Moving Beyond Individualised Child Protection Systems

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Prevalence studies of child maltreatment have consistently demonstrated that only about 1 in 10 incidents of child maltreatment ever become known to official agencies.


The prevalence of child maltreatment is much greater than official statistics suggest.
For example the study carried out by Radford et al Child Abuse and Neglect in the UK Today (London: NSPCC, 2011)

Based on randomly selected households in the UK in 2008/9 and included:

- 2,160 children under 11
- 2,275 children and young people 11-17
- 1,761 young adults 18-24
- **Physical assault by an adult carer:** 1.2% of under 11s; 6.9% of 11-17s; 11.5% of 18-24s
- **Neglect:** 5% of under 11s; 13.3% of 11-17s; 16% of 18-24s
- **Contact sexual abuse (as defined by criminal law):** 0.5% of under 11s; 4.8% of 11-17s; 11.3% of 18-24s
- **Sexual abuse (including non-contact offences):** 1.2% of under 11s; 16.5% of 11-17s; 24.1% of 18-24s
- **Under the broad category of emotional abuse:**
  - **Exposure to domestic violence:** 12% of under 11s; 17.5% of 11-17s; 23.7% of 18-24s
  - **Other aspects of emotional abuse:** 3.6% of under 11s; 6.8% of 11-17s; 6.9% of 18-24s
There is still a substantial minority of children and young people today who are severely maltreated and are experiencing abuse at home, in school and in the community, from adults and from peers. Almost 1 in 5 11-17s (18.6 per cent), 1 in 4 18-24s (25.3 per cent) and 1 in 17 (5.9 per cent) under 11s had experienced severe maltreatment during childhood (Radford et al, 2011, p118)
These figures compare with a total of 42,850 who were subject to child protection plan in England on 31 March 2012 or 0.42% of the child population under 18

The child protection system in England is currently under enormous strain. It would collapse if it had to respond to the ‘real’ number of ‘cases’ as indicated by confidential self report prevalence studies
Maltreatment of children by their parents or other caregivers is a major public-health and social-welfare problem in high-income countries. It is common and can cause death, serious injury and long-term consequences that effect the child’s life into adulthood, their family and society in general (Gilbert et al, 2009, p68)
Both Gilbert et al (2009) and Radford et al (2011) based their approach on the 2006 World Health Organisation report on the prevention of child maltreatment which defined child maltreatment as:

*All forms of physical and/or emotional ill treatment, sexual abuse, neglect or negligent treatment or other exploitation, resulting in actual potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power*

Such approaches are thoroughly consistent with that developed in the *National Framework for Protecting Australia’s Children 2009-2020* which argued that ‘protecting children was everyone’s business’ and that Australia needed to move from seeing the protection of children as a response to abuse and neglect to one of promoting the safety and wellbeing of children and that the application of a public health model to care and protection would deliver better outcomes for children, young people and their families.
‘Under a public health model, priority is placed on having universal supports available for all families (for example, health and education). More intensive (secondary) prevention interventions are provided to those families that need additional assistance with a focus on early intervention. Tertiary child protection services are a last resort, and the least desirable option for families and governments’. (National Framework, 2009, p7)

Many similarities with the Every Child Matters: Change for Children programme launched in England in late 2004, now effectively closed down
In *The Politics of Child Protection* I argue that in England trying to tackle the social problem of child maltreatment by individualised child protection systems alone is quite inadequate. What is required is:

- A broad **public health approach** to child maltreatment which would provide an important framework for policy and practice
- That a **children’s rights** perspective should be placed at its centre
- And that a wide range of significant social harms for children and young people are caused by **structural divisions** of gender, race and social class and that policies to address social and economic inequalities are key

*(Parton. 2014, Palgrave/Macmillan)*
I also argue that it is important that community-based and user-led groups and initiatives should be central and that local communities are actively involved in the development of policies and services.

The processes of change are as important as the overall aims of what we want to bring about.

There is now considerable evidence that children, young people and members of communities do not want to talk to official agencies, and the issue of ‘confidentiality’ is central.
An example of the sort of initiative I am thinking about is a group I have been involved with since the 1990s as both patron and trustee.

*MOSAIC 11 (Mothers of Sexually Abused Children in Charge)* is a small voluntary agency based in Bradford, West Yorkshire in the north of England.

It was started in 1995 following the efforts of the now Project Director following her own experiences of being a mother of a sexually abused child and the feelings isolation and a severe lack of advice, help and support she and her children experienced once sexual abuse was found.
Typically once it was established that the child was ‘safe’, that the alleged perpetrator no longer posed a ‘risk’, and that the mother was a ‘safe mother’ the case was closed and no services were provided.

It was not simply that the mothers found the professional responses unhelpful, but that they were felt to be positively undermining and alienating.

**MOSAIC 11 offers a number of services:**

- Telephone support and advice
- Counselling service provided by trained volunteer councillors
- Support service offered by trained volunteer support workers
- Support groups
- Skype counselling
- Complementary therapies
- Physical well-being – primarily exercise and diet
- Service subject to on-going monitoring and supported by a user group

In January 2014 clients made up of 405 survivors (312 female, 93 male); and 2009 families (173 females; 36 males). Most of the referrals are self-referrals
But MOSAIC 11 is a small organisation and only employs 4 full-time workers and a number of sessional workers, the rest are volunteers; and is subject to short-term funding pressures. It had to close for 18 months in 2007 because of funding problems. This is an on-going challenge for such organisations, particularly in the recent economic and political climate in the UK