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## Public Health Approaches to Safeguarding Children

### Guest Editorial

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Child maltreatment is increasingly being understood within a public health framework (Gilbert *et al.*, 2008; Barlow and Calam, 2011; Putnam-Hornstein *et al.*, 2011; Segal *et al.*; 2011; Shanahan *et al.*, 2011; World Health Organisation, 1998). Globally and nationally, the high numbers of children and young people affected by child abuse and neglect are increasing as knowledge and understanding about the phenomenon grows, and the escalating cost measured in fiscal, social and health terms is recognised. The World Health Organisation (1998) has emphasised the need to apply a public health perspective to child abuse and neglect. In the UK, the 2010 Government White Paper, 'Health Lives, Healthy People' heralds "... a new era for public health" (Department of Health 2010, p 4) emphasising the importance of early intervention and prevention. Mention is made of the need to protect children at both primary and tertiary levels and a vision of child protection services working closely with public health at a local government level is outlined. The final report of the Munro Review of Child Protection (Munro 2011) points to the need for an upstream approach in the response to child maltreatment which not only reacts "...to

incidents of maltreatment but to put in place measures to reduce their incidence in the first place”(p16).. In short, safeguarding children has become a public health issue.

Addressing the problem of child abuse and neglect through the lens of public health focuses attention on the ‘bigger picture’, through the adoption of a population rather than an individual perspective. The ‘new’ public health embraces both the scientific/medical model to explain the disease process focusing on diagnosis and treatment, and also the use of social policy interventions to prevent its occurrence. It embraces both resource elements with the epidemiological approach to underpin decisions and interventions and also activities undertaken by organisations, professionals, communities, families and individuals which promote health. Thus, a public health model incorporates a wide range of interventions including some focused upon the whole population and others targeted on those facing higher levels of risk or harm.

The dynamic and complex context in which maltreatment and neglect occur is framed by a broad variety of environmental, social and economic factors. The public health approach is focused on assessing and addressing the determinants of health through multi-disciplinary and multi-agency working. This in itself provides challenges as the public health discourse is a mixture of education, sociology and psychology as well as medical discourses, and practised by a range of professionals. The inherent rational-scientific discourses of medicine may not always sit comfortably with more holistic socially oriented discourses. Furthermore, whilst different individuals are involved in public health work, this is not always their core role and they may be involved in very different elements and levels of

public health work. Differences may also arise due to the range of needs and demands in public health work across global contexts, much of which reflects variations in problems and infrastructures between industrialised and developing countries. The regulatory aspects of public health have been critiqued due to the surveillance relationship it creates between state and population (Lupton 1995). This creates particular tensions in the field of safeguarding children as it reflects longstanding concerns about the extent of state intervention in the lives of children, young people and their families, balanced against their right to a private family life. Despite these tensions, the value of adopting a public health approach is widely recognised, as it offers a means to address a broad range of health and welfare issues that span the life course and impact upon health and wellbeing. These include more traditional medical concerns such as cancer and diabetes but also wider problems such as substance misuse and domestic violence.

The papers in this special issue of *Child Abuse Review* all advocate for a public health approach to safeguarding children. The contributors reflect an international perspective with papers from USA, Australia and UK. A common theme underpinning these papers and explored variously is the inadequacies of existing child protection systems, deemed to be both expensive and overwhelmed by demand. The failure to deliver appropriate timely services to the population, particularly in respect of services that are oriented to prevention and early intervention, lies at the heart of many contributions to this special edition, with authors arguing for service redesign to incorporate these elements. An integral organising framework for all the authors is the need to know the population for which services are being designed and delivered.

The paper by Jane Barlow and Rachel Calam (2011) addresses the issue of parenting, arguing that effective change can only be achieved through the adoption of a public health model that focuses upon improving the parenting of the population as a whole and not just those identified at high risk. Central to their argument is that the provision of supportive parenting interventions has positive benefits, not only to individual families who receive the intervention, but also importantly for the entire population. One of the key outcomes is the impact on service activity, as the focus at the high-risk end of the spectrum is shifted towards intervention rather than identification. Barlow and Calam (2011) provide a detailed outline of the service changes required to deliver this model, and not surprisingly these include integrated working between agencies and a framework for prevention/intervention that operates at primary, secondary and tertiary levels. The argument they provide is compelling, and is illustrated using the example of a population-based approach to parenting (known as Triple P) which incorporates multiple delivery methods. The analysis of how problems are located within a population is a key element underpinning the model advocated by Barlow and Calam (2011).

Emily Putnam-Hornstein and her colleagues (2011) combine different data sources and strategies to provide an evidence base for child protection prevention interventions and also provide a framework to ensure the threat of child maltreatment is located in the context of other, more measurable, public health problems. They highlight the challenge of embracing an upstream approach within a child protection system that does not address the socio-economic context of child maltreatment and they focus on the use of data to examine

a problem within a population. Their example draws upon an innovative study linking data from birth records and child protective services. This provides a population-level, longitudinal view of children reported to child protection service agencies during the first five years of life in California. It also allows for examination of population-level trends in the presence of risk factors associated with child abuse and neglect. Emily Putnam-Hornstein and colleagues (2011) contextualise their discussion within a public health framework, arguing that defining the problem through data collection and surveillance efforts represents a first step in a public health framework that may also include the identification of risk and protective factors, the development and testing of interventions to address the problem and the implementation and monitoring of prevention and control strategies.

Leonie Segal and Kim Dalziel (2011) provide a different and important perspective by describing how an economic framework can be used to provide an evidence-based approach to investing in child protection. Describing a priority setting model, which includes cost-benefit and cost-utility principles, the authors argue that this provides a rigorous approach for comparing the cost effectiveness of competing interventions. Adopting an economic perspective is important because as the authors acknowledge child maltreatment and neglect not only has health and social impacts for children and families but also incurs additional costs to society in lost production, impact on services, special educational services and the criminal justice system. They provide the public health parallel in terms of costs by highlighting how the cost of child maltreatment in USA and Australia exceeds smoking related costs and the cost of obesity. However, as the authors point out there are vast complexities in measuring the cost effectiveness of child protection prevention

interventions; these include the incompleteness of the evidence base of effective interventions and the difficulties in capturing the full range of impacts such as inter-generational effects and quality of life. They argue this may lead to an under-estimation of and consequent under-investment in effective preventive strategies to address child maltreatment (Segal and Dalziel 2011). Despite these challenges Leonie Segal and Kim Dalziel (2011) call for the adoption of a formal priority setting framework drawing on health economics, social epidemiology and cost benefit analysis to provide an evidence-based framework for advising on an efficient investment strategy for protecting children.

In contrast, Meghan Shanahan and her colleagues (2011) discuss prevention strategies which rely upon educational methods with exclusive attention paid to Abusive Head Trauma (AHT) in infants. The authors consider AHT education provided in maternity care hospitals in North Carolina. Unlike other US states, North Carolina has no legal mandate to provide new parents with education about the dangers of shaking babies. Meghan Shanahan et al (2011) describe AHT prevention education and estimate the percentage of new parents who could receive this education prior to the start of a new state education campaign based on a highly successful campaign in western New York. Their findings suggest that, although the approaches and intensity of AHT education varies, the majority of North Carolina maternity units provide information and education about the normality of infant crying, the dangers of shaking a baby and how to cope with a crying baby. Their conclusion is that the current practice culture will facilitate the implementation of the new statewide AHT prevention campaign.

Parental substance misuse is the focus of the training update by Milani and O'Brien (2011). They provide a detailed review of two resources produced by the National Society for the Protection of Children (NSPCC), *Seeing and Hearing the Child* and *Children's Voices* both published in 2008 which aim to help professionals identify and respond to the needs of children living with parents who misuse substances. These training materials are well-designed and provide a flexible resource, suitable for use with a wide multi-agency audience including those with different levels of knowledge and experience of parental substance misuse and safeguarding children issues. In their review, Milani and O'Brien (2011) explain the structure of the materials which includes scenarios, interviews with children and experts in the field, and highlight some ways these could be used in training. Importantly the materials incorporate the child's perspective thus providing a valuable tool for professional development in this area. As Milani and O'Brien (2011) point out, the shift to child- and family-centred approaches to addressing substance misuse is urgently needed given our knowledge of the extent of the problem and the harm it causes for children. Thus, the type of training resources they describe here represent an important tool in this shift, and one they argue will benefit not only the welfare of the children affected by substance misuse, but also the wider community (Milani and O'Brien 2011).

Working with family members of drug and alcohol users is the theme of the book 'The Concerned Other' written by Phil Harris and reviewed by Liz Brodie. As Brodie (2011) points out, substance misuse is extensive and impacts adversely upon the welfare and safety of children and young people, making it an important public health issue. Therefore, approaches such as the one described in this review which draws upon the Patient and

Carers Training Programme (PACT) as a tool that can be used by practitioners to help elicit change with family members and concerned others offers an important addition for professionals working in this area. Whilst Brodie welcomes both the potential contribution of this approach and the author's appeal for involvement of generic as well as specialist service providers in addressing the problem of substance misuse, her review signals a number of challenges. These include the complexity of family relationships, the likelihood of resistance to services, the myriad of factors which impact upon client motivation and readiness to change, as well as how such approaches fit into existing modes of service delivery. Despite a number of reservations, Brodie acknowledges that this model offers another option for working with families and particularly young people who are vulnerable due to their substance misuse and overall provides an important additional approach in tackling the public health problem of substance misuse.

The issue ends with a review by Trisha Hall (2011) of Allyson Davys' and Liz Beddoe's book on professional supervision which clearly provides a useful addition to the literature available within this field. Written in a reflective style, the book 'provides a holistic view of professional supervision' (Hall 2011:XX-XX), drawing upon the authors' collective experience and research in this field. Whilst the book is grounded in established approaches and theories on supervision, the authors critically discuss some of the organisational influences that impact upon supervision such as accountability, reporting requirements and risk management. As Hall (2011) points out, the contemporary focus on outcomes for service users provides a valuable endpoint for the supervision dialogue and one which should underpin efforts to improve and maximise the professional contribution within child

protection. The book also discusses the role of supervision in promoting professional resilience and the cultural and organisational context in which supervision takes place in addition to examining how supervisors can further develop their own skills in critical reflection.

This special edition of *Child Abuse Review* provides a timely opportunity to examine how public health can contribute to our understanding and efforts to address the problem of child abuse and neglect. All the papers in this special issue emphasise the necessity of adopting public health approaches to address the problem of child maltreatment. Further debate is needed to examine the challenges this presents. In particular, there is a need to investigate further how public health policy reforms which advocate a wider state remit across the population through identification, prevention and early intervention measures, may further emphasise tensions about regulation and state intervention in the lives of children and families. Ensuring the voices of families and children are heard within this debate is essential, as is their participation in policy development. Embedding child abuse, maltreatment and neglect as a public health priority within an organisational and institutional context that attracts significant and recurrent funding for preventive interventions, remains a major challenge. Finally, further debate about the relevance of understanding safeguarding children as a public health issue in the global and international context is required taking into account the socially constructed nature of both these concepts which creates complexity and yields different priorities.

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