of the public to identify options, but if there are no local services to refer to, its impact is limited. **The Survivors Trust** can help to raise awareness of the sector, its potential and its need for funding, as well as improving the effectiveness of work through local support groups. Supporting the infrastructure of the sector as a whole should help reduce risks.

NPC would urge donors considering funding this area to remember that it is not simply reactive. Helping survivors can prevent so many ending up in mental health services or the prison system. It may also prevent the abuse and neglect of future generations.

**Broader changes in attitudes and behaviours are required across the country in order to tackle child abuse head on. Work that aims to create change across society as a whole may be the most familiar area of this field to donors. The Full Stop campaign by the National Society for the Prevention of Cruelty to Children (NSPCC) is by far the most visible element of charities' recent efforts to tackle child abuse.**

**But public attitude campaigns alone cannot stop child abuse. There are a number of ways in which charities can help to change society's attitudes and ensure that direct approaches to tackling abuse can work effectively. These steps are all necessary if we are even to hope that child abuse can be totally prevented.**

## Setting the context for donors

As we have seen in Sections 2 to 7, there are a number of barriers to reporting abuse. At the very least, this allows abuse to carry on for longer. At worst, it undermines efforts to prevent abuse. If all abuse was reported and dealt with swiftly, it could even prevent some forms of abuse from occurring in the first place.

On a personal level, the failure of society to respond can cause further harm. This can be more damaging than the abuse itself. The testimony of survivors who wrote in to *The National Commission of Inquiry into the Prevention of Child Abuse* highlights this:

*'I suffered years of physical and mental abuse at the hands of my mother [...] What has always bothered me more than anything else was the fact that nobody helped me.'*<sup>49</sup>

*'To this day I am haunted by the thought of how many little girls had their childhoods ruined by this evil man [...] Nobody confronted him or reported him [...] Most of my nightmares are caused by the fact that nothing was done after my ordeal to prevent him from doing it again to others.'*<sup>49</sup>

By helping to remove barriers to reporting, and improving the system once abuse is reported (covered earlier in this report), donors can help to reduce the ongoing impact of abuse.

But we have to ask why there are such barriers in the first place, and why they are not being brought down when nearly everyone agrees that child abuse has no place in a civilised society.

This final section of this report will examine how these barriers can be overcome.

## Options for donors

Donors wishing to support work tackling abuse at the society level have a number of options:

- Listening to children. Confidential spaces in which children can tell adults about abuse that is happening to them are vital. So are channels through which children can voice their concerns and views about how they should be protected, and how the system affects them.
- Monitoring and campaigning for children's rights. Charities play a key role as watchdogs, keeping a check on children's rights in the UK, and informing children of their rights.
- Changing attitudes and behaviours. Donors can support important long-term campaigns to change the attitudes that underpin society's treatment of children.
- Empowering communities to help protect children, both through the use of volunteers in communities, and through work around harmful cultural attitudes and behaviours.

The results of charities' work at the level of society and community are likely to take place over longer timescales than work with individuals. Donors may want to think about balancing their desire to see results in the short term with achieving long-term change that can potentially affect all children in the UK.

At the end of this section, we will return to consider the results of work in these different areas. This will help donors to think about how to focus their giving most effectively.

## Society's attitude to children

Many professionals would argue that underlying the considerable problems described in this report is society's attitude to children. This report has so far focused on more immediate factors that are linked to child abuse, and how donors can tackle these. Society's attitude to, and treatment of, children is perhaps less tangibly linked to child abuse. Yet it is an important factor.

Using the example of disabled children, it is possible to draw connections between society's attitudes and greater vulnerability to abuse. In Section 5, we touched on the fact that disabled children are three times more

The lack of an effective, rights-based child protection system is both a symptom and cause of our not at all child-friendly society.

Peter Newell, Director of  
Children are Unbeatable!  
Alliance

likely to be abused than other children. This is for three main reasons:

- factors associated with their impairment;
- inadequate services; and
- society's attitudes and assumptions about disabled children.<sup>8</sup>

The three factors intertwine. Most people do not know that disabled children are more likely to be the victims of abuse. A small proportion of disabled children are *'isolated from their families [...] with little or no contact with people outside their schools, foster or residential homes and a circle of busy professionals.'*<sup>21</sup> This leaves them far more vulnerable to abuse, particularly if they have an impaired capacity to protect themselves, or have communication difficulties and therefore cannot express what is happening to them.<sup>231</sup>

But no less important in our understanding of the abuse of disabled children is the fact that over half of families with a disabled child live in poverty, as it costs three times as much to raise a disabled child as a non-disabled child.<sup>232</sup>

This links to the second factor. An Audit Commission report in 2003 found disabled children experienced a *'lottery of provision, a jigsaw puzzle of services, and too little provided too late.'*<sup>232</sup> This is no doubt connected to the further fact that four out of five families with severely disabled children have reached 'breaking point',<sup>232</sup> increasing the risk that a child will be abused.

Combine the facts that any child is unlikely to report abuse and that disabled children may have added difficulties in protecting themselves or communicating abuse, and the likelihood that abuse is reported becomes slim. If abuse is reported, barriers to safeguarding disabled children have been identified at each stage of the process. From referral to prosecution, professional attitudes range from disbelief that abuse has occurred to a belief that disabled children do not make credible witnesses.<sup>205</sup>

The effects that prejudice and ignorance of this kind have should not be underestimated. Disabled children are *'commonly seen in terms of their impairment and the characteristics that make each child unique—age, gender, ethnicity, religion and culture—are subsumed in the one label.'*<sup>8</sup> Disabled children are not afforded equal protection.

Disabled children have particular needs and face particular prejudices; donors interested in supporting disabled children should refer to NPC's report, *Ordinary Lives*.

The issues facing disabled children reflect the problems facing all children:

- If we do not know the extent to which children are abused, we will not look out for signs.
- If we do not know what factors lead to children being more vulnerable, we will do nothing to protect them.
- If we do not listen to or believe children, abuse will not be stopped.
- If we do not see children as equal members of society, with their own rights, child abuse is unlikely to be stopped.
- If we do not afford children equal protection, child abuse is unlikely to be stopped.
- A lack of knowledge and awareness combine to keep abuse secret. Disincentives for abusers melt away.



Photograph supplied by Kristian Buus

## Society's barriers

Picking apart the literature on the matter, it seems there are four key barriers to be overcome:

- Children's voices are not heard in everyday life. This reduces the likelihood of abuse being identified and, arguably, prevented.
- Children are not afforded the same level of protection as adults.
- Society as yet does not recognise that everyone has a part to play in protecting children.
- Linked to the above, the 'professionalisation' of child protection has to some extent taken the focus away from what communities can do to tackle abuse.

Each barrier has many facets, and many different potential solutions. So what can donors do about such large and unwieldy issues?

Below we describe several options in each of these categories, options which in many cases have been identified already in this report. We introduce only a few additional charities that are helping to tackle what can be called cultural causes of child abuse.

This section concludes with a consideration of very specific harmful cultural attitudes and practices, such as ritual abuse, which have received growing interest in recent years. There is a frustrating lack of options for donors in this field, although NPC continues to search for effective charities and liaise with funders that are active and have expertise in this area.

## Not seen and not heard

At various points in this report, the failure to listen to or consult children has been noted. Their voices are not heard in the literature on the matter, certainly not as much as one might expect. Nor is the system very child-friendly. It is perhaps little surprise therefore that children generally do not report abuse.

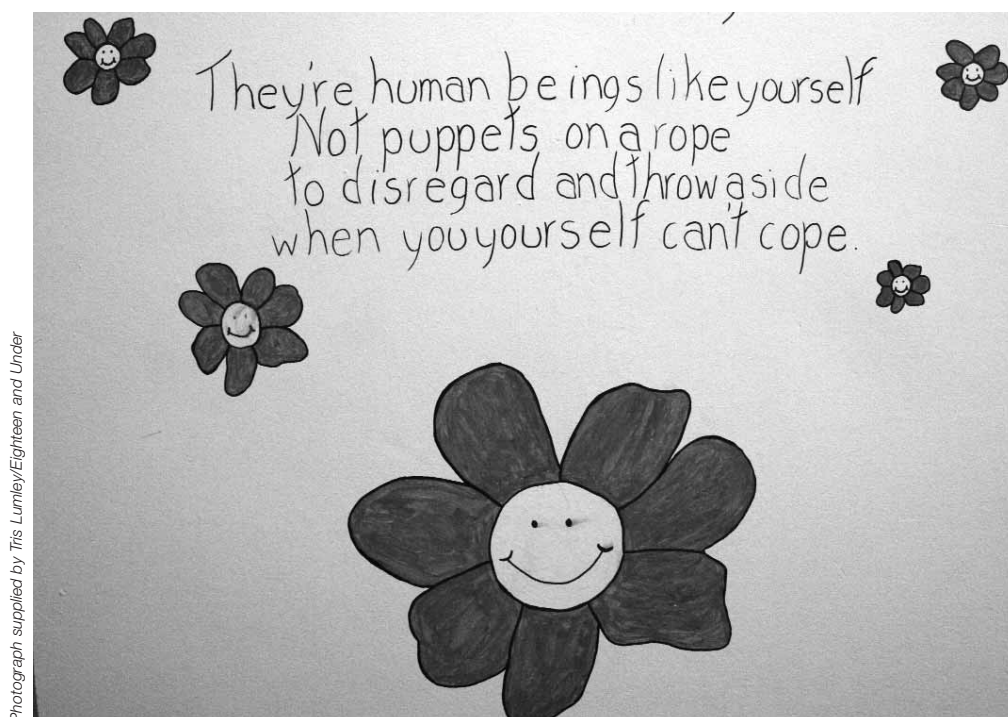
When they are asked, children complain of not being listened to. The National Commission of Inquiry into the Prevention of Child Abuse consulted around 1,000 children and young people. They were asked, among other things, what they most wanted to change about grown ups. The unequivocal answer was more and better communication—more listening; greater understanding and support; more attention; and more talking to children. Most did not believe that adults listen to what they say. Around a half responded that they sometimes did. Just under one in ten said grown ups never listened.<sup>9</sup>

It is unfair to expect children to report abuse without giving them the tools to do so, or guaranteeing a climate in which their reporting will be taken seriously and acted upon. Neither of these things is afforded to most children.

In Section 6 we touched on the importance of children in schools exploring the concept of harm, being asked directly if they have been harmed, as the charity **Eighteen and Under** does to such effect. The evaluation of its service concluded that a large part of the success of the charity in eliciting disclosures was due to the openness and accessibility of the staff.<sup>224</sup> They are, quite simply, very good at listening to children.

Just under one in ten children said grown ups never listened.

The National Commission of Inquiry into the Prevention of Child Abuse<sup>9</sup>



Photograph supplied by Tris Lumley/Eighteen and Under

Adults cannot expect children to tell them the things they think really matter if they do not listen to them. Children express themselves in their own way. Vivid examples of this are provided every day at the NSPCC's **ChildLine** (see Box 8 for more information). One boy called to say he wanted to learn French. The caller did not question this, nor the appropriateness of the call. She simply allowed him to talk, following his line of conversation. It transpired, quite quickly, that the child wanted to learn French because if he became good at French he would look good in class. This might help him find some friends. He was being bullied, and it was making his life miserable.

ChildLine does not promote itself as a child protection helpline, despite having its origins in a *That's Life* special uncovering sexual abuse. It promotes itself as a help and advice line, and has been very successful at promoting itself to children. The result is that children, like the boy above, call about whatever is bothering them. Allowing children time and space, and a certain level of confidentiality, encourages 4,500 callers each day.

The importance of this issue should not be underestimated. Barnardo's research into sexually exploited children found that the young people they worked with wanted to enter adulthood, *'on almost any terms.'* In this context, entering adulthood means hanging around with dangerous adults, having sex, taking drugs. The authors concluded that this was a reaction to *'powerlessness, and their frustration at not being heard when they speak of their lives and difficulties.'*<sup>11</sup>

Donors could support charities directly involved in talking to children, such as those mentioned above. They should also ask of any charity they are considering funding how children are involved in the service; for example, how is it getting around the barriers to children accessing the service directly?

### Does Every Child Matter?

The lack of a voice for children is reflected at government level. Children are not afforded the same level of protection as adults. There have been some positive developments in recent years, but there is still a long way to go.

As mentioned in Section 2, the UK is a signatory to the UN Convention on the Rights of the Child. The last Committee report (2002) on how well the UK was adhering to the Convention was extremely critical of the UK's children's rights record, and in UNICEF's 2007 report on children's well-being the UK came bottom of a league table of 18 rich countries on the well-being of its children.<sup>76</sup>

The government's *Every Child Matters* reform programme includes elements of listening to children. Children's services commissioned by local authorities have to take into consideration the views of users, ie, children and their families. The programme also created the role of Children's Commissioner to represent children's views. However, the role in England does not have as much focus on children's rights as some campaigners would like, unlike in Scotland and Wales. The Children's Rights Director has a duty to represent children in care, whose voices have been heard through a number of published reports.

These tentative steps sit uneasily with other areas of government policy. Children continue to be seen as possessions rather than as people *'with rights and developing responsibilities of their own.'*<sup>20</sup> Indeed, it has been argued that policy change in England is driven more by a desire to secure the future of this country (its future citizens) than a desire to protect children because they are people in their own right.<sup>19b</sup>

Whether or not this is the case, there remain anomalies that do not fit well with the *Every Child Matters* agenda. For example, the existence of a legal defence for battery of a child suggests that children are not equal in the eyes of the law in either England or Scotland. The Children Act (2004) clarified the previous defence of 'reasonable chastisement' in response to mounting pressure. The law now states that *'battery of a child cannot be justified on the ground that it constituted reasonable punishment'*, but this applies only if it results in actual or grievous bodily harm. In Scotland, Section 51 of the Criminal Justice (Scotland) Act 2003 enshrines the right of parents and carers to commit 'justifiable assault'.

Many child protection professionals think that corporal punishment is a barrier to improving child protection in the UK.<sup>7</sup> Children's charities subscribe to the importance of children's rights and enacting them at every turn. But they are not always as vociferous as they could be. The new Chief Executive of Barnardo's related a message given to him by a senior government official when interviewed shortly after coming into post:

*'God help us if the Big Five [NSPCC, NCH, The Children's Society, Barnardo's and Save the Children] ever got their act together and came at us with a united front.'*<sup>13</sup>

Supporting alliances is one way of ensuring that campaigns are coordinated for maximum impact. The **Children's Rights Alliance for England (CRAE)** is the focal point of activity around children's rights in England. It has around 350 members, mostly children's charities, but is run with only a handful of staff. CRAE acts as a watchdog on children's rights.

“God help us if the Big Five [NSPCC, NCH, The Children's Society, Barnardo's and Save the Children] ever got their act together and came at us with a united front.”

Senior government official, as related by Barnardo's Chief Executive, Martin Narey<sup>13</sup>

The NSPCC can rightly claim to have kept the issue of child abuse in the public eye.

It publishes a report each year on the State of Children's Rights in England. The most recent report found that significant progress had been made in 2005/2006 on only 12 out of the 78 recommendations made to the UK by the 2002 UN Committee on the Rights of the Child.<sup>57</sup>

CRAE also produces publications for children that make their rights clear. Finally, it uses its knowledge base to lobby government. Over the years, its successes include drafting the amendment to the Children Act (1989) requiring that social workers give due consideration to the child's wishes and feelings in child protection investigations. This is a great step forward.

Children's rights are not top of the agenda. The next stage of the charity's strategy is to hire a barrister who can take on the cases that are referred to the charity weekly, which demonstrate miscarriages of justice. A few landmark rulings should help push the government further to implementing the legislation it has pledged to support.

Many of the larger charities mentioned so far in this report lobby and campaign on a variety of issues. On many issues, they work together, as in the case of CRAE. Donors should consider supporting such work, as this is where the biggest gains are to be made. Supporting initiatives that change the cultural and legislative context can have a positive effect on a far greater number of children than direct services. The downside is that the results of such work are longer term, less certain, less easy to measure and less possible to attribute to any particular organisation.

### Tackling attitudes, Full Stop

The **NSPCC** is the biggest player in the field of child abuse. It has the laudable and ambitious aim of ending child cruelty, 'full stop'. All of the charity's activities aim to end child cruelty. One of these activities, specifically linked to cultural change, is its public campaigns.

The NSPCC regularly monitors public perceptions on child abuse, in an attempt to track the effect of its campaigns. Ending child cruelty in recent years has consistently come out above other issues such as care for cancer patients and supporting human rights.

As noted above, attributing changes to any one charity is difficult, and in recent years there have been several very high-profile deaths related to child abuse that have received widespread media scrutiny, not least that of Victoria Climbié, which prompted the *Every Child Matters* agenda. However, the NSPCC has done a lot to keep this issue high on the agenda, and the tracking systems that it uses show peaks when the NSPCC runs

campaigns. It would seem that the NSPCC can rightly claim to have kept the issue in the public eye.

This is the first step in its prevention strategy. The next steps are unprompted awareness of the four types of child abuse among the general public; agreement that 'we really can put an end to cruelty to children', and an increase in the number of those who sign up to the statements 'I am playing a role in ending cruelty to children' and 'I am willing to take action to protect children.' The charity is also measuring the percentage of adults who agree with the statement, 'I would know what to do if I was worried about the safety of a child.'

From 2005–2006 there were gains in some of these areas, such as the importance of ending child cruelty, but losses in others, such as 'we really can put an end to child cruelty.'<sup>233</sup>

The crucial next step is moving people from attitudes to action. The NSPCC's campaigns are trying to test whether there are increases in the percentage of adults:

- responding to hypothetical scenarios of abuse and saying that they would take action; and
- who, having been in a situation where they were worried that a child was experiencing cruelty, have taken action to safeguard that child.<sup>234</sup>

It is less clear what has changed on these measures. Measurement here still relies on what people say rather than what they do. The acid test is in referrals, which are very difficult to measure. Referrals made by individuals might not always make it through to 'official' referrals to social services or the police. But the overall total of referrals to social services has not gone up in recent years.

The NSPCC's renewed commitment to prevention, of which these cultural campaigns are just one aspect, came with the strategy review the charity underwent in the late 1990s. This was partly as a response to the NSPCC-funded National Commission of Inquiry into the Prevention of Child Abuse, which published its findings in 1996. Its bold conclusion was that:

*'Child abuse and neglect can almost always be prevented—provided the will to do so is there.'*<sup>20</sup>

One might reasonably question the logic of this conclusion.

To explain, it seems that the Commission was saying that the worst outcomes of each case of abuse can be prevented, if the abuse is known about, if appropriate interventions are made by the agencies that have contact with the child, and if information is shared between all such agencies to ensure the right action is taken.

The conclusion that child abuse as a whole can be prevented is harder to justify. The myriad risk factors linked to abuse make stopping abuse difficult, let alone preventing it altogether.

But this claim relates only to cases of abuse that have already been identified—to abuse that has already occurred.

The Commission's claim, therefore, does not mean that all cases of child abuse are preventable. It simply means that the negative effects of abuse can be minimised providing appropriate action is taken by the agencies involved. But if no child protection organisation is aware of a child being at risk of harm, no action can be taken until the abuse is identified.

What the claim above does not do is provide any link between changing attitudes to abuse and tackling causal mechanisms that lead to abuse.

Attitudes can and do change. For example, sexual abuse was not really in the public eye or on the professional agenda until the 1980s. Corporal punishment was banned in schools, when the majority of the population supported it. Until the 1990s, sexually exploited children were seen as child prostitutes, and treated as prostitutes rather than children. More and more questions are being asked about the legitimacy of corporal punishment in the home.

But the conclusion that child abuse and neglect as a whole can be prevented seems harder to justify. The myriad risk factors linked to abuse make stopping abuse difficult, let alone preventing it altogether. Improved attitudes to abuse can certainly facilitate the identification and reporting of abuse that is already occurring, but they seem to have very little bearing on whether a substance-abusing parent neglects their child behind closed doors, or whether a sexual offender chooses to abuse a child when they have the opportunity to do so in secret.

The conclusion of the Commission seems to be based on the analysis of individual cases of (extreme or fatal) abuse that have been subject to inquiries. There have been a number of inquiries over the years, many of which have concluded that the final outcome was preventable.

Preventing extreme harm or death through timely and appropriate intervention is different from preventing abuse altogether. It is perhaps better defined as early intervention than prevention. This is not to say that early intervention is not important—it clearly is. Although it may prevent *further* abuse, it does not equate to prevention.

Preventing all abuse may nonetheless be a worthwhile ideal to work towards; an aspiration to motivate and inspire staff, volunteers, donors and all who want to tackle abuse. This aspiration, however, needs to be balanced against the knowledge that a wide



Photograph supplied by Roshni

range of work on prevention, protection, treatment and research is required to tackle abuse effectively.

### The 'professionalisation' of child protection

It is very difficult to come to any definite conclusions as to what has changed over the years in child protection. It would be very shocking, and quite unlikely, if children were not safer today than they were 50 years ago in the UK. But it could be that, with tighter and tighter legislation, we have become overly focused on child protection as a profession.

There are questions as to whether structural change is simply '*a shifting around of the deckchairs on the Titanic*' when the real need may lie in cultural change.<sup>7, 71</sup>

It is clear that the state cannot prevent all child abuse. Section 2 showed that the child protection system only monitors and supports between one third and two thirds of cases of serious abuse, and even in those cases mistakes are made. Despite all the recent changes, it seems that this picture will persist.

It is unfair and unrealistic to expect social services and the police to prevent all child abuse, or even always be there to stop it. Doubly so, when we consider that few people are willing to undergo greater scrutiny in their lives, particularly in their homes and families.

Although expertise and training are needed in much child protection work, there are many solutions to be found in the community. To name just a few of the charities mentioned in this report so far:

- **Community Service Volunteers' Volunteers in Child Protection** programme, which supports volunteers from the local community in helping families and children deal with the aftermath of abuse in addition to helping prevent it reoccurring.

**Box 33: Ritual abuse**

The torso of a child found in the River Thames in 2001 lies at the extreme end of the spectrum of abuse. The killer was never found, but it is thought that the child came from Nigeria and had only been in the country for a few days. The state of the body suggested ritual abuse.

Ritual abuse, possession, or witchcraft, is found from Africa to South Asia to Europe. Physical abuse may occur when the child is 'exorcised'. The 'possessed' child is often a scapegoat, selected either as a result of changes to family structure, or disability, or any other reason that somehow marks them out as 'different'. The neglect or emotional abuse inflicted as a result can be extremely damaging.

The DfES commissioned a report into incidents of witchcraft and possession. By talking to professionals, the researcher identified 38 cases, thought to have occurred between 2000 and 2006. Three quarters of cases were in London. The numbers are small, but it is likely that they present a minority of actual cases, as with other forms of child abuse.

The report concluded that *'police and social workers are not able to change the beliefs of carers.'*<sup>34</sup> Many of the children were taken into long-term foster care, which is not ideal as it is unlikely that many were offered specialist support or treatment to make sense of, and overcome, the abuse they suffered. Short of removing children from families, however, it is not clear how to tackle the problem on a wider and longer-term basis.

Culture has a profound influence on abuse. This becomes obvious when we are faced with other cultures, and different attitudes and behaviours.

- The **NSPCC's ChildLine** uses volunteers to listen to children's worries and to try and help them make sense of what is happening, as well as offering them options for action.
- **Circles of Support and Accountability** offers a low-cost, effective way of reducing the likelihood of sex offenders reoffending, by offering them a group of local people to meet with.

All of these initiatives require a high level of professional support and training, but are harnessing the will that exists in the general population to help children, in a number of different ways. NPC strongly urges donors to support initiatives such as these, as they offer the promise of re-engaging the community in protecting children from harm, rather than placing the entire burden on child protection professionals.

### Cultural attitudes and behaviours can be harmful

We highlighted at the beginning of the report the difficulty of defining abuse. Abuse is culturally defined and determined. Establishing absolute measures is difficult; there is a considerable grey area, and it is one that shifts with time.

*'Culture is perhaps the most basic issue for child abuse and child protection [...] It provides the basis for both our definitions of abuse and neglect and the responses we have developed to protect children and to prevent abusive acts from occurring and recurring.'*<sup>235</sup>

Culture has a profound influence on abuse. This becomes obvious when we are faced with other cultures, with different attitudes and behaviours.

We are all influenced by how we were brought up. Religious and cultural attitudes and behaviours influence our perspectives. For example, when the government debated parents' rights to hit their children, the decision was influenced by religious arguments. Professional organisations (charities, local authorities and health authorities) were unanimous in their condemnation of physical punishment of children. But 70% of public respondents did not wish to see any changes to the law, and over half expressed strong religious sentiment supporting parents in their choice of punishment.<sup>140</sup> Children and young people were not consulted, and no change was made to the law.

An awareness of different cultures is important in child protection, yet *'cultural and ethnic differences are often not recognised at service delivery or policy level.'*<sup>236</sup>

Government guidance states that *'in order to make sensitive and informed professional judgements about a child's needs, and parents' capacity to respond to their child's needs, it is important that professionals are sensitive to differing family patterns and lifestyles and to child rearing patterns that vary across different racial, ethnic and cultural groups. At the same time they must be clear that child abuse can not be condoned for religious or cultural reasons.'*<sup>27</sup>

This requires highly skilled workers who are not afraid to challenge parents and even community groups. It is a difficult line to tread. It was noted in the inquiry into the death of Victoria Climbié that the social worker had not questioned the odd formality between Victoria and the two adults who were supposedly caring for her, because *'respect and obedience are very important features on the Afro-Caribbean family script.'*<sup>237</sup>

It is not clear whether children from black and minority ethnic groups are under- or over-represented when it comes to child protection. It is thought that black children, for example, are over-represented on the child protection register, but this could be linked to other factors, such as their increased likelihood to live in poverty and be in contact with social services.

On the other hand, a failure to challenge or criticise the practices of other cultures out of fear of causing offence may mean that children are also under-represented. In the absence of decent data or research indicating prevalence and referrals, it is impossible to say either way. Some charities, such as Roshni and the NSPCC, are beginning to add to our evidence base through their research (see Section 2).

It is clear, however, that there are specific cultural forms of abuse that must be tackled, such as female genital mutilation. Options for

donors wishing to tackle this and other forms of violence against women are laid out in the NPC's forthcoming report on the subject. Other previously unrecognised forms of abuse are also giving cause for concern (see Box 33).

Abuse like this cannot be picked up unless there are good relations between the general population and the local authorities that exist to help those communities. Good relations cannot always be found in the general population; the problem is exacerbated among certain groups.

### 'Closed' communities

The Metropolitan Police is currently running Community Partnership Projects in eight London boroughs, following 2006 research into a pilot in Hackney and Newham in a number of different 'closed' communities. These were defined as not being integrated into the indigenous culture, and having little contact with, or understanding by, health and social care agencies.<sup>19</sup> The research found previously unknown problems:

- the importance placed on honour and faith sometimes leads to unacceptable behaviours, including child abuse;
- cultural clashes; and
- a mistrust of agencies.<sup>238</sup>

Physical abuse was common, but was often seen as good parenting, and therefore not abuse. For example, one participant said, *'It is OK to hit a child with a stick. Our mothers did it and we turned out good.'*<sup>19</sup>

Talk of sexual abuse was met with flat denial by men. Women were more likely to acknowledge it, but made it clear that children should not (and therefore would not) disclose as it would damage family honour; the child would be blamed rather than the abuser; and the child would risk rejection.<sup>19</sup>

This, in combination with the lack of reporting from black and minority ethnic communities, such as from British Asians, shown in Section 2, raises serious concerns about how well children in some communities are safeguarded. The barriers to identification and reporting are all the greater, and the appropriateness of child protection services if children are identified is unclear. This was not lost on those who participated in the Community Partnership Project's research:

*'They don't understand anything about who we are. Why would we tell them?'*

*'They don't look at the bigger picture of what is going on so how can they understand anything?'*

*'How many of our children go through social services and come out properly? They should tell us that.'*<sup>19</sup>

These problems are not easily overcome. Conferences and workshops are planned in the next stage of the Community Partnership Project, in order to identify issues and concerns among more local groups. It is hoped that the improved information gathered can inform police and other local authority practice.

NPC has come across few charities that are working with community groups specifically tackling child protection. The issue is highly sensitive so many are working below the radar. This makes it difficult for donors to find and support such groups. NPC continues to look for charities that are working successfully on such issues, and to liaise with expert funders who support work in this area. We urge donors interested in doing something about this area to get in touch with NPC, as routes to supporting such work do exist.

Services cannot afford to be culturally blind; this applies whether they provide direct services or are engaged in campaigning and lobbying. Donors should ask charities, whatever their activity in this field, what their target population is and how they are ensuring they are not further excluding certain groups.

### Conclusions

Child abuse is, at least in part, culturally determined and defined. This is heartening, as culture is not fixed. It follows that child abuse is not inevitable.

Realising this is one thing. The NSPCC is the only charity that has *explicitly* set out to eradicate child cruelty, which is an ambitious and impressive goal. It is largely responsible for the fact that child abuse remains consistently high on the public and policy agenda.

Knowing how to prevent child abuse is another matter altogether. This section has highlighted four key barriers at a societal level and ways in which donors can help overcome them by supporting charities:

- Services such as the **NSPCC's ChildLine** and **Eighteen and Under** are actively listening to children in an effort to overcome the fact that adults often do not listen to children.
- Campaigning and lobbying charities and alliances like **CRAE** are tackling legislation that discriminates against children.
- The **NSPCC** is attempting to keep the issue high in the public's mind, encouraging everyone to believe they have a role to play, and to play that role.

How many of our children go through social services and come out properly? They should tell us that.

Participant in Community Partnership Project research<sup>19</sup>

Approaches that have listening to children at their heart are most likely to offer effective routes towards comprehensively tackling abuse and its effects.

- A number of initiatives, such as **CSV's Volunteers in Child Protection** programme and **Circles of Support and Accountability**, are using members of the community to add extra capacity to over-stretched government services. At the same time they offer something that social services could not.

The clearest and most measurable results can be realised by supporting charities that work directly with individuals. However, these results are limited in scope to the number of individuals directly supported.

In contrast, the work of campaigning and lobbying organisations such as CRAE are less easy to measure, but have the potential to affect many more children and in more areas of their lives. Charities like this are often less attractive to donors, as they seem to be further from the child. In reality, they are not. All the charities mentioned here have children at the heart of everything they do.

Returning to the issue of culture, this section has explored some of the ways in which different cultures can create harmful behaviours and legitimise abuse. This is a difficult area for donors to support because of the low profile of charities working in the area. But donors with a commitment to doing so can achieve results precisely because it is such a relatively under-funded area.

## Prioritising funding

Campaigns to change attitudes and behaviours are important for keeping the issue in the spotlight and ensuring continuing commitment to tackling it, but they do not directly offer us hope of preventing abuse. Changes in attitudes do not straightforwardly translate into changes in behaviour.

Legislative change, such as that pushed for by **CRAE**, may be less attractive to donors given the seeming intangibility of results, but can potentially have the broadest impact. Changing the way that we view and respond to children is crucial in the fight against child abuse.

Indeed, the most compelling results are offered by work that directly listens to children, for example, the **NSPCC's ChildLine** and **there4me** listening services. It can inform how we design and structure the child protection system. It can result in increased reporting of abuse. But most fundamentally, it allows us to act on what children tell us—about what is important to them, how they feel and how child abuse appears through the eyes of those it affects. This may allow us to understand better how abuse can be prevented.

Not only can donors directly support work that listens to children, they can take the principle and apply it to their thinking about what to fund across all the areas discussed in this report. Approaches that have listening to children at their heart are most likely to offer effective routes towards comprehensively tackling abuse and its effects.

# Conclusions and recommendations

**The scale of child abuse is huge; both in terms of numbers affected and the high costs for individuals and society. The complexity of the problem might lead donors to believe that they can do little to improve the lives of children suffering abuse. But the very opposite is true. NPC has explored the details of abuse precisely so that donors can prioritise which areas to support to create maximum impact.**

**To achieve success in preventing abuse, protecting children from harm and minimising the effects of abuse when it occurs will require a concerted effort by charities across all the areas covered in this report.**

**Yet charities can only provide part of the solution to tackling abuse. A cultural shift is needed, not only in terms of how we treat children, but also in terms of how we listen (or fail to listen) to them. Such change is possible, but will take time to achieve—perhaps a generation or more. By supporting charities in this field, donors can play a significant role in helping to achieve this change—and in protecting future generations of children from harm.**

## Where will funding have the greatest impact?

The greatest impact would seem to be offered by focusing on prevention. But we do not know how effectively work to change attitudes leads to changes in behaviour, so we cannot be sure that efforts here will prevent abuse from happening. Nevertheless, the potential impact deserves further exploration. We need to know more about how and whether prevention works. Donors funding prevention should also look for and support efforts to understand its impact.

We know that a great deal of (perhaps most) abuse is never reported and many abused children never receive support. So the greatest results are offered by work increasing identification and reporting. But the child protection system struggles to offer enough support to those abused children it already knows about. Increased reporting therefore also needs increases in resources for protection, treatment and support if it is to have any impact. Donors wanting to fund in this area should focus on lobbying to increase government funding, as private funding cannot provide the additional capacity required.

We do not know enough about the effectiveness of different approaches to treating abused children to know where the greatest results are to be found. This means that donors can achieve a great deal by funding research and evaluation alongside vital treatment and support. We also do not know enough about current prevalence of abuse, and how this responds to action taken by government and charities. Research focused specifically on child abuse is required to fill this gap, and allow donors and funders to focus on funding what is really effective at preventing, tackling and treating abuse.

We know that abuse takes different forms, in different settings, and that these require different approaches to achieve success. In the home, donors can support work that addresses risk factors like substance abuse, domestic violence and poverty. These may not be popular areas to fund, but they may offer the greatest results. Further NPC reports will highlight effective charities working in these areas. Donors could fund general family support, which addresses a range of problems quite flexibly, although it will never tackle underlying causes. But NPC does not prioritise family support, as this is primarily driven by government funding.

Away from the home, donors should support work focusing on particularly vulnerable groups, like runaways and those at risk of sexual exploitation.

Sexual abuse requires a different approach altogether. Most abuse occurs at the hands of those unknown to authorities, so the greatest results are offered by work to identify and influence those at risk of offending. For those that are already known, treatment, support and community programmes offer hope of preventing reoffending. But this work requires changes in public attitudes, to avoid demonising and sending underground those who pose a risk.

We know that schools provide an excellent opportunity for charities to reach children. Work that raises awareness of abuse and its effects can both help to empower children to act to protect themselves, and set positive attitudes and behaviours for children as they grow up.

We think that most abuse goes unreported at the time, so although we do not know how many adults are survivors of childhood abuse, we do know that the number is huge.

Supporting them is relatively cheap, but still the field faces critical funding problems. Donors can help large numbers of survivors by supporting this area of work.

We know that society's attitudes to children can create barriers that prevent us from tackling abuse effectively. Primarily, adults often fail to listen to children, and this prevents a great deal of abuse from ever being reported. Donors can achieve the greatest results by supporting work that actively listens to children, and by ensuring that all their funding is directed towards charities that live and breathe this principle.

### How can funding be prioritised?

The question posed on the previous page was answered in the form of a list of approaches that offer the donor excellent results in their attempts to tackle child abuse. This may seem to dodge the real point of the question—donors might legitimately ask NPC for the one or two best options for them to fund.

We can answer this question if we know what a donor's objectives are, and how much he or she has to invest in the field. But without relating funding priorities to personal objectives and scale of investment, our answer is that funding should form a **balanced portfolio** across all the areas. Such a portfolio ensures that all critical areas of work are funded: from prevention to treatment; from guaranteed results to riskier approaches; from established charities to fledgling initiatives.

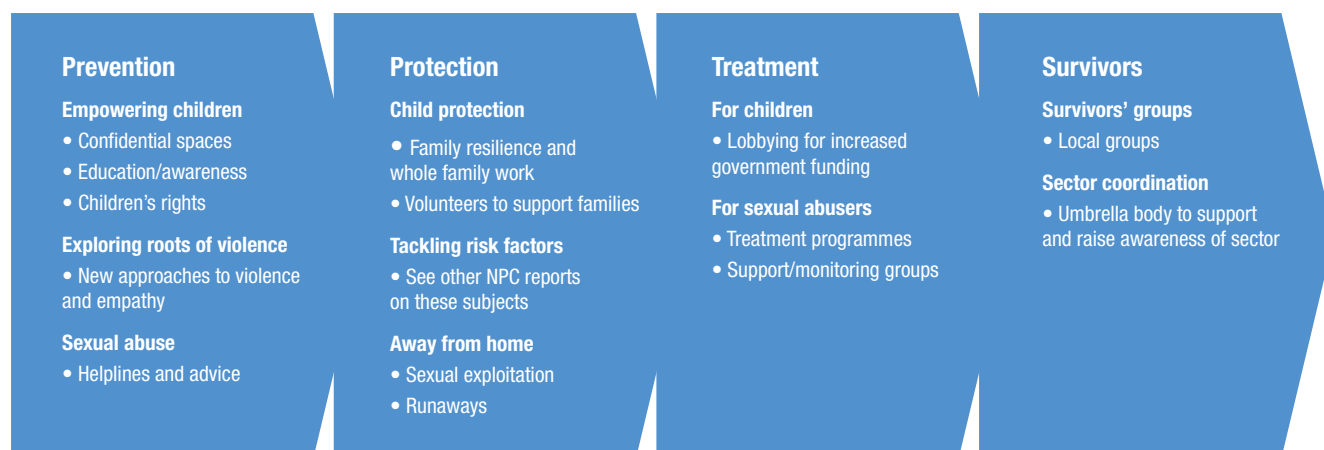
NPC's concept of a balanced portfolio does not require every donor to divide their funding across all the options highlighted. But by fulfilling a coordinating role across the giving of a number of donors, NPC can ensure that a coherent body of work is funded, that offers the hope of making significant and lasting change to the prevalence and impact of child abuse.

Donors who are committed to a significant investment in the field have two options for building their own portfolio in this field. They can use the tool presented in Appendix 4 to prioritise funding options, in conjunction with the outline of a balanced portfolio given below. Alternatively, they can approach NPC to build a coherent portfolio based on their level of funding commitment (scale and timescale), personal interests, objectives and appetite for risk.

On the subject of prioritising funding, it is worth comparing the high stated priority given to tackling child abuse by the public to the level of funding the area receives. Child abuse consistently appears higher on a list of priorities than tackling cancer. Yet the child abuse sector receives £500 million in public donations, compared to the £1 billion given to work on cancer.

Finally, listening to and empowering children is at the centre of NPC's recommendations to donors. This principle cuts across prevention, protection and treatment. Donors can look for charities that embody this principle, to ensure that the very children who suffer most at the hands of abusers are firmly at the centre of all the work that donors choose to support.

Figure 8: A balanced portfolio for tackling child abuse



# Appendices:

## Appendix 1: Calculating how many abused children are protected by the child protection system

Comparing prevalence rates from the NSPCC study with those involved in the child protection process is problematic, for a number of reasons.

### Single measure of abuse

First, establishing a single measure of abuse is difficult. Abuse is best understood as a continuum of abusive behaviours, varying in type, severity, frequency and duration.<sup>55</sup> There is significant overlap between types of abuse, raising issues of double counting. The single figure of 11% used in our calculation for experience of abuse is taken from the highest rate of any one type of abuse, that for sexual abuse.<sup>55</sup> This means the figure is conservative. Children are recorded on the child protection register by primary type of abuse, to avoid double counting. Therefore, the high rates of children registered for neglect may mask the fact that other types of abuse are involved.<sup>105, 239</sup>

### Continuing risk of significant harm

In addition, it must be remembered when looking at these figures that a child is placed on the register if they are deemed to be at continuing risk of significant harm. Therefore, those who have been abused but are no longer at risk would not be registered. They may still be receiving services however (see below). This may account for some of the gap between prevalence and child protection registrations.

### Children in need

Children who are no longer at continuing risk of significant harm are still entitled to services, if they are deemed to be a 'child in need.' Significantly more children are known to local authorities as children in need than are placed on child protection registers. At least 61,000 more children are known to social services for abuse and neglect, if we compare children in need data with numbers on the child protection register. Data on children in need is taken in the form of a snapshot census week in February, and does not tell us how the children came to the attention of the authorities, why, what services they are receiving, for how long, nor what the results of those services are. As such, although it is likely that social services are providing services to more abused children than are listed on the child protection register, data on this group is poor. We cannot include numbers on these groups in our calculation therefore.

## Assumptions

When calculating prevalence rates we have had to make the following assumptions:

- Abuse rates have remained the same over the last 24 years (the age of the oldest respondents to the NSPCC survey).
- Rates of abuse in England are repeated all over the UK.

### Number of children abused each year

From the NSPCC 2000 prevalence study we conservatively estimate that 11% of the population have been abused by the age of 18. 11% is the highest reported proportion of victims for a single type of abuse, taken from the proportion of young adults who reported childhood contact sexual abuse. This implies that  $11\% \div 18 = 0.61\%$  of the under-18 population are being abused for the first time each year.

Using population estimates from the Office for National Statistics,<sup>240</sup> in 2006 there were approximately 13,100,000 under-18s. Hence we estimate that  $0.61\% \times 13,100,000 = 80,000$  children are abused for the first time each year. The number for bullying is calculated separately, based on 10% of young adults who reported having been bullied or discriminated against systematically throughout their childhood.<sup>55</sup>  $10\% \div 18 = 0.56\%$ , or **73,000** each year.

Table 2 is based on English data only, using the child population of England figure of 10,980,000.  $0.61\% \times 10,980,000 = 66,978$ , which is the minimum number we estimate are affected each year. To calculate the numbers affected each year using the higher proportion of 24%,  $24\% \div 18 = 1.3\%$ .  $1.3\% \times 10,980,000 = 146,400$  children.

### Percentage of abused children who are monitored and supported by the system

Number of children placed on the child protection register in England in 2005 = **31,400** (approx 0.29% of the population).<sup>105</sup>

Only 85% of these are first-time registrations hence approximately **0.24%** of the under-18 population of England is placed on the child protection register for the first time each year. This corresponds to a predicted prevalence rate in the adult population of  $0.24\% \times 18 = 4.4\%$ . This is less than **45%** of the prevalence rate predicted by NSPCC.

Number of children placed on the child protection register in Scotland in 2005 = **2,265** (approx 0.21% of the population).<sup>239</sup>

Again, only 85% of these are first-time registrations, hence approximately **0.18%** of the under-18 population of Scotland are placed on the child protection register for the first time each year. This corresponds to a predicted prevalence rate in the adult population of  $0.18\% \times 18 = \mathbf{3.2\%}$ . This is less than **30%** of the prevalence rate predicted by the NSPCC.

### Number of survivors

In 2006, there were 22,573,800 men aged over 18 and 23,622,500 women aged over 18 in the UK.<sup>241</sup> Based on rates of prevalence of abuse of 7% for boys and 16% for girls,<sup>55</sup> the number of survivors can be calculated as  $(0.07 \times 22,573,800) + (0.16 \times 23,622,500) = 5,400,000$ . This is a conservative estimate based on the rate of sexual abuse only (see Section 1: What is abuse and how many children are affected?).

## Appendix 2: The reform of children's services

### Period of reform

The *Every Child Matters: Change for Children* agenda, enshrined in the Children Act (2004), set out a wide range of changes for children's services in England. The catalyst for the reform was an inquiry into the death of Victoria Climbié, who died in 2000. Victoria died as a result of 'gross failure of the system,' according to Lord Laming, who chaired the inquiry into her death.<sup>237</sup> His concluding report, published in 2003, made 108 recommendations.

That same year, the government responded to these recommendations in its *Every Child Matters* agenda. The changes, most of which are being introduced over five years, from 2004 to 2009, emphasise prevention and early intervention when supporting children, whatever their needs. The key changes relate to the structure of the children's services system, with government agencies required to share information and work together. The driving principle is better outcomes for children.

### Local Safeguarding Children's Boards

Changes include the introduction of Local Safeguarding Children's Boards (LSCBs) in April 2006. LSCBs have been assigned a greater level of responsibility for protecting children in their local authorities. Without additional resources, it is difficult to see how they will fulfil the enormous task they have been assigned.

LSCBs were previously known as area child protection committees (ACPCs). They came into force in England and Wales in April 2006. In addition to being granted statutory force, LSCBs have a greater focus on prevention and ensuring different bodies work together. Members of the board must include police, health, education and social services, in addition to representation from charities and other interested parties. LSCBs work within the *Every Child Matters* outcomes framework, with particular regard to the outcome 'staying safe'.

The three key tasks of an LSCB are:

- To ensure standard child protection mechanisms in the local community, including proactive work to increase understanding of safeguarding in the local community and who to turn to for help.

- To undertake proactive work that aims to target particular groups such as children 'in need' but not at risk of significant harm or vulnerable children (those who are away from home, disabled, and so on).
- To undertake responsive work to protect children who are suffering, or at risk of suffering harm, including, among others, those in families where there is domestic violence, substance misuse and children abused through prostitution.

In addition to the huge amount of work required by the above, by April 2008 LSCBs will have to instigate a review process when there is a child death (whether individually or with other LSCBs), which has long been campaigned for as there are considerable discrepancies on how data is collected and monitored. Child Death Overview Panels will supply regular data on every child death to the DfES, which will then produce comparable data for the whole of England, in an effort to pick up on local trends.<sup>242</sup>

Member organisations are expected to contribute staff and finances to LSCBs to create a pooled budget. Core contributions come from local authorities, primary care trusts (health authorities) and the police. Before the change occurred, the DfES conceded that, in setting up LSCBs, services would effectively have to run a dual service, which was expected to cost around 20% more initially. Nonetheless, no extra funding was made available. A survey in 2006 found that 72% of councils reported that the new LSCB cost more to run than its predecessor the ACPC, with one quarter spending more than 50% more and one further quarter spending 21–50% more.<sup>243</sup>

### Sure Start

Other changes are afoot, such as the Labour government's flagship Sure Start programme. This has undergone a number of changes since its inception in 1997. Sure Start centres were originally designed to provide joined-up services to children under four and their families. Many of the centres either involve, or are run by, charities. The 2002 spending review announced that all Sure Start centres would become children's centres, which would increase to 3,500 (encompassing many existing local centres and children's services), planned to serve all communities by 2010.<sup>244</sup> The centres now cover all children up to the age of five, and their universal coverage will mean they are no longer focused on deprived areas. Control of the centres is shifting from the community to local authorities, which has been much criticised.<sup>245</sup>

The aim was *'to work with parents-to-be, parents and children to promote the physical, intellectual and social development of babies and young children—particularly those who are disadvantaged—so that they can flourish at home and when they get to school, and thereby break the cycle of disadvantage for the current generation of young children.'*<sup>246</sup>

Given the multiple causes of child abuse, and the links with poverty, the scheme should reduce abuse.

The government remains committed to the development of multi-purpose centres for families with children under the age of five that bring together childcare, early education, health, employment and family support. These centres are now known as children's centres and, as of September 2006, there were 1,000 across the UK. The DfES will spend £2.2bn on revenue and over £1bn on capital for children's centres and Sure Start local programmes between 2004 and 2008.<sup>247</sup> Many centres work with charities, but it is not clear what the exact proportion is, or to what extent charities are involved (ie, whether they run the centre or simply offer a service within it).

Sure Start has been accompanied by a £20m evaluation and a number of public service agreements (government targets). The overall effect of the programme is in question, with few gains reported when comparing Sure Start areas with non-Sure Start areas.<sup>248</sup>

In fact, results have got worse for the most deprived people in Sure Start communities, possibly because services were universalised.<sup>248</sup>

One public service agreement related to the number of re-registrations on the child protection register. A 20% reduction target between 2000 and 2004 was met. The impressiveness of this figure is slightly tempered by the very small numbers of children involved,<sup>249</sup> and the fact that, as seen earlier, re-registrations may not be a very effective measure of change for children. This measure has now been dropped, along with targets for reducing the proportion of mothers who smoke during pregnancy.

## Scotland

Scotland underwent its own reform around the same period, in a similarly reactive manner following an inquiry into the death of Kennedy McFarlane in 2000. Seventeen recommendations were made in the ensuing audit of child protection, *It's Everyone's Job to Make Sure I'm Alright*, and a three-year child protection reform programme was set up. Changes include greater information sharing between agencies.

This is a time of great change therefore for children's services across the UK, and it is perhaps too soon to tell what the impact on children and families is or will be.

## Appendix 3: The child protection process

In England and Wales, when a referral reaches social services, the child protection team has 24 hours to decide what to do. In just under half of cases, the case is dropped by the team, although a case may be passed on at this stage to other agencies. Just over one in five referrals to child protection teams will have been referred within the last 12 months to the same local authority social services team.<sup>105</sup> Figure 5 shows the numbers filtered out at each stage of the process, based on 2005 data.<sup>105</sup>

### Initial and core assessments

If it is thought that a child is at risk, an initial assessment has to be undertaken within seven days of the referral to the child protection agency.

A named social worker will be responsible for gathering evidence for an assessment, through talking to the child, his or her family and professionals who know the family. The aim is to develop a picture of the child's developmental needs, parenting capacity and family and environmental factors, using the Framework for the Assessment of Children in Need (2000), the key elements of which are shown in Figure 9.<sup>77</sup>

An **initial assessment** has to be completed within seven days, and can result in:

- no further action;
- the provision of services; or
- a more detailed core assessment.<sup>105</sup>

A **core assessment** follows on from an initial assessment and can take a maximum of 35 days. The central or most important aspects of the child's needs are investigated, with a view to identifying services to meet those needs. Around two thirds of both initial and core assessments take place within the maximum timescale allowed.<sup>105</sup>

If a child is deemed to be in need of support from social services, whether through an initial or core assessment, under Section 17 of the Children Act (1989) he or she will be registered as a 'child in need.' Local authorities then have a duty to provide services with a view to both protecting the child and promoting his or her welfare. Cases are reviewed and closed when appropriate.<sup>106</sup> There is some disparity between local authorities as to how this is done. Guidance to the 2005 children in need census states:

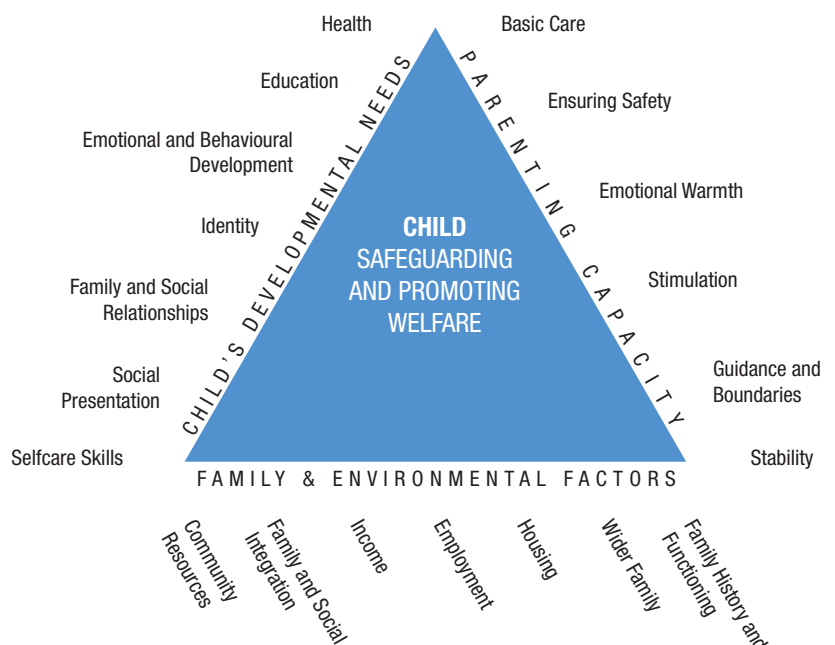
*'Some authorities may split current cases [...] into sub categories such as open, dormant, allocated, unallocated or on review. [...] We were conscious that many [local authorities] made use of the census in 2000 to spring clean their caseloads by removing those that are "no longer current". This would have involved coming to a firm decision that the authority was not intending to take any further initiative on a case and then consigning it to the "closed" status.'*<sup>250</sup>

The number of children in need is based on a snapshot census week, undertaken in order to estimate their cost to social services. The data available does not therefore tell us:

- why a child is registered (what abuse has occurred, who is responsible and so forth);
- what services he or she is receiving;
- what the results of those services are; nor
- for how long they are registered.

According to the most recent data collection in February 2005, over one third (86,900) of those in need (234,700 in total) are registered for abuse or neglect. A further 63,800 are registered for 'acute family stress,' 'family dysfunction' and 'absent parenting.'<sup>80</sup>

**Figure 9: Framework for the Assessment of Children in Need**



## Section 47 enquiry

Section 47 enquiries, named after the relevant section in the Children Act (1989), are initiated where a child is judged to be at *continued* risk of significant harm (see Box 10). Child protection teams prior to 1999 Working Together guidance instigated enquiries on the basis of the suspicion that children were at risk of, or were, suffering significant harm. Since 1999, guidance states that children who are at continued risk of suffering harm should be protected. This change is thought to have increased thresholds, and numbers on the register have been dropping over the last ten years.<sup>27</sup>

An initial **strategy discussion** is held where professionals discuss their concerns. A Section 47 enquiry *'is not a separate or different activity'*<sup>77</sup> to initial or core assessments. Yet if an assessment is taking place under a cloud of suspicion or allegations, not only is the process likely to be accelerated given the heightened risk, the relationship between professional and family is altered. *'To designate a case as family support means to locate power with the parents. To designate a case child protection shifts power (except for some negative power) from parents to the state.'*<sup>71</sup>

Within 15 days of a strategy discussion a **child protection conference** will be held. The conference is held to decide whether or not the child should be placed on the **child protection register**. Child protection registers are confidential lists, kept by separate local authorities, of children who are at continued risk of significant harm.<sup>106</sup> In 2005, 30,700 children were placed on the register, 13% of which were re-registrations.<sup>105</sup>

The child attends the child protection conference only if the professionals think it appropriate. The conference may go ahead if parents do not attend; this is left to the discretion of the Chair of the conference. There can be around a dozen professionals at a conference, in addition to the parents and child (if appropriate).<sup>28</sup> The parents have a right to read the assessment report prior to the conference, and the outcome is not a foregone conclusion, but the conference must remain a daunting prospect for many families.

When a child is placed on the child protection register, a **child protection plan** will be drawn up. This determines who will monitor the child, when, how and what services are to be offered. A **review conference** is held after the child has been on the register for three months, then every six months.

Children are spending less time on the child protection register. Of those de-registered in 2005, 6% had been on the register for more than two years, compared with 17% ten years previously.<sup>105</sup>

## Care proceedings

The Children Act 1989 makes it clear that children are best cared for by their parents, but that parents may sometimes need help in bringing up their children. These remain the guiding principles of the child protection system. Where it is felt change is unlikely to occur, despite intervention, social services can apply for an interim care order. Examples include where the abusing parent completely or significantly denies any responsibility for the child's developmental state or abuse, or where the child is rejected or blamed, or where there are significant other problems such as substance abuse or parental mental health issues that the parents refuse to acknowledge.

In such cases, social services apply to the Family Proceedings Court with details of where and how the child will be looked after. The court must be satisfied when awarding any care order that the child has suffered or is at risk of suffering significant harm, and that the harm is caused by the parents. The court must also be satisfied that making an order is better than making no order at all.<sup>106</sup>

An interim care order lasts eight days. Meanwhile, social services continue to gather evidence to make a case for a full care order if necessary. At the final hearing the court decides whether to apply a full care order. A child comes under the parental responsibility of the local authority when a care order is awarded. Responsibility may be shared with the child's parents, although this is up to the local authority.

In 2005, 4,000 interim care orders were made and a further 180 full care orders were made.<sup>108</sup> Therefore, from initial reporting of suspected abuse, less than 1% of cases result in children being removed from the home. Only 14% of those judged at continuing risk of significant harm (ie, placed on the register) are taken into care, most of whom will be returned to their parents at some point.

This report does not concentrate on looked after children (see Section 4); a subsequent NPC report will cover this group.

## Court orders

Social services do not have to wait for the outcome of an initial assessment to remove a child from danger. An application can be made for an **emergency protection order**, which allows for a child to be placed in local authority care for up to eight days, or an **exclusion order** on the abusing parent to allow the child to remain with the non-abusing parent.<sup>106</sup>

## Police protection

If a child is thought to be in immediate danger, the police can remove a child from the home or prevent them being removed from a safe space such as a hospital, and keep them for 72 hours, without obtaining a court order. This is laid down in Section 46 of the Children Act (1989). There is a ten-fold variation between police authorities on the use of this power.<sup>251</sup> In 2005, 2,100 children were taken under police protection.<sup>108</sup> When and why it is used varies; it may be at the request of social services, or simply in instances where the police '*sort of stumble upon something*'.<sup>251</sup>

## Scottish system

The key difference in the Scottish system is the existence of Children's Panels. These are made up of lay members, and are involved in a wide range of circumstances that involve children and where the state has some kind of responsibility, from child abuse to young offenders. Instead of cases being referred to the court when a care order is deemed necessary, relevant evidence is passed on to the Reporter of the Children's Panel. The Reporter is an official employed by the Scottish Children's Reporter Administration. The Reporter will undertake his or her own investigation, to decide on one of three courses of action:

- no further action;
- refer the child or young person to the local authority so that advice, guidance and assistance can be given on an informal and voluntary basis; or
- arrange a Children's Hearing.<sup>252</sup>

A Children's Hearing will take place where it is felt that compulsory measures of supervision are necessary. The Children's Panel, made up of three lay members, can make one of four recommendations, which have to be implemented by the local authority:

- no further action;
- voluntary supervision, usually by social services; or
- a compulsory order for supervision in local authority care (the child would then become a 'looked after and accommodated child').

The Children's Hearing system is undergoing a number of changes following a wide-ranging review, *Getting it Right for Every Child*, in 2004. The changes are aimed at improving outcomes for children involved, and are linked to the wider changes occurring to children's services as a result of the Scottish audit and reform of child protection services.

## Appendix 4: Prioritisation tool for donors

When reviewing the options presented here, donors may find the following tool useful.

**Tool 1: Prioritising private funding** (H high, M medium, L low = NPC judgement of level of results, risks and priority for funding in each area)

Area of work	Potential results	Confidence in results being achieved (level of evidence available)	Risks threatening success	Priority for private funding
<b>PREVENTION</b>	<b>H</b>	<b>L/M</b>	<b>H</b>	<b>H</b>
Attitude change	<b>L</b> awareness ↑	<b>M</b> measured	<b>H</b> does not cause behaviour change	<b>L</b>
Behaviour change	<b>M</b> slow or little change	<b>L</b> lack model of change or evidence	<b>H</b> high cost and long timescales	<b>L/M</b>
Education and awareness	<b>H</b> awareness ↑ reporting ↑	<b>H</b> measured	<b>H</b> system cannot cope	<b>H</b>
Exploring roots of violence	<b>H</b> empathy ↑ violence ↓	<b>L</b> lack practical evidence	<b>M</b> long timescales	<b>M</b>
Sexual abuse helplines and advice	<b>H</b> reporting ↑ self-reporting ↑	<b>M</b> measured	<b>H</b> unpopularity of work difficulty of raising funding	<b>H</b>
Confidential spaces for children	<b>H</b> well-being ↑ reporting ↑	<b>L</b> little change measured	<b>H</b> system cannot cope if reporting increases	<b>H</b>
Children's rights	<b>H</b> changing legislation	<b>M</b> lack evidence of advocacy's impact	<b>H</b> political inertia	<b>M</b>
<b>PROTECTION</b>	<b>M</b>	<b>M</b>	<b>H</b>	<b>M</b>
Identifying and reporting (helplines for adults)	<b>H</b> awareness ↑ reporting ↑	<b>L</b> little change measured	<b>H</b> system cannot cope if reporting increases	<b>M</b>
Family support (volunteer support)	<b>M</b> resilience ↑ crisis management ↑	<b>M</b> some evidence available	<b>L</b> good way to involve community and use volunteers	<b>M</b>
Family support (family group conferencing)	<b>M</b> resilience ↑ crisis management ↑	<b>H</b> measured	<b>M</b> insufficient resource	<b>M</b>
Tackling risk factors and root causes	Number of approaches in different fields too broad to categorise here			
<b>TREATMENT</b>	<b>H</b>	<b>M</b>	<b>M</b>	<b>M</b>
Parenting and family work	<b>H</b> behaviour ↑ well-being ↑	<b>M</b> unclear evidence	<b>M</b> external risks; largely driven and funded by government	<b>M</b>
Therapeutic services for children	<b>H</b> well-being ↑ resilience ↑	<b>M</b> limited evidence	<b>M</b> private funding cannot meet level of demand so lobbying for increased government funding higher priority	<b>M</b>
Sexual abuse work	<b>H</b> prevention ↑ re-offending ↑	<b>M</b> growing evidence	<b>H</b> unpopular cause media attention	<b>H</b>
Number of people affected = millions				
<b>SURVIVORS</b>	<b>H</b>	<b>L</b>	<b>H</b>	<b>H</b>
Counselling and support	<b>H</b> well-being ↑	<b>L</b> largely anecdotal evidence	<b>H</b> under-funding of field increases risk of groups collapsing—requires sector coordination	<b>H</b>
<b>RESEARCH</b>	<b>H</b>	<b>H</b>	<b>M</b>	<b>H</b>
	<b>H</b> understanding ↑ effectiveness ↑	<b>H</b> policy changes resulting from research	<b>M</b> long timescales and lack of resources	<b>H</b>

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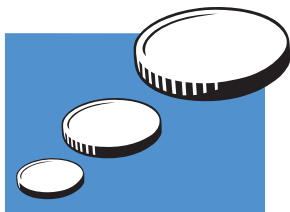
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## **New Philanthropy Capital**

3 Downstream 1 London Bridge London SE1 9BG

**t:** +44 (0)20 7785 6300 **f:** +44 (0)20 7785 6301

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