Effective interventions for complex families where there are concerns about, or evidence of, a child suffering significant harm

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'It is essential that front-line staff receive appropriate training in assessment skills and are aware of the importance of asking focused questions around the issues that may contribute to maltreatment'

Key messages

- There is a growing body of evidence that teenagers who are exposed to neglectful parenting are both less likely to be referred and less likely to refer themselves to a child protection service.

- Many parents, as well as children and young people who suffer from neglect and maltreatment, mistrust formal services. This puts children and young people at risk of further significant harm. It is therefore necessary that parents and children feel that they are not stigmatised when seeking help and that they retain an appropriate degree of control over subsequent stages of the support and protection process.

- Gaining the cooperation of complex families requires services to be dependable and professional. This includes providing assistance that is educative, supportive and timely from the start.

- Complex cases are likely to require a long-term relationship with the children's social services. Open discussion about the nature of this relationship over time and about short-term and long-term types of support can promote this engagement.

- Apart from the consistent conclusion about the centrality of the professional relationship, no one service approach or method has yet been robustly evaluated as effective with complex families where there is evidence of maltreatment, or where maltreatment is likely unless effective services are provided.

- There is evidence that some evaluated 'model' interventions are promising, particularly with children and young people with challenging behaviour, and with parents where an abusive pattern has not become established. However, the effectiveness of manualised interventions has not yet been clearly demonstrated.

- With complex cases solution-focused approaches, though promising, must be preceded by a full psycho-social history, to avoid the dangers of the 'start again' syndrome.

- Other approaches and interventions that have not yet been rigorously evaluated, but are positively rated by children and parents, should not be automatically viewed as less effective than 'model' programmes, but their impact on child well-being should be carefully evaluated using a range of appropriate methodologies.

To achieve this, practitioners and managers in specialist services should consider how best to engage with children and families who are hard to reach and hard to change.

- Front-line staff in agencies providing universal services are central to the early identification and provision of effective services to complex families who are characterised as *hard to reach* and *hard to change*. It is therefore essential that front-line staff receive appropriate training in assessment skills and are aware of the importance of asking focused questions around the issues that may contribute to maltreatment. It is also important that they are able to identify those children and young people who are likely to experience maltreatment, and their parents.

- Practitioners in universal services, including primary and acute health services, and in adult social care, need to be prepared to raise questions about such issues on more than one occasion, and to adopt attitudes that are respectful and non-judgmental rather than blaming or punishing.

- Where it is not possible to achieve a trusting relationship, skilled and committed workers require time (sometimes intensively over a short period) to establish whether or not more intrusive measures to protect a child or young person are needed. In such cases the role of a skilled and knowledgeable casework supervisor is vital, to ensure that the child's welfare remains paramount.

- Multi-disciplinary assessment of *the overall profile of the family's past and present functioning* as well as the *type of maltreatment* is essential to the achievement of sound and cost-effective decisions about duration and intensity of the service needed to prevent re-abuse.
- A combination of services and interventions will usually be needed in these complex cases. Each case has to be researched, both by the careful collection and analysis of what is known, and matching that against the knowledge base of what may be effective in the particular child's and family's circumstances.

Introduction

This briefing is based on research evidence (mainly from the UK and USA) of effective interventions to identify and support children who suffer significant harm. These children and their families are likely to require or be in receipt of 'specialist services' as defined in *Every Child Matters* (DCSF 2003) whereby their health or development is likely to be 'significantly impaired without the provision of a[n additional/targeted social care] service' (Children Act 1989: Sec 17b) or section 47 enquiry (Children Act 1989: Sec 47).

The briefing will include what is known about:
- identifying complex child protection cases
- the importance of effective assessment and decision-making
- the professional relationship between services, children and families
- evidence of effective interventions to engage families and young people
- improving protection and well-being.

What the issue is

Protecting and supporting children who suffer significant harm is multi-faceted and different service approaches are likely to be effective with different types of family, at different stages of recognition of actual or likely maltreatment.

This briefing focuses on the effectiveness of interventions in complex child protection cases. 'Effectiveness' for the purpose of this briefing is defined as the prevention of further maltreatment or significant impairment to the child's development. This includes both child well-being outcomes and 'service output' measures. These are the extent to which appropriate services are offered and taken up, to ensure that the child's needs are met in a way which is likely to enhance their opportunity to grow and develop as they move through childhood into adult life.

'Protecting and supporting children who suffer significant harm is multi-faceted'

Identifying complex child protection cases

This section focuses on how to identify parents and young people who are particularly difficult to engage or to help in a way that achieves necessary change. It will address effective approaches to accessing additional services and the barriers faced by families in seeking specialised provision.

Characteristics of parents and children who are likely to experience maltreatment

For families whose needs are especially complex there is broad agreement

about the characteristics of parents who are likely to maltreat their children and the children most likely to be maltreated (see for example Sidebotham *et al* 2001; Sidebotham and Heron 2006; Social Exclusion Task Force 2007).

Parents who become known to the social care services because their children have been harmed or are considered likely to be harmed, but who are particularly difficult to help in a way which achieves and maintains the necessary change for the child, are referred to in this briefing as 'hard to change' parents. These parents usually have one and often several of the following characteristics:

- they are isolated, without extended family, community or faith group support

'Some children and young people have characteristics which make them "hard to engage" or "hard to help/change" and are most vulnerable to continuing harm'

- they were abused or emotionally rejected as children, or had multiple changes of carer
- they have a mental illness, personality disorder and/ or a learning disability.
- they are particularly vulnerable if no other parent or extended family member is available to share parenting, and if this is combined with having a child who is 'hard to parent'
- they have had children by different partners, often involving an abusive relationship
- they have an alcohol or drug addiction and do not accept that they must control the habit for the sake of their child's welfare
- they have aggressive outbursts and/or a record of violence, including intimate partner violence
- they have obsessional/very controlling personalities, often linked with low self-esteem
- they were in care and had multiple placements or 'aged out' of care without a secure base (mitigated if they had a good relationship with a carer, social worker or social work team who remained available to them through pregnancy and in early parenting)
- they are especially fearful of stigma or suspicious of statutory services; this includes those from communities which consider it stigmatising to seek state assistance, immigrants who have experienced coercive state power before coming to the UK, or people with poor childhood experience of services.

Some children and young people have characteristics which make them 'hard to engage' or 'hard to help/change' and, when combined with one or more of the above parental characteristics are most vulnerable to continuing harm. These children and young people can have one or more of the following characteristics:

- children born prematurely and/or suffering the effects of intrauterine drug and/or alcohol misuse, which can make children fretful, hard to feed and unresponsive
- children with disabilities or other characteristics which make them hard to parent or 'unrewarding' in the eyes of parents who lack self-esteem and confidence
- individual members of sibling groups 'singled out for rejection' (Rushton *et al* 2001) and/or targeted for abuse

- children returning home from care, especially if they suffer the loss of an attachment figure (usually a foster carer). Several recent studies have demonstrated that children who return to a parent following more than a short period of planned care are more likely to be re-abused than those who remain in permanent foster care, are placed with relatives or are adopted (Sinclair *et al* 2007; Brandon and Thoburn 2008; Farmer 2009)

- teenagers (who have often suffered from unrecognised or unresponded-to abuse or neglect) who engage in risk-taking or anti-social behaviour (Stein *et al* 2009).

Providing opportunities for 'hard to change' parents and for children or young people to seek additional assistance is important to ensure complex cases are identified at an early stage.

Pathways to referring and seeking additional assistance

Knowing about promising interventions and approaches to supporting families and protecting children is of little assistance if the family is not known to the agencies with statutory responsibilities and resources.

The Assessment Framework for Children in Need (Department of Health (DH) *et al* 2000) may provide a non-stigmatising route to access services. This may prevent neglectful behaviours escalating in families who might not otherwise seek help.

'Front-line staff providing universal services should be made aware of the importance of speaking directly with children around the issues that may contribute to maltreatment'

However, research provides mixed messages on parents' and professionals' perceptions of this route to services (Brandon *et al* 2006). Outreach youth workers are well placed to encourage teenagers who have suffered abuse or neglect (and often engage in risky behaviour) to seek assistance if they give out hints about maltreatment of neglectful parenting (Stein *et al* 2009). Kids Company, with its combination of a welcoming drop-in service and assertive outreach work by key workers, has a very high rate of self-referral from vulnerable young parents and teenagers (Gaskell, 2008).

In a small but illuminating study of the role of GPs in child protection identification and helping, Tompsett *et al* (2009) identify the conflicts perceived by some GPs who provide a long-term service to all family members. They particularly note that GPs tend not to speak directly with children, even when they have suspicions about maltreatment. Like other researchers who have identified reasons why some health care personnel, both in hospitals and the community, fail to make referrals (Gilbert *et al* 2008), they point to a lack of confidence that the referral will result in a service, or anxiety that it will be responded to in a way which results in the family withdrawing even from primary care services.

The messages emerging from these studies are that front-line staff providing 'universal' services should be made aware of the importance of speaking directly with children around the issues that may contribute to maltreatment, and that they should also receive training in asking child-focused questions in a sensitive way. Managers of 'targeted' and specialist services should consider whether their intake and assessment processes reduce stigma and minimise the sense that parents, children and professionals will lose all control of the situation once targeted additional services are sought.

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Barriers for families and children seeking help and protection

Hard-to-reach parents include some who are aware that their behaviour would be judged as harmful to their children. These parents include those with addictions but who do not wish to, or are unable to, give up their habit and parents aware that violence of a partner is damaging to a child but are unwilling or too fearful of the consequences to seek help. In such circumstances these parents are likely to devise strategies for concealing any difficulties in the care of their children from 'tier 1 or 2' professionals such as health visitors, GPs or teachers, or may attempt to convince these professionals that they are able to protect their children. Isolated single parents whose children become victims of 'infiltrating perpetrators' of sexual or physical abuse may also be reluctant to seek help because recognising and talking about any suspicions may mean that they will be left alone and unsupported.

'The fear of stigma is another powerful factor deterring other groups of families from seeking help as difficulties emerge'

The position is similar with some parents who have a mental illness which results in a child suffering harm as a result of outbursts of physical abuse, or from persistent emotional or physical neglect or psychological maltreatment. Stanley *et al* (2009) emphasise that with this group, as with those where there is domestic abuse or addictions, an issue to be aware of is fear that contact with statutory services will result in children being removed from their care. This frequently creates a barrier to families' engagement with services, as these situations or episodes are highly stigmatising and parents and children are unlikely to disclose them readily. Practitioners in universal services, including primary and acute health services and in adult social care, need to be prepared to raise questions about such issues on more than one occasion and to adopt attitudes that are respectful and non-judgmental rather than blaming or punishing. Open discussions of alternatives, including the possibility of a child being looked after on a short- or longer-term basis, can promote rather than deter engagement with the children's social care services.

The fear of stigma is another powerful factor deterring other groups of families from seeking help as difficulties emerge. This applies especially to some minority ethnic groups (Brophy 2003; Thoburn *et al* 2005). Hard-to-reach parents also include those who appear to be coping well but where a low tolerance threshold, or attitudes to parental control, child compliance and the use of physical methods of control may result in a one-off incident that can cause death or serious injury, especially to a small child. Gilbert *et al* (2008) cite international research demonstrating that many maltreated children are never identified by the universal services and referred on to the formal child protection services. Even at the most serious end of maltreatment, Brandon *et al* (2008) conclude that between 30 and 40 per cent of the children about whom a serious case review was initiated had not been known to children's social care within the previous two years. This is especially the case with respect to children suffering harm as a result of neglect, and can apply equally to teenagers as to younger children. Five of the 11 studies in the *Safeguarding Children Research Initiative* (Department for Children, Schools and Families (DCSF) 2009) focus on neglect and emotional maltreatment. Stein *et al* (2009) point to a growing body of evidence that teenagers exposed to neglectful parenting are both less likely to be referred and less likely to refer themselves for a child protection service.

Daniel *et al* (2009) have reviewed the literature on neglect, focusing especially on what is known about how parents and children indirectly indicate their need for help. They emphasise the research evidence on "the overwhelming impact of poverty" and the "corrosive power of an accumulation of adverse factors". They conclude that efforts should move on from identifying the impact of neglect (now more widely acknowledged in policy and practice) and the search for predictive tools. Instead, they argue that there should be a focus on developing assessment skills and training front-line professionals about the characteristics of parents and children, and the environmental circumstances that contribute to neglect. They also emphasise the value of communication skills that facilitate conversations with parents and children, including asking direct questions about, for example, the impact of a drug habit or a mental health problem on a child (a point also strongly made by Ayre 1998; Poblete 2003 and Jones 2006). This is in line with other studies and literature reviews which point to the problems inherent in relying on risk assessment tools as predictors of maltreatment since they identify many families who will not maltreat their children and fail to identify some who will go on to seriously abuse them (Munro 2000; Baird and Wagner 2000). However, such tools (including those listed in Appendix 3 of the guide *Working together to safeguard children* (HM Government 2006) may be helpful in identifying vulnerable parents and children who may benefit from assistance (Shlonsky and Wagner 2005; Munro 2005).

'Of central importance in working with complex cases is to provide a dependable, professional relationship for families and children that provides timely practical help'

Because of this mistrust of services by some families where harm is highly likely, strategies need to be adopted that encourage parents and young people who place themselves at risk of harm to seek help. Data from helplines such as Childline and ParentlinePlus indicate that the possibility of seeking advice without losing control of what happens next is a way in which some children and families move towards seeking a service. In another of the Safeguarding studies, Glaser and Prior (forthcoming) focus on how professionals recognise and refer concerns about emotional abuse.

Engaging cooperation of families with services

Of central importance in working with complex cases is to provide a dependable, professional relationship for families and children that is educative, supportive and provides timely practical help. This section addresses the principles for assisting hard-to-change families and the value of effective assessment and decision-making.

Over-arching principles for effective help and protection

The importance of providing a dependable professional relationship for parents and children who may conceal or minimise their difficulties, is highlighted in research and practice commentaries (Buckley 2003; Jones 2001; Munro 2000; Cooper *et al* 2003; Howe 2005; Stevenson 2007; Calder 2008). Often in complex, high-risk situations, a different professional for each parent or member of a sibling group may be necessary to achieve successful outcomes. While the child's welfare must always be the paramount consideration, those working with parents who have complex needs of their own must be able to offer them a dependable professional relationship, and skilled and knowledgeable assistance.

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Co-working in a 'team around the child and family' case requires vigilant, challenging, knowledgeable and empathic coordination and supervision of all workers and volunteers (Burton, 2009). When this approach is used, professionals meetings will be needed, alongside core group meetings and child protection conferences involving children and family members, to ensure that parents are not able to draw 'their' allocated worker into collusive situations that result in a loss of focus on the child.

Other models which can work well are a single worker with a very small case load and 24-hour availability of supervision/consultation, as in the intensive family preservation models developed in the USA (Schuerman *et al* 1994) and adapted in some agencies in the UK, including some of the family intervention projects (Brandon and Connolly 2006; Social Exclusion Task Force 2007; Tunstill and Blewett 2009). A co-working model, with two workers sharing the lead professional role for the family as a whole, is another possible approach developed from family therapy.

The essential elements of relationship-based psycho-social casework (combining elements of care and control) are based on evidence from research studies that services are unlikely to be effective if parents and children do not consider that they are treated with honesty and respect as a minimum, and cared about as individuals with needs of their own (as required by the *Principles and practice* guidance published with the Children Act 1989 (DH 1989, 1995a).

With some of the most emotionally scarred or mentally ill parents and their children it will not be possible to achieve a trusting professional relationship, and it is in these cases that family members may withhold facts or deliberately tell untruths. It is only when skilled and committed workers have time to spend with and empathise with these parents that it becomes possible to understand when important information or serious problems are being concealed and more intrusive measures to protect the child are needed. In these cases, to ensure that the child's welfare remains the paramount consideration, the role of an equally skilled and knowledgeable casework supervisor becomes even more vital (Woodhouse and Pengelly 1991; Brandon *et al* 2008, 2009; Burton 2009).

Effective multi-disciplinary assessment, decision-making and joint working

For each of the professions involved in child protection work there is a large volume of literature describing the essential elements of an effective professional practice (see, for example *The child protection handbook* edited by Wilson and James, 2007). Effective joint working between professionals is essential, but the evidence that structures and systems can in themselves secure effective decision-making and joint working is weak (Hallett 1995; Glisson and Hemmelgarn 1998; Glisson 2007; Ward *et al* 2004; University of East Anglia and National Children's Bureau 2007; Audit Commission 2008).

A regularly reviewed comprehensive assessment has to be based not only on 'here and now' observations but also on a psycho-social or 'ecological' history of all family members and their relationships. In this respect, the move to greater use of family group conferencing (although, according to Vesneski (2009), the research on effectiveness in terms of child well-being outcomes is not yet robust) is likely to result in a fuller picture of the family's history and relationship patterns (Morris *et al* 2008). The Assessment Framework for Children in Need statutory guidance and the 'needs triangle' (DH *et al* 2000; Rose 2001) are based on research from child development and other relevant disciplines. The assessment process needs to lead to a conclusion not only about the type

of and responsibility for the maltreatment, and its impact on the child, but also on the overall pattern of family functioning. In complex cases where 'solution-focused' methods are being considered (these methods are often based on cognitive behaviour theories), it is imperative that a thorough analysis of psychological functioning and past behaviour of family members, relationships and earlier responses to services are included. Child and parental history need to be taken into account to ensure that appropriate help is provided in the child's timescale (Brandon *et al* 2008).

Decisions about the approach to service provision, and the specific methods and service components that have the best chance of being effective, have to be based on this analysis as well as periodic reassessments. Periodic reassessment is needed to catch changing circumstances and to avoid the problems associated with, on the one hand, 'crude' stereotyping and on the other, the 'start again' approach – a 'here and now' observational and 'strengths-based' approach that does not also take into account a thorough analysis of past behaviours (Brandon *et al* 2008). These approaches have been emphasised in the C4EO *Safeguarding briefings 2: What are the key questions for audit of child protection systems and decision-making?* (Fish 2009) and *3: The oversight and review of cases in the light of challenging circumstances and new information: how do people respond to new (and challenging) information?* (Burton 2009).

Deciding whether compulsion is needed in cases where there is continuing risk of harm

As soon as the possibility of significant harm to a child is identified, a major question is whether it will be possible to work collaboratively with the parents or whether an element of coercion (through the formal child protection procedures or the family justice or criminal courts) will be required. Several research studies have explored the 'partnership–compulsion' dimensions of practice (Thoburn *et al* 1995; Bell 2002; Calder 2008; Brandon and Thoburn 2008). Government statistics demonstrate that there are major differences between similar authorities in the rate at which children's names were placed on the child protection register (since 2008 this now means children who have a formal child protection plan, see National Statistics and DCSF 2008a, 2008b) and use care orders rather than accommodation when children need out-of-home care (Dickens *et al* 2007; Packman and Hall 1998). Pugh (2007) found significant variations by gender, age, and local authority, in the periods of time that children had a formal child protection plan, both between, and within, authorities and shows how the technique of 'survival analysis' could assist agency planners in understanding the ways in which they make use of the formal process of making and reviewing protection plans. Differences in the use of coercion in child protection work are even more apparent across national boundaries (Katz and Pinkerton 2003; Thoburn 2007; Gilbert *et al* 2008; Boddy *et al* 2009).

Approaches and methods most likely to be effective with families who are 'hard to change'

Continuity of social support is essential for complex families with whom change is hard to achieve or maintain. Change of social worker is only welcomed by these families when they have received a less than adequate service. For this reason, as well as in order to provide for more continuity in professional networks, there has been a move from a functional model to a community-based model of case allocation. However, increasing the availability of social support to these especially vulnerable families acts as a supplement to rather than a substitute for a social casework service (Gaudin 1993; Ghate and Hazel 2002).

Tunstill *et al* (2007) have identified community-based models of practice that lead to a better integration of child protection services between Sure Start children's services and targeted child and family services for families referred because of child protection concerns. An important contributor to those centres that were more successful in this respect was the attachment of a child and family team social worker, who modelled the link between generally available services, and specialist child protection and looked after services.

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Berry *et al* (2006) and Tunstill *et al* (2006) provide evidence that neighbourhood family centres, combining drop-in support and parenting training with 'targeted' outreach services, can be particularly successful in working collaboratively with some families with very complex problems. The services provided include practical assistance (including financial support and subsidised day care), educative and therapeutic group work for parents and children, and relationship-based casework. The centres are well positioned to 'hold the ring' between family members' support and protection needs, possessing sought-after knowledge about the needs and preferences of parents, experience of the tasks involved in constructing local service networks and skills in joint working. This is in line with the (mainly descriptive) evaluations going back many years of the work of Family Service Units which combined a centre base with intensive outreach work. More recent examples within the voluntary sector are the work of Kids Company (Gaskell 2008) and Action for Children (Tunstill and Blewett 2009) which provide 'as long as needed' key worker outreach services with a drop-in facility. There is some evidence from these studies that solution-focused methodologies, when delivered by committed and empathic practitioners, can benefit families with complex needs, and are generally viewed positively by family members. In terms of more specialist needs, the outreach services provided by some women's refuges and drug action teams are examples of services which operate on similar lines.

These centre-based services have been reported to achieve improved parenting both for families needing a shorter-term high-intensity service and those who need a lower-intensity, longer-duration service. Parents and children form a relationship with the centre as a whole, which can facilitate the provision of a cost-effective 'episodic' service. There is some evidence from a series of USA and UK studies (see for example, Schuerman *et al* 1994; Brandon and Connolly 2006) that high-intensity family preservation services are more effective in

preventing long-term family breakdown if they are preceded and/or followed by targetted lower-intensity or episodic services, or if the same service has 'permeable boundaries', so that families can re-enter the service of their own volition if stress levels rise again. This can be particularly appropriate for families with long-term and multiple problems, and also those with a 'single issue' such a recurring mental illness, or parents or children with a long-term disability of health condition. Recognition at an early stage that a family will benefit from a lower intensity but longer-term episodic service delivered from a familiar setting avoids the alienation often caused by repeated case closure and re-referral. It also represents a considerable saving of assessment time and peaks of high anxiety for parents and children (Thoburn *et al* 2000).

An important and much-valued aspect of the broad range of services accessed by families with complex needs is the provision of a planned 'looked after' service for a child with challenging behaviour or a respite care service with the same 'matched' family or group care resource, to families under stress. This can include parents with disabilities, mental health problems or addictions as well as the more commonly provided service to children with disabilities (Aldgate and Bradley 1999; Packman and Hall 1998; Greenfields and Statham 2004). The 'multi-dimensional' treatment foster care services currently being trialled in the UK have been shown to be most effective with children with challenging behaviour or offenders when there are parents or longer-term foster carers who can become engaged with the programme whilst the young person is with the specially trained short-term foster family (Biehal 2009; Montgomery *et al* 2009). Other services provide an element of supplementary parenting to children can be accessed to support parents. These resources include volunteer home visiting as with Home Start (Frost *et al* 1996) and the Community Service Volunteers scheme (Tunstill 2007) whereby carefully matched mentors support older children and young carers.

Moving away from broader approaches and service settings, there is some evidence on specific methods and interventions that appear promising with particular groups of parents and children. Stanley *et al* (2009) note that services to parents with mental health and addiction problems, and families where there is inter-partner abuse, have much in common. They point out that adult social care workers are likely to have extensive knowledge of these families and they may be able to offer families specialist interventions or additional resources. Importantly, some families perceive intervention from adult services, particularly those in the voluntary sector, as less threatening or stigmatising. Mentors and advocates for vulnerable families and children where there are learning disabilities can be important members of teams around the vulnerable child and family.

There have been several experimental method evaluations of manualised and clearly defined interventions with families whose children are the subject of compulsory interventions (sometimes referred to as 'model' programmes). Manualised interventions have been used primarily in the USA, where the emphasis tends to be on specific interventions or programmes designed to address specific problems (such as children's behavioural difficulties or offending behaviour). Such approaches lend themselves to experimental research methodologies including randomised controlled trials (RCTs). Barlow *et al* (2008) and Barlow and Schrader-Macmillan (2009) provide overviews of the evaluations of parenting programmes.

When manualised interventions are applied in the UK to families with complex needs, these are often provided as one of a range of centre-based services

or alongside social casework and other 'team around the child' services (see for example Rose *et al* 2009; Tunstill and Blewett 2009). The evidence for the effectiveness of these programmes when 'rolled out' from the clinical settings in which most were developed, and with families with more serious problems including neglectful and abusive parenting, is promising where parent-focused interventions are based on clear models geared to strengthening the parent child interactions and reducing child conduct problems (MacDonald 2001; Utting *et al* 2007; MacMillan *et al* 2008; Ruffolo *et al* 2009; Montgomery *et al* 2009). Where the evidence of effectiveness is most robust is with respect to services for children and teenagers with a range of challenging behaviours, some of which will have resulted from parental abuse or neglect. USA and Norwegian evaluations of multi-systemic therapy (MST) (Henggeler *et al* 2002) have found this short-term intensive programme to be successful with children and young people with challenging behaviour.

The independent evaluation of MST projects being piloted in England will provide important information on how well this programme 'travels' to England. At two project sites in Norway, MST clinical outcomes in the second year of programme operation matched and, for key indices of anti-social behaviour, surpassed those achieved during the first year. In addition the MST treatment delivered in the second year was more effective than regular child regular services in preventing out of home placement and reducing internalising and externalising behaviour. Together, these results demonstrated sustained effectiveness of the programme as well as indication of programme maturation effects (Ogden, Hagen and Anderson, 2007). However, a systematic review of research (Littell 2005, 2006; Littell *et al* 2005) has questioned the robustness of the evidence and recent RCT evaluations in Ontario (Leschied and Cunningham 2002) and Sweden (Sundell *et al* 2008; Olsson 2009) have found no significant difference between outcomes for the 'treatment' and the 'service as usual' groups, despite higher expenditure on MST services. These mixed results when interventions developed in clinical settings are introduced into community settings, sometimes across national boundaries, and with children and families with a wider range of problems, have prompted calls for evaluations to learn about which aspects of the 'service as usual' provisions are associated with more effective outcomes. Whittaker (2009) and Garland *et al* (2008) provide important accounts of approaches being adopted in the USA to identify the common elements of these interventions so that they can be used more effectively in community-based services and schools.

Planning and monitoring

For those charged with planning, commissioning and monitoring services for this most vulnerable group of children and families, there is important evidence from research on cohorts of children who suffer significant harm (DH 1995b, 2001; Quinton 2004; Beecham and Sinclair 2007; Stein 2009 and DCSF 2009) and on the much smaller numbers about whom serious case reviews are commissioned (Reder and Duncan 1999; Sinclair and Bullock 2002; Rose and Barnes 2008; Brandon *et al* 2008, 2009).

These studies point to three overlapping broad family groups requiring different approaches to identification, assessment, support, protection and therapy. These groups are:

- families whose *circumstances are especially complex*, including some of minority ethnic origin, and families and children who experience frequent changes of carer or address
- families who are '*hard to identify or engage*'
- families who may be well known to services but are '*hard to change*'.

Where manualised programmes are adapted to meet local provision or family characteristics, adaptations should be carefully recorded and evaluated. Further details on planning and monitoring complex protection cases have been detailed in C4EO *Safeguarding briefing 3: The oversight and review of cases in the light of challenging circumstances and new information: how do people respond to new (and challenging) information?*

Implications of the research for senior managers

Whilst there is a growing knowledge base about promising approaches to supporting families and changing harmful parenting practices in complex child protection cases, there is no clear message from research that any specific service approaches or methods will be effective with abusing families.

'Where manualised programmes are adapted to meet local provision or family characteristics, adaptations should be carefully recorded and evaluated'

This review has pointed to messages about what approaches and packages of services have a reasonable chance of preventing children suffering further significant harm. Policy-makers should identify broadly how many of what sorts of potentially maltreating families exist in their area.

The knowledge is there to help them to do this, in that much is now known about the impact of a range of parenting behaviours, histories, contexts and relationships on children's lives. This involves attention at a community as well as an individual case level. This will bring together individual risk assessment, analysis of needs and risks of maltreatment, which can then be matched with an audit of how the approaches and services currently available fit with what is known about best professional practice across the disciplines. We are still some way away from having a 'menu' of methods known to be effective, particularly with complex families who are hard to reach and hard to change. It is therefore essential that practice developments are reported and shared in order to promote the development of knowledgeable and creative options.

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This briefing is one of three considering the quality assurance aspects of safeguarding services:

Briefing 1: *Effective interventions where there are concerns about, or evidence of, a child suffering significant harm* – considers the questions we should ask about and for the families we work with.

Briefing 2: *What are the key questions for audit of child protection systems and decision-making?*

Briefing 3: *The oversight and review of cases in the light of changing circumstances and new information: how do people respond to new (and challenging) information?*

Briefings 2 and 3 consider the questions we should ask of the services we work in.

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